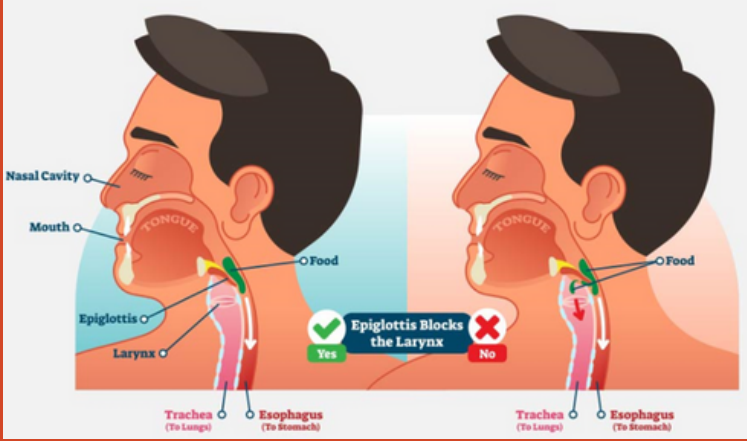


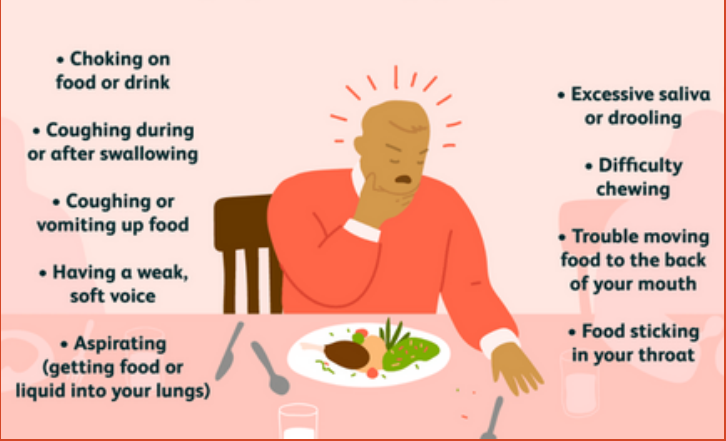
YALE SWALLOW SCREEN

AN EVIDENCE BASED DYSPHAGIA SCREEN

WHAT IS DYSPHAGIA?



SYMPTOMS OF DYSPHAGIA



GUIDELINE RECOMMENDATIONS

DYSPHAGIA SCREENING BEFORE THE PATIENT BEGINS EATING, DRINKING, OR RECEIVING ORAL MEDICATIONS IS EFFECTIVE TO IDENTIFY PATIENTS AT INCREASED RISK FOR ASPIRATION. (LEVEL OF EVIDENCE: C-LD) (CITATION 1, P. E382)

A FORMAL SCREENING PROCEDURE FOR DYSPHAGIA SHOULD BE PERFORMED IN ALL PATIENTS BEFORE THE INITIATION OF ORAL INTAKE TO REDUCE THE RISK OF PNEUMONIA (LEVEL OF EVIDENCE B). (CITATION 2, P. 2042)

4.7. Dysphagia	COR	LOE
1.Dysphagia screening before the patient begins eating, drinking, or receiving oral medications is effective to identify patients at increased risk for aspiration.	I	C-LD

RATIONALE

DYSPHAGIA, A COMMON (37%–78%) COMPLICATION OF ACUTE STROKE, IS A RISK FACTOR FOR ASPIRATION PNEUMONIA AND IS ASSOCIATED WITH HIGHER MORTALITY AND WORSE PATIENT OUTCOMES. DYSPHAGIA AND ASPIRATION ARE MAJOR RISK FACTORS FOR THE DEVELOPMENT OF PNEUMONIA. (CITATION 2, P. E382)

YALE SWALLOW PROTOCOL (YSP)

EXCLUSION CRITERIA: RISK IS TOO HIGH-DEFER ADMINISTRATION
Do Not Continue if yes to any of the following:

- Unable to remain alert
- Baseline modified diet/thickened liquid
- Tube feeding in place
- Head of bed restrictions < 30 degrees
- Tracheostomy tube
- NPO by physician order

STEP 1: BRIEF COGNITIVE SCREEN: Failure may be associated with an increased risk of aspiration and may warrant SLP consult, but does not prevent YSP

- What is your name?
- Where are you?
- What year is it?

STEP 2: ORAL MECHANICAL EXAM: Weakness and/or asymmetry may warrant modified solid textures and indicates need for SLP consult.

- Tongue Range of Motion: Stick out your tongue, move it side to side
- Facial Symmetry: Smile/Pucker
- Lip Closure: Puff up your cheeks with air and hold

STEP 3: 3 (three) OZ WATER SWALLOW CHALLENGE: Stopping while drinking, coughing, or throat clearing indicates a failure and elevated risk.

- Sit patient upright at 90 degrees or as high as tolerated > 30 degrees
- Ask the patient to drink 3 oz. of water from a cup or straw with sequential swallows-slow and steady but without stopping

PASS: Collaboration with MD/SLP for appropriate oral diet order, e.g., soft foods

FAIL: Keep patient NPO including medications and order SLP clinic and/or instrumental swallow evaluation as soon as possible. YSP can be re-administered in 24 hours with clinical improvement.

TIPS AND TRICKS

Perform before any oral intake-food, fluids, or medications.

Perform even if symptoms resolved.

YSP is a nursing protocol; do not need MD order.

If clinical condition declines, consider rescreening.

If patient fails or screen is contraindicated, please document in patient chart.

If patient has failed and medications ordered, consider changing administration route.

If medications given, document correct route on patient's MAR.

RESOURCES

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