

Signs and Symptoms: Dysphagia and Aspiration

Dysphagia is a word that describes any problem a person may have with swallowing. Swallowing problems can lead to aspiration. **Aspiration** is a word that means food or fluids that should go into the stomach go into the lungs instead. Usually when this happens the person will cough in order to clear the food or fluid out of their lungs. Sometimes, however, the person does not cough at all. This is what is known as a “silent aspiration.” Frequent aspiration can cause damage to the lungs if it is not treated. There are several ways to tell if someone has dysphagia or aspiration problems.

Common signs of dysphagia and/or aspiration are:

- Coughing before or after swallowing
- Much drooling, especially during meals
- Pocketing food inside the cheek
- Choking on certain foods, for example white bread
- Nose running or sneezing during dining
- Trouble chewing
- Trouble swallowing certain types of fluids
- Trouble swallowing certain types of food
- Taking a very long time to finish a meal
- Getting tired during the meal

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES



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Common signs of dysphagia and/or aspiration (continued):

- Refusals to eat certain foods or finish a meal
- A complaint of feeling like something is caught in the throat
- A gurgly voice during or after eating or drinking
- Much throat clearing after a meal
- Repeated episodes of choking, frequent colds, pneumonias or “allergies”
- Unexplained weight loss
- Unexplained fevers that come and go
- Coughing when lying flat or sitting up quickly from a reclined position



Referral Protocol

- Individuals who display signs/symptoms of dysphagia should be observed by nurse and referred to a speech-language pathologist (SLP) for screening.
- After screening and clinical bedside swallow evaluation, SLP should determine if individual warrants a Modified Barium Swallow Study (MBSS)/Videofluoroscopy.
- SLP swallowing report , physician’s order, and Health Passport must be submitted to a hospital to schedule a MBSS. Recommendations should be carried out by healthcare providers.

Aspiration Precautions

WHAT TO DO

- ☐ **CAFEFULLY follow any special diet** prescribed (food and liquid).
- ☐ **CAREFULLY follow any special food preparation or eating procedure** – never take shortcuts.
- ☐ **Weigh weekly** to help ensure adequate food and fluid intake.
- ☐ Make sure you are trained in giving **emergency first aid for choking (Heimlich Maneuver)**.
- ☐ **Check with doctor or nurse if person has trouble swallowing any medications.**

WHAT NOT TO DO

- ☐ **DO NOT** give foods or liquids that they have difficulty swallowing or that are restricted by the health care provider.
- ☐ **DO NOT** rush mealtimes.
- ☐ **DO NOT** start mealtime if angry, anxious, or can't sit still.
- ☐ **DO NOT** plan other activities during mealtimes.
- ☐ **DO NOT** permit eating or drinking lying down.
- ☐ **DO NOT** allow the person to lie down for 30 minutes after eating or drinking.
- ☐ **DO NOT** let the person finish a meal if the meal causes choking.

http://www.ct.gov/dds/lib/dds/factsheets/fs_dysphagia.pdf

A speech-language pathologist (SLP) who specializes in swallowing disorders can evaluate people who are experiencing problems eating and drinking. The SLP will...

- take a careful history of medical conditions and symptoms
- look at the strength and movement of the muscles involved in swallowing
- observe feeding to see posture, behavior, and oral movements during eating and drinking
- possibly perform special instrumental tests to evaluate swallowing

<http://www.asha.org/public/speech/swallowing/Swallowing-Disorders-in-Adults/>

To evaluate a person with swallowing difficulty, the SLP first obtains a detailed medical history via chart review, then interviews the person, caregiver, and involved family members, friends, and physicians. This history augments that obtained by the physician, as new information often arises when questions are asked again or presented in a different manner. A bedside clinical evaluation is then performed to assess cognitive status, postural and positioning characteristics, oral motor function, oral sensation, vocal function, and response to food trials.

Based on the results of a clinical evaluation, the SLP possibly recommends an instrumental test. Due to severe cognitive impairment, people who are unable to follow directions necessary to participate in instrumental testing may be inappropriate for modified barium swallow or endoscopic assessment. Confer with the support team to determine the best course of action.

<http://www.annalsoflongtermcare.com/content/strategies-improving-care-persons-with-advanced-dementia-and-eating-problems-full-title-bel>

PREVENTION OF ASPIRATION DURING HAND FEEDING:

- Provide a 30-minute rest period prior to feeding time.
- Sit the person upright in a chair; if confined to bed, elevate the backrest to a 90-degree angle.
- Adjust rate of feeding and size of bites to the person's tolerance; avoid rushed or forced feeding.
- Alternate solid and liquid boluses.
- Vary placement of food in the person's mouth according to instruction of the treating SLP. For example, it may be recommended that food be placed on the right side of the mouth if left facial weakness is present.
- Minimize the use of sedatives and hypnotics since these agents may impair the cough reflex and swallowing.
- Use cueing, redirection, and minimize environmental distractions.

http://consultgerirn.org/uploads/File/trythis/try_this_20.pdf

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