Bedside Swallow Screen for the Acute Stroke Patient

A. EFFECTIVE DATE :	09/2021
B. PURPOSE :	1. To define the process for completing bedside swallow screens to evaluate patients at risk for dysphagia and aspiration. 2. To identify circumstances in which referral to Speech Therapy is warranted.
C. POLICY :	1. All patients presenting with the diagnosis of acute stroke (ischemic or hemorrhagic) or TIA will be evaluated for dysphagia prior to oral intake using the Bedside Swallow Screen Tool for Acute Stroke Patients. 2. The swallow screen will be deferred and a Speech Therapy-Swallow Exam ordered if any of the following exclusionary criteria for screening exist: a. Eating a modified diet due to preexisting dysphagia b. Existing enteral tube feeding via oral, nasal, or gastric tube c. Intubated, has tracheostomy tube, or requires oral / nasal airway d. Extubated within the last 24 hours e. Unable to sit upright 75 to 90 degrees in bed or chair f. Failed RN bedside swallow screening this admission 3. If a patient condition deteriorates, notify practitioner as a second swallow screening and/or evaluation may be indicated.
D. SCOPE :	All RNs who work on stroke units.
E. DEFINITIONS :	Swallow Screen **Pass**: All steps of the swallow screen are completed. Swallow Screen **Fail**: A "Stop" point is reached during the swallow screen.
F. MATERIALS NEEDED:	Bedside Swallow Screen Tool for Acute Stroke Patients.
G. PROCEDURE :	1. The RN or practitioner completes the bedside swallow screening by following the steps on the screening tool and documents either a Pass or Fail screen result. 2. If the patient passes the screen, the RN may advance diet per practitioner order and implement aspiration precautions. **a.** The **RN must observe the first meal intake if the patient is advanced to a diet.**

	b. The RN will position the patient upright at 75 to 90 degrees for all meal and for 30 minutes after a meal. c. The RN will perform an oral check for pocketing after any oral nutrition or medication. 3. If the patient fails the screen, the RN will maintain NPO status and collaborate with the practitioner about obtaining an order for Speech / Language / Swallow evaluation. 4. The RN will collaborate with the practitioner regarding alternate plans for nutrition and hydration.
H. ATTACHMENTS / LINKS :	https://point-of-care.elsevierperformancemanager.com/skills/611/quick-sheet?skillId=GN_29_3
I. REFERENCES :	None
J. SEARCH WORDS :	Swallow, Stroke, Dysphagia, Aspiration, Speech Therapy, Bedside, TIA
K. STAKEHOLDER APPROVALS :	Jennifer Sposito, Stroke Program Coordinator 8/19/2021 Christine Zaczynski, Speech Therapy 8/23/2021 Nicholas Mulligan, Physician Assistant, ICU 8/23/2021
L. COMMITTEE APPROVALS:	Nursing Standards Committee
M. APPROVALS:	Approved 10/04/2021 Caryl Ryan, MS, BSN , RN, Interim Chief Operating Officer, John Dempsey Hospital Vice President Quality & Patient Care Services Chief Nursing Officer Approved 10/04/2021 Scott Allen, M.D. Interim Chief Medical Officer, Chief Quality Officer, Medical Director, Quality Programs and Patient Safety Officer
N. REVISION HISTORY:	Revised: 8/2017, 9/2017, 9/2018 Reviewed: 12/2019; 5/2020; 08/2020; 01/2021, 09/2021

[**END OF POLICY**]