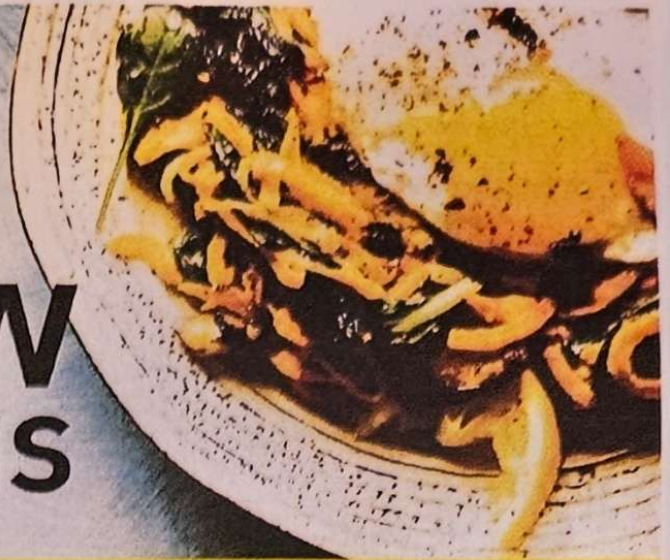
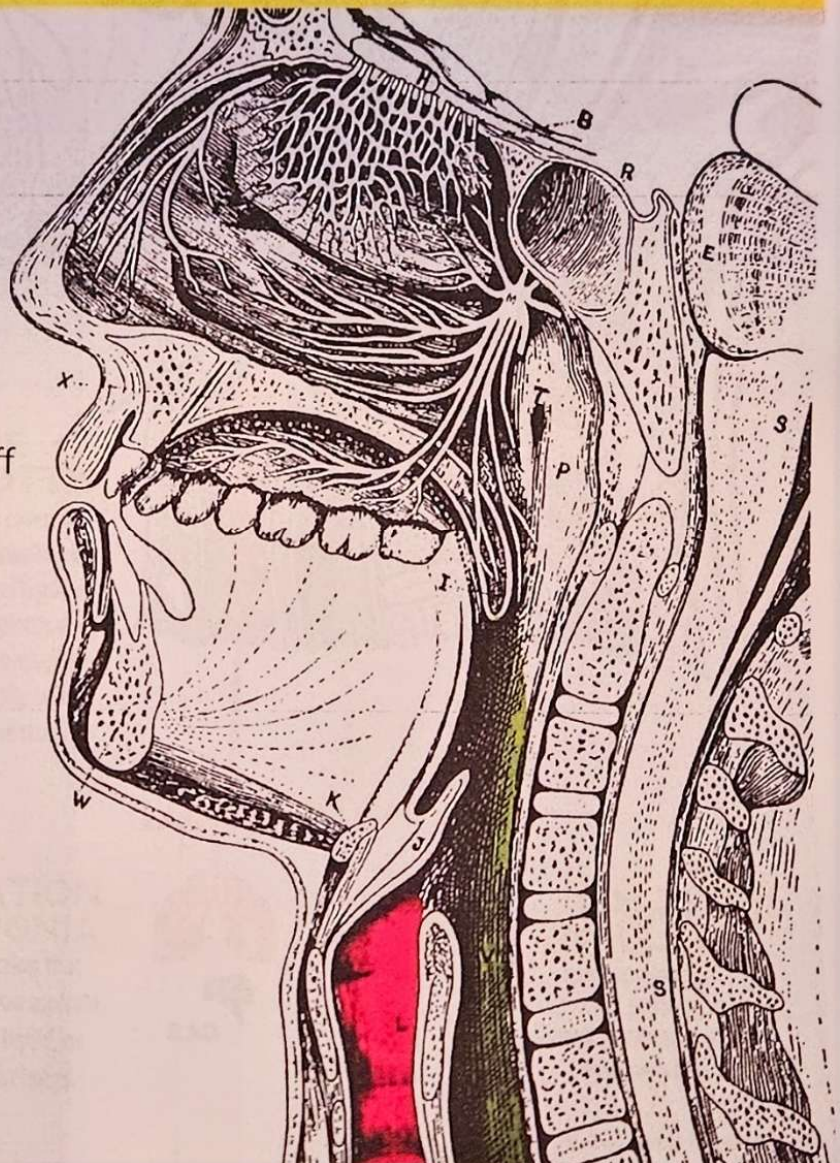


GENERAL SWALLOW PRECAUTIONS



ALWAYS CHECK IN WITH YOUR SPEECH-LANGUAGE PATHOLOGIST (SLP)
ABOUT SPECIFIC DYSPHAGIA PRECAUTIONS FOR EACH PERSON

- ✓ Sit fully upright (90°) and fully alert when eating. If physically able, eat sitting upright in a chair at a table.
- ✓ Take small bites and sips and eat at a slower rate.
- ✓ Reduce distractions- turn off the TV, radio, and choose a quiet place to dine.
- ✓ Stop intake if coughing, choking, or short of breath.
- ✓ No talking while eating.
- ✓ Remain upright at least 30 minutes after eating a meal.
- ✓ Complete consistent and thorough oral care.



the SWALLOW

is a series of chambers & valves that allows food and liquid to get to the stomach and stay out of your lungs.

DYSPHAGIA

Swallowing disorders, also called dysphagia (dis-FAY-juh), can occur at different stages of the swallow:

Oral phase: sucking, chewing, and moving food or liquid into the throat

Pharyngeal phase: swallow reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking

Esophageal phase: relaxing and tightening the openings at the top and bottom of the esophagus and squeezing food into the stomach

General signs of dysphagia may include:

Coughing during or right after eating or drinking

Wet or gurgly sounding voice during or after eating or drinking

Extra effort or time needed to chew or swallow

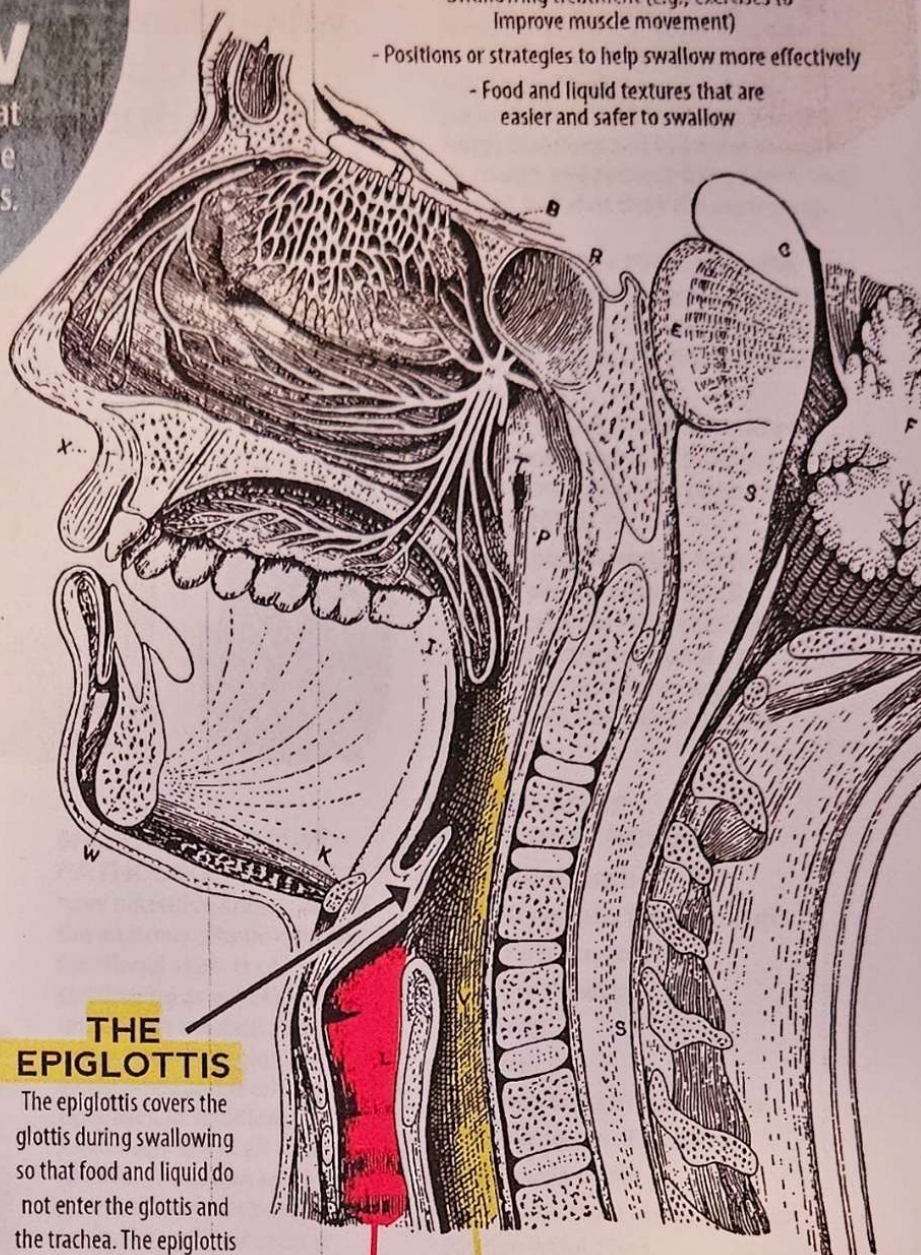
Food or liquid leaking from the mouth or getting stuck in the mouth

Recurring pneumonia or chest congestion after eating

Weight loss or dehydration from not being able to eat enough

A speech-language pathologist may recommend:

- Swallowing treatment (e.g., exercises to improve muscle movement)
- Positions or strategies to help swallow more effectively
- Food and liquid textures that are easier and safer to swallow



THE EPIGLOTTIS

The epiglottis covers the glottis during swallowing so that food and liquid do not enter the glottis and the trachea. The epiglottis causes food to slip by and head towards the stomach.

LUNGS

STOMACH

ASPIRATION PNEUMONIA

is a lung infection that develops after you aspirate (inhale) food, liquid, or vomit into your lungs.



BAD



GOOD

1 IN 25 ADULTS

will experience a swallowing problem in the United States each year.
(Bhattacharyya, 2014)

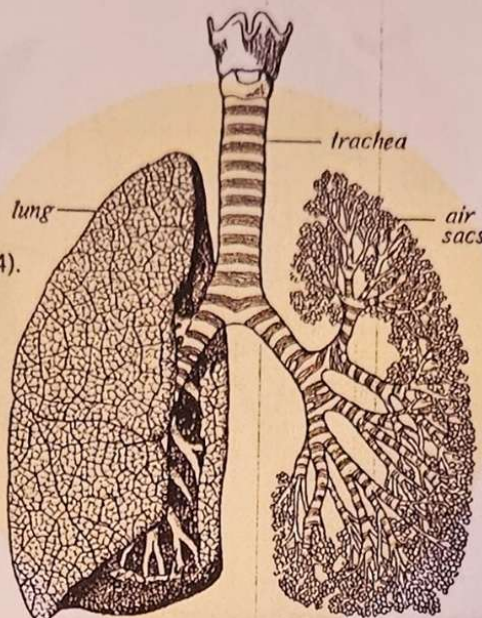
What nursing staff needs to know about swallowing disorders and swallow precautions

DYSPHAGIA (*dis-fay-juh*) is the medical term used to describe difficulty swallowing. It can occur to anyone at any age.

1 in 25 adults will experience a swallowing problem in the United States each year (Bhattacharyya, 2014).

RISKS OF DYSPHAGIA

- Coughing
- Choking
- Fear of eating/drinking
- Weight loss
- Malnutrition
- Dehydration
- Aspiration
- Aspiration pneumonia
- Decline in function
- Death



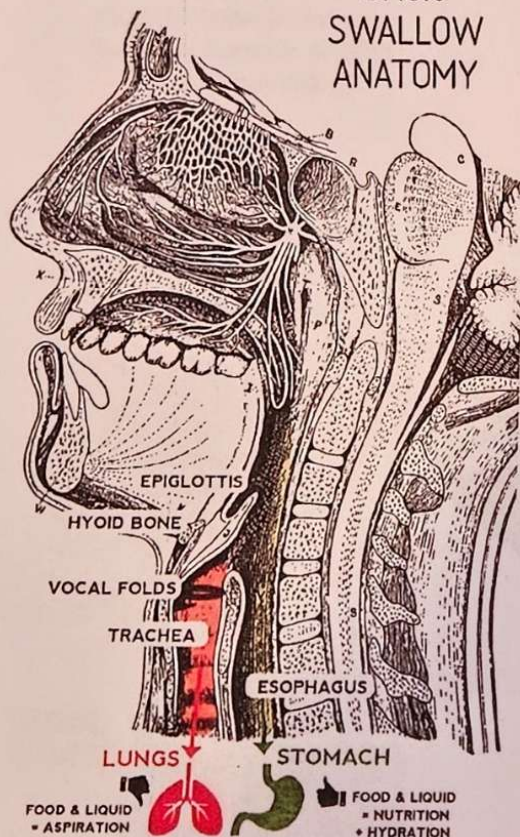
ASPIRATION is the inhalation of food, liquid, reflux, saliva, or other foreign material into the airway. **Silent aspiration** occurs when someone aspirates material into the lungs but does not have the sensation to cough and protect the airway. They do not feel that they are aspirating.

ASPIRATION PNEUMONIA is a lung infection that develops after you aspirate (inhale) food, liquid, or vomit into your lungs. It is different than viral pneumonia.

5-15% of the 4.5 million cases of community-acquired pneumonia result from aspiration pneumonia (Marik, 2001).

A retrospective review found that the 21% of people with aspiration pneumonia die within 30 days. This number is slightly higher in healthcare-associated aspiration pneumonia (29.7%) (Lanspa et al, 2013).

BASIC SWALLOW ANATOMY



SPEECH-LANGUAGE PATHOLOGISTS (SLPs)

have extensive knowledge of the anatomy, physiology, and functional aspects of swallowing as well as the underlying medical and behavioral etiologies of swallowing and feeding disorders. In addition, they have expertise in all aspects of communication disorders that include cognition, language, and behavioral interactions, many of which may affect the diagnosis and management of swallowing and feeding disorders.

SLPs complete a master's degree in speech-language pathology and complete 400 hours of supervised clinical experience, followed by a Praxis exam, clinical fellowship year, and state and national licensure.

RED FLAGS OF DYSPHAGIA INCLUDE

- Delayed/no swallow reflex
- Difficulty getting food to mouth
- Drooling when eating
- Difficulty chewing
- Coughing
- Choking
- Recurring cases of pneumonia
- Food falling out of mouth
- Pocketing in cheek
- Sudden decrease in consumption
- Sudden weight loss
- Medically fragile people with GERD
- Avoiding foods requiring chewing
- Excessive chewing before swallowing
- Gurgly/wet voice after swallowing
- Inability to drink from a straw
- Nasal regurgitation
- Easily distracted while eating
- Difficulty taking medications
- Teeth/dentures missing/not aligned
- Complaints of pain or discomfort when swallowing

What nursing staff needs to know about swallowing disorders + precautions

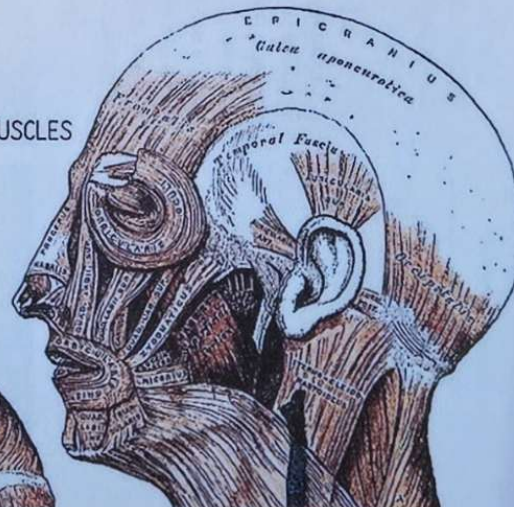
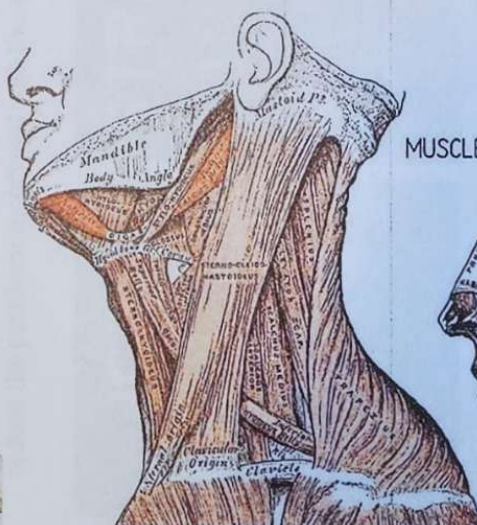
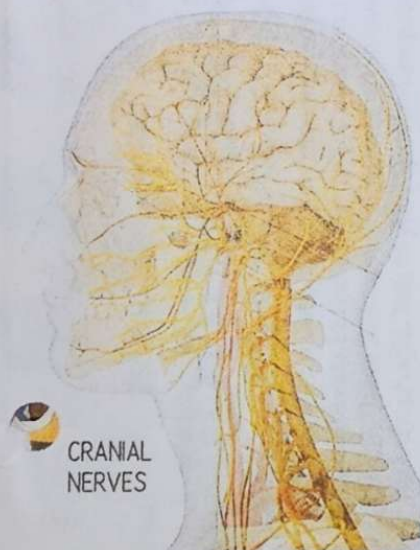
STRATEGIES SPEECH-LANGUAGE PATHOLOGISTS MAY IMPLEMENT TO REDUCE RISKS OF DYSPHAGIA

- Thickened liquids
- Altered food textures
- Postural maneuvers- patients may find it useful to turn or tilt their head certain ways to help close off the airway. Talk to your SLP about which postural maneuvers are the best for each patient.
- Adaptive equipment- weighted utensils, plate guards, curved utensils, controlled flow straws, and divided plates are some examples of adaptive gear therapists recommend to make eating and drinking easier.
- Therapeutic dysphagia interventions include swallowing exercises, therapeutic trial feedings to train strategies, neuromuscular electrical stimulation, biofeedback, surface electromyography, and other interventions.

- Medical interventions: SLPs may refer to other specialists such as dentists, ear, nose, throat (ENT) specialists, or gastrointestinal (GI) specialists to address specific issues related to oral care/health, vocal fold function, or esophageal function

SLPs may recommend a videofluoroscopic swallow study to further investigate the impairments in swallow anatomy/physiology.

SWALLOWING USES OVER 30 NERVES AND MUSCLES.



DYSPHAGIA IDDSI DIET LEVELS

IF YOU HAVE QUESTIONS ABOUT THESE GUIDELINES, CONSULT WITH A SPEECH-LANGUAGE PATHOLOGIST

FOOD TEXTURES

4 PUREED

Food with a very smooth consistency without lumps and is usually eaten with a spoon. This food texture cannot be drunk from a cup because it does not flow easily. These foods do not require chewing. When it falls off a spoon, it should fall in a single spoonful and it maintains its shape. The liquids must not separate from the solid food.

5 MINCED & MOIST

Foods that do not require biting and minimal chewing is required. The foods should be easy to separate with tongue force alone. The foods are soft with some small lumps visible and no separate thin liquids.

6 SOFT & BITE-SIZED

Foods can be eaten, mashed, or broken with a spoon or fork. A knife is not required to cut the food. These foods will be soft, tender, and moist but there will be no separate thin liquids. Chewing is required before swallowing the food.

7 EASY TO CHEW

Normal, everyday foods of soft/tender texture. This does not include foods that are hard, tough, crunchy, fibrous, stringy, chewy, or crumbly bits, seeds, or fibrous parts of the fruit.

7 REGULAR

All food textures allowed.

LIQUID TEXTURES

0: THIN LIQUIDS

1: SLIGHTLY THICK

2: MILDLY THICK

3: MODERATELY THICK

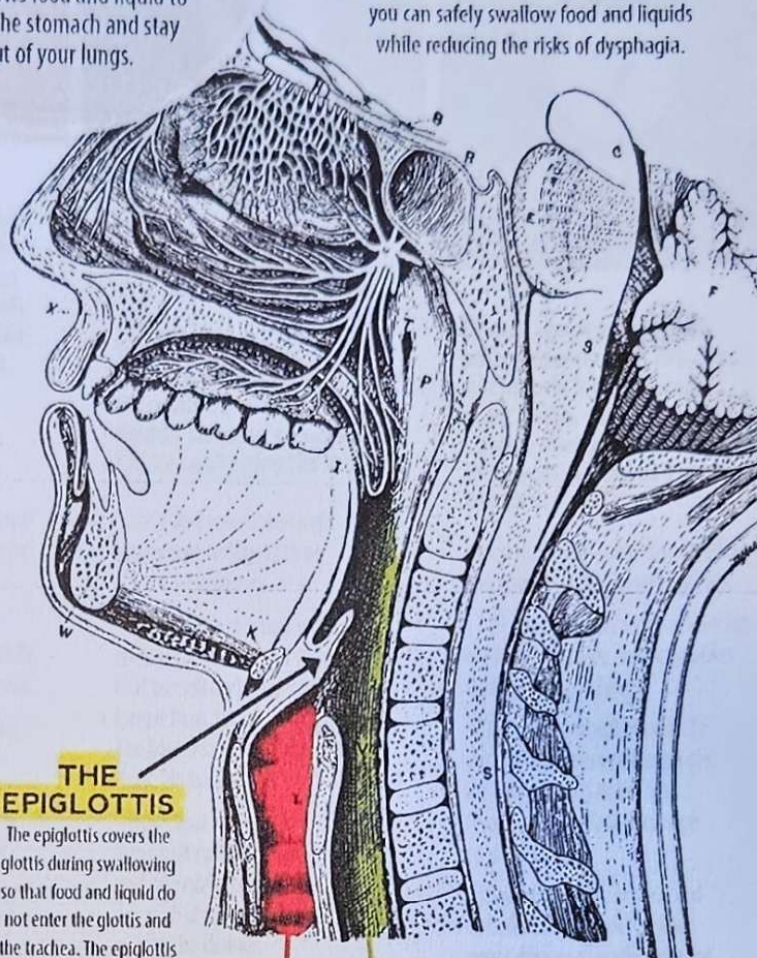
4: EXTREMELY THICK
(same as food texture level)

the SWALLOW

Is a series of chambers & valves that allows food and liquid to get to the stomach and stay out of your lungs.

Swallowing disorders, also called **dysphagia** (dis-FAY-juh), can result in choking, aspiration pneumonia, dehydration, weight loss, and malnutrition.

Altering textures of food and liquid ensures that you can safely swallow food and liquids while reducing the risks of dysphagia.



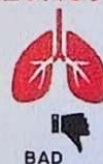
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PLEASE SEE REVERSE SIDE FOR SPECIFIC EXAMPLES