SCREENING FOR DYSPHAGIA

Place any related documents/guidelines used in your stroke rehabilitation unit in this section.

Refer to Module 5: Swallowing, Nutrition and Oral Care for further information on post-stroke dysphagia.

Dysphagia is a significant consequence of stroke, occurring in up to 65% of stroke survivors (Canadian Stroke Best Practice Recommendations, 2013). Stroke survivors with dysphagia can develop serious complications, such as aspiration pneumonia, malnutrition and dehydration.

In addition to overt signs of aspiration, such as choking or coughing, a substantial number of patients experience silent aspiration, defined as “penetration of food below the level of the true vocal cords, without cough or any outward sign of difficulty”.

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:
Nurses should validate that an initial swallowing screen has been administered and interpreted prior to admission to rehabilitation. Where concerns are identified, all clients with stroke should be placed NPO (nothing by mouth - including oral medications) until formal assessment can be undertaken.

A swallowing screen should 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 (Canadian Stroke Best Practice Recommendations, 2013, 5.7).
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).