

Dysphagia: Screening, Evaluation & Management (PES Therapy)

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HEALTH

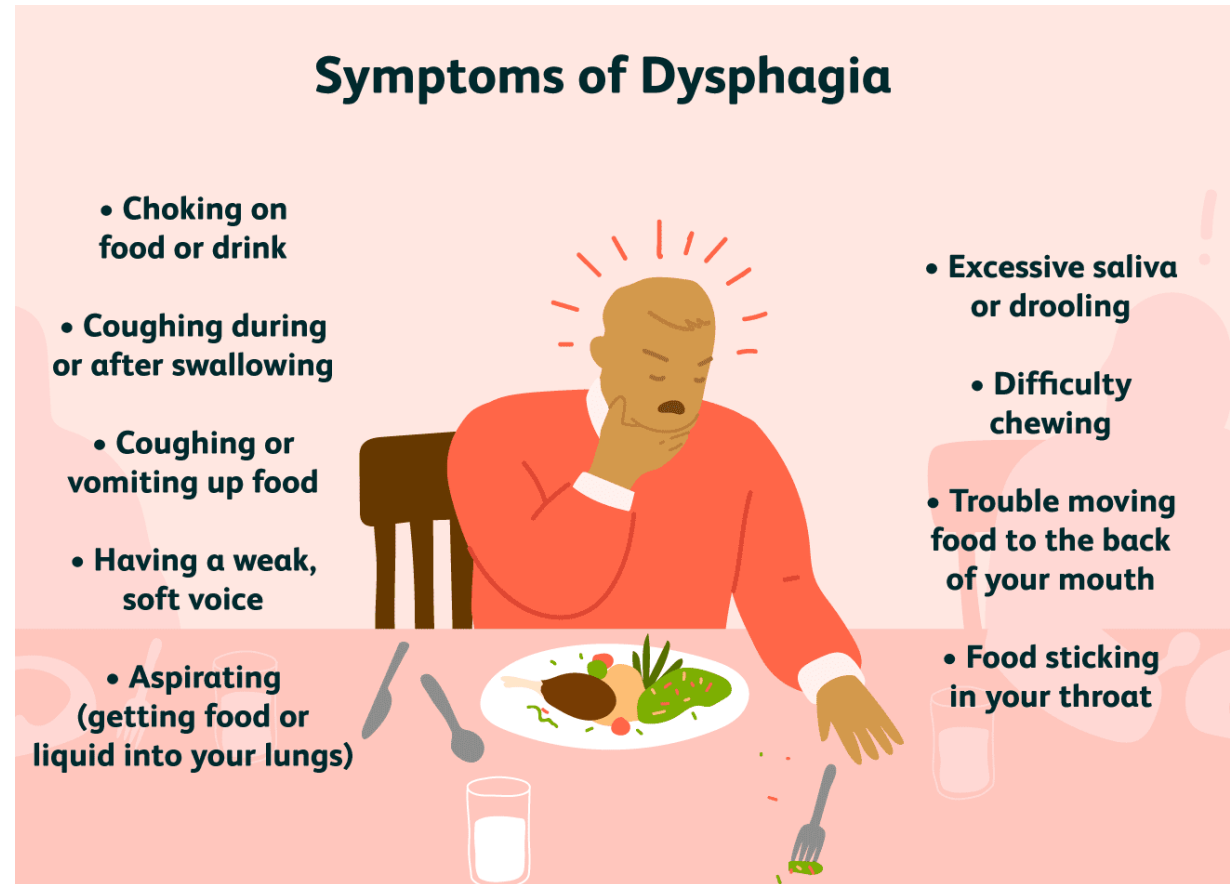
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Learning Objectives

- Define dysphagia after stroke
- Discuss the benefits of dysphagia screen
- Explain RN dysphagia screen: Yale Swallow Protocol (YSP)
- Apply next steps after RN swallow screen
- Describe Speech Language Pathologist dysphagia evaluation
- Discuss management of dysphagia with Pharyngeal Electrical Stimulation (PES)

Dysphagia: causes, incidence and symptoms

- A swallowing disorder
- Common after acute stroke due to nerves and muscles damage (> 50%)
- Three phases:
 - Oral
 - Pharyngeal
 - Esophageal
- Acute stroke pts must be screened prior to first oral intake



Complications of dysphagia – negative clinical outcomes

Pneumonia

Dehydration

Malnutrition

Morbidity

Mortality

Quality of
life

Yale Swallow Screen: Who Completes It?



- Completed by RN as part of the Stroke Protocol
- What patient population needs dysphagia screen?
 - Altered mental status
 - Sudden Neuro symptoms
 - Balance/coordination
 - Visual
 - Weakness
 - Numbness
 - Speech difficulties
 - Terrible headache with N/V

Benefits of Early RN Bedside Yale Swallow Screen

- Standardized, evidence-based dysphagia screening protocol
- Quick, reliable, accurate for nurses' use
- Avoid delay in oral intake for patients
- Cost effective
- Minimize waiting for SLP swallow evaluation
- Allows early aspiration prevention strategies implementation
- Reduce preventable aspiration pneumonia complication

Yale Swallow Screen: How is it Completed?

Yale Swallow: Step 1- Exclusion Criteria

- 1. Unable to stay alert for testing?
- 2. Head of bed restrictions < 30 degrees
- 3. Nill per os (nothing by mouth) by physician order

Is the patient unable to participate in test? Yes or No

Is the patient NPO for OR / further testing?

Yale Swallow: Exclusion Criteria

- 4. Eating a modified diet due to pre-existing dysphagia
- 5. Existing enteral tube feeding
- 6. Tracheostomy tube present

Yale Swallow: Step 2 - Administration - Brief Cognitive Screen

- 1. What is your name? (Does the patient know their name?)
- 2. Where are you right now? (Does the patient know where they are?)
- What year is it? (Does the patient know what year is it?)

Yale Swallow: Oral-Mechanism Examination

- 1. Labial Closure (Patient is able to keep lips closed)
- 2. Lingual range of motion (Patient is able to stick out their tongue and move side to side)
- 3. Facial symmetry (Patient is able to smile and pucker lips)

Yale Swallow: Step 3 - 3 oz Water Swallow Challenge

3 oz Water Swallow Challenge (Sit patient upright at 90 degrees or as hi...

PASS: Complete and uninterrupted drinking of all 3 ounces of water without overt signs of aspiration i.e. coughing or choking, either during or immediately after completion.

*If patient passes, collaborate with physician or licensed practitioner to order appropriate oral diet.

FAIL: Inability to drink the entire 3 ounces in sequence due to stopping/starting or patient exhibits overt signs of aspiration i.e. coughing, or choking either during or immediately after completion.

*If patient fails, keep NPO order.
SLP is already consulted at this time as per stroke protocol.

do not repeat screen in 1 hour

Case scenario #1

- Patient is awake, alert, and upright in the bed. RN provides the patient with 3 oz of water.
 - Patient drinks all 3 oz water at once without stopping. What do you do next?
- A. Document patient passed screen and discontinue SLP orders.
 - B. “Fail” pt and consult SLP; Keep pt NPO.
 - C. Repeat in one hour.

Case scenario #2

- Patient is provided with 3 oz of water. Patient drinks 2oz then begins to cough. What do you do next?
 - A. Continue to give to remaining 1 oz of water.
 - B. “Fail” pt and consult SLP; Keep pt NPO.
 - C. Repeat screen in 1 hour.

Case scenario # 3

- Patient is awake though with lethargy and right sided facial asymmetry. RN provides patient with 3 oz of water. Patient accepts 3 oz of water without overt signs of aspiration. RN documents patient passed the screen, and the patient is placed on a diet. During the next mealtime, RN notices patient to be pocketing food with intermittent throat clearing. What should RN do next?
- A. Continue to feed patient since they already passed Yale Swallow Screen.
 - B. Request STAT chest X-ray to see if patient is aspirating.
 - C. Consult SLP for formal evaluation.

Oral- Mechanism Examination

- Labial closure:
 - Is pt able to keep lips closed?
- Lingual range of motion:
 - Is pt able to stick out their tongue and move it side to side?
- Facial symmetry:
 - Is pt. able to smile and pucker lips?

Comments

- It is at your clinical discretion to proceed.
- Pt unable to complete these tasks may pass swallow screen
- Pt with a facial droop may pass swallow screen

Step 2: Administration –Brief Cognitive Screen

- What is your name?
 - Does the pt. know his/her name?
- Where are you right now?
 - Does the pt. know where they are?
- What year is it?
 - Does the pt. know what year it is?

Comments:

- Even if the Pt. is not oriented, you can still proceed with the screen.
- You are collecting this information
- Disoriented pts have increased risk of aspiration.

How to administer 3-ounce water swallow challenge

- Have patient sit upright 90 degrees
- Offer patient 3-ounce water in a cup
- Instruct patient: drink without stopping, coughing, throat clearing
- Observe patient, determine result: pass/fail
- “Pass” if patient completes as above
- “**Fail**” if patients stops, coughs, clears throat

Document YSP Outcome in Nursing Flowsheet

- Open Yale Swallow Screen in flowsheet
- Follow the prompts for each section
- Complete documentation immediately after screen
- If “Pass” give oral food or medication
- If “Fail” keep NPO for SLP evaluation
- Review Epic flowsheet procedure

Strategies for Next Steps

- Notify provider of YSP result
- Obtain provider order
- During handoff communicate YSP result to RN
- Inform patient or family of YSP result
- If pt failed screen maintain NPO, post sign
- Refer and wait for SLP swallow evaluation
 - allow 24 hours for SLP eval
- Use alternate route for medication administration

Further Evaluation

- SLP will complete a formal bedside swallow evaluation.
- Based off patient's performance, SLP may recommend an objective measure of the swallow which includes:

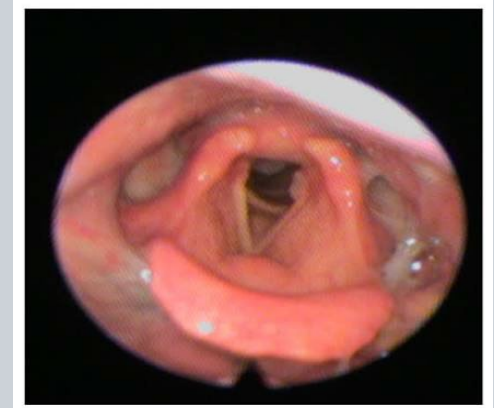
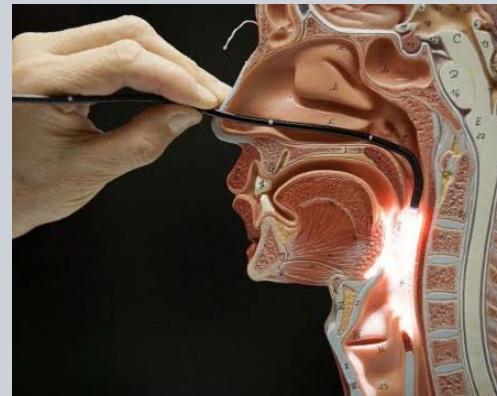
Modified Barium Swallow Study

- X-ray of patient as they eat and drink
- Patient must leave unit for completion of study
- Completed with SLP and radiologist

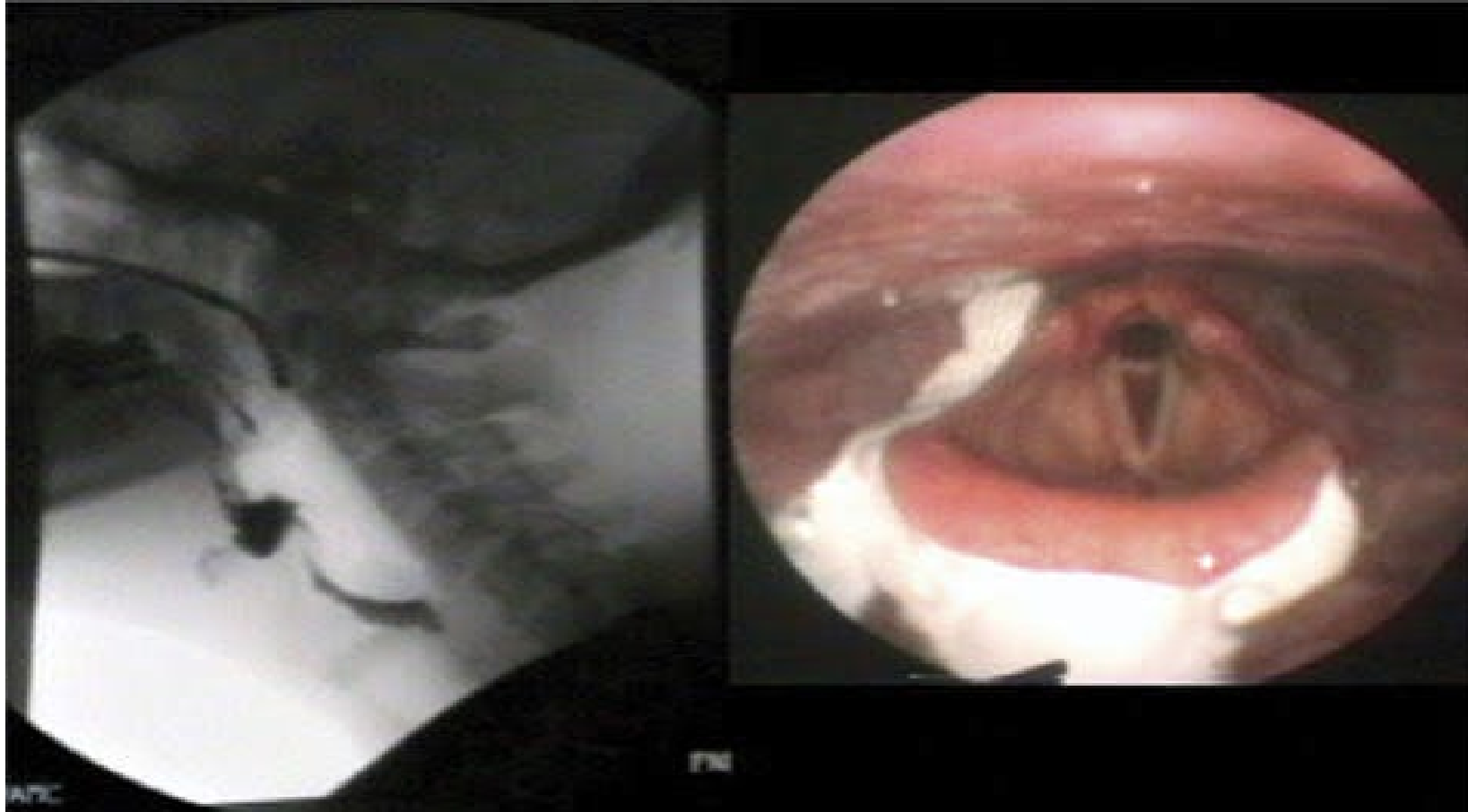


Fiberoptic Endoscopic Evaluation of Swallow

- Small, intranasal camera to view swallow in real time
- Completed with SLP only



MBSS vs. FEES



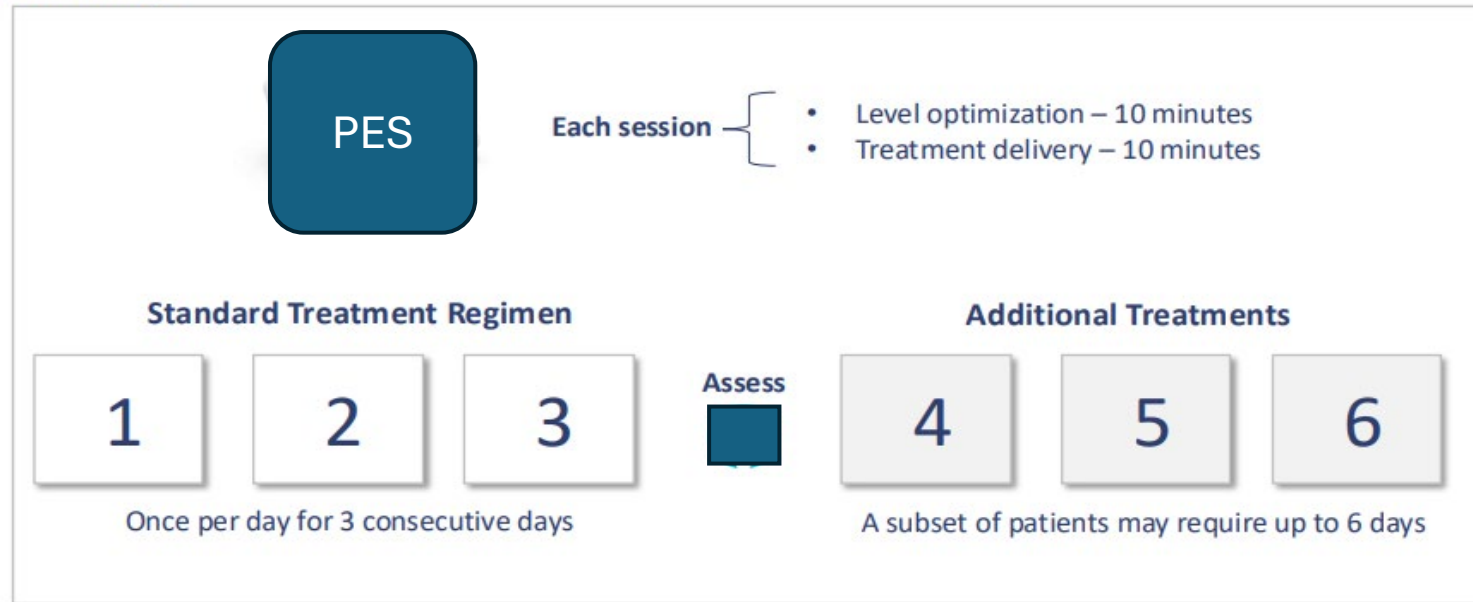
Pharyngeal Electric Stimulation(PES)

A neurostimulation device delivering electrical stimulation to the oropharynx, to be used in addition to standard dysphagia care, as an aid to improve swallowing in patients with severe dysphagia post stroke.

SLP Role in PES

- SLP will evaluate patient via MBSS or FEES to determine oropharyngeal function
- Interdisciplinary team will collaborate to determine if patient is a candidate for PES
- Provider will insert catheter and bridle.
- SLP works with patient to determine appropriate treatment setting and then provide 10 minutes of treatment daily for 3 consecutive days.

Efficiency



RN Role in PES

- Managing catheter to ensure nasal guide is in correct position
- Provide tube feeds
- Cleaning and infection control

Contraindications

- Nasal, oral, or pharyngeal anatomical abnormalities that preclude passage of feeding tube
 - Esophageal perforation, stricture, pouch
- Cardiac or respiratory conditions
 - Heart failure
 - End stage COPD
- Implanted electrical device
- Pregnant women
- Children

Catheter is NOT MRI compatible

Possible Side Effects

Side Effect/Events

Jaw chattering or
facial/ear pain during
active stimulation

Actions to be taken

1. Adjust the catheter further in to the patient by 1-2cm.
If not resolved, then;
2. Stimulate at a lower current level (re-start level optimization).
If not resolved, then;
3. Discontinue treatment and remove the catheter.

Arytenoid edema or
Pharyngeal abscess

If the patient reports pain or discomfort that persists (>4hours) after the end of stimulation, the treatment should be discontinued, and the catheter should be removed and replaced with a standard nasogastric feeding tube if enteral feeding is still required.

Hypersalivation

This is not considered harmful. Suctioning to remove the saliva at the end of treatment may improve patient comfort.

PES case study

- 73F with acute left hemiparesis for management of left MCA stroke with left M1 occlusion. Underwent emergent mechanical thrombectomy (TICI 2B). Ended up with completed moderate left MCA territory infarction with mild asymptomatic hemorrhagic transformation (HI-2). Also noted additional small infarctions in the left PICA, right MCA, and additional left PCA.
- Completion of a modified barium swallow study on 8/25/2026
 - Recommendations were made for NPO due to severity of oral and pharyngeal deficits
 - Catheter was placed by neurology team on the same day
 - Initial treatment was delivered by SLP on the same day
- Underwent 3 days of PES
- Repeat MBSS after 3 successful treatment sessions
- Improvement in swallow safety and efficiency; initiation of PO diet and discharged to rehab facility

Key Take Away Points

- 50% of acute stroke patients have dysphagia
- Diligent early RN swallow screen identifies stroke patients at risk for aspiration
- Timeliness of documenting outcomes of RN swallow screen is required
- SLP clinical dysphagia evaluation is imperative for patients who “fail” RN bedside
- SLP provides further diagnostic assessment for dysphagia
- SLP can provide dysphagia treatment with PES
- Early dysphagia identification and management promotes positive patient clinical outcomes.

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Thank you & Questions

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