

A National Survey Exploring How Multi-Disciplinary Staff Identify Dysphagia in Acute Cervical Spinal Cord Injury

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Abstract

Introduction: Dysphagia following acute cervical spinal cord injury (CSCI) patients is characterised by reduced laryngeal sensation and poor pharyngeal clearance, neither of which can be detected with a bedside swallow evaluation. Subsequent respiratory complications worsen outcomes. Accurate and early detection by frontline staff aids referral to Speech and Language Therapy (SLT) and targeted management.

Methods: In order to evaluate these clinical decisions, an online survey was distributed to doctors, nurses, physiotherapists, dietitians and SLT staff working in intensive care units that admit acute CSCI patients. The survey had 5 subject areas: ventilation and tracheostomy weaning, swallowing, feeding, mouth care and communication. This presentation will deal with the responses made around swallowing identification and management. Responses have been analysed using SPSS.

Results: A total of 219 responses were received. These are some snapshot results, which will be examined in more detail:

- 54% consider swallow screening to be a nursing role.
- 61% would test swallowing with water, 42% would also test with thickened fluids, 41% would use blue dye as a test of aspiration.
- 95% consider coughing and choking to be the main clinical signs of dysphagia
- 90% report that bedside swallowing assessment was the main method of assessment by SLT

These results demonstrate a mixed understanding of the nature of dysphagia in CSCI, which leaves the problem under recognised and poorly managed.

Conclusion: Clear guidelines are required in order to aid the clinical decision process when MDT staff identify dysphagia in those with CSCI as further chest infections, increase morbidity and mortality.

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