I. PURPOSE:
To identify patients at high risk for dysphagia and provide guidelines for the completion of a bedside swallow screen.

II. POLICY:
The Registered Nurse (RN) will complete a bedside swallow screen for any patient identified as at risk for dysphagia. All stroke patients and patients suspected of having a stroke will have a bedside swallow screen prior to first oral intake.

III. GUIDELINES:
A. Patients with multiple positive indicators of dysphagia will be kept NPO until evaluated by Speech Language Pathologist.
B. *If the patient fails the screening, the RN will obtain a provider’s order for speech pathology to complete a formal swallow evaluation. If the patient passes the screen, the RN will order the appropriate diet.*
C. If a stroke order set is in place, the nurse will order a Speech Language Pathologist consult per the stroke order set.

IV. OTHER INFORMATION:
The following conditions may predispose patients to dysphagia and/or aspiration:
A. Stroke
B. Cerebral palsy
C. Traumatic or anoxic brain injury
D. Brain tumor
E. Brain surgery
F. Guillain Barre
G. Parkinson’s disease
H. Multiple Sclerosis
I. Myasthenia Gravis
J. Huntington’s disease
K. Tracheostomy
L. Laryngectomy
M. Cervical Fusion
N. Facial and/or Neck trauma or surgery
O. Anoxic encephalopathy
P. Alzheimer’s disease/dementia
Q. Amyotrophic Lateral Sclerosis (ALS)
R. Oral tumor and carcinoma
S. Pulmonary disease/COPD
T. Pneumonia
U. Post-intubation
V. Mentally challenged

V. REFERENCES:
Research

National Guidelines/Standard/Regulatory

Literature

Expert

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