

**State of Connecticut
Department of Developmental Services**

**Health Standard # 07-1
Guidelines for Identification and Management of Dysphagia
And Swallowing Risks**

No: 07-1 (Replaces Medical Advisory #99-1)
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PURPOSE: The intent of this Health Standard is to identify the best practice guidelines for the identification and management of dysphagia and/or swallowing risks that maintain the greatest degree of independence, dignity, respect and health for the persons served by the department.

APPLICABILITY: This health standard applies to all individuals for whom the department bears direct or oversight responsibility for their health and safety.

DEFINITIONS:

Adaptive Equipment: Devices, which are provided and/or modified to meet the individual's abilities to eat independently and/or safely (e.g. cups that adjust the fluid flow, modified spoons, etc.)

Alternative Feeding Techniques: Various feeding methods by which food is introduced other than by mouth (i.e., nasogastric tube, gastrostomy tube, etc.)

Aspiration: Entry of food, liquid or other materials into the airway that can occur before, during, or after the swallow (may be silent or occur with observed signs)

Assessment: An evaluation performed by a qualified professional that documents the presence of a condition or situation.

Bedside Swallow Evaluation: A clinical evaluation of swallowing skills to identify the presence of dysphagia or changes in swallowing function. A Bedside Swallow Evaluation is completed by a Speech and Language Pathologist (SLP) or an Occupational Therapist (OT) with expertise in swallowing disorders. The evaluation may result in recommendations for changes to diet consistency and/or instrumental testing.

Bolus: The cohesive amount of food or liquid placed in the mouth to be swallowed

Consistency: The term used to describe the texture or thickness of food or liquids

Dysphagia: Difficulty with swallowing or moving food or liquid safely from the mouth to the stomach

Esophageal Phase: The swallowing stage in which the food or liquid travels through the esophagus to the stomach

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Further Evaluation: The process of additional assessment and/or testing to determine the extent of a condition and to recommend a course of treatment.

Gagging: A reflex triggered by contact to the back of the tongue or throat causing the throat to close and push food forward in the mouth.

Modified Barium Swallow (MBS): A radiological procedure designed to examine the details of the oral and pharyngeal physiology during a swallow

Modified Consistency: Food and/or liquid that has been altered from its original texture as recommended by the Occupational Therapist or Speech and Language Pathologist and ordered by the primary care provider.

Oral Phase: The swallowing phase in which food or liquid enters the mouth, is manipulated, chewed, and propelled posteriorly until the swallow reflex is triggered

Pharyngeal Phase: The swallowing phase in which the reflexive swallow carries the bolus of food or liquid through the pharynx to enter the esophagus

Reflux: A return or backward flow of material from the stomach into the esophagus

Screening: The process of identifying individuals who may be at risk due to the presence of a health condition, behavior, and/or other consideration during the eating and/or swallowing process.

Silent Aspiration: The entrance of food or liquid into the airway without outward or apparent signs.

Swallowing risk: Physiological, neurological, structural, behavioral or other issue, which increases the likelihood of a hazardous event (i.e., aspiration, choking, reflux) for the person.

Therapeutic Diet: A physician ordered diet that treats the individual's medical and nutritional needs (e.g., 2000 calorie low salt diet; 1200 calorie, etc.)

Thickening agent: A substance that is added to liquids and foods to change the consistency

INTRODUCTION:

Dysphagia is a disorder that commonly occurs in people with neurologic or muscular disorders such as those occurring in some people with intellectual disability. It can also be the result of disease, injury, and/or the effects of certain medications. It frequently presents with aspiration (which may be silent or indicated by coughing). Dysphagia may increase a person's risk for choking and can also progress over time and lead to significant health problems such as aspiration pneumonia. Every attempt should be made to identify the cause of this disorder for the person.

Swallowing risks are factors/issues, which may indicate the potential for danger or other impediments to health. Oral health concerns presented by individuals who are edentulous (without teeth), possessing few teeth, or have

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other disease related conditions of the mouth, may place those persons at increased risk for choking as they attempt to chew and swallow their food. Persons who have impaired esophageal functioning due to disease, injury and/or the effect of certain medications, and those with intellectual disability who display certain behaviors such as rapid eating, gorging/ stuffing, and/or PICA are also considered to be at increased risk to experience a hazardous event.

The goal of interventions for dysphagia and/or identified swallowing risks is to assist the person to eat with the highest degree of dignity and independence, and to safely enjoy the least restrictive diet while maintaining good health, nutrition and hydration. Interventions may include positioning techniques, food and liquid consistency changes, use of adaptive equipment, increased observation especially during eating or drinking, and individualized programs to address unsafe behaviors and/or eating techniques.

PROCEDURE:

I. Understanding of Dysphagia and recognition of swallowing risks

- A. Training shall be provided to all new direct support providers in the area of dysphagia and swallowing risks. Refresher training on this topic shall be repeated at a minimum every two years.

Dysphagia training shall address the following areas:

- a. The normal swallowing process (oral, pharyngeal, and esophageal phases)
- b. Definition, causes, and explanation of Dysphagia and potential complications (i.e., aspiration)
- c. Definition and explanation of Swallowing Risks factors and potential impact
- d. Observational, reporting and documentation responsibilities
- e. Medical and Clinical evaluations to identify/verify conditions
- f. Treatment (i.e., food and/or liquid consistency modifications, positioning guidelines, behavioral intervention, Medical/Dental consultations, Aspiration or Reflux precautions, Adaptive equipment use)

- B. Agencies shall identify the qualified professionals who will provide this training.

- C. Other staff that support or assist in the support of individuals (i.e., licensed nurses, supervisory staff, case managers), may also require training to understand the needs of a person with Dysphagia to prepare them to recognize swallowing risks whether observed or reported, and/or understand their responsibilities.

- D. Individual and site-specific training shall also be given so that the support provider is knowledgeable about the needs of the individual and the treatment plan identified to meet these needs.

II. Identification and follow-up of individuals with swallowing risks

Persons with Dysphagia may have an existing diagnosis or, may be displaying signs that indicate the presence of Dysphagia-like symptoms but a diagnosis has not yet been made. Other persons may present swallowing risks that may or may not yet have been noted. Several formal and informal processes within the DDS framework of support may identify swallowing risks and/or signs of Dysphagia that require further evaluation. These include:

- A. Connecticut Level of Need Tool

- 1. This tool documents the presence of diagnosed medical conditions and prescribed

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treatments as well as certain behaviors that may place a person at increased risk for choking or other swallowing concerns.

2. When conditions or behaviors that increase a person's risk are noted during this process, the need for assessment and/or further evaluation (if this has not already been completed) shall be indicated.

B. Nursing Assessment

1. A comprehensive nursing assessment may identify health concerns or other health related issues that place/ may place a person at increased risk. This assessment shall consider the possible effect of prescribed medication on the person's ability to swallow. (Refer to Attachment A, Medication and Dysphagia Swallowing Risks)
2. This assessment (Refer to Attachment B, sample Nursing Health and Safety Assessment) should be completed when a person is admitted to a site. It, or a less formal process should be used by the RN to provide re-assessment of the person when they experiences a significant change of condition or the addition of a medication that may cause an impact to the person's ability to swallow.
3. Identified risks shall be reported to the primary care provider (PCP) for determination of need for new orders or further evaluation.
4. Identified risks that pose an immediate threat to the individual shall be addressed through immediate action by the RN which may include:
 - Temporarily downgrading food and/or liquid consistency until an order is obtained
 - Initiating temporary positioning requirements during eating, drinking and /or medication administration for a period following these events
 - Requesting closer supervision of the person during certain times
 - Notification of the appropriate clinician or health care provider (Speech Language Pathologist (SLP), Occupational Therapist (OT), Psychologist/ Behaviorist, PCP, Psychiatrist, Dentist) to provide further direction/orders.
5. The person's family/guardian and the team should be advised as to how the findings and all new orders will impact the person's support plan.

C. Assessment by an Occupational Therapist (OT) or Speech Language Pathologist (SLP)

1. An assessment/evaluation by an OT or SLP may identify swallowing risks that were previously unrecognized, or may be performed in response to reported concerns.
2. The clinician shall report findings and recommendations to the RN as soon as possible so that the individual's PCP can be contacted for orders.
3. Identified conditions or risks that pose an immediate threat to the person, shall require

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that the clinician notify the RN immediately and that other immediate action to protect the health and safety of the individual be taken. These may include:

- Downgrading the food and/ or liquid consistency the person receives
- Initiating positioning requirements
- Identifying dining/ feeding guidelines for the individual

D. Observations by support providers

1. Frequently the direct support provider is the first to notice a change in the person's baseline related to their ability to eat and/or swallow safely, or to observe other risk factors .
2. When this occurs, the appropriate action shall be initiated by staff as necessary to the risk and as identified by the agency's policy . Actions may include, but are not limited to the following:

- Abdominal thrusts and Calling 911 for choking incidents
- Notification to the RN (immediately for 911 incidents or as soon as possible for other observations)
- Increased observation of person especially during eating, drinking and/or taking medication
- Cutting foods into smaller pieces until evaluation can be completed
- Prompt notification to other appropriate personnel (i.e., supervisor, SLP, OT) per established agency policy
- Following the identified agency documentation reporting process (Refer to Attachment C, example of Swallowing Episode Report Form).

III. Further Evaluation

- A. All identified swallowing risks shall be addressed by the person's support team in the planning process. This may require further evaluation to determine the extent of the risk and the recommended interventions. This may include:

1. Clinical Assessment/Evaluation of the person's swallowing

- This evaluation, which is completed by a SLP or OT with expertise in dysphagia, will identify concerns or will recommend further evaluation to diagnose conditions that are related to a person's ability to safely swallow foods and/or liquids. A report detailing findings and recommendations of the clinician shall be completed.
- At a minimum, the report should document the areas addressed in the sample assessment form. Refer to Attachment D, sample Swallowing Evaluation- Speech Language Pathologist and Attachment E, sample Oral Motor Assessment- Occupational Therapist.
- It is strongly suggested that this evaluation occur as soon as possible to address identified concerns of an emergent nature and within 3-5 business days for non-emergent situations).

2. Modified Barium Swallow (MBS)

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- The SLP, OT and physician may pursue a Modified Barium Swallow (MBS) whenever it is felt that an individual is identified to be experiencing swallowing problems. This test is especially important if aspiration or difficulty swallowing is suspected.
- Whenever possible the referring SLP or OT should attend the MBS to assist with the interpretation of the report generated by the hospital. It is also recommended that a person familiar with the individual being tested, accompany that individual in order to help maximize test performance results. Documentation of the findings along with recommendations shall be obtained from the hospital.
- When an OT or SLP is not available to accompany an individual to the MBS, it is strongly recommended that the MBS be performed at a facility where an OT or SLP is available and present during the exam (i.e., most acute care facilities). It is further recommended that contact be made with the clinician in advance of the testing so that the particular details of the person's difficulties can be shared.

3. Dental Evaluation

- Persons who are edentulous (without teeth) or have few teeth and/or other oral concerns should be evaluated by the dentist to determine available treatment options.
- Persons who have dental issues should also have an evaluation by an OT or SLP to determine extent of missing teeth on ability to chew and handle hard foods.

4. Behavioral, Psychological or Psychiatric Evaluation

- Evaluation of persons who display behaviors that may present a risk to themselves (inappropriate obtaining of food, gorging food, PICA, etc.) should be evaluated by a behaviorist or a psychologist and a plan developed to keep the person safe
- Psychiatric evaluation may also be necessary for certain persons.

5. Other Medical / Health Evaluations

- Evaluation by a Gastroenterologist may be necessary if swallowing abilities are found to be significantly impaired and the use of an alternative feeding technique (g-tube, etc.) has been recommended or if the person is suspected of having gastroesophageal reflux (GERD).
- Evaluation of the person's medication regimen by a Pharmacist to help determine the relationship of prescribed medication to dysphagia.
- Neurological evaluations may be necessary if the suspected cause of the dysphagia is related to anticonvulsant use and seizure control or other neurological condition.

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- Dietary consultation to ensure necessary caloric and nutrient intake when treatment plan includes enteral feeding, or the elimination of certain foods from the person's diet due to consistency concerns.

IV. Incorporating Recommendations

A. The team is responsible to review all evaluations, recommendations, and prescribed treatments to incorporate them as appropriate into the plan of support for the person. This information shall be communicated to all staff that support the person.

B. Written person specific direction and training shall be provided to direct care staff, individuals, and/or the person's family/guardian to ensure that everyone understands the support needs of the person.

1. Prescribed food and/or liquid consistencies

- This may also include need to alter/change the person's medication dosage form [i.e., crushing oral medications which can be crushed, thickening liquid medications, requesting that physician change prescription to liquid form]).
- Training in the preparation of the prescribed consistency and the safe use/ correct operation of the equipment that is located at the site for this purpose.

2. Eating and positioning plans

- The type and amount of support/ assistance that needs to be provided to the individual as they eat or are fed.
- The identification of adaptive equipment (special utensils, cups, plates, mats) that is used by the person to maximize their independence while eating.
- The exact position of the person and the safety equipment that may be needed to achieve and maintain the person in the identified position while eating, drinking, and/or taking medications and the specified time frame following these activities that they must for safety reasons maintain this position.

3. Aspiration and reflux precautions

- Aspiration may be identified as a concern and precautions put into effect to reduce the risk of aspiration of food, liquids, and/or secretions. Refer to Appendix H, sample protocol, Aspiration and Reflux Precautions.
- Reflux precautions are commonly prescribed for persons with gastroesophageal reflux disease (GERD). These precautions require that a person's head and upper body be elevated at all times to allow gravity to challenge the ability of stomach acid to flow up into the esophagus. Refer to Attachment H, sample protocol Aspiration and Reflux Precautions.

4. Behavioral Plans and supervision requirements

- Training on the actions to be followed along with the supervision that has been identified to keep the person safe, shall be provided to staff.

V. Follow-up Actions

A. Documentation of all evaluations and recommendations completed by clinicians and/or health care providers shall be included in the person's medical record. These evaluations should include the

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recommended schedule of re-evaluation. All swallowing evaluation reports will be distributed as per agency/facility policy.

- B. Periodic nursing assessment and clinical re-evaluation (especially at times of significant observations and/or changes in condition) may help identify the emergence of new risk factors or additional concerns.
- C. Monitoring of medication effects by nurses and certified/ trained staff who provide support to the person.

VI. Quality Assurance

- A. Agencies shall develop and implement policies/procedures/guidelines that are consistent across all settings for that agency that:

- 1. Identify the notification process to be used for reporting observations/incidents/concerns related to Dysphagia and/or swallowing risks. (Refer to Attachment C, sample form: Swallowing Episode Report Form).

- 2. Identify consistent definitions for the prescribed food consistency that agree with the DDS defined consistencies:

- **Whole** (no modifications; Person may still require staff assistance to cut food before being served, but the size of food pieces is not specified as no swallowing risk identified)
- **Cut-up** (pieces not to exceed ½”x ½”x ½”)
- **Chopped** (pieces cut by hand to pea size pieces not to exceed ¼”x ¼”x ¼”)
- **Ground** (foods ground in a machine to small curd cottage cheese consistency)
- **Pureed** (foods prepared to a smooth consistency that resembles pudding).

Refer to Attachment F, sample protocol: guidelines for Consistency Modifications of Foods and Liquids.

- 3. Identify consistent definitions for the prescribed consistencies of liquids that agree with the DDS defined liquid consistencies:

- **Thin** (no restrictions)
- **Nectar** (apricot or tomato juice consistency)
- **Honey** (liquids are pourable but very slow)
- **Pudding** (liquids are spoonable but not so stiff that a spoon will stay upright)

Refer to Attachment F, sample protocol, Food and Liquid Consistencies

- 4. Ensure that the appropriate equipment for the modification of foods is available at the sites where it is needed and that the maintenance/up-keep of this equipment is identified.

- 5. Identify a process for and the frequency of mealtime observations by supervisory and clinical staff to monitor the preparation of prescribed modification of food and liquid consistencies. These observations should be documented according to a standardized process. (Refer to Attachment I and J, sample forms: Meal Observation).

- 6. Ensure that there is communication between agencies providing support to a person regarding

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food and liquid consistency requirements and how these consistencies are to be achieved.

7. Ensure that when there is a change in the prescribed food or liquid consistency that this information is reflected in the Level of Need Tool and entered into the appropriate CAMRIS screen.

References:

DDS Procedure I.D.PR.013

DDS Medical Advisory #99-1- Guidelines for Management of Dysphagia (March 1999)

Balzer, KM, PharmD, “Drug-Induced Dysphagia”, International Journal of MS Care, page 6, Volume 2 Issue 1, March 2000.

Carl, Lynette L. And Johnson, Peter R., Drugs and Dysphagia, How Medications Can Affect Eating and Swallowing, PRO-ED, Inc., Austin Texas, 2006. (www.proedinc.com)

Attachments:

Attachment A, Medications and Dysphagia/ Swallowing Risks

Attachment B, Nursing Health and Safety Assessment

Attachment C, Swallowing Episode Report Form and instructions

Attachment D, sample form: Swallowing Evaluation- Speech Language Pathologist

Attachment E, sample form: Oral Motor Assessment- Occupational Therapist

Attachment F, sample protocol: Guidelines for Consistency Modifications of Foods and Liquids

Attachment G, Fast Food Consistency Guide

Attachment H, sample protocol Aspiration and Reflux Precautions

Attachment I, sample Meal Observation Documentation Form

Attachment J, sample Meal Observation Documentation Form

Training Resources available from DDS:

PowerPoint presentation for New Employee Training on Dysphagia and Swallowing Risks

PowerPoint presentation for On-going/refresher training on Dysphagia and Swallowing Risks