

HEALTH & SAFETY: ASPIRATION PREVENTION

“Dysphagia”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision making or medical advice. This is the fourth of ten Fact Sheets regarding Aspiration Prevention.

Objectives

Readers will learn the definition of dysphagia and how this is associated with an increased risk of aspiration.

Definitions

Dysphagia: Difficulty swallowing or eating.

Penetration: Food, liquid or material reaches but does not pass through the vocal folds.

Aspiration: Passage of food, liquid or material through the vocal folds.

Silent Aspiration: Aspiration occurring with no signs or symptoms.

Vocal Folds: Also called vocal cords, are fold-like soft tissue that is the main vibrating component of the larynx.

Facts

- Dysphagia is a serious threat to one's health because of the risk of:
 - aspiration
 - pneumonia
 - malnutrition
 - dehydration
 - weight loss
 - airway obstruction
- Signs and Symptoms of Dysphagia include, but are not limited to:
 - choking
 - pocketing of food in cheeks
 - complaining of food sticking in throat, reflux, or heartburn
 - coughing during meals

- coughing of unknown cause
- slow, effortful eating
- Watery eyes or runny nose during meals
- excessive drooling
- difficulty swallowing pills
- avoiding foods or fluids

Recommended Actions and Prevention Strategies

1. Observe for signs and symptoms of dysphagia
2. Communicate signs/symptoms of dysphagia to health care providers and team members.
3. Record signs and symptoms associated with dysphagia, and bring this written information to the physician. This indicates the severity and frequency of the problem. It may also link the problem to certain times of day, certain postures, certain types of food, etc.
4. Develop Risk Plans that not only address the risk of aspiration during mealtime but other activities in which the person may be at risk for aspiration. These may include:
 - Mealtime
 - Oral Care
 - Medication Administration
 - Bathing/Showering
 - Personal Care
 - In-Bed positioning
 - Certain recreational activities, i.e., swimming
5. Identify individualized signs and symptoms of Dysphagia.
6. Assess possible signs of dysphagia by securing a tableside swallow evaluation or swallow study as ordered by physician.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Dysphagia means difficulty:
 - A. Swallowing or eating
 - B. Walking
 - C. Sleeping
 - D. None of the above
2. True or False: Aspiration occurs when food or material reaches the vocal folds but does not pass through the vocal folds.
3. True or False: Silent Aspiration occurs with multiple signs and symptoms.
4. Possible signs and symptoms associated with dysphagia include:
 - A. Choking
 - B. Effortful eating
 - C. Complaining of food sticking in the throat
 - D. All of the above
5. True or False: The person is not at risk of aspiration while sleeping.

References

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The Heart and Stroke Foundation of Canada. Improving Management of Dysphagia in Acute Stroke. profed.heartandstroke.ca/ClientImages/1/Dysphagia%20Booklet%20FINAL%2020050203.pdf

National Institute on Deafness and Other Communication Disorders. www.nidcd.nih.gov/health/voice/dysph.asp

Related Resources

Aspiration Prevention Series Fact Sheets: “Food Texture and Fluid Consistency Modification”, “Management of Constipation”, “Management of Oral Health”, “Modified Barium Swallow Study/ Videofluoroscopy”, “Management of Gastroesophageal Reflux Disease (GERD)”, “Positioning”, “Management of Residuals”, “Feeding Tubes and Feeding/Medication Administration Options”, and “Choice Considerations Relevant to the Use of Enteral Nutrition”

“General Description of Diet Textures” Handout

Learning Assessment Answers

1. A
2. False
3. False
4. D
5. False

Outreach Services

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