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Nursing Bedside Swallow Screen: How it Affects Outcome of Stroke Patients

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ABSTRACT

The assessment of a stroke patient’s ability to swallow plays an important role in the management, recovery and patient outcome in stroke. Nurses in the Neuroscience unit encounter this situation daily in caring for stroke patients. This nursing assessment is integral in providing adequate nursing care to prevent complications such as aspiration pneumonia.

INTRODUCTION

In effort to strengthen the reliability of nursing dysphagia screening assessment, Neuroscience Nurses utilized simple questionnaires to assess nursing awareness and appropriate use of current dysphagia screening. Empowering nurses’ utilization of a reliable dysphagia screening tool has a positive impact on patient outcomes, including decreased complications and length of stay.

OBJECTIVES

The purpose of this study was to evaluate the bedside nurses knowledge of the dysphagia screening tool and improve the current dysphagia screening process implemented for stroke patients.

	YES	NO	TOTAL NUMBER OF RESPONDENTS
Number of nurses encountered initial dysphagia screening tool (attached with Stroke Protocol)	13	2	15
Number of Nurses able to initiate bedside swallow on newly admitted patients with no Neurological deficits	6	9	15

METHODS

The study was conducted in the Neuroscience Center, a 48 bed mixed neuroscience unit with 12 Neuroscience Progressive Care beds and Comprehensive Stroke Center. The study reviewed the medical records of 18 patients diagnosed with TIA or stroke. Medical record review focused on initial dysphagia screening upon admission to the Emergency Department and Neuroscience Center. The medical record review examined the appropriate timing and utilization of dysphagia screening, timing of diet orders, factors affecting appropriate timing of diet orders and appropriate feeding restrictions. In addition, the nurses’ knowledge of the dysphagia screening tool was gathered through the questionnaire responses.

Patient	Initial Dysphagia Screen by RN in ED	Date of Swallow Evaluation Ordered	Date of Evaluation by Speech Language Pathology	Date of Diet Order

These questions are done to evaluate and improve processes on RN Bedside Swallow for TIA/Stroke patients. All information are confidential for the purpose of this study.

Upon admitting patients from ED, have you encountered the initial RN Dysphagia Screening Tool as part of stroke protocol orders?
 Yes No

Have you initiated an RN Bedside Swallow on newly admitted TIA/Stroke Patients that does not have Neurological deficit?
 Yes No

Thank you very much.

RESULTS

The nursing questionnaire revealed most nurses are aware of the initial dysphagia screening tool (attached with the stroke protocol) is initiated in Emergency Department. Nurses report being unable to initiate bedside dysphagia screening upon admission to Neuroscience Center; this indicates a lack of awareness and appropriate utilization of dysphagia screening at the bedside.

CONCLUSIONS

Further nursing education is needed on how to appropriately assess the patient’s ability to swallow with utilization of the dysphagia screening tool at the bedside. This affirms the need to establish a standardized, reliable, nurse-driven bedside dysphagia screening tool that nurses can easily administer.

FUTURE DIRECTIONS

Collect further data regarding Swallow Screening Tools that shows reliability and validity. Include peer review, collaborate with Speech and Language Therapy Department, Clinical Nurse Specialist and Nurse Research Scientist. Provide educational programs for nurses on topics such as swallow screening at the bedside. Coordinate education sessions with Speech Therapy and Clinical Nurse Specialist.

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