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| <p>Team Name: Rehabilitation Services</p> <p>Team Lead: Regional Director, Rehabilitation Services</p> <p>Approved by: VP Human Resources</p> | <p>Reference Number: CLI.6310.SG.013</p> <p>Program Area: Rehabilitation Services</p> <p>Policy Section: General</p> |
| <p>Issue Date: October 17, 2019</p> <p>Review Date:</p> <p>Revision Date:</p> | <p>Subject: TOR-BSST Swallowing Screening for Acute Stroke Patients</p> |

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

STANDARD GUIDELINE SUBJECT:

The Toronto Bedside Swallowing Screening Test (TOR-BSST) Swallowing Screening for Acute Stroke Patients

PURPOSE:

The Toronto Bedside Swallowing Screening Test is a bedside dysphagia screening tool for stroke survivors in acute and rehabilitative settings.

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. Early identification of dysphagia from screening can lead to earlier treatments and thereby reduce complications.

PROCEDURE:

If patient is diagnosed with: stroke, TIA (Transient Ischemic Attack), or possible TIA:

- The TOR-BSST Swallowing Screening for Acute Stroke Patients (CLI.6310.SG.013.SD.04) is an algorithm to help guide you
- Make patient no food/water/ice chips/oral medication (NPO) as indicated in (CLI.6310.SG.013.SD.01) No Food, Drink or Medication by Mouth
- Write NPO on kardex
- Provide patient/family with the educational brochure Information on Swallowing Difficulty with Stroke – like Symptoms: For patients and their families (CLI.6310.SG.013.SD.02) and counselling as needed
- Provide oral care as needed as per Oral Hygiene Policy (CLI.4110.PL.018)
- Review Quick Reference Guide for TOR-BSST Swallowing Screeners (CLI.6310.SG.013.SD.03)

If patient is not awake:

- Continue NPO
- Maintain oral care as per Oral Hygiene Policy
- Consider intravenous and alternative nutritional support
- Consider alternate route for medication administration (consult with Pharmacy)
- Monitor for change in alertness level

If patient is awake:

- Provide oral care as needed as per Oral Hygiene Policy
- Locate trained dysphagia screening team member
- Continue to support patient/family by providing education regarding the swallowing screening process as needed
- Trained Swallowing Screening Team Member to:
 - Gather TOR-BSST The Toronto Bedside Swallowing Screening Test (CLI.6310.SD.013.FORM.01) if not charting at bedside as well as other appropriate supplies (cup of water, teaspoon, towel)
 - Complete, score and interpret TOR-BSST. Document results in Integrated Progress Notes and Kardex
 - Place completed TOR-BSST screening test in patient chart and notify physician
 - Communicate results to charge nurse

If patient fails:

- Maintain NPO
- Maintain oral care
- Ensure referral to Speech-Language Pathologist (SLP) for swallowing assessment
- Ensure referral to Registered Dietician for nutritional assessment
- Trained screener may repeat TOR-BSST every 24 hours or if condition significantly changed while awaiting SLP swallowing assessment
- Consider alternate route for medication administration

If patient passes:

- Update kardex with diet as per physicians order/pathway
- Order entry appropriate diet: soft texture and thin liquids, minced texture if concerned about teeth
- Start feeding with caution
- Monitor/observe/assist at mealtime for first 3 meals
- Use TOR-BSST Swallowing Monitor Record (CLI.6310.SG.013.FORM.02)
- If patient has difficulty swallowing at mealtime:
 - Make NPO
 - Place NPO sign at bedside
 - Write NPO on kardex
- Document swallowing difficulty on chart
- Arrange referral to SLP for swallowing assessment

- Consider alternate route for medication administration (consult with Pharmacy)
- If patient has no difficulty swallowing at mealtime:
 - Continue to feed normally
 - Document in patient record
 - Consult SLP if felt that diet upgrade from soft/minced is warranted

SUPPORTING DOCUMENTS:

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|---|---|
| CLI.6310.SG.013.SD.01 | No Food, Drink or Medication by Mouth |
| CLI.6310.SG.013.SD.02 | Information on Swallowing Difficulty with Stroke-like Symptoms: For Patients and their Families |
| CLI.6310.SG.013.SD.03 | Quick Reference Guide for TOR-BSST Swallowing Screeners |
| CLI.6310.SG.013.SD.04 | TOR-BSST Swallowing Screening for Acute Stroke Patients - Rehabilitation Services |
| CLI.6310.SG.013.FORM.01 | TOR-BSST The Toronto Bedside Swallowing Screening Test |
| CLI.6310.SG.013.FORM.02 | TOR-BSST Swallowing Monitoring Record – Rehabilitation Service |

REFERENCES:

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| CLI.4110.PL.018 | Oral Hygiene Policy |
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