

## Dysphagia Pathways Program: Documentation and Smart Phrases

*Guidelines for documentation of complex clinical scenarios regarding dysphagia recommendations, palliative dysphagia management, and goals of care: a resource for speech-language pathologists*

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### .PALLIATIVEPATHWAYSBASIC

Pathway 1: Common dysphagia management with goal to reduce risk for aspiration and aspiration-related illness would include {MMDIET:43157} with plan for ongoing dysphagia rehabilitation and repeat instrumental swallow study in the future to assess for improvement in dysphagia. Benefits may include: reduced risk for aspiration and aspiration-related illness including respiratory compromise, pulmonary compromise, pneumonia, choking, and death; Risks may include: dehydration, malnutrition, reduced quality of life, and psychosocial impact including depression, anxiety, and social isolation.

Pathway 2: Palliative dysphagia management with goal to continue oral intake and avoid NPO status/alternative means of nutrition/hydration, would include {MMDIET2:43158}. SLP to provide ongoing support for dysphagia management. Risks may include: aspiration, aspiration-related illness including respiratory compromise, pulmonary compromise, pneumonia, choking, and death. Benefits may include: increased nutrition and hydration, increased quality of life, and increased psychosocial health and well-being.

### .PALLIATIVEPATHWAYSDETAILED

Given {MMMBSFEES:43156} results, the need for a dysphagia GOC discussion with patient/caregiver has been identified. Treating SLP and medical team may initiate a goals of care conversation, to further determine patient/caregiver wishes surrounding oral intake. Recommendations below outline 2 differing plans of care. Would conservatively recommend Pathway 1: Common dysphagia management until further GOC discussion can occur.

Pathway 1: Common dysphagia management with goal to reduce risk for aspiration and aspiration-related illness would include {MMDIET:43157} with plan for ongoing dysphagia rehabilitation and repeat instrumental swallow study in the future to assess for improvement in dysphagia. Benefits may include: reduced risk for aspiration and aspiration-related illness including respiratory compromise, pulmonary compromise, pneumonia, choking, and death; Risks may include: dehydration, malnutrition, reduced quality of life, and psychosocial impact including depression, anxiety, social isolation, and side effects of tube feeding (if applicable) including infection, nausea, vomiting, diarrhea, tube falling out, repeat hospitalizations, pressure sores, and use of restraints and/or sedatives.

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Pathway 2: Palliative dysphagia management with goal to continue oral intake and avoid NPO status/alternative means of nutrition/hydration, would include patient consuming {MMDIET2:43158}. SLP to provide ongoing support for dysphagia management. Risks may include: aspiration, aspiration-related illness including respiratory compromise, pulmonary compromise, pneumonia, choking, and death. Benefits may include: increased nutrition and hydration, increased quality of life, and increased psychosocial health and well-being.

### **.PALLIATIVEPENDING**

{MMMBSFEES:43156} recommendations are advised, pending pt/caregiver goals of care. Treating SLP and medical team may consider factors including patient quality of life, prognosis, goals of care, risks and benefits of recommended and alternative treatment, and pt/caregiver wishes surrounding oral intake. A dysphagia management GOC discussion should be initiated if patient/caregiver are not agreeable to initial recommendations, or if they negatively impact patient quality of life, well-being, or nutritional status.

### **.PALLIATIVEGOC**

A meeting was held today to discuss goals of care for dysphagia management. Pt was found to have {DYSPHAGIASEVERITY:43212} dysphagia following {SLP instrumentation:32314} and was recommended {MMDIET:43157}. The need for GOC discussion was identified given: {GOCINDICATION:43213}. The individuals present were: \*\*\*. Pt has been deemed to have DMC OR Pt has been deemed to lack DMC and \*\*\* is acting as their SDM. The purpose of the GOC discussion was introduced to patient/caregiver. Education provided regarding {SLP instrumentation:32314} results, and severity of dysphagia, suspected etiology, and suspected prognosis was explained. Introduced the dysphagia pathways.

Discussed that Pathway 1: Common dysphagia management with goal to reduce risk for dysphagia, aspiration, and dysphagia-related illness would include {MMDIET:43157} with plan for ongoing dysphagia rehabilitation and repeat instrumental swallow evaluation in the future to assess for improvement. Benefits may include: reduced risk for aspiration and dysphagia-related illness including respiratory compromise, pulmonary compromise, choking, and death; Risks may include: dehydration, malnutrition, reduced quality of life, and psychosocial impact including depression, anxiety, social isolation, and side effects of tube feeding (if applicable) including infection, nausea, vomiting, diarrhea, tube falling out, repeat hospitalizations, pressure sores, and use of restraints and/or sedatives. Discussed that Pathway 2: Palliative dysphagia management with goal to continue oral intake and avoid NPO status/alternative means of nutrition/hydration, would include patient consuming {MMDIET2:43158}. SLP to provide ongoing support for dysphagia management.

Risks may include: aspiration, dysphagia-related illness including respiratory compromise, pulmonary compromise, choking, and death. Benefits may include: increased nutrition and hydration, increased quality of life, and increased psychosocial health and well-being.

Patient/caregiver stated their goals include \*\*\*. Patient/caregiver were able to demonstrate informed consent by teaching-back the risks and benefits of presented dysphagia pathways. Patient/caregiver verbalized they would like to proceed with Pathway 1: Common dysphagia management/Pathway 2: Palliative dysphagia management. Discussed outcome of GOC discussion with RN and MD, and updated orders and plan of care to reflect this.

## **.PALLIATIVESTRATEGIES**

Caregiver instruction provided for methods of palliative dysphagia management. Trained caregiver to utilize safe swallow strategies including: ensuring patient is an upright position during oral intake, modifying bolus size, assessing for a present swallow reflex, checking for oral residue, and safe methods of medication administration. Trained caregiver to utilize careful hand feeding strategies including: determining appropriate alertness and mental status prior to feeding patient, reading patient cues and body language during feeding interactions, and pacing. The importance of a regular oral care routine 2-3x/daily was discussed, for prevention of oral pathogens, nosocomial infections, and to increase oral mucosa moisture and patient health and comfort. Caregiver was able to repeat back the basic rationale for safe swallow strategies, careful hand feeding, and oral care routine with \*\*\* cues.

## **.PALLIATIVEGOAL1**

Patient/caregiver will make an informed decision regarding goals of care for dysphagia management with education and counseling by SLP, and will be able to demonstrate understanding via teach-back of risks and benefits of presented dysphagia management options and if applicable, diet recommendations, swallow strategies, and dysphagia plan of care with \*\*\* cues.

## **.PALLIATIVEGOAL2**

To demonstrate understanding of palliative dysphagia management, patient/caregiver will provide teach-back of key points including: safe swallowing strategies, careful hand feeding, and oral care recommendations with \*\*\* cues.