

ACE PROGRAM

Dysphagia Management

Purpose:

The purpose of this program is to address dysphagia in the clients we serve. Dysphagia has far-reaching consequences to the overall health, medical condition, and quality of life for a patient. Signs, symptoms, and severity of dysphagia vary between patients. Speech Language Pathologists are specially trained in treatment strategies to address the impairment and train the resident in compensatory strategies. Successful integration of therapy treatment, to help the resident meet their goals, is contingent upon a collaborative relationship with nursing through communication and teamwork.

Contributing Factors That May Increase the Risk of Dysphagia

There are several factors that contribute to an individual being at greater risk for dysphagia. Some of these factors include but are not limited to:

- Individuals with progressive neurologic conditions (including Parkinson's, traumatic brain injury, Alzheimer's disease, cerebral palsy, dementia, amyotrophic lateral sclerosis, multiple sclerosis, myasthenia gravis, etc.)
- Altered level of consciousness
- Decreased cognition
- Decreased alertness
- Use of certain medications including psychotropic, neuroleptic, antidepressants, anticholinergic or phenothiazine medications
- Hyper-extended cervical position or contractures of cervical muscles
- Facial and neck reconstruction surgery following cancer
- Cerebral anoxia
- Long term intubation
- Advanced age
- Esophageal stricture
- History of CVA

Patient Identification

There are several ways to identify residents who may benefit from therapy services to address dysphagia.

Observation: Observe residents in the facility during meals. Do you see persons coughing or having difficulty swallowing? Are there persons who appear to have poor intake? Are there persons who have food falling out of their mouths? Are there persons who are chewing for long periods of time or holding food in their mouths?

Interview of Staff: Communicate with facility staff to identify patients who are having swallowing difficulty while eating, drinking or medication passing. Ensure nurses, nursing assistants, activity staff, and dietary staff are interviewed.

Educational Opportunities: Don't miss an opportunity to educate! If there is a small group of nursing assistants, talk with them for a few minutes and briefly explain some of the criteria you are looking for to see if there is a decline with a resident in swallowing. If they know what therapy can do to help a resident, they may be more likely to help generate referrals.

Criteria for Patient Identification

The following are potential criterion that may indicate therapy services are needed:

- Coughing/choking during meals or immediately after meals
- "Wet" sounding voice
- Immediate/frequent clearing of throat after each bite
- Poor/decreased oral intake at meals
- Unintended weight loss
- Pocketing of food during or after meals (food remains in mouth after the swallow)
- Dehydration
- Slow meal intake
- Excessive chewing during meals
- Drooling food, liquid or saliva
- Complains of food or pills getting "stuck" during swallow or pain during swallow
- Decreased alertness or ability to feed self
- Refusal to eat
- Sneezing, runny nose or watering eyes during meals
- Raised temperature and/or increased congestion after meals
- Diagnosis of pneumonia
- Tube feeding
- Chronic UTI
- Improved overall medical condition indicating potential advancement of diet texture
- Change in oral health/dentition
- Absence of a voluntary cough or swallow
- Changes in voice quality/tone (moist or hoarse sounding)
- Decreased mouth and tongue movements
- Multiple swallows for each mouthful of food

Documented Sources of Support for Therapy Intervention

MDS

When providing therapy services to long term residents of a skilled nursing facility, there are a couple key areas on the MDS (Minimum Data Set) to check to see if there has been a change. The presence of a change in score or a difference in current status to previous status will signify a change in the conditions of the resident and help support the intervention of therapy services.

- Section D0200, 1 E
- Section D0500, 1 E
- Section G0110, 1H
- Section K0100, A, B, C, D
- Section K0200, A, B
- Section K0300
- Section K0500, A, B, C, D
- Section K0700, A, B
- Section 0500, H

Quality Indicators

Review the indicators:

- Prevalence of weight loss
- Prevalence of tube feeding
- Prevalence of dehydration

Nursing Notes

Review the nursing notes to identify documentation related to the resident displaying signs and symptoms of aspiration or difficulty tolerating their current diet. Also search for documentation regarding difficulty taking medications, decline in meal participation, weight loss or dehydration.

If nursing has not included supportive documentation, it is OK to request they document to support the medical necessity of therapy services

Potential Interventions and Plan of Care

The plan of care for each resident is individualized to their deficits and impairments. The following are possible interventions that could be utilized when addressing dysphagia.

- Assess swallow function at all stages of swallow
- Determine appropriate diet/liquid consistency for a safe swallow
- Assess oral reflexes and identify dysfunction
- Assess oral motor status, laryngeal status, facial strength, range of motion and coordination of structures involved in the swallow
- Identify and train patient/caregivers on appropriate compensatory techniques

- Assess need for Modified Barium Swallow Exam (MBS) or other instrumental assessments
- Assess need for referral to Gastro-Intestinal (GI) physician or Ear, Nose and Throat (ENT) physician specialist
- Screen positioning needs and refer to PT or OT as indicated
- Screen for need of adaptive equipment to use in self feeding and refer to OT as indicated
- Use compensatory techniques to keep patient safe and protect the airway
- Utilize oral motor exercises
- Incorporate Vital Stim to help facilitate progress in swallow function
- Incorporate modified diet textures
- Caregiver training on compensatory techniques and diet texture awareness
- Group Therapy can be used when implementing swallow strategies/completing exercises
- Assess patient cognitive status if the patient has difficulty: remembering swallow strategies, following directions, remembering oral motor exercises etc.

Documentation & Coding

Common Codes to Bill

- 92610 Swallow Evaluation
- 92526 Swallowing Treatment



Documentation Pointers

- Tie swallow ability to improved intake resulting in better alertness and weight gain
- Tie improved swallowing to quality of life as seen in participation in meals, weight gain, fellowship/participation in social settings during meals, alertness, etc.
- Include the therapeutic skill required to improve the patient's swallow function
- Include the benefit to the patient
- Tie the need for skilled intervention to patient safety regarding risks for aspiration and aspiration pneumonia
- Tie caregiver training into pt's improved quality of life, decreased risk for aspiration, and improved swallow function
- Tie neuromuscular re-education techniques into improved swallow function and decreased risk for aspiration
- Link oral motor exercises into improved ability to masticate, control bolus, and swallow
- Goal Suggestions:
- Short term goals:
 - ★ The patient will safely tolerate a pureed diet with thin liquids utilizing swallow compensatory strategies with no signs of aspiration with 95% accuracy for primary nutrition and hydration.
 - ★ The patient will complete oral-pharyngeal exercises with min assist utilizing a clinician model with 90% accuracy for increased bolus manipulation and control for PO intake.
 - ★ The patient will tolerate mechanical soft textures with functional bolus transportation and mastication without signs and symptoms of aspiration.
 - ★ The patient will tolerate thin liquids without signs and symptoms of aspiration 100% of the time.
 - ★ To increase safety of oral intake the resident will double swallow when cued "swallow again" in 4/5 trials.

BAD Short Term GOALS:

- ★ Resident to tolerate nectar liquids.

- ★ Resident to perform chin tuck with swallow.

Long Term Goals

- The patient will tolerate a general diet and thin liquids with adequate PO intake.

Bad Long Term Goals

- The patient will achieve their highest possible diet.

Inservice Outline

Dysphagia Management Program

What is dysphagia?

- Difficulty chewing or swallowing food and/or liquids with risk of potential aspiration.
- Aspiration is when a foreign object (food or drink) leaks into the lungs. This action may cause the person to cough in effort to expel the substance, but for some it stays in the lungs and may lead to pneumonia.

What are the signs that a patient may be having problems with dysphagia?

- Coughing or choking during meals or immediately after
- Immediate or frequent clearing of throat after each bite
- Poor or decreased meal intake
- Unintended weight loss
- Pocketing food (food remains in the mouth after swallow)
- Decreased alertness or decline in cognitive status
- Unusually slow meal intake
- Excessive chewing during meals
- Drooling food, liquid or saliva during meal
- Complains of food or pills “getting stuck”
- Sneezing, running nose or eyes during meals
- Rise in temperature and increased congestion following meal
- Diagnosis of pneumonia

What are the different consistencies of liquids?

- Pudding – has no pour-ability
- Honey – milkshake, honey, when poured should drip into a “blob” or “dollop”
- Nectar – minimal thickening, similar to tomato juice
- Thin – normal consistency

What can you do if you think a resident may be having trouble with dysphagia?

- Report to the nurse the problems you observed and asked them to document it in the medical record
- Tell a member of the therapy team and complete a therapy screen
- Document what you saw on the 24 hour report
- Bring it up for discussion at morning report or other patient related meeting

What can therapy do to help these residents?

- Evaluate the resident's ability to swallow
- Provide treatment to increase safety and improve their ability to function as independently as possible
- Develop recommendations that can be integrated into a nursing carryover program to maintain the resident's skills upon discontinuation of therapy
- Recommend changes to food texture or liquid consistency
- Recommend changes to the resident's positioning to allow for the safest swallow
- Educate the resident/caregivers on compensatory strategies (chin tuck, extra swallow, etc.)
- Check for pocketing of food
- Educate the resident on exercises to retrain the muscles involved in the swallow
- Design a program specific to the resident's need for progressing their swallowing ability

What can be done every day to help with dysphagia?

- Ensure all residents are sitting in their chairs straight and supported, not leaning to the side
- Check to make sure that leg rests are on the wheelchair so the resident's legs are supported
- If a resident is on a specific program for swallowing, follow the guidelines as written
- Watch the residents during meal time to see if anyone is having problems and could benefit from therapy services
- Allow the resident enough time to eat each meal

Any questions?

Dysphagia Quiz

1. True or False. Refusing to eat can be a sign of dysphagia.
2. If you think a resident is having difficulty swallowing you should:
 - a. Report it to the nurse.
 - b. Report it to therapy.
 - c. Document it on your 24 hour or other pertinent reports.
 - d. Fill out a therapy screen.
 - e. All of the above
3. Are all signs or symptoms of dysphagia except:
 - a. Wet vocal quality
 - b. Refusing to eat
 - c. Weight loss
 - d. Fatigue
 - e. Holding food in their mouth
4. True or False. A Speech Therapist can assist a patient who is having difficulty keeping food in their mouth.
5. True or False. It is "OK" to give a patient "regular" food even when he/she is on a pureed diet as long as the patient asks for it.

Name: _____ Shift: _____