Nursing Dysphagia Assessment Protocol Day 1
(Introduction of PO Intake)

Diet advancement /regression will be recommended by the Dysphagia Team. Once a recommendation is made, reassessment by the Dysphagia Team will be conducted at appropriate intervals, as required.

Introduction of PO Feeding

Nursing staff may assess patient swallow safety and recommend an introductory PO diet (Pureed food no thin or thick liquids) in instances when all of the following conditions are met:
- the Dysphagia Team is unavailable for the next 24 hours AND
- the Dysphagia Team has not previously assessed the patient (the patient is new to the unit or was not able to participate in the evaluation) AND
- the patient is NPO and is not otherwise being nourished (PO, enteral or parenteral) AND
- the patient demonstrates ALL of the following:
  - able to sit upright and remain alert for at least 20 minutes
  - is able to manage his/her own secretions through swallow
  - is medically stable
  - has a clear voice and can voice on command
  - has an effective cough
  - patient does not have a tracheotomy

Before Testing
- have patient sit as upright as possible
- use a teaspoon for testing
- have a clock with a second hand available for swallow timing
- have patient say “AHHHHH”. Listen to the patient’s voice before feeding to:
  - establish what voice sounds like before testing (to compare)
  - make sure it is clear (if not, he/she must be able to clear voice through cough or throat clear and swallow before any testing trial)

Test Procedure

First Day: Test Puree consistency (preferably applesauce)

Begin with:
- 3 trials of ½ teaspoon, then
- 3 trials of 1 teaspoon, then
- 3 trials of self loaded and administered (if patient is able)

For each swallow:
- feel larynx for elevation to ensure a swallow has occurred and in order to time any delay (1-2 seconds is the typical transit time for liquids and pureed solids)
- have patient talk or day “AHHHH” and listen for any change in vocal quality
- check the oral cavity for residue
- note any changes in breathing

Discontinue and do not initiate Puree Diet no Thin or Thick liquid if ANY of the following occur:
- Puree swallow time is > 6 seconds
- Voice changes post swallow (voice becomes “wet”, “light” or hoarse)
- Patient coughs or clears throat post swallow
- Oral residue (>1/4 of bolus) and patient is unaware or unable to clear residue
- Respiration changes noted during feeding trial

Patient complains of swallowing difficulty or sensation of incomplete clearing
☐ Document on Medical Daily Care Record under Inter-disciplinary Progress Notes
☐ Keep NPO
☐ Consider NG tube for medication and nutrition, if appropriate, considering limits of care/goals of treatment
☐ Consult Dysphagia Team

**Swallow is considered safe for Puree Diet no Thin or Thick Liquids if **ALL** of the following conditions are met during the test:**
☐ Puree swallow time is ≤ 6 seconds
☐ Voice remains clear post swallow
☐ No cough or throat clear post swallow
☐ No significant food residue in mouth post swallow
☐ No respiration changes noted during feeding trial
☐ Patient does not complain of swallow difficulty or sensation of incomplete clearing

**Procedure:**
☐ Document assessment on Medical Daily Care Record under inter-disciplinary Progress Notes
☐ Obtain diet order for Puree Diet no Thin or Thick Liquids
☐ Notify Food Services of the change and enter in Meditech
☐ Give meds in applesauce, if appropriate to crush
☐ Consult Dysphagia Team
Nursing Dysphagia Assessment Protocol Day 2

**Second Day**

Test only Honey Thick Liquid Consistency if the patient is doing well on the Puree Diet no Thin or Thick Liquids and the Dysphagia Team remains absent for another 24 hours.

**Begin with:**  
3 trials of ½ teaspoon Honey Thick liquid, then  
3 trials of 1 teaspoon, then  
3 trials self administered sip (cue patient to take a sip)

For each swallow:
- feel larynx for elevation to ensure a swallow has occurred and in order to time any delay
- have patient talk or say “AHHHH” and listen for any change in vocal quality
- check the oral cavity for residue
- note any changes in breathing

Discontinue testing and do not advance to Puree Diet Honey Thick Liquids if **ANY** of the following occur:
- Honey Thick Liquid swallow time is > 6 seconds
- Voice changes post swallow (voice becomes “wet”, “light” or hoarse)
- Patient coughs or clears throat post swallow
- Oral residue (>1/4 of bolus) and patient is unaware or unable to clear residue
- Respiration changes noted during feeding trial
- Patient complains of swallowing difficulty or sensation of incomplete clearing

- Document assessment on Medical Daily Care Record under inter-disciplinary Progress Notes
- Maintain Puree Diet no Thin or Thick Liquids

Swallow is considered safe for Puree Diet with Honey Thick Liquids if **ALL** of the following conditions are met during the testing:
- Honey Thick Liquid swallow time is ≤ 6 seconds
- Voice remains clear post swallow
- No cough or throat clear post swallow
- No significant food residue in mouth post swallow
- No respiration changes noted during feeding trial
- Patient does not complain of swallow difficulty or sensation of incomplete clearing

- Document assessment on Medical Daily Care Record under inter-disciplinary Progress Notes
- Obtain diet order for Puree Diet Honey Thick Liquids
- Notify Food Services of the change and enter in Meditech
- Continue meds in applesauce, if appropriate to crush
Diet Advancement

In those instances where patient progress warrants swallow reassessment and the Dysphagia Team is unavailable for more than 48 hours (i.e. long weekend), the staff nurse may elect to assess swallow for the next food consistency.

Note:
If the patient’s swallow difficulties were previously identified by Modified Barium Swallow, bedside testing for diet advancement is not recommended.

As swallow safety and success often follows a predictable diet progression from puree to thin liquid, a diet progression guide has been developed.

<table>
<thead>
<tr>
<th>Diet Level</th>
<th>Solids</th>
<th>Liquids</th>
<th>Test Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0</td>
<td>NPO</td>
<td>NPO</td>
<td>Applesauce</td>
</tr>
<tr>
<td>Level 1</td>
<td>Puree &amp; No Liquids</td>
<td>Non-oral hydration</td>
<td>Honey Thick liquid</td>
</tr>
<tr>
<td>Level 2</td>
<td>Puree</td>
<td>Thickened Liquids</td>
<td>Soft Solid: Banana</td>
</tr>
<tr>
<td>Level 3</td>
<td>Mechanical Soft (no bread)</td>
<td>Thickened Liquids</td>
<td>Bread or Next Liquid Progression</td>
</tr>
<tr>
<td>Level 4</td>
<td>Mechanical Soft</td>
<td>Thick or Thin Liquids</td>
<td>Next Liquid Progression</td>
</tr>
</tbody>
</table>

Test preparation:
- **Diet advancement:** determine the appropriate test consistency from the diet progression guide
- Test only one item per day for diet advancement

For each test swallow…
- For soft solid (banana) or solid (bread/cookie), check the oral cavity for residue
- Note if the patient coughs or throat clears after swallow
- Note any change in respiration pattern
- Thin liquid swallow time is < 3 seconds
- Thick Liquid or Puree swallow time is < 6 seconds
- Solid swallow time (including chew) is < 30 seconds
- Voice remains clear post swallow
- No cough or throat clear post swallow
- No respiration changes noted during feeding trials
- Patient does not complain of swallow difficulty/sensation of incomplete clearing

After the feeding trial…
- Document feeding trials and observations in Medical Daily Care Record
- Identify recommendation for diet change (or not)
- Get a signed diet order from the physician
- Notify Food Service/Change the diet in Meditech
- Notify dysphagia team for reassessment
Diet Regression

In instances where there are indications that the patient’s safety is at risk on the ordered diet:

- Frequent cough/throat clearing during meals or ingestion of a specific food item
- Voice changes during meal: becomes “wet”, “gurgly” or unusually tight/hoarse
- Patient complains of difficulty or discomfort with one or more food items
- Respiratory status change during or after meals
- Medical status has deteriorated
- Patient level of arousal/alertness has declined
- Patient suspected of or diagnosed with aspiration pneumonia

AND the Dysphagia Team is unavailable before the next meal, the staff nurse may:

- Withdraw food items that appear to pose risk or difficulty, or
- Regress diet to a safer consistency than that which was ordered (see chart), or
- Keep patient NPO until reassessed by Dysphagia Team and notify the Dysphagia Team directly for reassessment

➢ Document in chart, enter in Meditech etc

Texture Modified Diet Regression Chart

<table>
<thead>
<tr>
<th>Diet Name</th>
<th>Solids</th>
<th>Liquids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Regular Diet</td>
<td>All solids</td>
<td>Thin Liquids</td>
</tr>
<tr>
<td>2 Mechanical Soft, Diced</td>
<td>Meat cut up into bite size pieces for patients who can’t cut</td>
<td>Thin Liquids</td>
</tr>
<tr>
<td>3 Mechanical Soft, Minced</td>
<td>Minced meats, no raw fruit or vegetables; may have bread</td>
<td>Thin Liquids</td>
</tr>
<tr>
<td>4 Mechanical Soft, Minced</td>
<td>Minced meats, no raw fruit or vegetables; may have bread</td>
<td>Honey or Nectar Thick Liquids No regular liquids: ice, ice cream etc. or jello</td>
</tr>
<tr>
<td>Honey or Nectar Thick Liquids (depending upon previous assessment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Mechanical Soft, Minced</td>
<td>Minced meats, no raw fruit or vegetables; no bread</td>
<td>Honey or Nectar Thick Liquids No regular liquids: ice, ice cream etc. or jello</td>
</tr>
<tr>
<td>No Bread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honey or Nectar Thick Liquids (depending upon previous assessment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Puree Diet</td>
<td>Smooth Puree Food</td>
<td>Honey or Nectar Thick Liquids No regular liquids: ice, ice cream etc. or jello</td>
</tr>
<tr>
<td>Honey or Nectar Thick Liquids (depending upon previous assessment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Puree Diet No Thin or Thick Liquids</td>
<td>Smooth Puree Food</td>
<td>IV hydration required unless palliative No thin or thick liquids No ice, ice cream etc. or jello</td>
</tr>
<tr>
<td>11 NPO</td>
<td>None</td>
<td>IV hydration required unless palliative No sips, no ice</td>
</tr>
<tr>
<td></td>
<td>Meds given via alternate route</td>
<td></td>
</tr>
</tbody>
</table>

Appendix D
Dysphagia Assessment
Referral for Inpatient Services

Nova Scotia Hearing & Speech Clinic
48 South Albion St., Amherst, NS B4H 2W3
Phone: (902) 667-1141
Fax: (902) 667-2153

Referral Date: ________________________________________________

Admission Diagnosis: __________________________________________

Patient MUST meet ALL of the following criteria for referral to be accepted:
   □ Patient alert (periods of at least 20 minutes)
   □ Can sit upright (for at least 20 minutes)
   □ Demonstrated cough
   □ Patient is medically stable

Reason for Referral (ex. failure to consume ½ of meals, extending feeding time, choking):
____________________________________________________________________________
____________________________________________________________________________

Current Diet Order: □ NPO □ PO _______________________
specify diet

Level of arousal is best in the □ Late morning □ Early afternoon

Patient has met the above screening criteria: ____________________________
(Physician’s Signature)

Please forward referral to Speech Language Pathologist and Dietician

Referral Status:
□ Assessment complete, please see report.
□ Assessment NOT completed due to: ____________________________________________________________________________

Signatures
Speech Language Pathologist ___________ Dietitian ___________ Date ___________