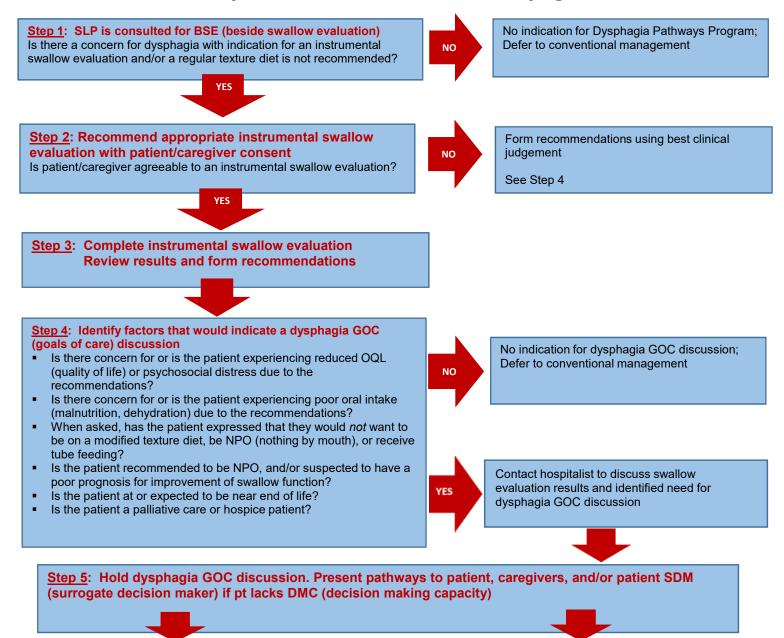
Dysphagia Pathways Program

Palliative Dysphagia Management Decision Tree Mechelle Motsinger, MA, CCC-SLP, AnneMechelle.Motsinger@ohiohealth.com



Pathway 1: Common Dysphagia Management

- Includes conventional practice, including recommendations for modified texture diets, NPO status, and alternative means of nutrition and hydration when indicated
- Primary goal is to reduce adverse medical outcomes of dysphagia including the effects of aspiration and aspiration-related illness and mortality, while maintaining adequate nutrition and hydration
- Often these patients have a good prognosis for improvement in swallow function through rehabilitation

Pathway 2: Palliative Dysphagia Management

- Includes less conventional practice, including recommendations for comfort focused feeding and general avoidance of unpreferred modified texture diets, NPO status, and alternative means of nutrition and hydration
- Primary goal is to promote patient quality of life, comfort, and goals, but not necessarily to prevent adverse medical outcomes of dysphagia
- Often these patients have a poorer prognois for improvement in swallow function and may have complex medical pictures or advanced disease states
- Sometimes may still include alternative means of nutrition and hydration in plan of care, for supplemental nutritional purposes, per medical team advisal and goals of care

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Step 6: Conduct patient/caregiver interview Step 7: Update medical team and complete After presenting dysphagia pathways, interview the documentation patient/caregiver/SDM (as applicable) to determine their Contact hospitalist, RN, and any other speciality goals and preferences providers (as applicable) to provide education on How important is eating/drinking to the patient? patient/caregiver preferred pathway and updated How would having a feeding tube or a modified texture dysphagia recommendations YES diet impact the patient's QOL? In EMR (electronic medical record), document the Patient or caregiver with DMC should be able to provide discussion with patient/caregiver/SDM including their teach-back of risks and benefits of both pathways, their informed consent to preferred pathway and what goals prefered pathway, and why they prefer it they expressed Does the patient/caregiver with DMC demonstrate a clear Continue to follow during length of stay as indicated, to and consistent decision regarding their preference for provide education and palliative treatment, considering dysphagia management? that the patient/caregiver may change their mind regarding dysphagia management Offer patient/caregiver time to reflect on education provided & consider options Maintain conventional management pending See Step 7 **YES** patient/caregiver decision After ~24 hours, does the patient/caregiver/SDM demonstrate a clear and consistent decision regarding their preference for dysphagia management? NO Step 8: Contact hospitalist for further assistance Contact hospitalist and discuss patient/caregiver indecision and if applicable, concern for DMC Attending physician may choose to consult behavioral health or palliative care to assist with determination of DMC See Step 7 YES Was the hospitalist able to clarify GOC with patient/caregiver/SDM and assist them in coming to a clear, consistent decision regarding their preference for dysphagia management? NO Step 9: Contact hospitalist to recommend referral to palliative care and/or clinical ethics as indicated Indications for a palliative care consult Indications for a clinical ethics consult Patient has a complex medical picture with advanced and/or Patient lacks DMC and there is no identified SDM chronic disease states SDM and patient's goals are in conflict Patient/caregiver are unable to clarify GOC despite Cultural and/or language barriers impacting clear assistance from SLP and hospitalist communication and/or decision making Patient is at, or reasonably suspected soon to be at, the end Patient is demonstrating psychosocial distress related to diagnosis of dysphagia and/or dysphagia recommendations Patient would benefit from support with goals of care for

other medical conditions and decisions