

Dysphagia & Aspiration

Risk Factors for Aspiration:

Unable to manage oral secretions	Weak, non-productive cough
Obvious signs of respiratory distress	Wet, gurgly cough
Unable to follow commands	Wet, gurgly sounding voice
Unable to stay alert for PO	Drooling
Unable to sit up \geq 30 degrees	Facial or lingual weakness
History of slurred speech or aspiration pneumonia	Poor oral care, decayed dentition
History of choking or coughing when eat or drinking	PEG or feeding tube
History of modified diet (thickened liquids) due to pre-existing dysphagia	Tracheostomy tube

Oral care is important! Patients with above risk factors are at a higher risk of aspirating their saliva. Keeping patients' mouths clean helps decrease the risk of aspiration PNA (Langmore, et al., 1998).

Signs and Symptoms of Possible Overt Aspiration and/or Dysphagia:

If you notice any of these, ask MD for formal swallow evaluation with speech therapy.

Order: "Speech Language Pathology Clinical Swallow Evaluation"

- Coughing during or right after eating or drinking
- Wet or gurgly sounding voice and/or breath sounds during or after eating or drinking
- Difficulty coordinating breathing and swallowing. Increased Respiratory Rate $>$ 30. O₂ saturation drops below 90%. (Exceptions: ILD, COPD, etc.) Need for High Flow NC O₂.
- Food or liquid remaining in the oral cavity after the swallow.
- Inability to maintain lip closure leading to food/liquids leaking from oral cavity
- Food/liquids leaking from the nasal cavity
- Complaints of food "sticking"
- Globus sensation or complaints of a "fullness" in the neck
- Complaints of pain when swallowing
- History of recurring aspiration pneumonia or respiratory infections
- Extra effort or time needed to chew or swallow
- Changes in eating habits, avoidance of certain foods/drinking
- Weight loss or dehydration due to not being able to eat enough

Note: Not all patients will cough or sound wet when aspirating = **SILENT Aspiration.**