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

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

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 polynuropathy
- 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

KEY POINTS/NOTES

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

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 hygiene
  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 management
  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