

## ADULTS: Swallowing Guidelines for Referral to Speech-Language Pathologists

### Most Common Etiologies:

- Head and neck cancer
- Parkinson's disease
- Stroke
- Traumatic brain injury (TBI)

### Related Terms:

Aspiration, choking, coughing, cough reflex, dry mouth, dysarthria, dysphagia, fiberoptic endoscopic evaluation of swallowing, gag reflex, gastrostomy tube (G-tube), intubation, modified barium swallow (MBS), nasogastric tube (NG tube), scintigraphy, silent aspiration, structural deviation, swallowing, tracheostomy, ultrasonography, and videofluoroscopic swallowing function study.

### Potential Consequences:

- At risk for illness or death due to silent aspiration, aspiration, malnutrition or dehydration.
- Denial/lack of awareness of type and degree of impairment and risks.
- Compromised quality of life by limiting oral feeding, preferred foods, liquids, and/or dietary variety.
- Compromised social pleasure of dining with family and friends.
- Loss of independence/restricted to home for meals due to food preparation or nonoral feeding needs.

### Behaviors<sup>1</sup> That Should Trigger an SLP Referral

#### High-Risk Symptoms

- absent/weak cough reflex.
- wet gurgly voice.
- breathy hoarse voice.
- poor respiratory control during eating/swallowing.
- frequent coughing/choking.

#### General Signs/Symptoms

- difficulty in monitoring rate and/or amount food/liquid intake.
- makes inappropriate food selection; resists dietary modifications.
- continuous talking while eating.
- eats rapidly or extremely slowly.
- denies and neglects food on left side of plate.
- diet texture reduction or presence of gastrostomy or nasogastric tube without history of dysphagia evaluation.

- weight loss/dehydration with unsuccessful dietary intervention.
- weight loss/dehydration with denial of swallowing difficulty, but no other etiology.
- neck hyperextension with poor respiratory control.
- involuntary movements of body, head, and mouth interfere with eating and/or swallowing.
- presence of tracheostomy tube.
- fatigues when eating/drinking.

#### Oral Signs/Symptoms

- food residue remains on lips or in mouth after eating.
- cannot keep lips closed while chewing.
- large pieces of food remain in mouth before swallowing and/or overchewing.
- involuntary swallow interrupts chewing.

<sup>1</sup> Behaviors are clustered to indicated different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

- difficulty chewing meat or crunchy, dense fruits and/or vegetables (i.e., celery, broccoli, apple) thoroughly prior to swallow.
- food/liquid leaks through lips during swallowing.
- leakage and/or reduced pressure when drinking through straw and/or from cup.
- slurring or no speech.
- abnormal structure/function of mouth, lips, and palate.
- poor tongue control and/or oral sensation.
- slow movement of food to back of mouth (may be due to slow start of tongue movement, incoordination, or tongue pumping).
- difficulty managing secretions or "dry mouth."

#### **Pharyngeal/Esophageal Signs/Symptoms**

- gag reflexes may be reduced or hyperactive.
- nasal regurgitation.
- repeated swallows necessary to clear all food from mouth and/or throat.
- food/liquid comes back up into mouth immediately or significantly later than the swallow.
- complains of fullness; food/pill stuck in throat; chest pain, discomfort.