

IREDELL MEMORIAL HOSPITAL

557 BROOKDALE DRIVE
STATESVILLE, NC 28677
PHONE 704-873-5681

Nursing Dysphagia Screening

- 1. Prepare Patient:**
- a. Explain procedure to patient.
 - b. Elevate HOB 90 degrees or have patient sit on side of bed or in chair.
 - c. Provide mouth care prior to and after swallowing trial

- 2. Assessment:**
- a. Verify intact gag reflex. Gag Reflex Intact:
 Yes (proceed) No
 - b. Is patient able to manage oral secretions (i.e., no evidence of drooling, gurgling voice or audibly "wet" respirations?) Yes (proceed) No
 - c. Is patient easily awakened and alert? Yes (proceed) No

If abnormalities identified or answer to questions "a", "b" or "c" is "No":
Stop Assessment, Keep patient NPO, (note NPO status under #5 below) and Contact physician.

- 3. Swallowing Trial** – Offer ice, foods, water in the sequence listed below. After each substance offered to patient, evaluate patient's ability to swallow and answer question to the right →.
- a. Ice Chips** – Offer patient up to 6 bites of ice chips
(Evaluate patient / answer question to right →)
- Does patient show evidence of any of the following:
Absent or delayed swallowing, multiple swallows to clear mouth/
throat, gurgling voice or audibly "wet" respirations, coughing or
choking, excessive drooling or pooling of saliva?
- No (proceed) Yes _____ (describe)
- If "yes", stop trial, keep patient NPO, (note NPO status under #5 below), and contact physician.

- b. Yogurt / Pudding / Applesauce** – Offer patient a spoonful of yogurt/pudding/applesauce (unless allergic).
(Evaluate patient / answer question to right →)
- No (proceed) Yes _____ (describe)
- If "yes", stop trial, keep patient NPO, (note NPO status under #5 below), and contact physician.

- c. Water** – Offer patient sips of water via the following progressive order: In Spoon, In Cup, With a straw.
(Evaluate patient / answer question to right →)
- No (proceed) Yes _____ (describe)
- If "yes", stop trial. Patient may have meds with yogurt, pudding, or applesauce. Request dysphagia diet with nectar consistency under #5 below.

- d. Chewing** – Offer patient peanut butter on a cracker (if allergic, offer plain cracker).
(Evaluate patient / answer question to right →)
- No – Begin diet per MD order / pathway recommendation
- Yes _____ (describe)
- If "yes", request dysphagia diet – WITH thin liquids under #5 below.

4. Message Speech Pathologist per order entry to notify that dysphagia screening was performed.

- 5. If dysphagia screening failed at any point and patient admitted:**
- a. Request appropriate food/liquid consistency per medical staff approved protocol:
 Keep NPO until MD notified & orders received Dysphagia diet with nectar consistency Dysphagia diet with thin liquids
 - b. Place appropriate sign at patient bedside (ED to send sign to floor with patient).

Screened By: _____, RN Date _____ Time _____

Place form in Physician's Progress Notes Section of chart when screening is complete / orders entered in computer (as indicated)



Date Written: May 2006
Written By: Gale Reavis, RN
D. Collins, AVPN

Approved By: R. Johnson, VPN
Dept. of Medicine
Nurse Mgmt. Team

Nursing Dysphagia Screening

Standard Of Care:

All patients diagnosed with stroke or possible stroke will have a dysphagia screen performed prior to oral intake.

Purpose:

To recognize dysphagia early in the patient's hospitalization in order to prevent complications due to aspiration of food or liquid.

Policy:

When the patient is placed on the Stroke Clinical Pathway, a Nursing Dysphagia Screening Form will print as part of the pathway packet. The screening will be performed by an RN who has received instruction and demonstrated competency in nursing dysphagia screening. The Nursing Dysphagia Screening Form will also be available to print as a "stand-alone" form in AS400 and may be printed and implemented per physician's order on any patient. The nursing dysphagia screening should be completed prior to giving the patient any food/liquid/medication by mouth or within 4 hours of presentation/admission.

Personnel:

RN

Procedure:

1. Prepare the Patient – Explain procedure to patient. Elevate HOB 90 degrees or have patient sit on side of bed or in chair (*Important – Never perform dysphagia screening with patient lying down*). Provide mouth care prior to swallowing trial.
2. Screening – Prior to beginning swallowing trial:
 - Verify intact gag reflex.
 - Verify patient is able to manage oral secretions.
 - Observe patient for level of consciousness – is patient easily awakened?
 - Observe patient for alertness – is patient alert enough for swallowing trial?

If the answer to any of the above is No, nurse should stop dysphagia screening. Keep patient NPO and notify physician that dysphagia screening cannot be performed and obtain additional orders.

If answer to all above is Yes, proceed to swallowing trial.

3. Perform Swallowing Trial

- a. Gather equipment:
 - Ice Chips
 - Yogurt, Pudding or Applesauce
 - Water
 - Spoon, Straw, Cup
 - Peanut Butter and Cracker
 - b. Offer patient up to 6 bites of ice chips. If patient shows any evidence of absent or delayed swallowing, multiple swallows to clear mouth/throat, audible gurgling voice or respirations, coughing or choking, or excessive drooling or pooling of saliva, stop trial, keep NPO and notify physician.
 - c. If patient tolerates ice chips, offer patient a spoonful of yogurt, pudding or applesauce (unless patient is allergic). If patient shows any evidence of absent or delayed swallowing, multiple swallows to clear mouth/throat, audible gurgling voice or respirations, coughing or choking, or excessive drooling or pooling of saliva, stop trial, keep NPO and notify physician.
 - d. If patient tolerates yogurt, pudding or applesauce, offer patient sips of water in the following progressive order: via spoon, via cup, via straw. If patient shows any evidence of absent or delayed swallowing, multiple swallows to clear mouth/throat, audible gurgling voice or respirations, coughing or choking, or excessive drooling or pooling of saliva, stop trial and begin Dysphagia Diet **without** thin liquids. RN may give po medication with applesauce, yogurt or pudding.
 - e. If patient tolerates yogurt, pudding or applesauce, offer patient peanut butter on a cracker (unless allergic). If patient shows any evidence of absent or delayed swallowing, multiple swallows to clear mouth/throat, audible gurgling voice or respirations, coughing or choking, or excessive drooling or pooling of saliva, stop trial and begin Dysphagia Diet **with** thin liquids.
4. If Patient tolerates Swallowing Trial without any evidence of dysphagia, begin diet per MD order/Stroke Pathway recommendations.

Documentation:

Complete Nursing Dysphagia Screening Form. RN to sign form, record date and time of screening and place form in Physician Progress Note section of patient's medical record. As applicable, document physician notification of inability to complete screening/swallowing trial in Nursing Care Record.