



Facts About:

Aspiration and Swallowing Disorders

Aspiration is the accidental inhalation of a foreign body into the lungs or airway. Aspiration of food and liquids is common among nursing home residents with swallowing difficulties known as dysphagia. Approximately 14% of individuals over age 60 are affected by dysphagia. Residents with dysphagia in nursing homes is cited in articles to be between 30 – 75 %.



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Individuals with a compromised immune system or serious illness may develop aspiration pneumonia. This type of infection is a common cause of death in the elderly population.

Causes of Aspiration / Swallowing difficulty in Adults

- Stroke
- Brain injury
- Spinal cord injury
- Parkinson's disease
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- Muscular dystrophy
- Cerebral palsy
- Alzheimer's Disease
- Head and Throat Cancer
- Surgical interventions
- Serious illness resulting in Muscle weakness
- Other diseases

General signs and symptoms

- Coughing during or right after eating or drinking
- Wet or gurgly sounding voice during or after eating or drinking
- Watering eyes or nose during or after eating
- Extra effort or time needed to chew or swallow
- Food or liquid leaking from the mouth or getting stuck in the mouth
- Recurring pneumonia or chest congestion after eating
- Weight loss or dehydration from not being able to eat enough

How is Aspiration detected

Aspiration may not have any outwards signs until an infection is noted (silent aspiration). Detection of dysphagia with aspiration requires a video x-ray study utilizing barium presented with food/liquids to assess the swallowing process. This procedure known as a modified barium swallow study (MBSS) is completed ...

... by a radiologist with a Speech-Language Pathologist present. Information from the MBSS is utilized to identify strategies for treating identified swallowing and aspiration problems.

What if someone has aspiration or swallowing problems:

When it is noted that there may be a problem with swallowing ability or aspiration the staff will:

- Notify you and your loved one's physician of concerns
- Complete a physician ordered "bedside swallow evaluation" conducted by a speech-language pathologist or occupational therapist trained to assess and treat swallowing disorder
- Follow up with the physician to order a MBSS as needed to establish an appropriate plan of treatment
- Review results of the MBSS with you and your loved one's physician
- Initiate dysphagia therapy (swallowing treatment) to restore swallowing function or compensate for identified problems

Decision to continue Oral feeding:

Alteration of diet texture including thickening of liquids may be recommended to decrease your loved one's risk of aspiration. In severe cases it may be recommended your loved one receive nothing per mouth (NPO) and an alternate means of nutrition known as "tube feeding" may be indicated. Tube feeding is the provision of nutrition directly into the stomach via a tube. These strategies may be utilized on a temporary basis as your loved one regains physical function or may be required for the remainder of their life due to the nature of the disease.

The decision to pursue tube feeding involves many medical considerations and on an individual basis may not decrease the risk of aspiration. This is a life-sustaining measure that raises quality of life issues. This decision should be made after thorough consultation with your physician and the clinical team including the nursing, dietician, social worker and speech-language pathologist/ occupational therapist.

What you can do to help:

- Tell us of observed indications of aspiration or swallowing difficulty
- Encourage your loved one to follow the physician ordered/ recommended diet
- Ensure that snacks and food eaten outside of the facility or brought to the facility follow the recommended guidelines
- Communicate your loved ones diet preferences and eating habits for consideration in their daily dining experience
- Follow safe feeding strategies:
 - Loved one should be fed in an upright sitting position in a chair or in bed
 - If fed in bed use pillows to support head in a slightly forward, flexed position, and maintain head at midline
 - Loved one should remain upright for 30 minutes after each meal if possible
 - Follow any specific feeding strategies identified and trained by the SLP
- Encourage good oral hygiene to decrease bacteria that may contribute to development of aspiration pneumonia
- Discuss with us the importance of your loved ones quality of life with oral feeding versus consideration of alternate feeding strategies

Sources:

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*Facility Name
Address
Phone Number*