



Considerations for the Non-Speech-Language Pathologist (Non-SLP)

Swallowing Terms:

- Dysphagia
- Odynophagia
- Bolus
- Penetration
- Aspiration
- Silent aspiration
- Stasis or residue
- Reflux

KEY POINTS/NOTES



Consequences of Dysphagia:

- Malnutrition
- Dehydration
- Prolonged hospitalization
- Aspiration pneumonia
- Poor quality of life
- Death

Stages of Swallowing:

- Oral Stage
 - Oral preparatory
 - Oral transit
- Pharyngeal Stage
 - Velopharyngeal closure
 - Elevation and anterior movement of the hyoid and larynx
 - Airway closure
 - Opening of the cricopharyngeal sphincter
 - Base of tongue retraction
 - Pharyngeal retraction
- Esophageal Stage
 - Bolus moves from the UES through the esophagus and into the stomach through the LES

Causes of Dysphagia:

- Primary diagnosis
- Critical illness myopathy or polyneuropathy
- Altered mental status
- Iatrogenic causes
- Dysphagia related to tracheostomy

Signs and Symptoms of Dysphagia:

- Recurrent pneumonia
- Unintentional weight loss
- Coughing, choking, or throat clearing during or after swallowing
- Wet, gurgly vocal quality
- Evidence of aspiration in trach tube or coughed from trach
- Pain with swallowing
- Sensation of food sticking in throat or chest
- Fever 30 minutes to 1 hour after meal
- Shortness of breath during meals
- Chest congestion after meals
- Excessive secretions

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Considerations for the Non-Speech-Language Pathologist (Non-SLP) *continued*

Role of the Speech-Language Pathologist (SLP)

- Swallowing assessments
 - “Bedside” - clinical bedside swallowing evaluation
 - VFSS or MBS - videofluoroscopic swallow study or modified barium swallow
 - FEES® - fiberoptic endoscopic evaluation of swallowing
- Dysphagia treatment
 - Oral hygiene
 - Compensatory postures and strategies
 - Rehabilitative exercise
 - Dysphagia treatment for patients with tracheostomy
 - Place a Passy Muir® Valve (PMV®) to restore a closed aerodigestive system

KEY POINTS/NOTES



PassyMuir Valve:

- The only no-leak Valve
- Air is redirected through the upper airway
- Swallowing benefits
 - Restore the normal breathing/swallowing pattern
 - Improve secretion management
 - Reduce aspiration
 - Improve cough effectiveness

Dysphagia Myths:

- No gag reflex means patient can't swallow
- No coughing means no aspiration
- When in doubt, thicken liquids
- The chin tuck works for everyone
- Just give it time; it will get better
- The tracheostomy cuff prevents aspiration
- Aspiration always leads to aspiration pneumonia

Dysphagia Management Requires a Team

- What can the RT and RN do to help their patients with dysphagia?
 - Work closely with the SLP
 - Advocate for early SLP consults
 - Perform oral care before meals
 - Watch for signs and symptoms of aspiration
 - Help patients adhere to dysphagia recommendations