

# OREGON STATE HOSPITAL

PORTLAND – SALEM

## POLICIES AND PROCEDURES

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SECTION 6: Patient Care

POLICY: 6.031

SUBJECT: Screening, Management, and Treatment  
of Patients at Risk of Dysphagia

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POINT

PERSON: BRIAN LITTLE

APPROVED: GREG ROBERTS  
SUPERINTENDENT

DATE: OCTOBER 28, 2011

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### I. POLICY

In order to identify patients that have a pre-existing condition or develop signs and symptoms related to dysphagia, guidelines shall be established for routine screening of the signs and symptoms of the disorder.

### II. DEFINITIONS

Dysphagia is a swallowing disorder characterized by difficulty in preparation for swallowing (including positioning food in the mouth) or in moving food from the mouth to the stomach.

### III. PROCEDURES

- A. The National Dysphagia Diet (NDD) was created to set a national standard for terminology, textures of foods, and viscosity of fluids to be used in the treatment of dysphagia,. Oregon State Hospital adopted the NDD, using the following terminology
1. NDD Level 1: Dysphagia-Pureed (homogenous, very cohesive, pudding-like, requiring very little chewing ability)
  2. NDD Level 2: Dysphagia-Mechanical Altered (cohesive, moist, semisolid foods, requiring some chewing)
  3. NDD Level 3: Dysphagia-Advanced (soft-solid foods that require more chewing ability)
  4. Regular (All foods allowed)
  5. If thickenss of fluid is not specified, thin liquid is assumed. Three other fluid textures are available, including: Nectar-like, Honey-like and Spoon-thick.

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- B. Physicians are ultimately responsible for the care and treatment of patients at Oregon State Hospital (OSH), including oversight of the dysphagia screening.
- C. All patients newly admitted to Oregon State Hospital shall be screened for the risk of dysphagia.
  - 1. The risk of dysphagia shall be assessed as part of the initial and annual physical examination findings for all patients.
  - 2. Based on recommendations from the speech-language pathologists, the attending physician shall be responsible for dietary management including any necessary modified diet. The Oregon State Hospital dietitian shall collaborate on the case.
  - 3. Any patient with a significant choking incident requiring assistance from staff to clear the obstruction shall be assessed by the physician for a formal swallowing evaluation by a speech-language pathologist.
- D. The treating Medical Physician and Psychiatrist / Nurse Practitioner is responsible for:
  - 1. Referring any patient identified with swallowing problems during the initial nursing assessment, or at any time during hospitalization for clinical examination or instrumental swallowing evaluation by a speech-language pathologist within 10 days.

Until this examination is completed, physicians shall order a modified diet for patient safety. The Oregon State Hospital dietitian shall collaborate on the case.

- 2. When indicated, the physician can also use clinical judgment to order nothing by mouth (NPO) with specific instructions for nutrition and medication by writing an order to enter an appropriate clinical warning to all staff regarding the swallowing and feeding risks.,.
- 3. Referring any patient identified with swallowing disorders for medication regiment review by the pharmacists, to assess the most appropriate medication dosage forms, given the patient's disorder.
- 4. Physicians follow up on the appropriateness of longstanding diet consistency modification orders and in collaboration with the nurse

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and dietitian monitor the effectiveness and appropriateness of these orders.

6. Ensures that effective communication exists between the physician and nursing, speech-language pathologists, dietitians, and other health care practitioners involved in the management of the patients with swallowing and feeding problems.

E. Nursing is responsible for:

1. Admission Nursing Assessment which includes a brief review of dysphagia risks, current or historical.
2. Nursing shall observe and monitor patients during meals and document any swallowing or feeding problems in the Medical Record. Nursing shall note the presence of risks commonly associated with dysphagia which may include: a history of swallowing problems, neurological impairments, coughing or wet voice after food or fluids, eating rapidly or carelessly, holding or pocketing food in the mouth, and poor dentition.
3. Nurses shall immediately notify the primary physician responsible for the care of the patient when a swallowing or feeding problem has been identified during the initial assessment or at any time during the hospital stay.
4. Nurses shall ensure that discharge instructions include diet restrictions, as appropriate.
5. Nurses shall ensure the full supervision of meals and timely feeding assistance to patients for both meals and supplemental feedings is provided when needed.
6. Nurses shall ensure that assistive feeding devices are available, utilized as ordered, and cleaned properly.
7. Nurses shall ensure that thickened liquids are available for patients as ordered.
8. For patients identified with dysphagia in the Neuro/Gero Program, Nursing Service staff shall utilize the patient-specific Dining Skills Card and make that card available for all meals.

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- a. The tan card stock copy of the completed Dysphagia Assessment should be separated from the form, kept on the unit, and utilized as the patient specific "Dining Skills Card."
  - b. Each patient's Dining Skills Card shall be kept on the unit in the "Dysphagia & Special Diets" binder, and be available for staff reference.
  - c. If there is a discrepancy between the Dining Skills Card and the meal ticket, the most restrictive food should be served. Nursing staff shall maintain and update the Dysphagia & Special Diets binder as needed.
- F. The Speech-Language Pathologist is responsible for:
1. Speech-language pathologists appropriately notify the registered nurse (RN) and document swallowing and feeding problems using the approved form.
  2. Speech-language pathologists perform the Dysphagia Assessment and the patient is referred for ongoing speech therapy if needed..
- G. The Dietitian is responsible for:
1. Dietitians provide standardized diet terminology training to nurses, physicians, and other providers as needed.
  2. Dietitians ensure food service staff is trained on textures, proper assembly of patient meals, identification of proper textures, and monitoring/supervision of meal assembly.
  3. Dietitians shall participate in decision-making regarding purchase and inventory of desired dysphagia products and thickening agents.
  4. Dietitians coordinate and collaborate with Medical Physicians and Nursing on the monitoring of long standing diet modification orders.
  5. Dietitians by request of the Interdisciplinary Treatment Team shall participate in Treatment Care Plan meetings.
  6. Review MD orders for individualized patient needs, make suggestions and accommodate special needs when necessary.

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- H. With physician leadership, the Interdisciplinary Treatment Team shall review findings and recommendations from the speech-language pathologist for inclusion in the Treatment Care Plan as necessary.
- I. Occupational Therapy staff shall provide consultation and assistance to nursing staff in collaboration with the speech-language pathologist and the findings of the assessment.
- J. Filing of Forms Associated with Dysphagia:
  - 1. The completed Dysphagia form and History and Physical Examination form shall be filed in the Physician Assessments section of the chart.
  - 2. The speech-language pathologist's report shall be filed in the Physician Assessment section of the chart.
  - 3. A copy of the completed Speech Pathology report is to be sent to the dietitian.

Replaces Oregon State Hospital Policy and Procedure 6.031, *Screening Patients for the Risk of Dysphagia*, dated 4/8/2010.