DYSPHAGIA SCREENING TOOL

Refer to the screening tool used in your organization

Dysphagia is a significant consequence of stroke, occurring in up to 65% of stroke survivors (2013 Canadian Best Practice Recommendations for Stroke Care). Stroke survivors with dysphagia can develop serious complications, such as aspiration pneumonia, malnutrition and dehydration. Martino et al., (2005) found that patients with dysphagia after stroke are at 3 times greater risk of pneumonia than stroke patients without dysphagia; and when those dysphagia patients were confirmed aspirators the relative risk rose to 11 times greater. Dysphagia is implicated in poor client outcomes that include mortality and increased length of stay and rate of discharge to long term care (RNAO Supplement, 2011).

When nurses were trained in the use of a dysphagia screening tool, they were able to reduce the amount of time the client was inappropriately “nothing by mouth” (NPO) to less than one hour (Lees, Sharpe, & Edwards 2006).

What is a screening tool?

Swallowing screening identifies the likelihood of the presence or absence of dysphagia. Patients who do not pass the screen require referral to a *Speech-Language Pathologist* (or qualified healthcare professional) to further evaluate swallowing function.

Best Practice Recommendations:

Nurses should maintain all clients with stroke NPO (including oral medications) until a swallowing screen is administered and interpreted (RNAO 2011).

Patients should be screened for swallowing deficits within the first 24 hours of admission using a valid screening tool. Patients who are not initially alert should be closely monitored and screened when clinically appropriate (2013 Canadian Best Practice Recommendation for Stroke Care).

A swallowing screen should also be completed with any changes in neurological or medical condition, or in swallowing status in both stroke and/or TIA (RNAO 2011).

Patients should be given meticulous mouth and dental care, and educated in the need for good oral hygiene to further reduce the risk of pneumonia (2013 Canadian Best Practice Recommendation for Stroke Care).

Swallowing Screening Tools

There is no one tool that is recommended. However, sites with a formal dysphagia screening program have better adherence to dysphagia screens and a significantly decreased rate of pneumonia (Hinchey et al., 2005).

Please refer to the 2013 Canadian Best Practice Recommendations for Stroke Care: Stroke Rehabilitation Table 4.2 for Swallowing Screening Tools:

> http://strokebestpractices.ca/wp-content/uploads/2013/05/Table-4.2-Canadian-Stroke-Best-Practices-Swallow-Screening-and-Assessment-Tools.pdf

The SWO Regional Stroke Centre has selected the **The Barnes Jewish Hospital Screen** (also called the Acute Stroke Dysphagia Screen; see Table 4.2).

The Barnes-Jewish Hospital screen assesses consciousness, dysarthria and has a 3 ounce water trial to identify signs of aspiration. It consists of a questionnaire and water trial.

*for more information, and full bibliography, please see *Module 6: Swallowing, Feeding, and Oral Care.*

References

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