Providence HEALTH CARE	Department: **Respiratory Services**	Date Originated: September 2004 Date Reviewed/Revised: **August 2010**
PROCEDURE	Topic: Med/Surg – Swallow Assessment for Patients with a Tracheostomy (Respiratory Therapy) Number: B-00-12-12051	Related Links: B-00-13-12016 B-00-07-10010

APPLICABLE SITES:

St. Paul's Hospital
Mount Saint Joseph Hospital

GENERAL INFORMATION:

A swallow assessment must be performed for all patients having a tracheostomy tube in-situ prior to being fed by mouth for the first time. Assessments may be done on both ventilated and non-ventilated patients.

Swallowing is optimized with a size 6 or smaller cuffless tracheostomy tube, or a size 6 or smaller cuffed tracheostomy tube with the cuff deflated. The patient should be assessed daily for tracheostomy weaning .

The swallow assessment procedure is optimized when the patient:

- Has minimal oxygen requirements
- Has minimal pulmonary secretions and a cough effective enough to clear secretions independently
- Is able to tolerate cuff deflation +/- being corked
- Is able to sit upright and remain alert for 20 – 30 minutes

The swallow assessment will be performed by either an occupational therapist (OT) or speech language pathologist (SLP). Refer to Dysphagia Management PHC, and also Appendix H, Dysphagia Referral to Speech Language Pathology.

A respiratory therapist must be present when the OT/SLP introduces food or liquid to a patient with a tracheostomy in-situ. The RT must also be in attendance during any specialized swallow assessments such as a Modified Barium Swallow (MBS) or Fibreoptic Endoscopic Evaluation of Swallow (FEES) involving a patient with a tracheostomy in-situ. Continuous pulse oximetry is required throughout the procedure.

Patients with a laryngectomy must not have their tracheostomy tube occluded.

EQUIPMENT:

- Personal protective equipment as required
- Sterile suction catheter kits
- Pulse oximeter
- Emergency tracheostomy equipment bag

PROCEDURE for TRACHEOSTOMIZED PATIENTS:

1. Wash hands and don personal protective equipment as appropriate.

2. Perform a baseline full respiratory assessment and initiate continuous pulse oximetry.

3. Suction the patient prior to the start of the swallow assessment as needed.

   NOTE: For ventilator-dependent patients, the Respiratory Therapist will institute any required ventilator modifications as tolerated. Ensure the patient is tolerating any changes prior to proceeding with the assessment.

4. The OT/SLP will proceed with food trials blue dye test. Refer to Appendix I, Dysphagia Assessment Guidelines for Tracheostomized and Ventilator-Dependent Patients, Including Utilizing Blue Dye Test (BDT).

5. The decision to suction the patient will be based on the presence of clinical indications for suctioning AND on the clinical judgment of the OT/SLP.

   NOTE: For viscous foods (i.e. pudding) there is a greater potential for pharyngeal retention, and patients may require several suction passes, at intervals, with a single bolus swallow.

   Additional indications for suctioning include:

   - Suspected penetration/aspiration of material (i.e. poor oral transit/control)
   - Delayed pharyngeal swallow
   - Immediate or delayed throat-clearing or cough after swallow
   - Reduced laryngeal excursion
   - Change in vocal quality

6. Document procedure and patient response in the Respiratory patient Kardex.