

DYSPHAGIA POST STROKE

Approximately 65% of stroke survivors will have problems with **CHEWING** and **SWALLOWING** food and liquids.

IDENTIFICATION

All stroke survivors should be screened for dysphagia as soon as possible after having a stroke with a validated screening tool. If the stroke survivor has any of the following signs and symptoms of dysphagia, tell the doctor and refer to speech and language pathology.

- Food falls out of mouth
- Food is hard to chew
- Food takes too long to eat
- Food stays in mouth
- Food stays in throat
- Food goes down “the wrong way”
- Pills are hard to swallow
- Coughing
- Choking
- Wet voice
- Wet breathing



The Speech Language Pathologist (SLP) may do a clinical swallowing assessment which can be done in a stroke survivor’s home, in the hospital/rehabilitation setting or in the SLP’s office.

The stroke survivor may require an instrumental assessment such as:

- Fiberoptic endoscopic evaluation of swallowing (FEES)
- Videofluoroscopic swallow study (VFSS).

These are usually done in a hospital setting as an inpatient or can be done as an outpatient.

MANAGEMENT

Look for the SLP’s safe swallowing recommendations including:



Safety of eating an oral diet or need for alternate means of nutrition



Diet texture and/or liquid viscosity



Those requiring enteral nutrition

- Ensure head of bed at > 30 degrees when feeds are running



Rehabilitation techniques



Positioning while eating

- Seated upright for all p.o. (oral intake) and 20 minutes after



Active compensatory strategies/techniques



Need for another medical professional



Rate/amount of presentation

- Slower/smaller = better
- Allow stroke survivor to self-feed (assist/supervise as necessary)



Educate family on safe swallow precautions



Frequent oral care (use a toothbrush)

- Ensure oral cavity is clear following any p.o. (including medications)
- After meals and before bed



Restrictions

- No bread, mixed consistencies, straws