TOR-BSST Swallowing Screening for Acute Stroke Patients - Rehabilitation Services

Patient diagnosed with:
- Stroke
- TIA
- Possible TIA

- Make patient NPO (no food/water/ice chips/oral medications) CLI.6310.SG.013.SD.001
  - Place NPO sign at bedside (in Emergency department place sign on chart and ensure that sign accompanies patient to admitting unit)
  - Write NPO on kardex
  - Provide patient/family with educational brochure, Information on Swallowing Difficulty with Stroke-like Symptoms: For Patients and their Families CLI.6310.SG.013.SD.002 & counseling 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.003

Is patient awake and alert?

NO

- Continue NPO
- Maintain oral care as per Oral Hygiene Policy CLI.4110.PL.018
- Consider IV and alternative nutritional support
- Consider alternate route for medication administration (consult with Pharmacy)
- Monitor for change in alertness level

YES

- Provide oral care as needed as per Oral Hygiene Policy CLI.4110.PL.018
- Locate trained dysphagia screening team member (contact staffing office)
- Continue to support patient/family by providing education regarding the swallowing screening process as needed

Trained Swallowing Screening Team Member to:
- Gather The Toronto Bedside Swallowing Screening Test CLI.6310.SG.013.FORM.001f not charting at bedside as well as other appropriate supplies (cup of water, teaspoon, towel)
- Complete, score and interpret TOR-BSST. Document results in IPN and Kardex
- Place completed TOR-BSST screening test in patient chart and notify physician
- Communicate results to charge nurse

FAILED

- Maintain NPO
- Maintain oral care
- Ensure referral to S-LP for swallowing assessment
- Ensure referral to Registered Dietitian for nutritional assessment
- Trained screener may repeat TOR-BSST every 24 hours or if condition significantly changes while awaiting S-LP swallowing assessment
- Consider alternate route for medication administration

PASSED

- Update kardex with diet as per physiciansorder/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 3meals
- Use Appendix T Swallowing Monitor Record CLI.6310.SG.013.FORM.002

DIFFICULTY swallowing at mealtime

- Make NPO
  - Place NPO sign at bedside
  - Write NPO on kardex
- Document swallowing difficulty on chart
- Arrange referral to S-LP for swallowing assessment
- Consider alternate route for medication administration (consult with pharmacy)

No difficulty swallowing at mealtime

- Continue to feed normally
- Document in patient record
- Consult S-LP if felt that diet upgrade from soft/ minced is warranted