Southern Health Santé Sud

QUICK REFERENCE GUIDE
FOR TOR-BSST SWALLOWING SCREENERS

Management of Patients with Stroke Identification and Management of Dysphagia

Screening Swallowing & Nutrition in Acute Stroke

Dysphagia affects approximately 50% of stroke patients. Swallowing difficulties can result in aspiration and reduced intake of solids and liquid leading to potentially serious complication of pneumonia, malnutrition and dehydration.

Maintain all acute stroke survivors NPO until swallowing ability has been determined (including oral medication, water, ice chips). IV fluids may be required. Regularly perform mouth-clearing or oral care procedures.

Mouth Care Procedures

- Remove, clean and store dentures in clean water
- Every morning and at bedtime, clean mouth with toothbrush and toothpaste. If possible, use a suction toothbrush
- Swab the oral cavity with an alcohol-free antiseptic
- Perform mouth care before each meal to remove bacteria
- Perform mouth care after each meal to remove food debris
- Use an oral moisturizer after mouth care if the patient is NPO or has a dry mouth. If severe dysphagia use only plain water for moisturizer.

Heart and Stroke Best Practice Guidelines

- Screen all stroke survivors for swallowing difficulties as soon as they are awake and alert. A swallowing screening team member trained to administer swallowing screening tests and interpret results should perform the screening.
- Assess the swallowing ability of all stroke survivors who fail the swallowing screening.

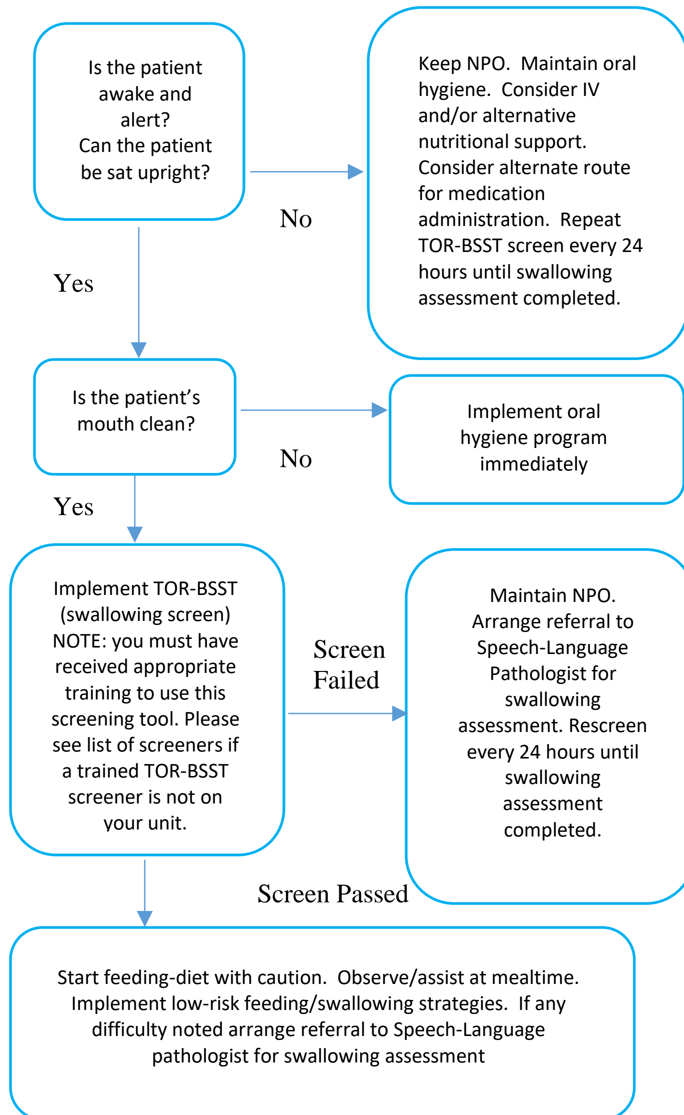
Signs/Symptoms of Swallowing Difficulty

- **Chewing for a long period of time or taking a long time to eat a meal**
- **Complaints of food getting stuck in the throat**
- **Coughing or choking while eating**
- **Delay or absence of laryngeal (“Adams’ apple”/thyroid cartilage) elevation with swallowing**
- **Drooling or excessive secretions**
- **Excessive tongue movement, tongue thrusting or poor tongue control while eating**
- **Facial weakness**
- **Hoarse or breathy voice**
- **Pocketing of food in the cheek, under the tongue or sticking to the hard palate**
- **Recurrent aspiration pneumonia**
- **Regurgitation through the nose, mouth or tracheostomy tube**
- **Reluctance to eat**
- **Reluctance to eat specific food consistencies**
- **Slurred speech**
- **Spitting food out of the mouth**
- **Wet or gurgly voice after eating or drinking: frequent throat clearing**

Consult a Speech-Language Pathologist if any of the mentioned sign/symptoms are observed.

Screen all stroke survivors for swallowing difficulties as soon as they are awake and alert. A swallowing screening team member trained to administer swallowing screening tests and interpret results should perform the screening.

Swallowing Screen Decision Making



Screen all stroke survivors for risk factors for poor nutritional status within 48 hours of admission. A swallowing team member trained to administer nutritional screening tests and interpret results, should perform the screening.

Nutrition Screening

1. Assess the stroke survivor's physical appearance. Does the stroke survivor appear undernourished?
2. Assess recent weight loss. Does the stroke survivor or family report an unplanned weight loss of 2.5 kg (5 lbs) in the past month or 4.5 kg (10 lbs) in the last 6 months?
3. Assess recent nutritional intake. Does the stroke survivor or family report any of the following concerns in the last month?
   - Continuous loss of appetite
   - Shortness of breath
   - Difficulty chewing or swallowing
   - Inability to buy food or prepare meals
   - Nausea, vomiting or daily diarrhea
   - Multiple food allergies or restrictions
4. Does the stroke survivor's medical history Include any of the following conditions:
   - Uncontrolled diabetes
   - Kidney disease
   - Recent major surgery
   - Recent diagnosis of cancer
   - Liver disease
   - AIDS

If yes to any of the questions, please refer to a Registered Dietitian for assessment of nutrition.

LOW-RISK FEEDING STRATEGIES

Encourage self-feeding. If unable, provide hand-over-hand support from an eye-level position. If full feeding assistance is needed provide using low-risk feeding strategies as follows:

- Ensure calm environment and minimize distractions.
- Check to ensure correct diet type has been provided.
- Position with torso at a 90° angle to the seating plane, aligned in mid-position with neck slightly flexed. Support with pillows if necessary.
- Perform mouth care before each meal.
- Feed from an eye-level seated position.
- Use metal teaspoons. Never use plastic for feeding individual with bite reflexes.
- Use a slow rate of feeding and offer a level teaspoon each time.
- Place liquids in a wide-mouth cup or glass or in a cut-down nosey cup.

- Ensure that swallowing has taken place before offering any additional food/liquid.
- Observe for any signs or symptoms of swallowing problems during and for 30 minutes after the meal.
- Perform mouth care after each meal.
- Position comfortably upright for at least 30 minutes after each meal to promote esophageal clearance and gastric emptying and to reduce reflux.
- Monitor oral intake
- Document patient's intake, any changes in swallowing status and self-feeding problems.

References: Central East Stroke Network