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Literature Search Results

Search request date: 24/01/2014
Search completion date: 27/01/2014
Search completed by: Jan Badcock

Enquiry Details

Dysphagia screening and nurses
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Service provision

Speech and language therapists have a role in delivering specialist and targeted support to clients, carers and their families. Speech and language therapists can also reduce long-term demands on services by addressing immediate needs that arise from circumstance rather than underlying impairment. Providing training for the wider workforce is integral to the speech and language therapists core role, as outcomes for people with speech, language and communication needs SLCN are improved when the whole workforce is able to contribute appropriately to care pathways.

9. Speech and language therapists have a key role in educating/training others in identifying, assessing and managing dysphagia.

Descriptions of studies where various training has been given to improve outcomes:

"A pilot RCT (Sullivan & Dangerfield, 2002), conducted in the UK, investigated the impact of direct and indirect speech language therapy on older patients who had suffered a stroke. The comparison group received direct speech and language therapy intervention three times a week and daily indirect-trained nurse management. The experimental group received indirect management group received a direct speech and language therapy intervention 3 times a week in addition to daily indirect-trained nurse management. The experimental group received indirect management via trained nursing staff responsible for their day-to-day management. Trained nursing staff were defined as any member of the multidisciplinary team who had attended dysphagia screening and management training sessions carried out by a speech and language therapist. Subjects were reviewed fortnightly by a speech and language therapist unless nursing staff requested an earlier reassessment. The three outcomes investigated in this trial were the time for subjects to return to functional swallow, the number of chest infections and weight loss. The average time for the comparison group to achieve a functional swallow was 32 days and for the experimental group 25 days. One subject in the comparison group had a chest infection. The outcome of weight loss could not be used as not all subjects were measured for weight loss. Whilst the results from the pilot RCT were inconclusive they suggest the importance of a multidisciplinary team in dysphagia management and the important role for speech and language therapists in training members of the team. A further large RCT in this area would be beneficial."

And here are some studies they cite where training of nurses and others have improved screening and management of dysphagia.

"Elderly People with dysphagia

A small interventional study (Wright, Cotter, & Hickson, 2008), conducted in the UK, investigated the impact of the one-to-one targeted feeding assistance of elderly patients with dysphagia. The targeted feeding assistance was conducted by trained volunteers who were undergraduate nutrition students who had attended a week long training course conducted by an experienced dietician and speech and language therapist. The data from the patients who received targeted feeding assistance was compared with data collected previously from dysphagic patients who had not received feeding assistance. The group with targeted assistance had higher intakes of energy and protein from meals and supplements combined compared to the comparison group. The findings from this small study suggest that targeted feeding assistance by trained and adequately supervised volunteers can improve nutritional
uptake in hospitalised elderly patients. Patients in the feeding assistance group were located in wards throughout one hospital which could be some distance from each other meaning that feeding assistants could only help two people at each mealtime. The findings from this study have implications for ward resources because the feeding assistance would take up a lot of staff time."

http://www.rcslt.org/speech_and_language_therapy/commissioning/dysphagia_plus_intro

### Evidence

**Lessons from Nursing Home Dysphagia Malpractice Litigation.**

*Journal of Gerontological Nursing, March 2010, vol./is. 36/3(41-6), 0098-9134;0098-9134 (2010 Mar)*

Tanner DC

The purpose of this article is to review the management of swallowing disorders in nursing home patients. The goal is to provide readers with five areas of contentious dysphagia management issues that have surfaced in several malpractice litigation cases. A detailed examination of what went wrong in the management of these patients' dysphagia from the perspective of the plaintiffs' dysphagia expert witness, as well as a discussion of what nursing home staff could have done to prevent these tragedies, is presented.

**Publication Type:** Journal Article; Review **Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *Journal of Gerontological Nursing*

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**Comparison of Two Approaches to Screen for Dysphagia among Acute Ischemic Stroke Patients: Nursing Admission Screening Tool versus National Institutes of Health Stroke Scale.**

*Journal of Rehabilitation Research & Development, 2009, vol./is. 46/9(1127-34), 0748-7711;1938-1352 (2009)*

Bravata DM; Daggett VS; Woodward-Hagg H; Damush T; Plue L; Russell S; Allen G; Williams LS; Harezlak J; Chumbler NR

This study assessed the positive and negative predictive values and the sensitivity and specificity of a nursing dysphagia screening tool and the National Institutes of Health Stroke Scale (NIHSS) for the identification of dysphagia for veterans hospitalized with ischemic stroke. A secondary objective of this study was to evaluate the speech-language pathology consult rate before and after the nursing admission dysphagia screening tool. This retrospective cohort study evaluated veterans admitted to one Department of Veterans Affairs medical center with ischemic stroke during the 6 months both before and after the implementation of a nursing dysphagia screening tool, which was part of the admission nursing template. Stroke severity was measured with the use of the retrospective NIHSS. Dysphagia diagnosis was based on speech-language pathology evaluations. Dysphagia was present in 38 of 101 patients (38%) with ischemic stroke. The nursing dysphagia screening tool had a positive predictive value of 50% and a negative predictive value of 68%, with a sensitivity of 29% and specificity of 84%. The use of the NIHSS to identify dysphagia risk had a positive predictive value of 60% and a negative predictive value of 84%. The NIHSS had better test characteristics in predicting dysphagia than the nursing dysphagia screening tool. Future research should evaluate the use of the NIHSS as a screening tool for dysphagia.

**Publication Type:** Comparative Study; Journal Article; Research Support, U.S. Gov't, Non-P.H.S. **Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *Journal of Rehabilitation Research & Development*
Detection of Eating Difficulties after Stroke: A Systematic Review.
International Nursing Review, June 2006, vol./is. 53/2(143-9), 0020-8132;0020-8132
(2006 Jun) Westergren A
BACKGROUND: It is highly important in nursing care for persons with stroke to screen
for, assess and manage eating difficulties. The impact on eating after stroke can be of
different types, comprising dysphagia as well as eating difficulties in a larger perspective.
Eating difficulties can cause complications such as malnutrition, dehydration, aspiration,
suffocation, pneumonia and death. There is a lack of systematic reviews about methods to
be used by nurses in their screening for eating difficulties.AIM: This review aims at
systematically capturing and evaluating current peer-reviewed published literature about
non-instrumental (besides pulse oximetry) and non-invasive screening methods for
bedside detection of eating difficulties among persons with stroke.METHODS: A search
was performed in Medline and 234 articles were obtained. After a selection process 17
articles remained, covering seven screening methods and including about 2,000
patients.CONCLUSION: Best nursing practice for detecting eating difficulties includes as
the first step the Standardized Bedside Swallowing Assessment (SSA) to detect dysphagia
(strong evidence). As the second step an observation should be made of eating including
ingestion, deglutition and energy (moderate evidence). Applying pulse oximetry
simultaneously to SSA can possibly add to the accuracy of aspiration detection, especially
silent aspiration (limited evidence). The methods should be used as a complement to
interviews.
Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review
Source: MEDLINE
Full Text: Available from EBSCOhost in International Nursing Review

Dysphagia in the Elderly--A Management Challenge for Nurses.
Dysphagia (swallowing difficulties) is relatively common in the general population, but the
prevalence increases with age and poses particular problems in the older patient, potentially
compromising nutritional status, complicating the administration of solid medications,
increasing the risk of aspiration pneumonia and undermining the quality of life. The
repercussions of dysphagia are not only physical but also emotional, affecting patient morale
and leading to feelings of social isolation. There are various causes, including carcinoma,
stroke and advanced Alzheimer's disease. The diverse range of causes may manifest in a
number of different ways, but should always act as a warning sign, which requires further
investigation. Management is multidisciplinary, depending on the underlying cause, extent of
dysphagia and likely prognosis. This article examines the incidence, causes and
management of dysphagia, based on a review of recent literature. The focus is on the
nurse’s role in the management of this challenging disorder with particular emphasis on the
care of the elderly patient.

This article discusses the findings of an audit to assess the improved outcomes of a
systematic approach to training nurses working in an emergency assessment area (EAA) to
conduct dysphagia screening for patients who have had a stroke. The investment in training
has reduced the time patients wait for dysphagia screening from 35 hours to less than one
hour. As a result of this audit dysphagia screening competencies have been established.
http://rcnpublishing.com/doi/pdfplus/10.7748/ns2006.10.21.6.35.c6373
The Benefits of the Dysphagia Clinical Nurse Specialist Role.
Dysphagia is a major health problem associated with multiple neurological diseases such as stroke, multiple sclerosis, and Parkinson's disease, among others. Staff nurses lack a consistent approach to managing dysphagia patients. A dysphagia clinical nurse specialist (CNS) may facilitate a consistent approach. As a member of the interdisciplinary team, the dysphagia CNS carries a caseload and serves as a liaison between the interdisciplinary team and the nursing staff to oversee dysphagia nursing care.

Publication Type: Journal Article; Review
Source: MEDLINE

Research

Screening for Dysphagia.
Australian Nursing Journal, June 2011, vol./is. 18/11(44-6), 1320-3185;1320-3185 (2011 Jun) Wednesday, 29 January 2014Murray J; Milich A; Ormerod D
Publication Type: Journal Article Source: MEDLINE
Full Text: Available from EBSCOhost in Australian Nursing Journal

Nursing Dysphagia Screening for Acute Stroke Patients in the Emergency Department.
Journal of Emergency Nursing, January 2011, vol./is. 37/1(64-7), 0099-1767;1527-2966 (2011 Jan) Barnard SL
Publication Type: Journal Article Source: MEDLINE

Developing a Screening Tool and Training Package to Identify Dysphagia in All Settings.
Identifying dysphagia is vital to prevent further complications and problems. Although the condition is common in patients with stroke, nurses must be aware that feeding and swallowing problems can occur in a wide range of illnesses. The Dewsbury Feeding and Swallowing Screen was developed as an observational screening tool for nurses to ensure early and accurate identification of such problems in all patients in all settings. In addition, a training package, consisting of two manuals and a DVD, was designed to help train staff to use the tool and as a means of checking competence.

Promoting Evidence-Based Dysphagia Assessment and Management by Nurses.
Journal of Gerontological Nursing, June 2009, vol./is. 35/6(20-7), 0098-9134;0098-9134 (2009 Jun) Sandhaus S; Zalon ML; Valenti D; Harrell F
The Ottawa Model of Research Use guided the Hospital Elder Life Program nursing staff at a community hospital in promoting dysphagia assessment and management. The effect of an educational program and educational outreach on nurses' knowledge retention and nurse-initiated speech language pathology (SLP) referrals were assessed. The sample consisted of 122 nurses. Repeated measures analysis of variance demonstrated significant differences among the pretest and posttests immediately after and at 2 and 6 months later (F[3,70] = 10.126, p < 0.001). Nurses were more likely to initiate SLP referrals after the program. Improving practice requires stakeholder engagement and multiple strategies to
sustain change. **Publication Type:** Journal Article **Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *Journal of Gerontological Nursing*

**Triaging Dysphagia: Nurse Screening for Dysphagia in an Acute Hospital.**


**AIMS AND OBJECTIVES:** To (1) develop a dysphagia screening tool to triage all patients at risk of aspiration/dysphagia on admission to acute hospital wards, (2) evaluate tool reliability, (3) evaluate nursing compliance and (4) develop a robust dysphagia training programme.

**BACKGROUND:** Failure to diagnose dysphagia has significant medical and economic costs. Dysphagia screening reduces pneumonia threefold. Most nurse-screening tools have focused on stroke. However, many other conditions are associated with dysphagia. A multidisciplinary team developed a nurse-administered, evidence-based swallow screening tool for generic acute hospital use.

**DESIGN:** Prospective, quasi-experimental.

**METHODS:** Nurses were assessed for knowledge pre- and post-training. All patients were nurse-screened for dysphagia on admission. All patients were reviewed by speech pathologists to determine screening accuracy. Results were not blinded. The one page tool encompassed (1) diagnostic categories, (2) patient/carer interview, (3) dysphagia indicators and (4) if applicable, water swallow test.

**RESULTS:** Thirty-eight nurses participated in a seven-week study; 442 patients were screened on two general medical wards. Three speech pathologists counter-assessed each patient by clinical examination or chart review. Sensitivity was 95%; specificity was 97%. Positive predictive value was 92%; negative predictive value was 98%. 3.4% of clinical screening decisions were incorrect. Compliance rate was 85%.

**CONCLUSIONS:** Caution is advised in interpretation of the results due to lack of blinding. Initial results suggest that the dysphagia screening tool is a quick and robust tool for triaging individuals with dysphagia. Training is critical to successful screening.

**RELEVANCE TO CLINICAL PRACTICE:** Twenty-five to 30% of acute hospitalised individuals have dysphagia. All adult acute patients are screened for dysphagia using the Royal Brisbane and Women's Hospital dysphagia screening tool. Patients are triaged into categories of 'those requiring additional specialist intervention' and 'those who can proceed directly to regular diets and liquids'. Improved quality of care and cost savings is likely.

**Full text**

**Accuracy of a Bedside Dysphagia Screening: A Comparison of Registered Nurses And Speech Therapists.**

Rehabilitation Nursing Journal, November 2008, vol./is. 33/6(247-52), 0278-4807;0278-4807 (2008 Nov-Dec) Weinhardt J; Hazelett S; Barrett D; Lada R; Enos T; Keleman R

Evidence-based guidelines suggest that stroke patients should be screened for dysphagia before oral intake. The purpose of this study was to validate a dysphagia screening tool comparing registered nurses (RNs) with speech therapists (STs). All stroke unit patients who received predetermined scores on specific items of the National Institutes of Health Stroke Scale were eligible for screening. The trial consisted of three parts (with swallow, cough, and vocal quality observed during each part): 1 teaspoon lemon ice, 1 teaspoon applesauce, and 1 teaspoon water RNs performed five screenings that were compared with independent screenings performed on the same patient within 1 hour by a speech therapist (ST). Eighty-three paired screenings were completed, with 94% agreement between the RNs and the STs. This screening identifies patients who are able to swallow and can eat from a safe menu until formally evaluated by an ST while maintaining nothing by mouth (NPO) status for those at risk for aspiration.
RN Compliance with SLP Dysphagia Recommendations in Acute Care
McCullough, Kimberly C.; Estes, Jamie L.; McCullough, Gary H. Rainey, Jacqueline
The purpose of this study was to examine acute care registered nurses' (RNs') self-reported levels of compliance with speech-language pathologists' (SLPs') recommendations for safe feeding and swallowing techniques and proper oral hygiene care techniques in the care of adult with dysphagia. A survey was distributed to approximately 230 acute care RNs in which they were asked to respond to statements regarding their behaviors when treating adult with dysphagia. Seventy-seven responses were received. Results revealed that RNs report their compliance with SLPs' recommendations to be high. No significant differences between compliance with safe feeding, safe swallowing, and oral hygiene care techniques were observed. However, more than 80% of RNs report a desire for more education regarding dysphagia; the time necessitated to feed individuals with dysphagia was the most common frustration. Disparities between RNs' and SLPs' expectations are addressed, as is the need for multidisciplinary team care, especially as it relates to the care of the frail elderly in acute care settings.

Training in Swallowing Prevents Aspiration Pneumonia in Stroke Patients with Dysphagia.
This study investigated the frequency of aspiration pneumonia in conscious stroke patients fed by a family member and examined the effect of introducing training in swallowing techniques by nurses. A total of 96 consecutive patients presenting with dysphagia due to acute stroke were included in the study. Patients presenting between January 2000 and July 2003 (n = 48) were fed orally by a family member given general nursing information (group A), whereas those presenting between August 2003 and March 2005 (n = 48) were fed orally by an experienced nurse trained in specific swallowing techniques (group B). All patients were examined daily for the presence of aspiration pneumonia. The incidence of aspiration pneumonia was 33.3% in group A and 6.3% in group B (P < 0.05). The incidence of aspiration pneumonia in dysphagic stroke patients who are orally fed is still high. Training in swallowing during oral feeding offers clear protection against pneumonia in conscious stroke patients.
Effectiveness of Computer-Based Dysphagia Training for Direct Patient Care Staff.


Speech-language pathologists (SLPs) in medical settings are responsible for evaluating patients’ feeding and swallowing. Once an evaluation is completed, nursing staff typically provides hands-on care and supervision of meals. SLPs seek to improve outcomes for individuals with dysphagia by educating direct-care staff. This project sought to determine whether a computer-based swallowing safety module could produce changes in knowledge levels of nursing staff. This module was designed to replace inservices conducted by staff SLPs. Nursing staff would be required to complete the training when hired and as an annual assessment. The training module was designed and pilot-tested along with a pre- and posttest to assess changes in knowledge. Participants in the experimental group took the pretest, completed the computer training module, and then took the posttest. Participants in the control group took the pre- and posttest with no intervening training. Statistically significant differences were found between the two groups on posttest scores. Participants in the experimental group demonstrated increased test scores, while the scores of the control group did not change significantly. This study indicates that computer-based training for nursing staff related to swallowing safety and dysphagia is effective.

Practice on an acute stroke unit after implementation of a decision-making algorithm for dietary management of dysphagia.

Runion S; Rodrigue N; White C

Dysphagia is a common disability seen in stroke survivors that has been associated with high morbidity and mortality. Research has indicated that implementing clinical guidelines and algorithms improves dysphagia management and patient outcomes. A decision-making algorithm designed to enhance the assessment and dietary treatment of swallowing difficulties in the acute stroke patient was implemented on a dedicated neuroscience unit in January 2002. Following implementation, the medical records of 30 acute stroke patients consecutively admitted to the unit between February and May 2002 were reviewed for stroke and dysphagia characteristics, dysphagia-related complications, discharge dispositions, interdisciplinary baseline assessments, and nursing evaluations throughout the hospitalization. Of those patients admitted with stroke, 56.7% were dysphagic. As compared with the nondysphagic patients, the dysphagic patients had three times' longer inpatient stay, an increased incidence of complications, higher morbidity, and increased need for inpatient rehabilitation services and institutionalized care following discharge. Twenty percent of patients did not receive a formal evaluation of swallowing function within the first 48 hours of admission. In 10% of the patients, diets were changed following the formal evaluation of swallowing to change an unsafe, prescribed diet. More than 70% of patients showed clinical improvement in swallowing function during their hospitalization. Nurses tended to document assessments of general neurological factors (e.g., level of consciousness) related to swallowing function more frequently than factors felt to be more specific to swallowing (e.g., choking) and nutrition (e.g., tolerates diet). The results support the important role of the neuroscience nurse in the early and ongoing assessment of swallowing function and in providing directions to further improve the quality of care delivered to stroke patients with various degrees of swallowing dysfunction.

Publication Type: Evaluation Studies; Journal Article Source: MEDLINE
What Do Certified Nurse Assistants Actually Know About Dysphagia and Feeding Nursing Home Residents?


The purpose of this study was to examine certified nurse assistants' (CNAs') knowledge of dysphagia and how to feed nursing home residents using nonparticipatory structured feeding observation, critique of staged feeding behaviors on film, and semistructured interview in a triangulation methods design. Content analysis of the data confirmed previous studies that suggested CNAs lack knowledge about dysphagia and how to feed residents. A surprising result was the lack of accurate, comprehensive information in CNA texts and classrooms about dysphagia and how to manage challenging feeding behaviors. Speech-language pathologists are uniquely trained to improve CNA communication skills and provide accurate information to nursing colleagues. Specific recommendations of how to improve CNA feeding training programs are provided.

Swallowing Difficulties Protocol: Medication Administration.

Following his research (Wright 2002), David Wright developed this protocol for nurses to use when administering medication to patients who have swallowing difficulties.

Publication Type: Journal Article Source: MEDLINE

An Interdisciplinary Approach to the Management of Dysphagia.
Professional Nurse, September 2002, vol./is. 18/1(22-5), 0266-8130;0266-8130 (2002 Sep) Davies S

Patients with dysphagia are often inappropriately managed. However, nurses can be trained to screen for swallowing difficulties and the introduction of an interdisciplinary dysphagia management model can improve both the initial management of dysphagic patients and the appropriateness of referrals to speech and language therapists.

Publication Type: Journal Article Source: MEDLINE

Dysphagia: The Management and Detection of a Disabling Problem.

Dysphagia represents a varying group of swallowing difficulties commonly encountered in patients in both acute and community settings. It accompanies a variety of disease states, can be neuromuscular or mechanical/obstructive in origin and encompasses varied prognoses and outcomes. Its consequences include dehydration, malnutrition, bronchospasm, airways obstruction, aspiration pneumonia and chronic chest infection, social isolation, depression and detrimental psychosocial effects. Current "best evidence" in screening, assessment and management is of variable quality but demonstrates that nurses have an important role to play in interventions entailing multiprofessional collaboration within individually tailored programmes. Clear benefits for patients have been indicated. There are gaps in the knowledge base, especially in relation to psychosocial effects and treatment strategies and the nursing contribution in this area.

Publication Type: Journal Article; Review Source: MEDLINE

Full Text: Available from EBSCOhost in British Journal of Nursing
Dysphagia Training Programmes: 'Fixes That Fail' Or Effective Inter-Disciplinary Working?
A number of factors influencing the development of dysphagia training programmes are identified, some of which relate to cultural issues and to the way systems operate. Lessons can be learned from current theories of relevance to effecting change in professionals' working practice. These lessons can be applied beyond dysphagia to other areas in which speech and language therapists are involved.

Dysphagia Training for Nurses in an Acute Hospital Setting--A Pragmatic Approach.
Dysphagia assessment and management has significant impact on speech and language therapy (SLT) resources. Recent reports have highlighted nurses' role in the nutrition of their patients. In order to focus SLT input efficiently and effectively and to improve nurse confidence in management of patients with swallowing problems, a dysphagia screening test (DST) was devised for use by nurses within an acute teaching hospital setting. This has since been used for training SLT students and junior doctors.

A Collaborative Approach to the Assessment and Management of Dysphagia.
An inter-disciplinary approach to the assessment and management of dysphagia is essential. A partnership between speech and language therapists (SLT) and nurses combines in-depth experience of dysphagia with the holistic knowledge of the patient. Nurses in acute, rehabilitation and mental health settings are trained by SLTs to use a locally-developed screening tool. This allows the nurse to carry out a basic screening assessment when dysphagia is identified, start an interim feeding regime and monitor the patient's progress. Simple or short-term dysphagia can be managed by the dysphagia trained nurses (DTNs). Experience, qualitative and quantitative measurement has shown benefits. Audit results enable us to share our experiences and to plan for future development of the project including a formal validation of the tool.

An Inter-Disciplinary Approach to Swallowing Problems in Acute Stroke.
Many speech and language therapy (SLT) departments are in danger of being swamped with dysphagia referrals, often to the detriment of other work. At the same time surveys have shown that large numbers of patients with acute stroke have swallowing problems which are poorly managed during the critical early phase, not referred or missed altogether. The Collaborative Dysphagia Audit (CODA) study, carried out in six British hospitals, showed that nurses could quickly be trained to carry out basic screening assessments for dysphagia and that implementation of a co-ordinated inter-disciplinary dysphagia management policy (DMP) could substantially improve the proportion of dysphagic patients in whom appropriate feeding precautions were taken. These early DMPs were limited by the need for ward staff to keep all patients with suspected swallowing impairment nil by mouth until assessed by SLT, so in some acute stroke units nurses have been trained to a higher level which allows them to manage most routine transient swallowing problems, leaving only complex or persistent cases for referral to SLT.
This approach has been used successfully in our unit in Gateshead, where a dysphagia nurse specialist post has been set up to act as a link between ward staff and SLTs, to ensure that the necessary training levels are maintained and to co-ordinate the DMP.

Screening Swallowing Function of Patients with Acute Stroke. Part Two: Detailed Evaluation Of The Tool Used By Nurses.
Stroke is a common problem and a major consumer of health and social care budgets in the UK. Dysphagia is a frequent accompaniment and its management has the potential to exert significant influence within the rehabilitation process. This study explores in detail the performance of a screening tool (based on the Standardized Swallowing Assessment) used by nurses. Based on 68 complete screening episodes by independently competent nurses, with the effects of chance removed, the tool demonstrated good agreement with summative clinical judgement of swallow function (kappa = 0.88). The accuracy of results supported the full training and education programme for nurses. Not all components of the tool were required; analyses suggested elimination of three variables but further exploration is warranted. As a component of evidence-based guidelines for nutritional support in acute stroke, the screening initiative contributed to improved patient outcomes.

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't; Validation Studies Source: MEDLINE Full Text: Available from EBSCOhost in Journal of Clinical Nursing

Eating Difficulties, Complications and Nursing Interventions During A Period Of Three Months After A Stroke.
Journal of Advanced Nursing, August 2001, vol./is. 35/3(416-26), 0309-2402;0309-2402 (2001 Aug) Author(s): Westergren A; Ohlsson O; Rahm Hallberg I
AIM: The aim of this study was to describe eating difficulties and especially swallowing in patients with dysphagia, types of nursing intervention, and the development of complications over 3 months. The aim was also to explore common characteristics of eating difficulties that influenced the ability to finish meals.METHODS: Twenty-four consecutive patients admitted because of stroke and dysphagia were included. Nursing interventions, based on assessments, were individually designed.RESULTS: Three subgroups could be identified: those (n=9) who were unable to complete a meal, despite assisted feeding, because of reduced alertness/energy and impaired swallowing function; those (n=5) who could complete a meal, despite suffering from reduced alertness/energy; and those (n=10) who could complete meals with minor difficulties. Patients in the first two groups developed complications such as respiratory infections and/or malnutrition. There was a tendency towards that complications in the third group were less frequent and the hospital stay was significantly shorter than in the other groups.CONCLUSION: The level of alertness/energy in patients with dysphagia after stroke was important for the ability to eat and swallow and the development of complications over time, and thus of great importance for the interventions applied.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't Source: MEDLINE Full Text: Available from EBSCOhost in Journal of Advanced Nursing