Strengthening the RD Swallow Dysfunction Screen

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DYSPHAGIA

- Dysfunction during any of the phases of swallowing
- Behavioral, sensory, and preliminary motor acts in preparation for swallow
- Can occur at any age
    - Congenital abnormalities (pedes)
    - Structural damage
    - Acquired medical conditions
    - Onset may be acute or slowly progressive
- ~ 1 in 25 adults will experience a swallowing disorder in the US (Bhattacharyya, 2014).

Swallowing:

- Oral phase
    - Voluntary
    - Breaks down food into bolus
- Pharyngeal phase
    - Involuntary reflex
    - Bolus moves from oropharynx to esophagus
- Esophageal phase
    - Involuntary peristalsis of bolus through the esophagus into the stomach

Nutrition Impact

Beyond the physical risks of aspiration pneumonia and choking lie the nutrition and quality of life impacts

- Unpalatable modified foods
- Food fears
- Discomfort while eating
- Prolonged eating→ may not finish meal before satiated
- Malnutrition / micronutrient deficiencies
- Dehydration
- Recurrent PNA = cumulative lean mass losses
- Dining experience with limited menu choices

How sensitive if your dysphagia antenna?

Coughing , choking and frequent throat clearing

Vocal changes during/after meals- wet/gurgly voice

Drooling

Spillage of food out of mouth

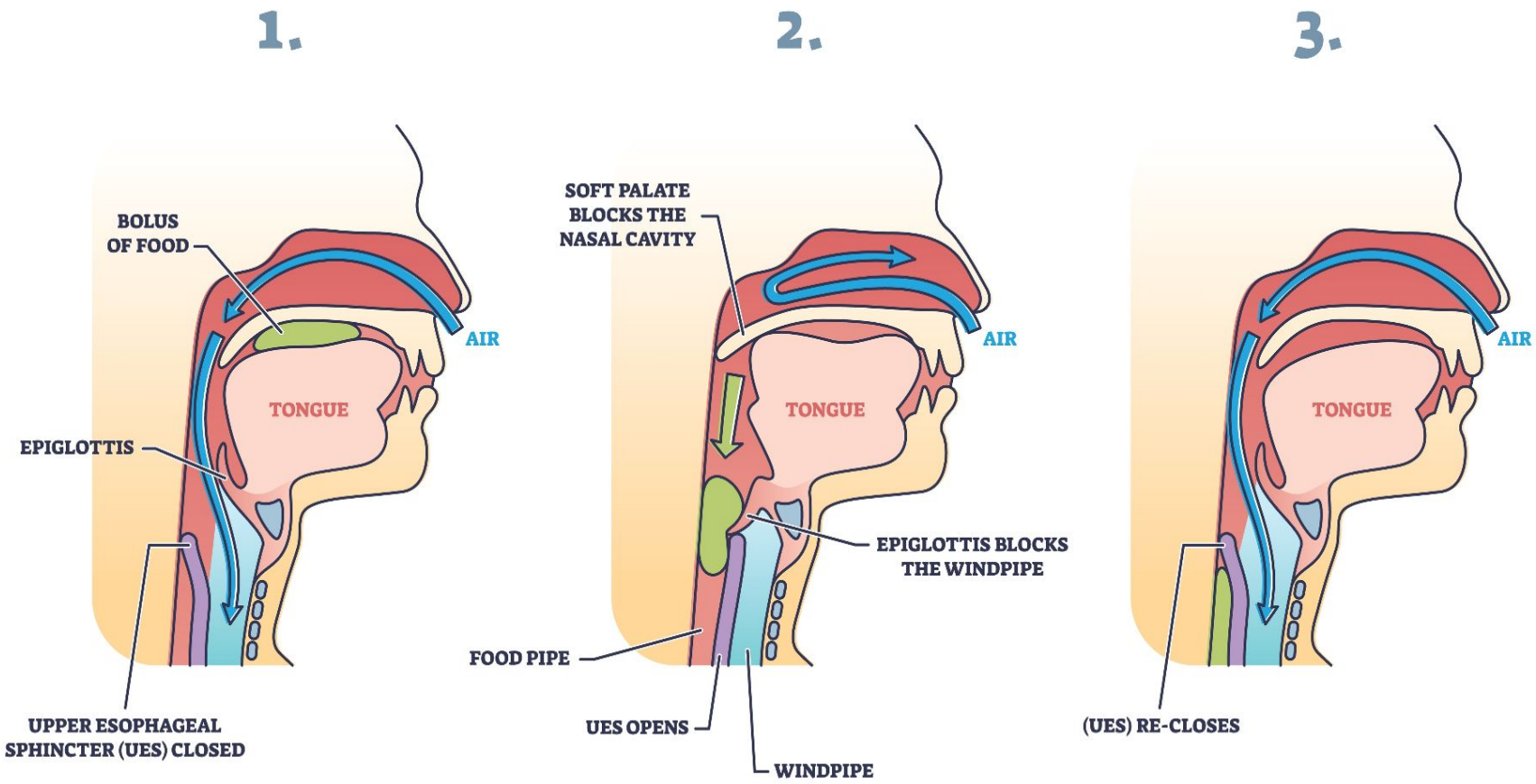
Spitting food out

Chewing for a very long time

Change in appetite

Weight loss

SWALLOWING



Take out your anatomy handout

RD DYSPHAGIA SCREENING

- Chart review
- Patient/client complaints of chewing/swallow difficulty
- Diet recall
- Oral exam
- Cranial Nerve Screen
- Eating Assessment Tool (EAT- 10)
- Yale Swallow Protocol aka 3oz Water Assessment
- Reflux Severity Index (RSI)

Meal Rounding Observations

- Any pain in chewing/swallowing
- Favoring one side of the mouth over the other during chewing
- Loss of liquids or solids out of the mouth while eating or drinking
- Food spillage on their face or clothes
- Coughing/throat clearing/choking during or shortly after meals

Oral Exam (NFPE)

Micronutrients

- Dentition
- Sores
- Tongue surface color
- Mucosa color/moisture
- Lips texture
- Move tongue side-to side (to visualize under tongue

Chewing/ Swallowing

- Food residue anywhere in the oral cavity
- Pocketed between cheeks and gums
- Pooled under the tongue
- Stuck on the roof of the mouth
- Toward the back of the throat, on the tonsils
- Note if there is a “wet” vocal quality
- Inability to follow directions for tongue movement

Cranial Nerve Screen

- Some SLPs are trained to perform a full cranial nerve assessment.

- Perform a series of motor movements while assessing the symmetry, strength, and range of motion of muscles and structures during movement and at rest.

- Modified cranial nerve screen performed by RDs can strengthen their own swallow screening and create better referrals for SLPs.
  - Easily incorporated into the NFPE

- Key Cranial Nerves Screen Handout
- Let’s Practice! Oral exam and CN creen.

Eating Assessment Tool (EAT-10)

- Score of 3 or higher = possible swallowing dysfunction
- 10 item test with scale of 0-4 (0=no problem, 4= severe problem).
- Can be used to document initial dysphagia symptoms and monitor effect of treatment post diagnosis.

- Eat-10 Handout & Reflux Severity Index Questionnaires (RSI)
- Let’s Practice!

Yale Water Screen

- Screen tool involving a PO trial to determine candidacy for further SLP evaluation and/or instrumental swallow study.
- A PO diet consisting of thin liquids and a solid can be recommended based on passing this screen.
- Validity: A study completed on 3,000 patients across all ages and 14 different medical diagnosis helped predict aspiration in 96.5% of the time. Aspiration was verified by a FEES exam. (Suiter, D.B. et al, 2008). Another study was completed on 25 patients with mix of head and neck cancer and neurological history (example: MS, TBI). Aspiration was detected in 100% of the time as verified by an MBSS (Suiter, D.B. et al 2014).
- Additional benefits: inexpensive, quick, can be completed by any health care professional, not time based in respect to injury/medical diagnosis
- Instruction: have patient/client drink 3oz (90cc) of water by cup or straw sip. Must be completed by sequential swallows without stopping. “Drink as if you are thirsty.”

Free Water Protocol

- Founded in Frazier Rehabilitation Hospital (Kentucky, 1984).
- Allowance of thin water/ice chips in between meals.
- Known facts: Body is 60% water, aspiration of water is a benign event, aspirate in our sleep with no subsequent pneumonia.
- Promotes hydration in patients on thickened liquids.
- Reduces confusion, urinary tract infection, pressure sores, and risk of poor wound healing.
- Protocol:

  1) Oral care completed

  2) Wait 30 minutes after a meal

  3) Ensure patient/client is seated upright

  4) Consume 1 ice chip at a time/single sip of water

Caregiver Interview Questions

- What diet texture do you eat at home?
- What diet texture are you on now? Why? How long?
- Do you have dentures? Can you manage solid food without dentures?
- Any difficulty with chewing? Ask for examples to see which textures are difficult.
- Recent choking events? Was it on liquids or solids?
- Do you cough with meals? Do you cough all day or only when eating/drinking?
- Reflux symptoms?
- In case of decreased PO intake: Is it an appetite issue or difficulty with chewing/swallowing?
- Prefer sweets or savory items?
- History of swallowing disorders?
- Does your voice sound wet or gurgly during and post meals?
- Holding food in the mouth? How do you end up removing it ?
- Medication: whole or crushed? Whole with liquids or mixed in with food?
- Difficulty breathing during meals? Shortness of breath? Chest pain? Feel something stuck in your throat?

Cultural Differences

- Many hospitals/rehabilitation/nursing homes provide American dishes
- May impact overall intake weight loss, depression, increased confusion
- Diet textures, tastes, and temperature vary across cultures
  - Further diversity of preferences and choices within those groups
  - Most important to ask the patient and/or family members for food prefs
  - Communicate food preferences with SLP! Can impact participation and progress of skilled dysphagia therapy!

EXAMPLES:

- Chinese culture- may prefer room temp or warm drinks,may refuse cold items and ice chips.
- Many eastern european cultural dishes are naturally soft/minced texture.
- Hispanic/Asian/Middle Eastern- May prefer rice as side starch.
- Kosher/Halal food restrictions- Wide variation of participation in adhering to strict list of permitted foods and ingredients.

MDS Section K

K0100: Swallowing Disorder

A. Loss of liquids or solids from mouth when eating or drinking
B. holding food in mouth/cheeks or residual food in mouth after meals.
C. coughing or choking during meals or when swallowing medications.
D. complaints of difficulty or pain with swallowing.
E. None of the above:

Care Planning

- Provisions for monitoring the residen when eating
  - Mealtimes
  - Functions
  - Activities
- Evaluated by the physician, SLP and/or OT
  - Assess need for swallowing therapy
  - Provide recommendations for food and liquid modifications.
- Assess for s/sx that suggest unsuccessful previous swallowing disorder interventions.
  - e.g. modified diet, modified liquids, TF, compensitory techniques
- Assist Rt to maintain safe and effective swallow
  - Support compensatory techniques, diet consistency, and positioning during and following meals.

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