Speech Therapy Update: Dysphagia Protocols

Upstate Stroke Symposium
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Background

• Joint Commission on Accreditation for Hospital Operations (JCAHO)
  – Stroke Specialty Recognition & Accreditation

  – “A screen for dysphasia should be performed on all ischemic/hemorrhagic stroke patients before being given food, fluids, or medication by mouth.”
Background

JCAHO Rationale for Dysphagia Screening (2008)

- 27-50% of stroke patients develop pneumonia
- 43-54% of stroke patients with dysphagia will experience aspiration
- Of those patients, 37% will develop pneumonia

- In not a part of dysphagia diagnosis and treatment program, 3.8% of patients with pneumonia will die
- Other adverse effects include malnutrition and increased length of hospital stay
Background

- SMART Team Order Sets
- Need for dysphagia screening tool based on GHS standards
  - Team of SLP’s and neuro nurses collaborated to generate GHS Dysphagia Screening Tool for patients with stroke diagnosis
  - GHS Standard states that ALL patients with diagnosis of stroke receive a dysphagia screening prior to ANY P.O. intake, including nutrition, hydration, AND MEDICATIONS.
Research

• Bedside exams fail to identify aspiration in approximately 40% (Logemann, Lazarus, & Jenkins, 1982) to 70% (AHCPR, 1999).

• 30-70% of post stroke patients, who aspirate, are identified by Modified Barium Swallow Study (VSS; Horner & Massey, 1988)

• Silent aspiration occurs in 40-67% of patients with dysphagia who aspirate (Daniels et al, 1998).
Research

• Estimated cost of treating a patient with pneumonia is $11,000 to $15,000 per hospitalization (ASHA, 2005).

• 37% incidence of pneumonia among patients with stroke who aspirate (AHCPR, 1999).

• Early detection of dysphagia in acute CVA patients reduces length of hospital stay and overall healthcare expenditures (Martino, R., 2005).
Current Practices

- Nurse completes Dysphagia Screening Tool for patients with stroke diagnosis, which advises the next course of action

- SLP completes:
  - Clinical swallow exam at bedside to determine…
    - Diet recommendations – may initially recommend conservative/protective texture if signs/symptoms of aspiration during bedside exam
    - Need for MBS based on results of bedside exam
    - Goals for treatment/diet liberalization if indicated
  - MBS to fully assess pharyngeal swallow function and protection of airway, if indicated
  - Follow-up recommendations, patient/family education, & treatment

- MBS and/or FEES reports are available in Soarian for increased accessibility for future hospitalizations, follow-up care, etc.
Nursing
Greenville Hospital System

Dysphagia Screening Tool

Note: This tool is to determine the safety for presentation of oral medications and other oral intakes for patient at risk for swallowing difficulty. This tool should NOT replace a formal assessment by the Speech and Language Pathology Department.

1. Does patient currently have either of the following?
   - Feeding tube
   - Reported swallowing difficulty by patient and/or family
   - If neither, proceed to step 2.
   - If yes to either, STOP screening now and:
     - Give all medications non-oral
     - Obtain order for a Speech Therapy consult
     - Obtain NPO order

2. Yes No
   - Patient can maintain alertness greater than 5 minutes?
   - Patient can be positioned greater than 45 degrees?
   - Patient can speak WITHOUT slurring words? (NIHSS #10 Dysarthria)
   - Patient can speak with a normal voice (no wetness or gurgling)?
   - Patient can cough spontaneously?
   - Patient can smile WITHOUT a facial droop? (NIHSS #4 Facial Palsy)
   - Patient can swallow on command?
   - Patient is free of current neurological disease that could impair swallowing? (i.e. stroke)

   TOTALS

3. Directions for Oral Intake
   - 7 Yes responses: Pils whoe, or as tolerated.
   - 5-6 Yes responses: Notify physician of screening results.
     - Diet per physician order.
     - Consider protective diet (i.e. NDD2 and nectar thick liquids)
     - Obtain order for Speech Therapy consult.
   - 6-4 Yes responses: Notify pharmacy of need to crush meds.
     - Pils crushed in puree.
   - 0-4 Yes responses: Notify physician of screening results.
     - Obtain order for NPO status and Speech Therapy consult.
     - Notify pharmacy of any medication changes.
     - Give all medications non-oral.

Signature
Print name
Date
Time
Nursing
Current Practices... Are They Working?

• Preliminary data indicate strong correlation between GHS Dysphagia Screening Tool & SLP bedside assessment
  – 52.4% received screening tool in October 2008-March 2009.
  – 79.2% passed the dysphagia screening
  – Of those who failed, nearly 100% received an SLP consult

• MBS results during October 2008-March 2009:
  – 19.3% normal rate
  – 80.6% disordered rate
  – Average day post-admission that MBS identified aspiration was 3.49 days
Benefits of MBS Study

Non-invasive, objective assessment-can help liberalize diet recommendation

Reveals etiology of aspiration & is necessary in treatment plans

Helps physicians, patients & families make informed decisions regarding need for alternative feeding means

Low cost versus other diagnostic examinations & in comparison to cost of treating aspiration pneumonia

Early identification of dysphagia can reduce risk of dehydration & malnutrition

Enables SLP to determine benefit of posture changes/strategies to enhance safety of swallow

Often needed for determining post-acute discharge options

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The Future of Dysphagia Exams at GHS…

• Continued data collection regarding GHS Dysphagia Screening Tool in conjunction with Modified Barium Swallow Studies and Fiberoptic Endoscopic Evaluation of Swallowing

• MBSImP (MBS Impairment Profile)
  – Standardized scoring of videos
References

- ASHA Division 13 (Swallowing and Swallowing Disorders) Steering Committee: 10/06/06.