

Aspiration: Dysphagia

Dysphagia is a condition in which a person is unable to chew their food or swallow normally. It can be diagnosed by a doctor, a speech therapist or by a **swallow study**, which is a test where the doctor can see how food and fluid move through the throat. Depending on how bad the dysphagia is, the person may have a special diet ordered, such as **mechanical soft**, **pureed**, or **thickened liquids**, or have a **g-tube** instead of eating and drinking by mouth.

Some of the symptoms of dysphagia:

- Choking
- Holding food in cheeks
- Coughing during meals
- Coughing of unknown cause
- Slow or effortful eating
- Watery eyes or runny nose during meals
- Excessive drooling
- Difficulty swallowing pills
- Decreased food or fluid intake
- Unexplained weight loss

Sometimes a person who has never had dysphagia can develop it as they age, or with conditions like **dementia** or **Parkinson's disease**. It's important to report any signs or symptoms you see to your supervisor or nurse, even if the person doesn't have a history of dysphagia.

What Can You Do?

- ✓ Make sure individuals are getting the correct diet and drink consistency.
- ✓ Watch for and report signs and symptoms of dysphagia. If someone is having symptoms and is already on a special diet, that may mean they need to be re-evaluated.
- ✓ Meals should be eaten while sitting up at a table, in a wheelchair, or with the head of the bed as elevated as possible.
- ✓ Ensure the head of the bed is elevated during g-tube feedings, med administration, and as often as possible during other times, like resting or care.
- ✓ Encourage sitting upright for 30-60 mins after meals.