

DYSPHAGIA SCREENING

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DYSPHAGIA IN STROKE

- 30-65% stroke survivors in acute phase
- 40-70% of survivors aspirate
- 40-50% silent aspirators

ASPIRATION PNEUMONIA

- 3rd leading cause of death after CVA
- Increases length of stay and costs
- 1 of most common causes of readmission after CVA
- Triples risk of death in 1 month

PNEUMONIA RATES

Nationally
5-35% in acute
12% in rehab

SWMC Stroke Center
5/06-4/07
4%

CASE HISTORY INDICATORS

- Previously reported dysphagia
- Previous CVA or neuro disease
- Radiation, surgery or injury to head or neck
- Intubation
- Significant weight loss in short period of time

CASE HISTORY INDICATORS

- Multiple episodes pneumonia in short period of time
- Repeated episodes of dehydration & UTI
- COPD
- Neuropathies (diabetic, alcoholic)
- Multi-organ system failure

PHYSICAL EXAM INDICATORS

- Dysphonia
- Dysarthria
- Paresis of face, lips, tongue
- Weak cough or absent voluntary cough
- Absent gag reflex
- Drooling
- More than 5 sec delay in triggering swallow

PHYSICAL EXAM INDICATORS

- Cough on swallowing or within 1-2 minutes after PO
- Decreased or absent laryngeal elevation
- Decrease in pulse ox of 2-5% or more during PO (42-80%)
- Increased respiratory rate of 5 CPM or more
- Fever
- Congestion
- Dehydration

MOST SIGNIFICANT INDICATORS

- Abnormal voice-90% of aspirators
- Change in voice with PO
- Weak cough
- Poor or absent laryngeal elevation
- Dysarthria
- Delay of more than 5 seconds to trigger
- Cough with swallow or after delay
- Non-cardiac chest pain (57.1% of aspirators)
- Fever (42.9% of aspirators)

ASPIRATION FACTORS MOST CORRELATED WITH MBS

- Dysphonia
- Delayed swallow reflex
- Reduced pharyngeal peristalsis

DYSPHAGIAGRAMS

LISTEN TO THE VOICE

- Wet
- Hoarse
- Weak
- Breathy
- Strident
- Absent

BEDSIDE SWALLOW DECISION TREE

- NIH info provides information
- If done properly, ID dysphagia without risking PO
- RN can place patient only on liquid diet

DIET CONTINUUM

Regular Mech Soft Pureed Honey Nectar Thin

CHOOSING SOLID DIET

- Dentition
- Tongue paresis
- Presence of dysarthria
- Sensory deficits
- Cognition

DECISIONS

- If in doubt, make NPO
- Check bedside screener box on order set:

7. DYSPHAGIA and DIET:

Nurse to perform bedside swallow screen upon admit to Stroke Unit. Diet consistency per dysphagia screen. Dysphagia screen must be done prior to ANY oral intake of food, liquids or medications.

- NPO
- Physician has performed and documented swallow assessment and orders diet:
 - Healthy Heart Diet include diabetic features
 - Other:

DECISIONS

- If NPO
 - No water, snacks or oral meds in ER
 - Nothing magic about medicine for swallow
 - Tell family we don't want them to die
- Order SLP consult

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