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Management of patients with stroke:  
Identification and management of dysphagia  
Quick Reference Guide



September 2004

SOURCES OF USEFUL INFORMATION

British Association for Parenteral and Enteral Nutrition

Website: [www.bapen.org.uk](http://www.bapen.org.uk)

Chest, Heart & Stroke Scotland

65 North Castle Street, Edinburgh EH2 3LT

Advice Line: 0845 077 6000

Tel 0131 225 6963 • Fax 0131 220 6313

Email: [admin@chss.org.uk](mailto:admin@chss.org.uk) • Website: [www.chss.org.uk](http://www.chss.org.uk)

Carers Scotland

91 Mitchell Street, Glasgow G1 3LN

Tel: 0141 221 9141 • CarersLine: Freephone 0808 808 7777

(Wed -Thur 10 am - noon and 2 pm - 4 pm)

Different Strokes

9 Canon Harnett Court, Wolverton Mill,

Milton Keynes, MK12 5NF

Tel: 0845 130 7172 • Fax: 01908 313501

Email: [info@differentstrokes.co.uk](mailto:info@differentstrokes.co.uk)

Website: [www.differentstrokes.co.uk](http://www.differentstrokes.co.uk)

Moving Into Work

Norton Park, 57 Albion Road, Edinburgh EH7 5QY

Tel: 0131 475 2600 • Fax: 0131 475 2379

Email: [moving@intowork.org.uk](mailto:moving@intowork.org.uk)

Website [www.intowork.org.uk/moving](http://www.intowork.org.uk/moving)

Princess Royal Trust for Carers

Campbell House,

215 West Campbell Street, Glasgow G2 4TT

Tel: 0141 221 5066 • Fax: 0141 221 4623

Email: [infoscotland@carers.org](mailto:infoscotland@carers.org) • Website: [www.carers.org](http://www.carers.org)

Speakability

1 Royal Street, London SE1 7LL

Tel: 020 7261 9572 • Fax: 020 7928 9542

Helpline: Freephone 080 8808 9572 (Mon - Fri, 10am - 4 pm)

Email: [speakability@speakability.org.uk](mailto:speakability@speakability.org.uk)

Website [www.speakability.org.uk](http://www.speakability.org.uk)



**SIGN ONLINE**  
[www.sign.ac.uk](http://www.sign.ac.uk)

...a model of how to  
distribute guidelines  
online \* - *BMJ*

Copies of all SIGN guidelines are available by calling  
0131 247 3664 or online at [www.sign.ac.uk](http://www.sign.ac.uk)

SIGN Executive, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ

ROLE OF REGULAR REVIEW

**D** Patients with persistent dysphagia should be reviewed regularly, at a frequency related to their individual swallowing function and dietary intake, by a professional skilled in the management of dysphagia.

Measurement of weight should continue after discharge, particularly in older stroke patients.

Ongoing support from health professionals after initiating feeding is essential and there should be an infrastructure to support enterally fed patients in all settings

A named professional, made known to the patient and carers, should have specific responsibility for the management of anyone discharged on PEG or NG feeding. This should also be considered for anyone on a modified diet.

ORAL HYGIENE

**D** Good oral hygiene should be maintained in patients with dysphagia, particularly in those with PEG or NG tubes, in order to promote oral health and patient comfort.

An appropriate oral care protocol should be used for every patient with dysphagia, including those who use dentures.

CARING FOR PATIENTS WITH DYSPHAGIA

**D** Staff, carers and patients should be trained in feeding techniques. This training should include:

- modifications of positioning and diet
- food placement
- management of behavioural and environmental factors
- delivery of oral care
- management of choking.

This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on the **Management of Patients with Stroke: Identification and Management of Dysphagia**.

Recommendations are graded **A B C D** to indicate the strength of the supporting evidence.

Good practice points  are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: [www.sign.ac.uk](http://www.sign.ac.uk)

## EVALUATING SWALLOWING & NUTRITION AFTER STROKE

Dysphagia affects a large proportion of stroke patients. Swallowing difficulties can result in aspiration and reduced oral intake, leading to the potentially serious complications of pneumonia, undernutrition and dehydration.

**C** All stroke patients should be screened for dysphagia before being given food or drink.

## ASPIRATION PNEUMONIA

**B** The water swallow test should be used as part of the screening for aspiration risk in stroke patients.

**C** Clinical history taking should take into account comorbidities and other risk factors (eg smoking, respiratory disease) to identify increased risk of developing aspiration pneumonia.

## SWALLOW SCREENING

**D** Patients with dysphagia should be monitored daily in the first week to identify rapid recovery. Observations should be recorded as part of the care plan.

Patients not fit for assessment should be screened daily to avoid delay in referral for full clinical assessment.

**B** A typical swallow screening procedure should include:

- initial observations of the patient's consciousness level
- observations of the degree of postural control

If the patient is able to actively cooperate and is able to be supported in an upright position the procedure should also include:

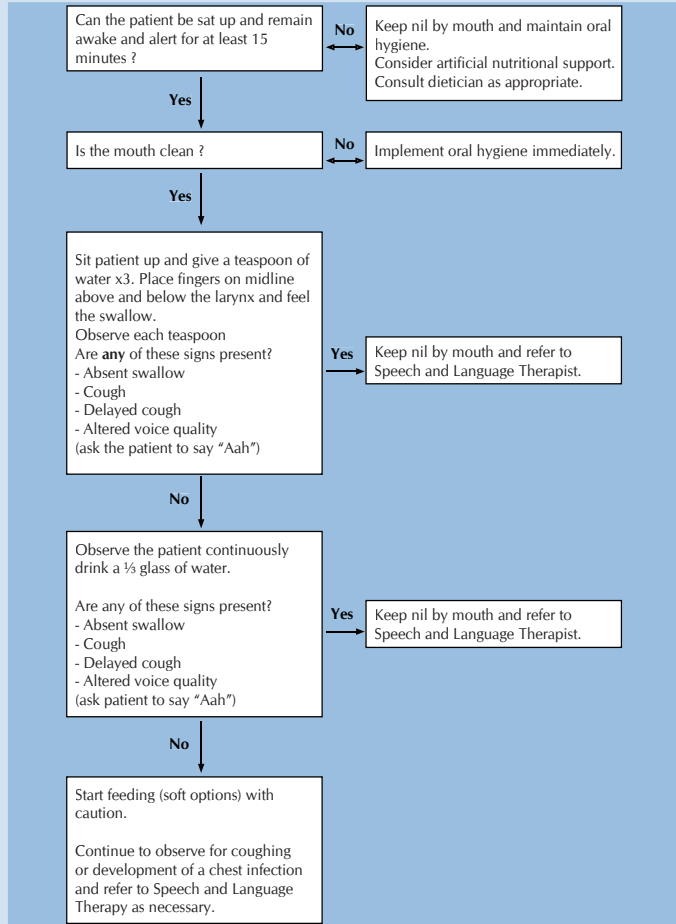
- observations of oral hygiene
- observations of control of oral secretions
- if appropriate, a water swallow test.

Patients on nil by mouth or modified diet should continue to receive clinically essential medication by an appropriate route as advised by a pharmacist.

## UNDERNUTRITION

Early and sequential screening for nutritional risk is needed to permit appropriate nutritional intervention.

## EXAMPLE SWALLOW SCREEN



## NUTRITIONAL SCREENING

**D**

- Nutritional risk should be established using a valid and reliable screening procedure suitable for stroke patients and should be repeated at regular intervals throughout the episode of care.
- Nutritional screening should focus on the effects of the stroke on nutritional status (eg presence of dysphagia and ability to eat) rather than previous nutritional status
- Nutritional risk should be established within 48 hours of admission to hospital
- Nutritional screen results should guide appropriate referral to a dietitian for assessment and management.

**D** Nutritional screening should cover; body mass index (BMI), ability to eat, appetite, physical condition, mental condition.

## ASSESSMENT

**B**

- A standardised clinical bedside assessment (CBA) should be used by a professional skilled in the management of dysphagia
- The CBA developed and tested by Logemann, or a similar tool, is recommended.

**C** The modified barium swallow (MBS) test and fiberoptic endoscopic evaluation (FEES) of swallow are both valid methods for assessing dysphagia. The clinician should consider which is the most appropriate for different patients in different settings.

**D** Hospital and community pharmacists or medicines information centres should be consulted on the most appropriate method of administering medication.

## NUTRITIONAL INTERVENTIONS

Patients with dysphagia who are unable to meet their nutritional requirements orally should be considered for initial NG feeding as soon as possible, within one week of onset. This decision should be made by the multidisciplinary team in consultation with the patient and their carers/family.

**D** Patients in the early recovery phase should be reviewed weekly by the multidisciplinary team to ascertain if longer term (> 4 weeks) feeding is required.

**B** Feeding via percutaneous endoscopic gastrostomy (PEG) is the recommended feeding route for long term (> 4 weeks) enteral feeding. Patients requiring long term tube feeding should be reviewed regularly.

The decision to place a PEG should balance the risks and benefits and take into consideration individual patient needs. Patients should also be given the opportunity to decide whether they want to go ahead with a procedure.

**D** Patient's and carer's perceptions and expectations of PEG feeding should be taken into account and the benefits, risks and burden of care fully explained before initiating feeding.

## DIET MODIFICATION

**D**

- Advice on diet modification and compensatory techniques (postures and manoeuvres) should be given following full swallowing assessment
- Texture modified food should be attractively presented and appetising. Patients should have a choice of dishes.

- Texture modified meals may be fortified to enable patients to meet nutritional requirements
- Food and fluid intake should be monitored and, if indicated, a referral made to the dietitian.