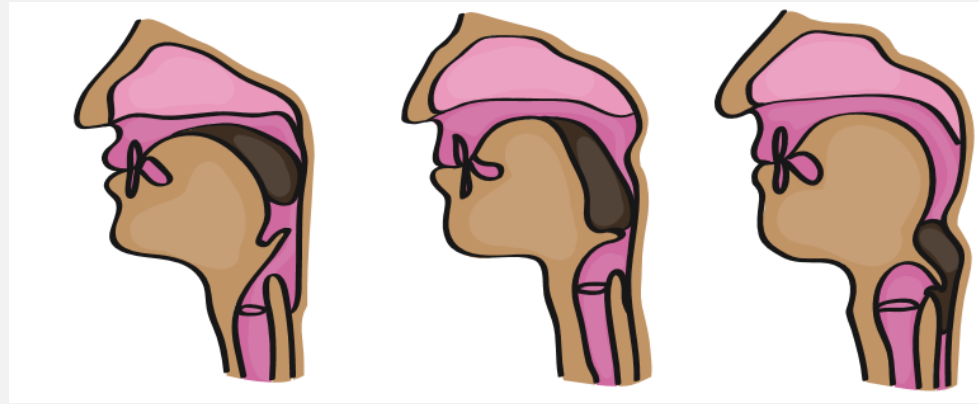
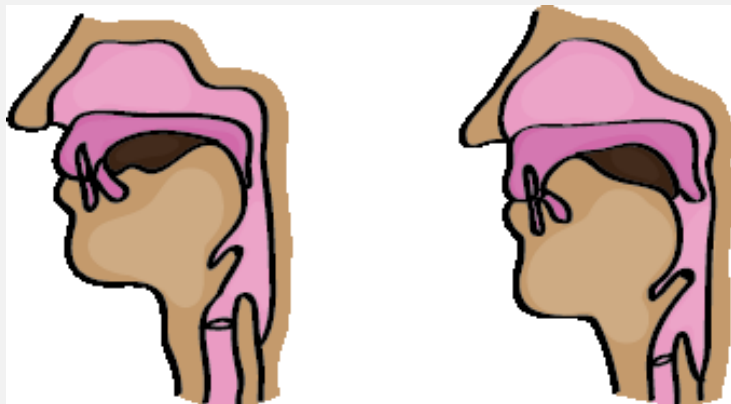


DYSPHAGIA SCREENING & MANAGEMENT BEST PRACTICES

Acute Stroke Care Collaborative 2017

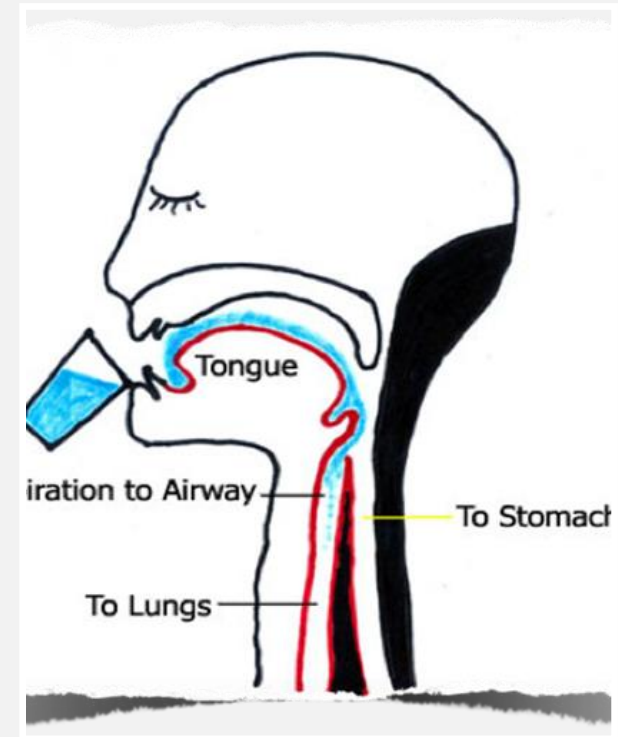
WHAT IS DYSPHAGIA?

- Commonly refers to difficulty or discomfort in swallowing. It describes a set of signs or symptoms related to changes in swallowing
- Impairment or disorder of swallowing process affecting any part of phases of swallowing



WHAT ARE THE EFFECTS OF DYSPHAGIA?

- Underdiagnosed
- Effects ~55 % of stroke admissions
- Potential complications/impact:
 - Airway obstruction
 - Aspiration pneumonia
 - Malnutrition
 - Dehydration
 - Emotional Impact
 - Death
- Increased Length of Stay



DYSPHAGIA SCREENING BEST PRACTICES

- Keep patients NPO until dysphagia screen
- Complete early using valid & reliable bedside testing protocol as part of initial assessment
- Patients not alert within first 24 h monitor closely; perform screening when clinically appropriate
- Document process



WHY DYSPHAGIA SCREEN?

- Dysphagia screening tool indicates likelihood of dysphagia
- Identifies patients who require attention from other members of the team such as SLP for full swallowing assessment
- Implementation of formal dysphagia screening protocol minimizes risks & procedures
- Regional Implementation of dysphagia screening tool-
Screening Tool for Acute Neurological Dysphagia (STAND**)**

DYSPHAGIA SCREEN

- Assess alertness, oxygen saturation level, voice quality, ability to manage oral secretions, & history of dysphagia/other exclusion criteria
 - Decision to STOP: keep patient NPO & request SLP consult
OR
 - PROCEED to “swallow challenge”
- Observe swallowing during swallow challenge with purees & water
 - Assess whether swallow functions appear normal or abnormal
- Document results & actions taken
- Educate patient & family



IS ONGOING MONITORING REQUIRED?



DYSPHAGIA MANAGEMENT BEST PRACTICES

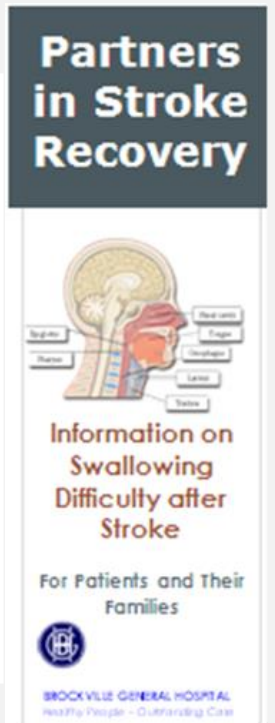
- If abnormal screen refer to healthcare professional with expertise in swallowing assessment
- Close monitoring for changes in swallowing ability
- Individualized management plan should be developed to address therapy for dysphagia, nutrition needs & specialized nutrition plans
- Educate on swallowing & feeding recommendations
- Patients should be permitted & encouraged to feed themselves whenever possible
- Patients should receive meticulous oral care & be educated in need for good oral hygiene
- Decision to proceed with NG feeding should be made early, collaboratively, & within 3 days

DYSPHAGIA MANAGEMENT

- Safe feeding practices
- Protect airway from obstruction & aspiration
- Observe for changes or ongoing signs and symptoms of swallowing problems
- Monitor medication swallowing ability
- Maximize nutrition
- Monitor and maintain fluid intake for hydration
- Manage reflux
- Oral hygiene care-control oral bacteria
- Ongoing education & counseling with patient & family

PATIENT & FAMILY EDUCATION

- Mechanisms of swallowing
- How stroke can affect swallowing
- Importance of nothing by mouth
- Dysphagia screening process
- Dysphagia care plan
 - Certain cultures value feeding & feel that this is a way that they can help



DYSPHAGIA TEAM

SLP: Detailed assessment if abnormal screen; ensure safe feeding practices including diet textures; monitor for swallowing problems; communicate management plan

RD: Assess nutritional needs & adequacy of intake; make recommendations for nutrition, therapeutic diet & enteral nutrition

Nurse: Ensure patient is NPO until swallowing screen; complete screen; continue to monitor swallowing; oral care

All: Contribute to pleasurable & safe eating experience; report changes to team; educate patient & family



ORAL CARE

- All stroke patients should have an oral/dental assessment
 - Determine neuromotor skills to safely wear & use dental appliance(s)
- Oral care protocol should be used for every patient with stroke
 - Consistent with Canadian Dental Association recommendations
 - Frequency of oral care (increase for patients with dysphagia)
 - Types of oral care products
- If concerns with implementing oral care protocol, consider consulting a SLP, OT, dentist, and/or a dental



KNOWLEDGE TRANSLATION RESOURCES

- Collaborative Care Plans, Clinical Pathways, Order Sets
- Hospital Learning Management Systems
- [Stroke Network SEO-Best Practices and Education](#) (Under Acute— BrGH on-line learning modules)
- [Canadian Stroke Best Practices](#) (Under Hyperacute, Acute, & Rehabilitation Chapters)
- [OSN Interprofessional Stroke Care Competencies](#) (Under Disciplines- Dysphagia Learning Resources)
- [OSN Professional Stroke Inventory](#) (Look for Dysphagia Category)
- [Southwestern Ontario Stroke Network: Acute Stroke Unit Orientation](#) (Module 6 Contains Swallowing Feeding, & Oral Care)
- [Evidenced-Based Review of Stroke Rehabilitation \(EBSR\)](#) (Evidence Review Tables (Chapters 1-5) & Dysphagia Evidence Review Table (Chapters 6-10))