

MDS Alert

Quality of Care: Preempt Aspiration With This Admission Checklist

There are more ways to detect swallowing problems than included in Section K.

Completing Section K helps you detect a resident with a potential swallowing problem. But you don't want to wait several days after admission to find out the person has an impairment in that regard, advises **Nancy Swigert, MA, CCC-SLP, BRS-S**, director of speech-language pathology and respiratory care at Central Baptist Hospital in Lexington, Ky.

Instead: "Do a swallowing screen or ask probing questions as part of the nursing assessment at admission to determine whether the person needs a full assessment by the SLP and/or intervention," Swigert advises.

Swallowing screens usually include a couple of history questions and ask you to look for related problems, "such as a weak, breathy voice or dysarthria, as sometimes dysphagia is associated with these characteristics," says Swigert. "Nurses also have the opportunity to observe the patient when eating and watch for oral problems, such as pocketing or chewing food incompletely, or losing food out of the front of the mouth."

Other signs and symptoms for dysphagia include the following, according to **Robert Serianni, MS, CCC-SLP**:

Choking/coughing

Regurgitation

Reflux symptoms (belching, premature feeling of fullness, bad taste in mouth)

Multiple swallows per bite

Tearing/watery eyes and/or runny nose after ingestion

Wanting to "wash back" the food with a drink

Swallowing problems could also show up as "food avoidances" where the person limits selections to food items that "go down right," adds Serianni, VP of clinical services at Nyman Associates Inc. in Fort Washington, Pa.

Also look for lab changes (dehydration/malnutrition) and lung changes, such as rhonchi or change on a chest X-ray, Serianni advises. "Fever is not a reliable indicator of dysphagia," he adds, noting that it was once thought that patients with an aspiration event would spike a consistent fever.

Don't be duped: "Someone can cough a lot when they drink which doesn't tell you they are necessarily aspirating," Swigert continues. "The person may be coughing due to COPD or other respiratory issues. So you have to determine whether the coughing is due to what they are eating or drinking or is it their baseline cough?"

Bottom line: "To reliably determine that someone is aspirating, you have to either do a modified barium swallow or endoscopic evaluation of swallowing," adds Swigert.

Look for These High-Risk Diagnoses

Certain medical diagnoses warrant a closer look for a potential swallowing problem, advises Swigert. These include neurological diagnoses: stroke, Parkinson's disease, multiple sclerosis, ALS, and dementia. "Patients in the moderate to severe stages of dementia may not be candidates for active therapy but they may benefit from certain feeding techniques, diet texture changes, positioning, etc.," she suggests.

Also target patients with pulmonary/cardiac disease (e.g., pneumonia, COPD, congestive heart failure) or a history of head and neck cancer, adds Serianni.

Resources: For a chart listing numerous medications that can cause dysphagia, go to http://www.ct.gov/dds/lib/dds/health/attach_med_dsyphagia_swallowing_risks.pdf. For a free article reviewing medications known to cause swallowing problems, especially in elderly nursing home patients, e-mail the editor at KarenL@Eliresearch.com.