

### 3.3 Swallowing and Dysphagia

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help *support healthcare providers* and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:  
[strokebestpractices.ca/resources/professional-resources/tacsl](https://strokebestpractices.ca/resources/professional-resources/tacsl)

#### Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- All patients should be screened for swallowing impairment before any oral intake (e.g., medications, food, liquid) by an appropriately trained professional using a valid screening tool.
- Abnormal results from the initial or ongoing swallowing screens should prompt referrals to a speech-language pathologist, occupational therapist, dietitian or other trained dysphagia clinicians for more detailed bedside swallowing assessment and management of swallowing, feeding, nutritional and hydration status.
- It is very important to know whether the person you are working with has had a swallowing screen and/or assessment, if they have any swallowing issues, and what the current management strategy is to support safe swallowing.

#### Swallowing and dysphagia

- Swallowing requires the coordination of many muscles to move food and liquid through the mouth, throat, and esophagus to the stomach. A stroke can affect these muscles, resulting in **dysphagia (difficulty swallowing)**.
- Stroke can also cause decreased alertness and attention. This can also impact the ability to swallow safely.
- Eating problems and dysphagia may lead to: aspiration, choking, dehydration, malnutrition and impaired quality of life.
- Aspiration is the entry of saliva, food, liquid, or refluxed stomach contents into the airway. This can cause respiratory problems and pneumonia.
- People with dysphagia may need a modified diet (foods of specific textures and liquids of specific thicknesses) for safety. They are at risk of poor nutrition and need to be carefully monitored.
- Food textures will need to be modified by a trained professional if a person is unable to swallow food or liquid safely.

## Common signs of dysphagia

- **Before giving food:** drooling, speech difficulties, reduced level of consciousness.
- **When giving food:** difficulty self-feeding or taking food/liquid from spoon/cup, poor lip closure, loss of food from mouth, not sensing food on lip or food spillage, difficulty moving food to start or complete the swallow, spitting food out, pocketing food in cheeks, under the tongue or side of the mouth, slow effortful chewing, rapid uncontrolled eating.
- **In addition to watching for signs, a person may report the following during or after meals:** difficulty chewing solids, coughing when swallowing liquids, coughing during or after meals, a tight throat, food sticking in throat or chest, reflux or heartburn, feeling full after eating very little, feeling anxious about mealtimes.
- **Signs of possible aspiration during/after a swallow or meal:** coughing, throat clearing or choking, shortness of breath, altered voice quality (e.g., wet or gurgling voice), watery eyes or runny nose.



### How you can help

- Difficulties or problems with swallowing could lead to complications and interfere with recovery. Carefully monitor the person for any signs and symptoms of **dysphagia or aspiration** (such as coughing, choking). **If you observe any symptoms, or notice any changes in swallowing, report it to your team immediately.**
- Always follow the food and diet instructions in the current care plan. Never adapt a food texture or change a person's diet on your own – consult with a dietitian or speech-language pathologist.
- Do not alter medications (e.g., crush them) or change the delivery (e.g., yogurt instead of applesauce) without consulting the team pharmacist and speech-language pathologist, as you may impact the effectiveness of the medication.
- Consult the speech-language pathologist if the person is having difficulty managing and/or swallowing fluids, foods and/or medications.
- To reduce the risk of aspiration pneumonia, the care plan may indicate that the person is permitted and encouraged to feed themselves whenever possible. Follow the current care plan. Supervision may be required to promote safety.



### How you can help – Positioning for eating/feeding

- Always use proper positioning for feeding:
  - Get the person out of bed to eat whenever possible, seated upright in a wheelchair or straight-back chair.
  - Position someone who is unable to get out of bed as close to 90 degrees as safely possible, and stabilize them with pillows.

- Keep the head midline and flexed forward slightly.
- Encourage the person to stay upright for at least 30 minutes after meals, or elevate the head of the bed 30 degrees to prevent reflux.
- If the person that you are working with uses a nasogastric (NG), percutaneous endoscopic gastrostomy (PEG) or other tube feed, please consult with the stroke care team for specific positioning strategies.

**Note:** This information represents some of the priorities of care related to eating and swallowing; consult with the stroke care team for any questions or concerns regarding swallowing, dysphagia and feeding positioning.

#### References:

1. Canadian Stroke Best Practice Recommendations: [www.strokebestpractices.ca](http://www.strokebestpractices.ca), **Acute Stroke Management**, 6<sup>th</sup> Edition, Section 9.6
2. Canadian Stroke Best Practice Recommendations: [www.strokebestpractices.ca](http://www.strokebestpractices.ca), **Rehabilitation and Recovery following Stroke**, 6<sup>th</sup> Edition, Sections 7.1 and 7.2
3. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Nutrition and Swallowing**

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