

Abstract Title: Using an Evidence-Based Bedside Swallow Screen for Stroke Patients: How Health Care Providers Can Improve Stroke Patients' Outcomes

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Scope of problem: Stroke is the third leading cause of death in the US and the leading cause of long-term disability. Stroke produces multiple neurological impairments including lack of postural control, visual, cognitive and communication impairments, upper limb dysfunction, dyspraxia and dysphagia. If dysphagia goes undetected, it can lead to aspiration pneumonia, respiratory distress, malnutrition, dehydration, social isolation and depression. Dysphagia with aspiration is common in stroke patients, and there is a need to utilize a sensitive and specific screening tool to identify dysphagia.

Purpose: The goal of this project was to find and implement a simple, evidence based screening tool to identify dysphagia in all stroke patients (intracranial, subarachnoid, ischemic). Recognizing dysphagia early is important to providing quality care and reducing the risk of complications.

Methods: A descriptive, pilot study was performed using the Iowa Model of Evidence-Based Practice. An evidence-based swallow screen tool for stroke patients was selected and piloted on a neuroscience unit. Physicians and nurses were trained to use the tool and document results. New nursing policies were written, documentation systems were updated, and pre-printed stroke orders were created by the multidisciplinary team. Speech pathologists followed up with patients at risk for dysphagia.

Results:

- The wide variability of percentage of dysphagia screening completed before PO intake is due to fewer patients admitted with SAH and ICH vs. ischemic strokes.
- The average completed screening rates for SAH patients improved from 35% (2007) to 52% (2008). Average screening rates also improved for ICH from 73% (2007) to 84% (2008).
- Annual nursing competencies were performed in November 2007 and 2008, and in both years, in December, screening rates improved.
- Although screening rates improved, there is an on-going need for reinfusion and re-energizing of this important clinical measure among nurses and physicians caring for stroke patients.

Conclusion: Because of the complexity of dysphagia, assessment and management requires interdisciplinary collaboration. A dysphagia screening tool can reduce hospital costs and length of stay and improve patient satisfaction. Future studies should evaluate if a dysphagia screening tool could be used for neurosurgical patients with head of bed restrictions and for broader patient populations.

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