



**SPEECH  
PATHOLOGY**



# Dysphagia Assessment Beyond the Bedside

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## What is Dysphagia?

Swallowing refers to the way we suck, chew, bite, prepare and swallow our foods and fluids. When someone has a breakdown in the swallow process it is termed dysphagia.

Dysphagia can lead to malnutrition, dehydration, weight loss, chest infections or choking as well as impact emotional & social areas of life.

Speech Pathologists can assess swallow function & provide diet or fluid modification, swallow techniques or swallow exercises to increase safety when eating & drinking.

## Dysphagia Assessment in Aged Care Facilities

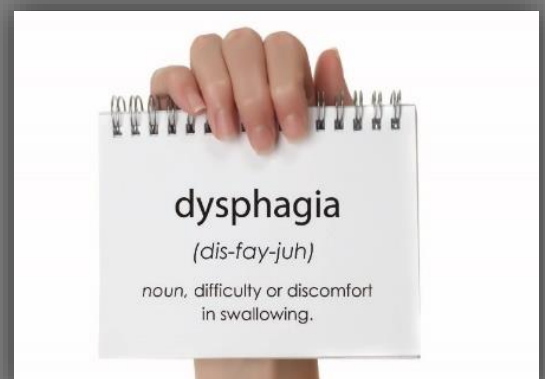
Dysphagia assessments within residential Aged Care facilities consist predominantly of bedside assessments.

1. Gathering relevant information from the resident's chart, progress notes, staff and family.
2. Gathering relevant information from the resident and family, this may include using a questionnaire.
3. Assessment of motor and sensory function of the structures required for eating and drinking.
4. Oral trials of different food textures and fluid consistencies, the speech pathologist may also trial swallow strategies e.g. alternating food and fluid or putting the chin downward when swallowing.
5. Discussing goals and management with the resident and family.
6. Providing recommendations verbally and via a progress note.

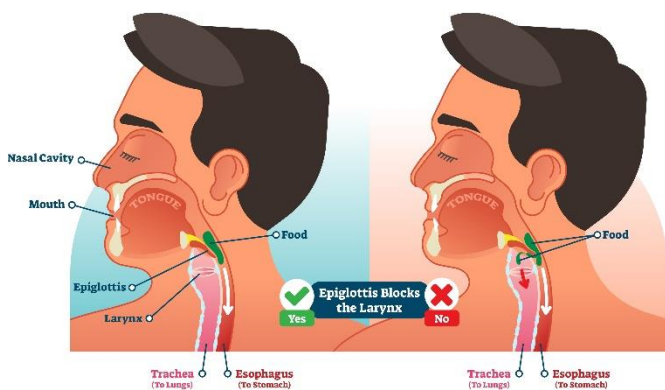


Information gathered from a bedside assessment may include:

- External signs of penetration or aspiration e.g. coughing, voice changes, wet sounding voice or breathing
- Chewing skills
- Ability to control the bolus e.g. whether it falls out of the mouth
- Whether a swallow is initiated and how many swallows are completed per mouthful



## DYSPHAGIA



### How does it differ to normal assessments?

Although the bedside assessment can give valuable information, it is not the gold standard for dysphagia assessment. Bedside assessments give you visualisation of the oral cavity but not the throat.

In the throat it is important to know how food travels through the pharynx, which is the common space that both air and food or fluid travel before they go through the trachea, the lungs or the oesophagus to the stomach.

By not being able to see the pharynx we cannot see whether there is food remaining in the throat after swallowing, cannot see if food or drink goes down into the airway and cannot see movement of structures in the throat.

**There are two assessments completed by Speech Pathologists that provide visualisation of the pharynx and larynx during the swallow. These are Video-fluoroscopic swallow study & Flexible endoscopic evaluation of swallowing.**

### Video-fluoroscopic Swallow Study (VFSS)

VFSS is an 'x-ray' of swallowing. Food & fluid are mixed with a substance called barium which shows up on images. The food & fluid can then be seen travelling from the mouth down the pharynx & into the oesophagus.

#### Benefits of VFSS

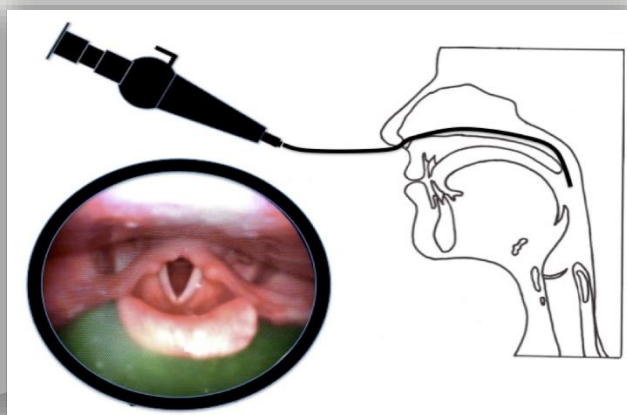
- Can follow the food/fluid from the lips to the oesophagus in real time
- Can see the structures used for swallowing while they are being used
- Can see if any food or fluid enters the airway

### Fibreoptic Endoscopic Evaluation of Swallowing (FEES)

A thin, flexible telescope called an endoscope is fed through the nasal cavity and down the back of the throat. This allows visualisation of structures on the way down and visualisation of the vocal folds and airway when eating and drinking.

#### Benefits of FEES

- Can directly visualise structure for swallowing
- Can see if there are any unusual pathologies, redness or swelling
- Can see if saliva is being managed appropriately
- Can be used as a mobile service and can be brought to the patient or residents' bedside



### Why are VFSS and FEES not used more frequently?

- Ability to get to the service. Residents must travel off site to hospitals or specialist clinics to access VFSS and FEES.
- Cognitive impairments can make it difficult for a resident to participate in the assessments.
- For some residents having this assessment will not impact their decisions in relation to management so the process of having the assessment is not worth the time or effort for them.
- Complex physical co-morbidities may mean that the resident cannot sit upright for the assessment.



### Summary

- Dysphagia is a common condition for residents within Aged Care facilities
- Assessment generally consists of a bedside swallow assessment
- VFSS & FEES are two options for a more objective and thorough assessment of swallow function



Need professional assistance supporting someone with Dysphagia?  
To consult with OSCAR Care Group's Speech Pathologist, Delaney Sadler,  
please call or email via our contact details below.

### References

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