How to do

a Bedside Evaluation

of Dysphagia Patients

Introduction:

The bedside evaluation is the first phase for evaluating Dysphagia. The second phase, videofluoroscopy, is only completed if recommendations cannot confidently be made based on the bedside evaluation. This evaluation will be completed by Speech-Language Pathologists (SLPs) working in acute care hospitals, rehabilitation settings, or nursing homes. For SLPs who choose these environments, they must be aware of the high prevalence of Dysphagia:

- **Acute Care Hospitals:** 14 – 15% of patients
- **Rehabilitation Settings:** 30 -35% of patients
- **Nursing Homes:** 40 – 50% of patients

Dysphagia can occur as a result of damage to the structures of head and neck or because of problems with neuromuscular control. Newborn infants, young children, adolescents, and adults can all be affected. A few of the populations at risk are:

1. Head and neck cancer patients
   a. E.g. More than half of laryngectomy patients have Dysphagia
2. Cerebrovascular Accident (CVA) patients
3. Neuromuscular Disease patients
   a. Often degenerative
4. Progressive Neurogenic Disease Patients
   a. E.g. Amyotrophic lateral sclerosis (ALS)

Purpose:

- To determine candidacy for videofluoroscopic evaluation
  - The procedure is expensive, so a swallow screening is completed first
- To determine optimum food/liquid recommendations
- To monitor the progress of therapy and to determine the possibility of upgrading recommendations

Terms to define:

- **Dysphagia** – condition in which the action of swallowing is difficult to perform
- **Dysphagia**
  - Symptoms
    - Difficulty eating
    - Coughing during meals
    - Eating slowly
    - Difficulty manipulating food

- **Videofluoroscopic Evaluation** – direct visualization technique to examine the movement of the bolus in relation to the structures contributing to the swallow
  - Can also use this to look at velopharyngeal closure
- **NPO** – Nothing by mouth
- **Neuromuscular** – pertaining to both the nerves and muscles
- **Pharyngeal Peristalsis** – involuntary pharyngeal squeeze
- **Aspiration** – foreign object enters into the lungs
- **Penetration** – food enters airway entrance but does not go below true VF
- **Residue or Residual Food** – food remains in mouth or pharynx

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**Caution!**

Before entering the patient’s room to do the bedside evaluation, go talk to the medical staff. Ask if you are allowed to go in and feed the patient; a lot of patients are NPO. Find out why they are NPO and when is a good time to proceed with the evaluation.

**Materials Needed:**

- Measurement equipment:
  - Teaspoon
  - Tablespoon
  - Spoon
  - Cup (Plastic or Styrofoam)
- Various consistencies (Thin to thick)
- Gel or Powder to thicken liquids
- Stethoscope (May need with obese patients or infants)

**Procedure:**

1. **Review the patient’s medical chart**
   - Look at:
     - Medical History
       - **Remember**: The Dysphagia symptoms may be why the patient is in the hospital
       - Is the disease degenerative?
       - What previous diets has the patient tried?
     - Dysphagia Symptoms
       - Is the patient good with liquids?
     - Weight Loss
       - Due to aspiration?
       - In pediatrics, look for lack of weight gain
     - Disease Process
If the swallowing is going to be negatively impacted as time goes on, you need to educate the patient and family about what is going to happen

- **Surgeries**
  - Did the patient undergo a recent surgery?
  - Does the patient have an upcoming surgery?
  - If yes, what was/is the reason for the surgery?
- **Respiratory Status**
  - Can the patient breathe independently?

2. **Interview the Staff**
   - Ask about their:
     - Impression of the patient’s swallowing ability
     - What is going on with the patient in terms of eating?
     - Impression of the patient’s speech ability
     - Impression of the patient’s cognitive ability
       - Can the patient complete daily functions independently?
   - Ask about the patient’s oral secretion management
     - This is very important with patients who have undergone a tracheotomy and now breathe through a stoma
     - How often does the patient need suctioning?

3. **Complete an Oral Mechanism Exam**
   - Examine the oral cavity in order to define the normalcy of structure and any obvious physical impairments
   - Look at oral care
     - Does the patient have dry mouth?
   - Does the patient have dentures?
   - Assess function of oral mechanisms
     - Does oral musculature move normally without receiving tactile cues?

4. **Begin Offering Various Consistencies**
   - Listen to vocal quality prior to offering food
   - Offer ½ tsp of the least threatening consistency
     - Often a liquid
   - Using one hand, place your point and middle fingers on the patient’s thyroid
     - If the patient is obese or an infant, the thyroid may be difficult to locate with your fingers
       - In these cases, place a stethoscope on the thyroid and listen for air exchange
   - Have the patient swallow
     - You are feeling for:
       - Is the patient is able to generate a swallow?
       - How long does it take from administration of the bolus to the trigger of the swallow?
   - Check the oral cavity for pocketed food

If the pharynx or larynx needs further evaluation, you will need to request videofluoroscopy for the patient
With thicker consistencies, look for delayed aspiration due to reduced pharyngeal peristalsis.

- Get feedback from the patient
  - "Can you feel the food on the roof of your mouth?"
- If all appears well, offer 1 full tsp
- Proceed with thicker materials
  - Begin going slower with the evaluation
- Present the substance with a spoon
- Next, present the substance with a cup
  - Controlled by the clinician
- Finally, let the patient take a comfortable mouthful and/or drink

5. Make Recommendations Based on your Observations
- If you are not sure, request videofluoroscopy
- Recommend the Dysphagia diet appropriate for the patient
  a. Liquid Diets
    i. Honey Thick
      1. Thickest liquid offered in a hospital setting
      2. This substance will stick to the spoon
    ii. Nectar Thick
      1. Similar to a milkshake’s consistency
    iii. Thin
      1. Water is the thinnest
  b. Solid Diets
    i. Puree
      1. Smooth but the thickness varies
    ii. Dysphagia Mechanically Altered
      1. Soft veggies, cut-up meats, etc.
      2. Do not have to chew anything
    iii. Dysphagia Advanced
      1. This includes the same foods as above, but bread is included in this category
  iv. Regular
- Recommend compensatory strategies
  a. These are the alterations the patient can make aside from the diet
  b. E.g.
    i. Patient needs 100% supervision and constant reminders/cues while eating.
    ii. Alternate solids and liquids every time you eat

6. You Have Successfully Completed Your First Bedside Evaluation!