

QUESTION: How do you handle diet ordering on their stroke patients? Is passing an RN bedside swallow study sufficient, or is speech therapy consulted first? And, ask if the answering party is a Certified Stroke Center.

ANSWERS:

If they pass the screen the stroke nurse starts a diet.

If pass, pt is to be supervised by nsg for first meal in case the pt is having trouble.

If passed screen, speech still follows up on safety b/c we are triggered on all stroke evals for comm cog and swallow.

If they fail, they are strictly npo (plus meds) til we see. We are a large stroke center and have the luxury of staffing that we can usually see those that fail the same working day the order is received.

This is handled case by case. If the patient is admitted with arm or leg weakness and they pass the RN bedside swallow screen, we order the diet according to the physician order. If they come in with slurred speech, dysphagia, diff swallowing, etc, the RN will administer the bedside swallow study, but >90% of the time the physician has also ordered Speech Therapy to evaluate and treat. Our speech therapy department reviews all admission diagnosis, so in the rare case the doctor forgets to order Speech Therapy, our speech therapist will discuss the case with the nurse caring for the patient and determine if further evaluation needs to be done

All stroke patients get an automatic ST consult for eval and treat. After they pass a NDS they are ordered a regular diet, or diabetic prn, and are observed during their first meal. Speech tweaks that if necessary. They are usually seen same day or early next day by speech.

The physician is notified after a successful or failed screen for diet orders per policy.

If the patient passes the nursing dysphagia screen, then the doctor orders a diet. We are not a certified Stroke Center.

We are a certified center. We have nursing do the screen. This is what it says on the bottom of our screen for diet advancement:

If ANY of the above is yes, it is recommended the patient be maintained strict

NPO until a clinical swallow evaluation is completed by speech pathology. Nursing please obtain an order for clinical swallow evaluation. If ALL of the above are no, the patient may be initiated on oral intake with supervision. Standard aspiration precautions of upright positioning, small bites and sips, slow rate, and no straws are recommended. Patient should be NPO if any clinical signs and symptoms of aspiration are observed.

Diet or meds are fine if patient passes swallow screen or has dysphagia evaluation. If patient has a dysphagia evaluation the SLP can order the appropriate diet.

Our facilities are stroke certified.

Speech pathology is automatically ordered on all stroke admits. The nurse in the ED does the dysphagia screen- which is a basic water test. If the patients "fails" then they are made strict NPO until the speech swallow eval, if they "pass" the nurse may order a diet and give meds. The speech pathologist will still come and check the patients swallow. Our order reads "speech bedside swallow eval, video fluoroscopy if indicated"- so we can choose which eval is appropriate.

You will have a lot of dissatisfied patients if you keep them NPO until a speech therapist does an evaluation. I am sure we are not unlike many hospitals in not having 24/7 speech language pathologists available. Here, if the patient passes the nursing bedside swallow eval, the patient may have the diet ordered by the physician. Our pre-printed orders read: NPO, if passes swallow screen diet as ordered below. If the patient fails the swallow screen or it is unsafe to perform the water test (swallow screen), the patient is kept NPO and the attending physician is notified. This step is important to assure that the NPO patient is at least adequately hydrated with IV fluids.