Department of Hearing & Speech Sciences
Vanderbilt University Medical Center
Clinical Protocol

Protocol Title: Clinical Swallow Evaluation

Providers: ASHA-Certified and state licensed speech-language pathologists

I. Policy Statement:

Speech-language pathologists (SLPs) use the clinical swallow evaluation (CSE) to determine overall clinical status, cognition, oral structure function, and oral mastication skills as they relate to swallowing. Results are used to determine the presence or absence of dysphagia and readiness to begin an oral diet and take medication orally. Patients with suspected dysphagia may warrant further instrumental evaluation utilizing flexible endoscopic evaluation of swallowing (FEES) or video-fluoroscopic evaluation of swallowing (VFSS).

II. Equipment and Supplies:

May include, but not limited to:

1. food/liquid such as
    a. ice chips
    b. water
    c. applesauce/pudding
    d. fruit cocktail
    e. crackers/fig newton
2. thickener packets
3. cups
4. straws
5. spoons
6. tongue blade
7. penlight

III. Protocol(s):

1. An order from physician or mid-level provider (NP or PA) is entered in the EMR.
2. Patients are seen based on priority (NPO status, needed for discharge planning).
3. Patient is seen for CSE. If additional instrumental assessment is warranted, then assessment is described to patient. Primary team is contacted and order is obtained/entered in the EMR for the instrumental assessment.

IV. Procedures:

1. Prior to food trials:
    a. Complete thorough chart review and discuss current medical status with nurse and care team, including baseline swallowing function and diet
    b. Observe overall physical, social, behavioral, and cognitive/communication status
    c. Observe vocal quality at baseline
    d. Observe and monitor physiological status and vital signs, including heart rate, oxygen saturation, and respiratory rate

e. Observe secretion management skills
f. Assess cranial nerve function
g. Complete oral mechanism evaluation
h. Ensure proper posture and positioning for feeding
i. Assess status of oral care and provide oral care if needed

2. Provide food trials while assessing:
   a. Oral stage including
      i. labial seal
      ii. anterior spillage
      iii. oral control of the bolus
      iv. mastication
      v. manipulation of the bolus
   b. Pharyngeal stage including
      i. presence/absence of hyolaryngeal elevation
      ii. time required to complete swallow
      iii. behavioral signs and symptoms of laryngeal penetration and/or aspiration
      iv. changes to physiological status/voice quality.
   c. If the patient tolerates all food trials without overt sign and symptoms of aspiration, a 3 oz water test is administered to rule out silent aspiration in most populations.

3. Special Considerations:
   a. Patient status post-lung transplantation - An evaluation is performed, but only ice chips and water trials are given. Given high risk for silent aspiration and poor tolerance of aspiration, these patients are evaluated for readiness to proceed with FEES.
   b. Patient status post-cardiothoracic surgery – The 3 oz water test is contraindicated because evidence suggests this screening tool is not sensitive enough to detect silent aspiration in this population (Dallal York 2021).

V. Required Clinician Education/Supervision to Ensure Competency:

<u>VUMC Requirements</u>
All new clinicians or clinicians new to a clinical service are required to complete a focused evaluation of clinical practice with an assigned senior clinician. The senior clinician will work with the supervisor to establish competency.

The SLP must have appropriate training and demonstrate competency prior to completing CSEs. If the clinician has had recent experience completing CSEs defined as within the prior 12 months, then they are supervised completing clinical swallow evaluations on patients with a variety of diagnoses (general medical patient, ICU patient, patient s/p burn/inhalation injury, and patient with head and neck cancer). They are required to complete at least 1 CSE on each patient type (minimum 4 patients). Competency is established when the supervised clinician demonstrates reasonable decision making for readiness to implement an oral diet vs. recommendation for instrumental assessment based on evidence-based practices and thorough and accurate documentation. At that point, they are deemed competent to complete independent

CSEs which may occur within the duration of the focused evaluation of clinical practice. If the clinician does not demonstrate competency, then they continue with supervision of CSEs until the supervising SLP feels that competency has been met. If this is not achieved within the 6 months of focused evaluation, the supervisor may choose to remove the clinician from this service or continue with supervised training to develop competency.

If a clinician does not have recent experience completing CSEs, then they must first complete prescribed readings and then observe at least 1 CSEs for each patient type (minimum of 4) with the supervising SLP. Following completion of readings and observations, they then proceed through steps as outlined above with supervised CSEs to establish competency.

Annual competency is maintained through participation in monthly Dysphagia Journal Club, continuing education, chart review, and/or direct observation by supervisor or peer.

VI. Documentation:

Results are interpreted and documented in a written report in e-Star.

Documentation includes:

1. Medical History
2. Dysphagia History
3. Subjective observations, including patient's tolerance of and response to assessment
4. Objective Findings, including:
   a. cognitive status and alertness at time of evaluation
   b. results from oral mechanism evaluation
   c. oral phase findings
   d. pharyngeal phase findings
5. Assessment statement including diagnosis and recommendations (including diet - liquid/solid, mode of medication administration, compensatory strategies and feeding positions, and recommendation for further instrumental assessment, as appropriate)
6. If patient is going to be followed for therapy, goals are clearly documented
7. Billing and Coding:
   a. CPT: 92610 Evaluation of oral and pharyngeal swallowing function
   b. ICD-10: R13.10 - dysphagia, unspecified; R13.11 – dysphagia, oral phase; R13.12 - dysphagia, oropharyngeal phase; R13.13 - dysphagia, pharyngeal phase; R13.19 - dysphagia, neurogenic; along with a medical diagnosis which is the presumed cause of dysphagia

VII. References:

Suiter DM, Leder SB. Clinical utility of the 3-ounce water swallow test. Dysphagia. 2008 Sep;23(3):244-50. doi: 10.1007/s00455-007-9127-y. Epub 2007 Dec 4. PMID: 18058175.

American Speech-Language-Hearing Association. (n.d.). *Adult Dysphagia*. (Practice Portal). Retrieved September 22, 2021, from www.asha.org/Practice-Portal/Clinical-Topics/Adult-Dysphagia/.

American Speech-Language-Hearing Association (n.d.). Dysphagia Competency Verification Tool (DCVT): User's Guide. Retrieved September 22, 2021, from https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/#collapse_5

Dallal York J, Leonard K, Anderson A, DiBiase L, Jeng EI, Plowman EK. Discriminant Ability of the 3-Ounce Water Swallow Test to Detect Aspiration in Acute Postoperative Cardiac Surgical Patients. Dysphagia. 2021 Jul 15. doi: 10.1007/s00455-021-10333-0. Epub ahead of print. PMID: 34268585.

VIII. Approval:

Barbara H. Jacobson, PhD CCC-SLP

3/30/2022

Associate Division Director	**Date**

4/4/2022

Vice Chair, Clinical Operations	**Date**