

Question:

The question of sub-lingual meds given prior to a dysphagia screen came up. This is not the first time and in the past others have confirmed that sub-lingual meds are "OK" prior to a screen and pt can be considered NPO even after sub-lingual meds. Is there any consensus?

RESPONSES:

We can not find any specific literature regarding this. I believe a lot would depend on what is being administered SL. Nitroglycerin dissolves quickly and is absorbed rapidly. I would assume the aspiration risk would be no different then you would see with normal saliva. Some oral disintegrating tablet (ODT) * see attached article * are designed to disintegrate in the mouth with some medication absorbed through the mucosa with the remaining medication swallowed and to be absorbed through the GI tract. Could this be aspirated * I suppose it is possible.

Some tablets have been placed SL (such as captopril and clonidine for hypertensive crisis) and been shown to work well--how much is absorbed SL and how much through the GI tract is unknown. These tablets are not designed to be placed SL and would take longer to dissolve * these would be a risk for aspiration if they sit in the mouth for sometime before dissolution and the patient then moves there tongue dislodging the pill thus leading to aspiration.

So you can see the question is difficult to answer. At this point I would only consider medications that are designed to be given SL as possible medications to administer in the patient that has not passed a swallow evaluation. Think of other routes * rectally administered aspirin for example. Haldol, benzodiazepines, benadryl, phenobarbital are a couple of example of medications that have been given rectally and are absorbed. Best bet is to consult with a pharmacist to look at how lipid soluble a medication is or what possible routes of administration are available for a medication.

If the meds are sublingual they should be absorbed in the oral cavity before there is a chance of the meds being swallowed and creating a choking or aspirating situation. Issue may come in where the person has a dry mouth and now they are receiving a sublingual tablet that is not dissolving, that is another issue altogether. Kath

Well, I don't have any research to back this up, but my thinking is that a sublingual med will dissolve in the saliva and is just as likely (if not more likely) to be aspirated as other meds.

We consider sublingual as a PO med and therefore, the patient should not be given any po medication until the patient has passed the nursing bedside swallowing screen. (that's our goal can't say we are 100% successful.

We follow stroke measure 7 from Joint Commission that said dysphagia screening must be done prior to medications or po fluids. When we had our primary stroke center certification site visit, the surveyor looked specifically for the dysphagia screen on all patients prior to giving meds, period. Granted we didn't ask if it would be ok to give sublingual meds, but we felt that would just be a matter of trying to twist the

intention of the screen, and so we either hold po meds or do the dysphagia screen. We've learned that being this strict we have much better compliance in getting the dysphagia screen done in a timely fashion.

How large is the pill and can the patient hold the pill sub-lingually if they have lingual and labial weakness? For those patients with facial droop, slurred speech, I would bet holding a pill under the tongue would not be easy.

My first reaction is that it should be fine and a majority will be absorbed and may produce minimal secretions which should have no ill affects. I will let you know what the list serve replies with....

We had this question in Coverdell and I brought the question to Dr Irene Katzan (Ohio Coverdell Physician). She does not consider SL meds a po med. So, if a patient was given a SL med prior to a swallow screen they would not be "dinged"