Bedside dysphagia screen

Posillico et al., from MetroHealth Medical Center, Case Western Reserve University School of Medicine, Cleveland, USA, initiated a prospective interventional study utilizing a nurse-driven bedside dysphagia screen (BDS) in patients with cervical spine injury (CI) to address three objectives: 1) determine the incidence of dysphagia; 2) determine the utility of the new BDS as a screening tool; and 3) compare patient outcomes, specifically dysphagia-related complications, in the study period to a retrospective cohort.

All patients with CI admitted to a Level I Trauma Center were enrolled in a prospective 12-month study (June 2016-June 2017) and then were compared to a prior 18-month cohort of similar patients. Our new protocol mandated that every patient underwent a BDS prior to oral intake. If the patient failed the BDS, a modified barium swallow (MBS) was obtained. Exclusion criteria were emergency department discharge, inability to participate in a BDS, leaving against medical advice, BDS protocol violations, or death prior to BDS. A failed MBS was defined as a change in diet and a need for a repeat MBS. Dysphagia was defined as a failed MBS or the presence of a dysphagia-related complication.

Of 221 consecutive prospective patients identified, 114 met inclusion criteria. The incidence of dysphagia was 16.7% in all prospective study patients, 14.9% in patients with isolated CI, and 30.8% in patients with spinal cord injury. The BDS demonstrated 84.2% sensitivity, 95.8% specificity, 80.0% positive predictive value, and 96.8% negative predictive value. There were no dysphagia-related complications. The prospective study patients demonstrated significantly less dysphagia-related complications (p=0.048) when compared to the retrospective cohort of 276 patients.

The introduction of the BDS resulted in increased dysphagia diagnoses, with a significant reduction in dysphagia-related complications. We recommend incorporating BDS into care pathways for patients with Cl 1 .

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Posillico SE, Golob JF, Rinker AD, Kreiner LA, West RS, Conrad-Schnetz KJ, Kelly ML, Claridge JA. BEDSIDE DYSPHAGIA SCREENS IN PATIENTS WITH TRAUMATIC CERVICAL INJURIES: AN IDEAL TOOL FOR AN UNDER-RECOGNIZED PROBLEM. J Trauma Acute Care Surg. 2018 Jul 21. doi: 10.1097/TA.00000000002035. [Epub ahead of print] PubMed PMID: 30036259.

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