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:
  - Oral
  - Pharyngeal
  - Esophageal
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
• 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 hygienist
• If concerns identified with oral health and/or appliances, refer to a dentist ASAP
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 (Chapter 15) & Dysphagia Educational tools under medical Complications)