

Dysphagia Evaluation, Preventing Aspiration Pneumonia with Oral Care



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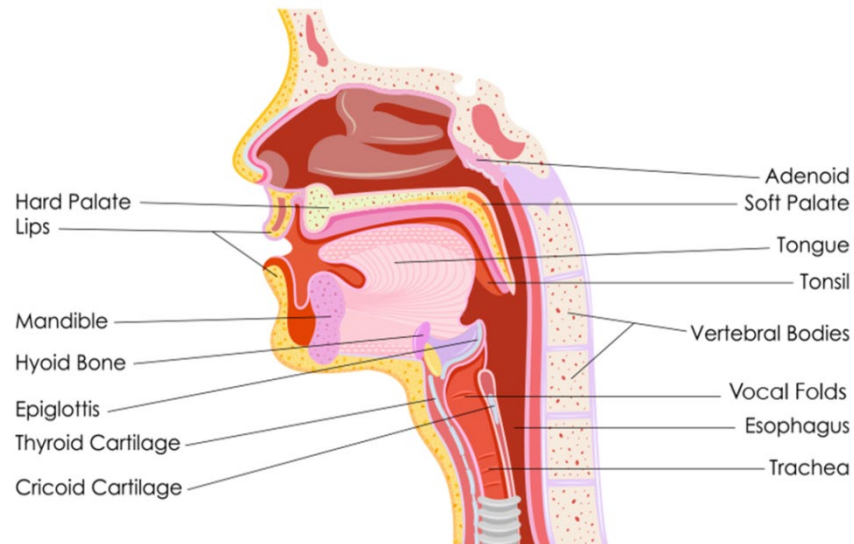
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- ▶ Marilyn A. Ladewig will discuss the role SLPs have in extensive knowledge of anatomy, physiology, and functional aspects of the upper aerodigestive tract—including oral, pharyngeal, and cervical esophageal anatomic regions—for swallowing and speech. SLPs Diagnose, treat, refer, modify, etc. Because of the complexities of assessment and treatment in most persons with swallowing disorders, SLPs work collaboratively with other professionals, individuals, families and caregivers.
- ▶ Dr. Griguts will discuss the role of daily optimal oral care in individuals with disabilities by discussing how this population is at a greater risk for dental disease that can lead to a higher risk of aspiration pneumonia. She will also address several barriers to oral care for individuals with disabilities and present some practical solutions in overcoming these barriers, along with a discussion on techniques and aids that can assist caregivers in accomplishing effective oral care.
- ▶ Jerry will discuss the physical therapists perspective.

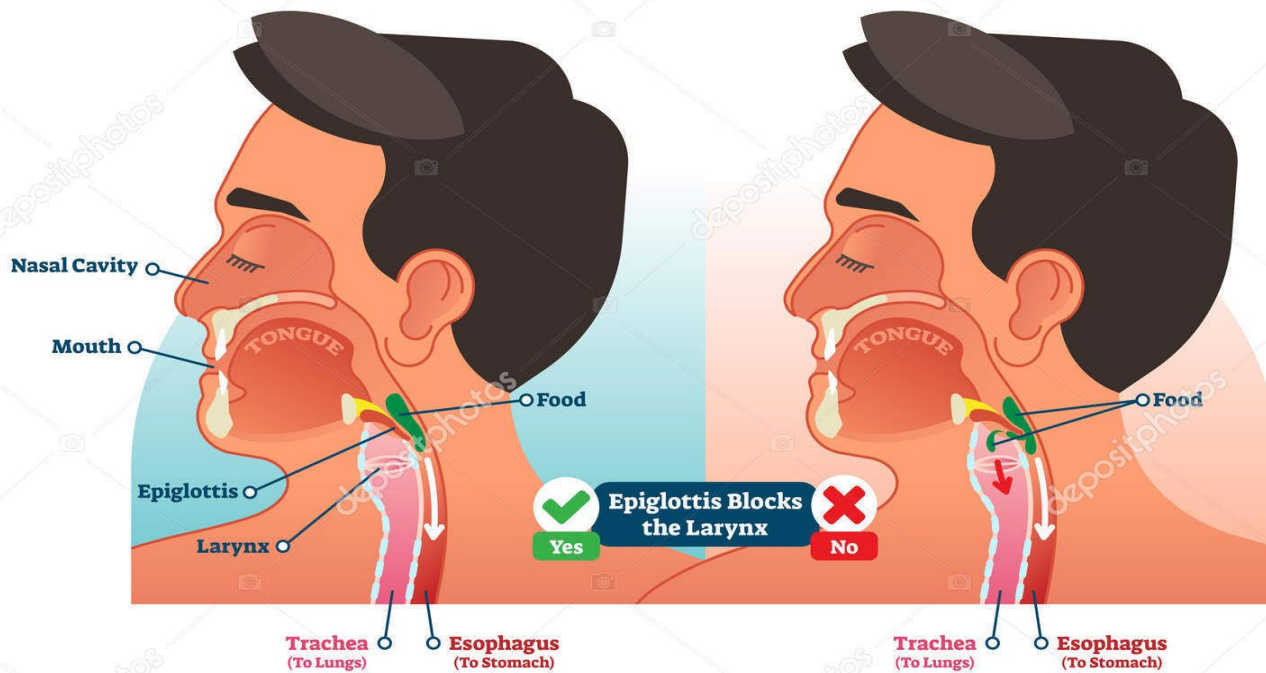


What is dysphagia?

- ▶ Definition: problems involving the oral cavity, pharynx, esophagus, or gastroesophageal junction. DYSPHAGIA CAN LEAD TO ASPIRATION!
- ▶ Prevalence: Each year, approximately one in 25 adults will experience a swallowing problem in the United States (Bhattacharyya, 2014).



DYSPHAGIA



Dysphagia screening/assessment

- ▶ Screen your patient for the following dx: They may have dysphagia and need for further testing by speech:
- ▶ stroke;
- ▶ traumatic brain injury;
- ▶ spinal cord injury;
- ▶ dementia;
- ▶ Parkinson's disease;
- ▶ multiple sclerosis;
- ▶ ALS (or Lou Gehrig's disease);
- ▶ muscular dystrophy;
- ▶ developmental disabilities in an adult population (i.e., cerebral palsy);
- ▶ post-polio syndrome; and/or
- ▶ myasthenia gravis.
- ▶ Dysphagia may also occur from problems affecting the head and neck, including
- ▶ cancer in the oral cavity, pharynx, nasopharynx, or esophagus;
- ▶ chemoradiation for head and neck cancer treatment;
- ▶ trauma or surgery involving the head and neck;
- ▶ decayed or missing teeth;
- ▶ critical care that may have included oral intubation and/or tracheostomy;
- ▶ certain medications;
- ▶ in patients with certain metabolic disturbances;
- ▶ in patients with infectious diseases (e.g., sepsis, acquired immune deficiency syndrome [AIDS]);
- ▶ in patients with a variety of pulmonary diseases (e.g., cardiac obstructive pulmonary disease [COPD]);
- ▶ in patients with GERD;
- ▶ in patients following cardiothoracic surgery; and/or
- ▶ in decompensated elderly patients.

Modified Barium Swallow study

- ▶ Modified Barium Swallow (MBS) is a fluoroscopic procedure designed to determine whether food or liquid is entering a person's lungs, also known as aspiration.
- ▶ <https://www.youtube.com/watch?v=1sFNMk87558#action=share>

Clinical signs of penetration/aspiration

- ▶ coughing
- ▶ throat clearing
- ▶ wet/gurgly vocal or respiratory quality
- ▶ difficulty chewing or swallowing
- ▶ change in skin color
- ▶ meal refusals
- ▶ recurrent colds/congestion

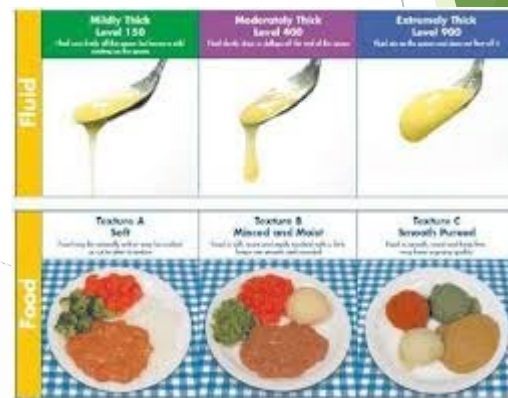


Prevention of dysphagia aspiration

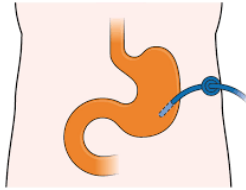
Dysphagia cannot be prevented or cured. Rather it can be treated.

complications from dysphagia can be mitigated. For example aspiration pneumonia is a major complications from dysphagia. This type of complication can be prevented By providing a variety of measures.

- aggressive oral care
- upright positioning
- liquid consistency modification
- food consistency modification
- mealtime procedures
- monitoring
- swallowing therapy



Curve balls:



- ▶ NPO/ Gtubed?
- ▶ Edentulous?
- ▶ Cleft lip/palate?
- ▶ Cranio-facial abnormalities?
- ▶ Down's syndrome?
- ▶ Dementia?



Dysphagia/aspiration complications

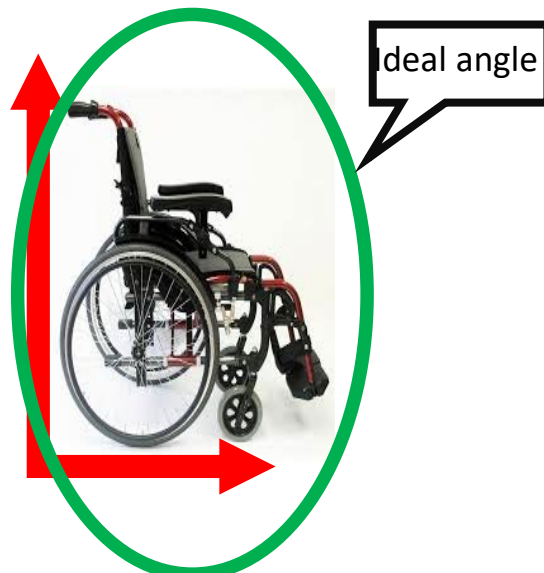
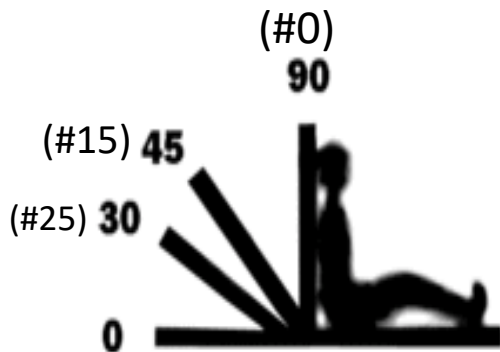
- ▶ Malnutrition and dehydration,
- ▶ aspiration pneumonia,
- ▶ compromised general health,
- ▶ chronic lung disease,
- ▶ choking,
- ▶ death.
- ▶ Adults with dysphagia may also experience
 - (a) disinterest and/or less enjoyment of eating or drinking and/or
 - (b) embarrassment or isolation in social situations involving eating.



Real Patient example: Aspiration precautions (seating)

- Deliver G-Tube feeding and oral care upright (90 degree best)
- After G-Tube feeding, needs to remain upright at 90 degrees OR tilted no more than 45 degree angle for one hour
- Head Of Bed is elevated to at least a 45 degree at all times (refer to PT protocol)
- Staff must be in view (visual range) at least one hour after feedings (so that you can intervene if aspirates)

The numbers on the chair are not the degrees!!!!
30 degrees = #25 , 45 degrees=#15, 90 degrees=#0



90 degree
angle=safest
Set chair to #0



45 degree angle=safe
Set Chair to #15

ORAL HYGIENE PROTOCOL

RATIONALE: Oral care to reduce bacteria build-up and risk of aspiration pneumonia.

POSITIONING: Upright (between 90 and 45 degrees)

FREQUENCY: 3x/day (when wakes up, mid-day, before bed)

MATERIALS: Toothette & oral rinse (Chlorohexidine)

METHOD:

1. Gently place a hand on head to keep head steady.
2. Dip the toothette in mouth rinse (don't soak- just lightly dip) and rub upper and lower gums and teeth.
3. Rub into the ridges in the mouth, tongue, cheeks, to clear out any build-up.
4. Pressure should be consistent but gentle (not hard.)



What all providers can do

- ▶ Physical Medicine and Rehabilitation (PM&R) physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons.
- ▶ Finally: REFER...REFER...REFER..... for clinical swallow evaluation!!

