Considerations for the Non-Speech-Language Pathologist (Non-SLP)

Swallowing Terms:

- Dysphagia
- Odynophagia
- Bolus
- Penetration
- Aspiration
- Silent aspiration
- Stasis or residue
- Reflux

KEY POINTS/NOTES

Consequences of Dysphagia:

- Malnutrition
- Dehydration
- Prolonged hospitalization
- Aspiration pneumonia
- Poor quality of life
- Death

Stages of Swallowing:

- Oral Stage
  - Oral preparatory
  - Oral transit
- Pharyngeal Stage
  - Velopharyngeal closure
  - Elevation and anterior movement of the hyoid and larynx
  - Airway closure
  - Opening of the cricopharyngeal sphincter
  - Base of tongue retraction
  - Pharyngeal retraction
- Esophageal Stage
  - Bolus moves from the UES through the esophagus and into the stomach through the LES

Causes of Dysphagia:

- Primary diagnosis
- Critical illness myopathy or polyneuropathy
- Altered mental status
- Iatrogenic causes
- Dysphagia related to tracheostomy

Signs and Symptoms of Dysphagia:

- Recurrent pneumonia
- Unintentional weight loss
- Coughing, choking, or throat clearing during or after swallowing
- Wet, gurgly vocal quality
- Evidence of aspiration in trach tube or coughed from trach
- Pain with swallowing
- Sensation of food sticking in throat or chest
- Fever 30 minutes to 1 hour after meal
- Shortness of breath during meals
- Chest congestion after meals
- Excessive secretions

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Considerations for the Non-Speech-Language Pathologist (Non-SLP) *continued*

KEY POINTS/NOTES

Role of the Speech-Language Pathologist (SLP)

- Swallowing assessments
  - o "Bedside" - Clinical Bedside Swallowing Evaluation
  - o VFSS or MBS - Videofluoroscopic Swallow Study or Modified Barium Swallow
  - o FEES® - Fiberoptic Endoscopic Evaluation of Swallowing
- Dysphagia treatment
  - o Oral hygience
  - o Compensatory postures and strategies
  - o Rehabilitative exercise
  - o Dysphagia treatment for patients with tracheostomy
    - Place a Passy Muir® Valve (PMV®) to restore a closed aerodigestive system

PassyMuir Valve:

- The only no-leak Valve
- Air is redirected through the upper airway
- Swallowing benefits
  - o Restore the normal breathing/swallowing pattern
  - o Improve secretion managment
  - o Reduce aspiration
  - o Improve cough effectiveness

Dysphagia Myths:

- No gag reflex means patient can't swallow.
- No coughing means no aspiration.
- When in doubt, thicken liquids.
- The chin tuck works for everyone.
- Just give it time; it will get better.
- The tracheostomy cuff prevents aspiration.
- Aspiration always leads to aspiration pneumonia.

Dysphagia Management Requires a Team

- What can the RT and RN do to help their patients with dysphagia?
  - o Work closely with the SLP.
  - o Advocate for early SLP consults.
  - o Perform oral care before meals.
  - o Watch for signs and symptoms of aspiration.
  - o Help patients adhere to dysphagia recommendations.