Dysphagia Cheat Sheet

by lenr via cheatography.com/217755/cs/47923/

What

The reduced ability to swallow, caused by neurological or structural damage, leading to an interference with the efficiany that food and liquid move from the mouth to the stomach.

Causes

Mechanical	Neurological	Psychological
Oesophageal stricture	Stroke	Globus Hystericus
Oesophageal spasm	Parkinson's	Severe anxiety
Cancers in the head, neck and oesophageal areas	Motor neurone disease	Severe depression
Cancer treatments including radiotheraphy, surgery in the neck and head area	Head injury	
Pharyngeal pouch	Multiple sclerosis	
Injury or surgery to the tongue, lips, mouth or jaw	Cerebral palsy	
Severe infections of the mouth or throat (oral thrush or ulcers)	Dementia	
Postural problems (severe kyphosis)	Huntingtons disease	
	Drug induced (psychotropic drugs)	

Diagnosis

- Xray
- Dynamic swallowing study - OT
- Endoscopy
- Fiber-optic endoscopic evaluation of swallowing (FEES)
- Oesophageal muscle test
- Imaging scans

Consequences

- Choking
- Malnutrition
- Dehydration
- Weight loss
- Aspiration pneumonia

Signs and Symptoms

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- Pain while swallowing
- Not being able to swallow
- Feeling as though food is stuck in the throat or chest or behind the breastbone
- Drooling
- Hoarseness
- Food coming back up
- Frequent heartburn
- Food and stomach acid backing up into the throat
- Weight loss
- Coughing or gagging when swallowing

Nutrition Related Treatment

- Texture modification of food and liquid.
- HPHE
- Avoiding hard, crunchy or stringy foods.
- monitoring the position of PT while they are eating
- smaller more frequent meals
- Safe swallowing (small bites, chew thoroughly)
- Encourage consistent fluid intake
- Promote oral hygiene
- Fortification of foods
- Between-meal snacks

It is important to first determine the safest feeding route for your PT. For example, an oral feeding route may not be safe or adequate, so you may need to consider Enteral nutrition (EN), and a specific site (NG, PEG etc) or Parenteral nutrition (PN).

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