Profile of patients referred to Speech/Language Therapy: Winter 2015-16 (Nov-Feb)

- The AMU, Royal Victoria Hospital, Belfast refers approximately 30 patients per month to the adult acute SLT team for swallowing assessment.
- Acute teams will place many of these patients nil by mouth at time on admission where a differential diagnosis of aspiration-related infection is suspected.
- The SLT service aims to assess these patients at the earliest point in their hospital journey, with between 66-92% of patients seen within 48 hours of referral depending on time of year / referral rates and resources.

The following data represent a sample of 100 patients referred to our service from beginning November to end February 2016.

1. Assess and diagnose oropharyngeal dysphagia
   - Cranial Nerve Examination – CN V- XII in particular.
   - Clinical bedside assessment of swallow function with oral trials.
   - Laryngeal palpation to assess range of anterior and superior movement of the hyolaryngeal complex during swallow.
   - Observation of overt and covert signs of laryngeal penetration and aspiration for laryngopharyngeal reflux.

2. Identify and reduce aspiration risk
   - Videofluoroscopy is a dynamic x-ray studying motility of the oral, pharyngeal and upper oesophageal stages of swallowing in the x-ray department. Lateral and anteroposterior views are possible. The SLT provides various food and fluid consistencies containing barium sulphate.
   - Fibreoptic Endoscopic Evaluation of Swallowing is a portable examination and carried out at the bedside. An endoscope is passed transnasally to the upper pharynx. The SLT provides various food and fluids dyed with food colouring.

SLT analyses the following physiological parameters of swallowing:
- Oral control and manipulation of bolus, Timing of swallow reflex triggers,
- Strength of tongue-base –pharyngeal wall contraction,
- Superior and anterior range of hyolaryngeal movements,
- Glottic and supra glottic airway closure,
- Vocal cord adduction / abduction,
- Depth of airway invasion (aspiration),
- Strength of pharyngeal stripping wave,
- Relaxation of upper oesophageal sphincter,
- Upper oesophageal dysmotility,
- Integrity of soft tissue structures in the pharynx / larynx,
- Strength of reflexive and voluntary cough reflex,
- Pharyngeal / laryngeal sensation.

3. Provide compensatory strategies or therapy to alter or improve swallow physiology
   - Chin Tuck:
     - Narrows the oropharynx; thus facilitates bolus clearance through the pharynx
     - Narrows the laryngeal entrance; thus facilitating airway protection during swallowing.
   - Masako Exercise:
     - Pushing tongue out and holding between teeth while swallowing will increase tongue base pressure and duration of contact with posterior pharyngeal wall.
     - The result may be improved upper pharyngeal pressure for bolus propulsion through the oropharynx.
   - Thermal Tactile Stimulation:
     - This treatment is designed to stimulate the swallowing reflex.
     - A cold probe is held in ice water for approx 10s.
     - The anterior faucal arch, on both sides of the oral cavity, is firmly stroked 5-10 times particularly to the base of the arch. This exercise should be done numerous times daily on an intensive basis to heighten sensitivity of the swallowing reflex in neurologically impaired patients.

4. Advise Safe feeding practices in AMU settings
   - The use of Valved Cups controls the volume of thin fluids taken into the mouth.
   - The risk of aspiration from fluids spilling into the larynx pre swallow initiation is reduced, as confirmed by videofluoroscopy or FEES. The SLT will provide tailored advice for each patient after a swallow assessment is completed. Some safe feeding practices include:
     - Ensure upright and alert
     - Slow rate of feeding
     - Hand-over-hand feeding
     - Double swallows per mouthful
     - Alternate food and fluids
     - Monitor for signs of aspiration

5. Diet modification and thickening fluids
   - National Descriptors
   - Thicken fluids

6. Dysphagia Awareness Training in AMU setting
   - Monthly training beginning May 2016
   - Target audience: All nursing and auxiliary staff responsible for assisting patients at mealtimes.
   - Consultation and agreement with Nurse Development Leads in the Trust to support on-going staff recruitment for training.

“Swallow Assessment Please”: Speech and Language Therapy (SLT) management of oropharyngeal dysphagia in the Acute Medical Unit (AMU)

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Prognostic Indicators for Recovery of Swallow Function
1. Delerium / Altered Mental State
2. Chest status / Cough reflex strength
3. Seizure management
4. Acute Neurological Insult
5. C2HSOH withdrawal
6. Premorbid status

SLT Signposting to Speciality Services
1. Oesophageal-stage dysphagia > oropharyngeal dysphagia
2. Dysphagia of new onset
3. Vocal cord dysfunction/pathology suspected
4. New onset dysphagia with altered CN Exam
5. New onset dysphagia + s/s of progressive weakness
6. New onset aphasia or Cognitive-Communication disorder

Discharge from AMU
SLT care needs on discharge
Discharge destination

Gastroenterology
ENT Consult
ENT Consult
Imaging and Neurology Consult
Imaging and Neurology
Imaging/Stroke/Neurology Consult