

# Management of Swallowing Difficulties in Long Term Care (LTC) Decision Support Tool – (DST)

May 2024

Presented by Shared Work Team:

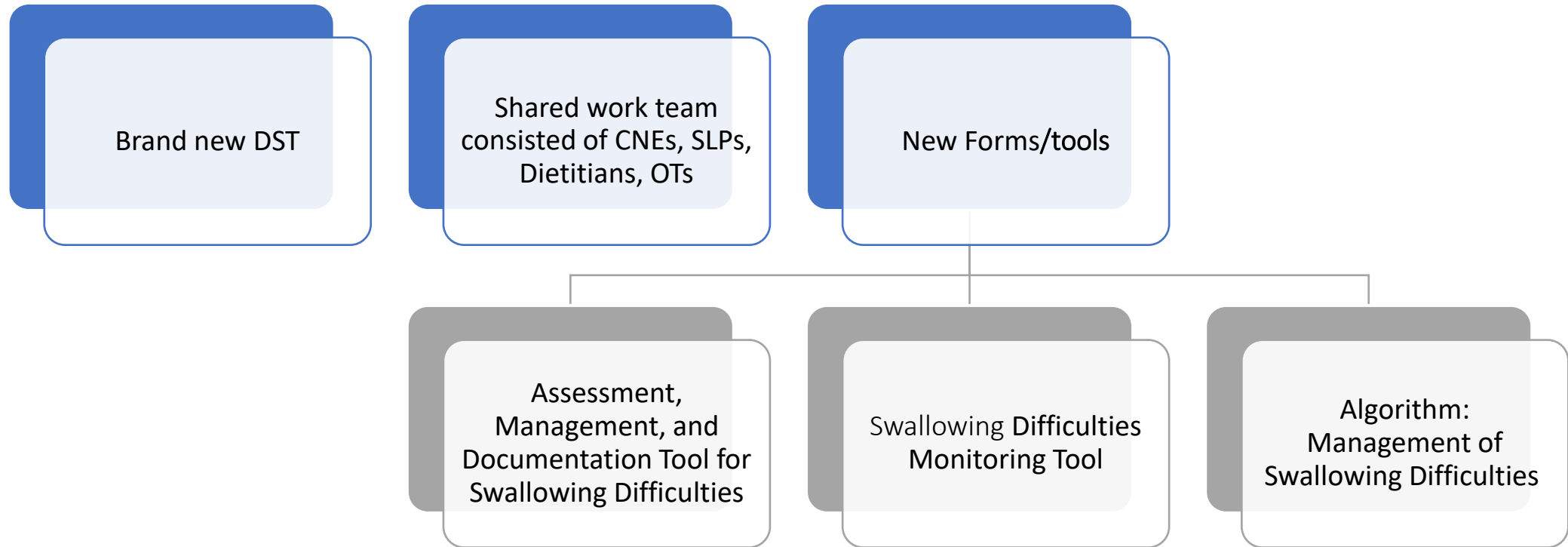
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Land  
Acknowledgment

I acknowledge that  
Fraser Health  
Provides services  
within the unceded  
and traditional lands  
of the Coast Salish &  
Nlaka'pamux Nations



# Highlights of the DST



# DST covers the following topics:

- Principles
- Risk factors
- Signs and symptoms
- Possible outcomes of swallowing difficulties
- Safe swallowing strategies
- Process for referral
- Assessment, management and documentation resources
- Algorithm
- Updated Short Term Care Plan

# Guiding Principles of DST

- Only professionals trained in Dysphagia Assessment can diagnose Dysphagia
- Nursing will assess swallowing difficulties not diagnose dysphagia
- Who are the professionals that can diagnose Dysphagia?
  - Speech Language Pathologists
  - Some Occupational Therapist, Registered Dietitians, who have taken the competency training
  - Physicians

**Automatic downgrading of diet texture is no longer recommended as the safest option for residents that have swallowing difficulties**

# Form: Swallowing difficulties assessment, management and documentation LTC form



## SWALLOWING DIFFICULTIES ASSESSMENT, MANAGEMENT & DOCUMENTATION TOOL LONG-TERM CARE



Form ID: NUAS107919A New: March 27, 2024 Page: 1 of 4

**Instructions:** Use this form to document your initial findings in Sections A and B. If you suspect that a resident has swallowing difficulties, use Section A and B of this form to document your initial findings. Use Section C to document the Safe Swallowing Strategies that have been implemented. Use Sections D for documenting ongoing management. Use the progress notes to document ongoing care. For further information, refer to the Management of Swallowing Difficulties – Long-Term Care – Decision Support Tool.

### Section A: Assessment

- Indicate by ticking (✓) all that apply for resident's current or recent signs and symptoms below:

Signs and Symptoms of Possible Aspiration and/or Swallowing Difficulties			
<input type="checkbox"/>	Cough before, during or after swallowing	<input type="checkbox"/>	Holding food in cheeks, along sides of gums, on tongue (pocketing)
<input type="checkbox"/>	Delayed cough	<input type="checkbox"/>	Changes to eating time (usually longer)
<input type="checkbox"/>	Weak cough	<input type="checkbox"/>	Chewing difficulty
<input type="checkbox"/>	Throat clear before, during or after swallowing	<input type="checkbox"/>	Food and/or liquid coming out of nose
<input type="checkbox"/>	Delayed throat clear	<input type="checkbox"/>	Food and/or fluid refusal
<input type="checkbox"/>	Wet or gurgly voice (like underwater)	<input type="checkbox"/>	Pain with swallowing (odynophagia)
<input type="checkbox"/>	Drooling, food/liquids/saliva falling from mouth	<input type="checkbox"/>	Frequent respiratory infections, fevers following meals
<input type="checkbox"/>	Tearing eyes	<input type="checkbox"/>	Sensation of food stuck in throat or chest
<input type="checkbox"/>	Red face	<input type="checkbox"/>	Weight loss
<input type="checkbox"/>	Change in respiration	<input type="checkbox"/>	Increased effort to chew or swallow
<input type="checkbox"/>	Change in breathing	<input type="checkbox"/>	Obstruction and/or choking

- Describe in detail any previous recommendations that have been implemented and added to the care plan:

## SWALLOWING DIFFICULTIES ASSESSMENT, MANAGEMENT & DOCUMENTATION TOOL LONG-TERM CARE

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### Section B: Initiate monitoring during meals

Record signs and symptoms for **Five (5) Days-ALL MEALS** on the Swallowing Difficulty Monitoring Tool.

Provide a copy of the completed monitoring tool to the Dysphagia Trained Professional.

If no swallowing concerns identified, continue to monitor resident on an ongoing basis for signs and symptoms.

### Section C: Safe Swallowing Strategies

Indicate when the following strategies have been implemented and added to resident's care plan

Strategy	Implementation Date (dd/mm/yyyy)	Initial	Date added to Care Plan (dd/mm/yyyy)	Initial
Feed resident only when awake and alert				
Encourage self-feeding				
Resident seated in chair upright with midline positioning				
Caregiver sit at resident's eye level				
Engage resident in the task of feeding				
Describe food to resident				
Provide small bolus of food (i.e., teaspoon)				
Present food to the resident's strong side				
Oral care completed prior to intake				
Check that mouth is free of residue at the end of the meal				
Encourage a secondary swallow				
Ensure slow rate of feeding				
Ensure assistive devices are in situ (e.g., dentures, hearing aids, glasses)				
Consider single versus group dining				
Ensure regular oral care is maintained				

# Form: Swallowing difficulties assessment, management and documentation LTC form



## SWALLOWING DIFFICULTIES ASSESSMENT, MANAGEMENT & DOCUMENTATION TOOL LONG-TERM CARE



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### Section D: Ongoing Management and Care Plan

If the above strategies are not effective, notifying the physician and referral to a dysphagia trained professional.

Ensure Resident's goal for Palliative Approach to Care (PA2Care) is aligned with dysphagia intervention.

If Not Applicable indicate N/A.

	Date (dd/mm/yyyy)	Initial
Contact MRP _____	_____	_____
Refer to Dysphagia Trained Professional (DTP) _____	_____	_____
Update Care Plan (as appropriate) _____	_____	_____
Eating at Risk plan developer (as per living at risk DST) _____	_____	_____
Safety Huddle conducted for updated care plan _____	_____	_____
In addition to a DTP referral, consider referring to the following professionals:		
• Occupational therapist (seating) _____	_____	_____
• Dentist, Denturist or Dental Hygienist (dental issues) _____	_____	_____
• Pharmacist _____	_____	_____
• Dietitian _____	_____	_____
• Social Work _____	_____	_____
Date of next review (dd/mm/yyyy): _____		

# Form: Swallowing Difficulties Monitoring Tool – LONG-TERM CARE.



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## SWALLOWING DIFFICULTIES MONITORING TOOL LONG-TERM CARE



Form ID: NUGR107918A

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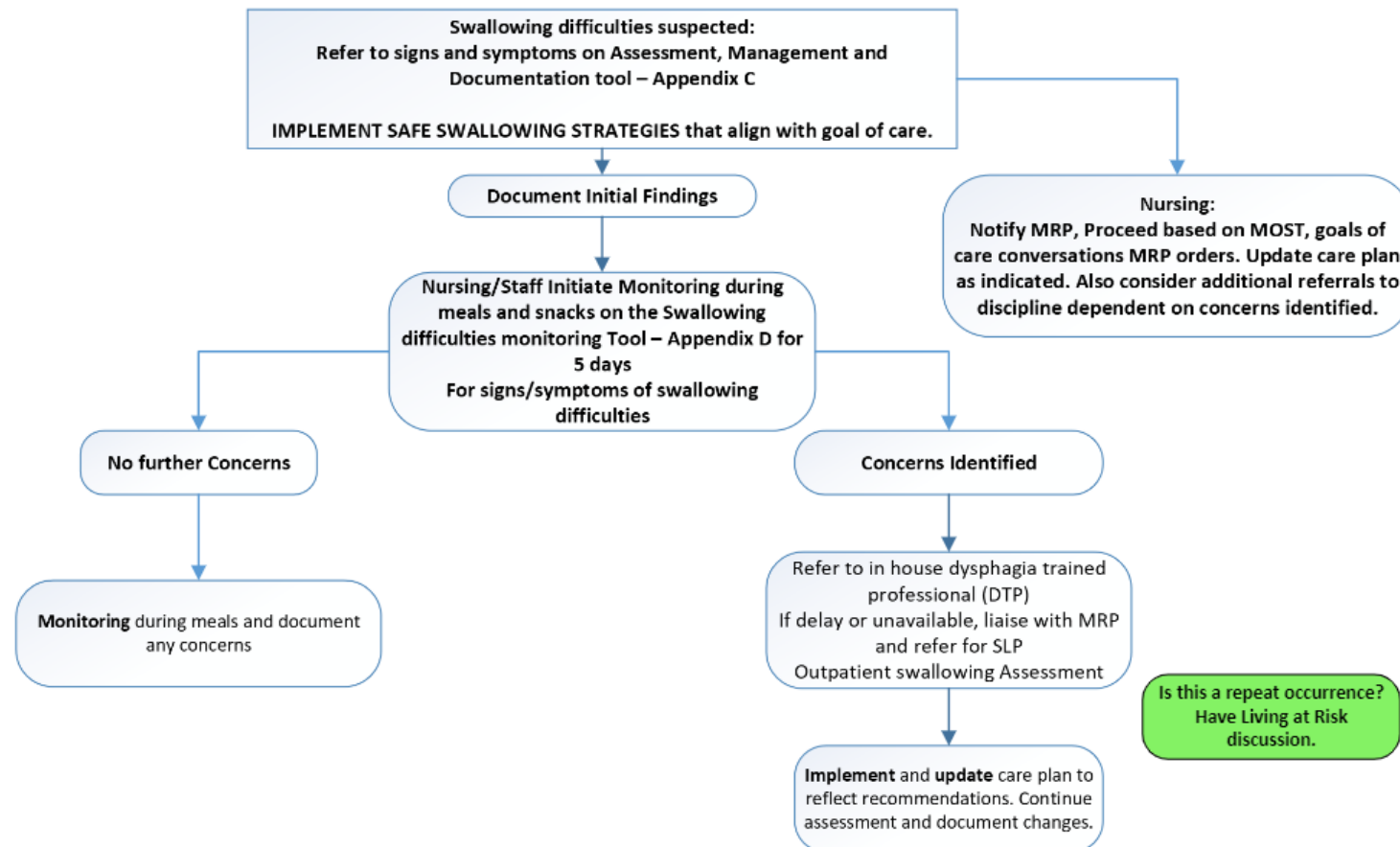
**Instructions:** This tool is used to record observed signs and symptoms of swallowing difficulties during mealtimes. Any staff member observing or assisting the resident eating can complete this form (e.g., nurse, HCA). Beside each day write in the date of observation and indicate by an 'X' if the behaviour is observed. If behaviour is not observed, leave space blank. At the bottom of the table, indicate person completing form for each day and meal. Use space at the bottom to add any additional comments. **If at any time, the resident is demonstrating signs of severe swallowing difficulty stop feeding and contact MRP and/or SLP for urgent assessment.**

B=Breakfast L=Lunch D=Dinner															
Sign or Symptom	Day 1:			Day 2:			Day 3:			Day 4:			Day 5:		
	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D
Possible Aspiration (coughing and/or choking, throat clearing, wet voice, SOB)															
Food and/or liquid falling from mouth															
Increased effort to swallow and/or difficulty chewing															
Pocketing of food in cheek															
Sensation of food stuck in throat and/or chest															
Regurgitation from mouth or nose															
Pain with swallowing															
Change in eating habits (e.g., food avoidance)															
Name of Person	B: _____			B: _____			B: _____			B: _____			B: _____		
Completing Form	L: _____			L: _____			L: _____			L: _____			L: _____		
(please print clearly)	D: _____			D: _____			D: _____			D: _____			D: _____		

Additional Comments: \_\_\_\_\_

# Algorithm: Management of Swallowing Difficulties

## Management of Swallowing Difficulties Algorithm Long-Term Care



# Completed Forms

When submitting a referral to a Dysphagia Trained Professional (most often a SLP), why do you think it is important to include the following completed forms?

- Swallowing difficulties assessment, management and documentation LTC form
- Swallowing difficulties monitoring tool LTC form

Put your answers in the chat

# Case Study

A new resident has just moved into your care community. Jackie Saran is a 92 year-old female with many co-morbidities including:

- Cognitive Impairment
- COPD
- Diabetes
- Jackie requires assistance with most of her ADLs including dining

# Case con't

Steven, an HCA is assisting Jackie with her meal in the dining room and notices that Jackie is showing the following signs:

- Coughing
- Pocketing of food
- Drooling
- Wet sounding voice
- Warm to touch – when you assess you notice a spike in temperature from earlier.

Steven comes to you concerned that Jackie may have some swallowing issues and reports the above findings to you.

## Question 1:

You agree with Steven that these are signs of potential swallowing problems. What should you do (check all that apply)?

- a) Initiate risk management strategies and document these on the resident's care plan
- b) Initiate the 5-day swallowing difficulty monitoring tool
- c) Do nothing, see if the signs of swallowing problems improve.
- d) Notify MRP regarding swallowing problems, including spike in fever as a possible sign of aspiration pneumonia?

## Question 1:

You agree with Steven that these are signs of potential swallowing problems. What should you do (check all that apply)?

- a) **Initiate risk management strategies and document these on the resident's care plan**
- b) **Initiate the 5-day swallowing difficulty monitoring tool**
- c) Do nothing, see if the signs of swallowing problems improve.
- d) **Notify MRP regarding swallowing problems, including spike in fever as a possible sign of aspiration pneumonia?**

Back to the  
case....

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You are thankful that the HCAs have done an excellent job of documenting on the Swallowing Difficulties Monitoring Tool – LONG-TERM CARE.

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You find that after you have implemented the safe swallowing strategies, the resident's swallowing difficulties resolve.

# If Jackie's symptoms did not resolve...

In addition to the process already discussed, it is important to:

- Refer to a Dysphagia Trained Professional (DTP)
  - Complete an outpatient SLP referral
- Be sure to include the following COMPLETED documents:
  - Swallowing difficulties assessment, management and documentation LTC form
  - Swallowing difficulties monitoring tool LTC form
- Consider submitting a PSLS (for owned and operated) care communities if there is a delay in assessment by a DTP

Questions

