Aspiration Protocol

Aspiration is defined as the inhalation of food, fluid, saliva, medication, or other foreign material into the trachea and lungs. Any material can be aspirated on the way to the stomach or as stomach contents are refluxed back into the throat. The following information will help identify risk factors and interventions that may be unique to persons with developmental disabilities.

Factors that Place Individuals at Risk for Aspiration:

- Inadequately trained caregivers assisting with eating/drinking
- Weak or absent coughing/gagging reflexes, commonly seen in persons who have cerebral palsy or muscular dystrophy - non-productive cough (weak/absent) poor or absent gag reflex
- Poor chewing or swallowing skills (no teeth- edentulous)
- Gastroesophageal reflux disease (GERD, GER) which can cause aspiration of stomach contents
- Food stuffing, rapidly eating/drinking resulting in pooling of food in the mouth, failure to chew thoroughly and/or talking while eating.
- Inappropriate fluid consistency and/or food textures
- Medication side effects that cause dry mouth, drowsiness and/or relax muscles causing delayed swallowing and suppression of gag and cough reflexes
- Impaired motor skills that may leave individuals unable to sit upright while eating (especially spasticity of the muscles which affect the head, neck and trunk)
- Seizure disorder that may occur during oral intake or failure to position a person on their side after a seizure, allowing oral secretions to enter the airway
- Is an older adult (especially those with increased risk for Alzheimer’s type dementia-those with Down syndrome)
- Is nonverbal

Review the Health History for Aspiration Risks

- A diagnosis of oral/pharyngeal dysphagia, aspiration or past episodes of aspiration
- A diagnosis of cognitive disorder
- A diagnosis of neurogenic dysphagia (Rhett’s, Multiple Sclerosis, cerebral palsy, seizure disorder, Huntington’s Parkinson’s.)
- GERD (hiatal hernia)
• Dementia (changes in food preparation and swallowing problems due to oral/pharyngeal dysfunction)
• History of aspiration pneumonia
• Needing to be fed by others
• History of choking, coughing, gagging while eating
• Needing a modified food texture and fluid consistency (i.e. moist, ground or pureed foods and/or or nectar, honey or pudding thickened liquids)
• Eating/swallowing evaluations (modified barium swallow study) that indicates dysphagia
• Has unexplained weight loss, chronic dehydration and/or constipation
• Takes medications that may decrease voluntary muscle coordination, cause drowsiness/sedation, dry mouth (or excessive salivation) and/or tardive dyskinesia
• Have unsafe eating and drinking behaviors such as eating or drinking rapidly and food stuffing and/or not chewing food in mouth.
• Has chronic URIs (chest congestion, frequent pneumonia, moist respirations/wet, gurgly vocal quality, persistent cough, or chronically uses cough/asthma medications

Mealtime Behaviors that may Indicate Aspiration or Dysphagia

• Eating slowly
• Fear or reluctance to eat (resulting in weight loss)
• Coughing or choking during meals
• Refusing foods and/or fluids
• Food and fluid falling out of the person’s mouth
• Eating in odd or unusual positions, such as throwing head back when swallowing or swallowing large amounts of food rapidly

Signs and Symptoms that may Indicate Aspiration Risk

• Gagging/choking during meals
• Persistent coughing during or after swallowing. Also coughing several minutes after eating.
• Irregular breathing, turning blue, moist respirations, wheezing, or rapid respirations
• Food or fluid falling out of the person’s mouth or drooling- sign of dysphagia
• Intermittent fevers
• Chronic dehydration commonly associated with dysphagia
• Unexplained weight loss
• Vomiting, regurgitation, rumination, and/or odor of vomit or formula after meals
Aspiration Interventions

- Call 911 if the person stops breathing and start CPR immediately
- Stop feeding/eating immediately if coughing, choking, gagging occurs -may restart meal if feeding/dining instructions, supervisor, or healthcare professional gives permission
- Keep person in a upright position and encourage coughing
- If in doubt what to do, call the healthcare professional or 911 (especially if person’s breathing is labored or their color is bluish or pale.
- Always document these incidents in the incident report form.

Guidelines on how to Prevent or Minimize the Risk of Aspiration

- Obtain a consultation/evaluation by a speech pathologist or other medical provider if symptoms occur
- Speech pathologist may recommend a change in food/liquid consistency, texture, or temperature if needed and will ask for a physician’s order to support this recommendation.
- Slow the pace of eating and decrease the size of the bites
- Caregivers should follow cueing and prompting strategies for safety during meals.
- Position to enhance swallowing during mealtimes-upright with a slight chin tuck and 90 degrees is the safest.
- Keep in an upright position after meals for 45 minutes or as ordered
- Elevate the head of the bed 30 to 45 degrees if GERD is diagnosed or has aspirated at night on own saliva.
- Avoid foods/fluids 2-3 hours before bedtime
- Consider the use of medications to promote stomach emptying, reduce reflux, and acidity if GERD is diagnosed
- SLP will provide written instructions available on how the person is to eat or be fed and provide caregiver training. Written instructions should include: the assistance level needed, correct positioning for all oral intake, (anyone who has aspirated or who coughs/chokes while having their teeth brushed should have a notation and tooth brushing, eating/feeding equipment needed, physical and verbal cueing needed, location of meals (some individuals might need to eat alone due to distractions), and recognition of aspiration symptoms as well as what to do about it and who to notify.

Aspiration Risks and Feeding Tubes

Many individuals with developmental disabilities have permanent gastrostomy feeding tubes (g- tubes and sometimes jejunostomy tubes). Having a feeding tube does not eliminate the risk of aspiration. Stomach contents can still enter the airway via regurgitation or oral secretions
can be aspirated if the individual has dysphagia. Occasionally, anti-reflux surgery will be performed to tighten the lower esophageal sphincter. Having this surgery will not conclusively eliminate the risk of aspiration, but should lessen the risk. The following precautions should be observed:

- Administer tube feedings in an upright sitting position and keep upright for at least 45 minutes afterwards
- If the person must be fed in bed, keep the head of the bed at a 45 degree angle while feeding and for at least 45 minutes afterwards
- Don’t overfill the stomach
- Formula given at room temperature is better tolerated
- Don’t feed too rapidly; feedings should be administered over at least a 30 minute time period or as ordered by a healthcare provider

After receiving a feeding tube, some individuals may eat minimal amounts of oral feeding/drinking known as pleasure feedings. They are considered to be worth the risk as a quality of life consideration. When the primary care physician allows pleasure feedings for an individual who receives their nutrition from tube feedings, the individual needs to be evaluated by the speech pathologist before he/she is given anything for pleasure so that not only is the consistency safe for them but also the amount and rate of ingestion is addressed.

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(With reviews/information gleaned from SLP, RD and Nursing manuals/protocols)

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