Adult Dysphagia Screening, Assessment and Management Procedure

1. Purpose

The purpose of this procedure is to ensure that patients identified as at risk for dysphagia are screened, assessed and managed appropriately in WACHS inpatient, emergency, residential and community aged care settings.

2. Procedure

Dysphagia can result from a wide range of medical conditions including acute or progressive neurological conditions, trauma, disease or surgery. Dysphagia can cause dehydration and malnutrition as well as aspiration pneumonia which can lead to increased morbidity and mortality. Dysphagia screening and assessment of swallowing function is essential for the accurate identification and diagnosis of deficits in swallowing and the effective management of dysphagia.

Dysphagia screening is the process to identify at-risk patients and within WACHS, screening is typically performed by nurses.

Dysphagia assessment is a more comprehensive process completed by a speech pathologist, involving a clinical examination of a patient's presenting behaviour, function and cognition as it relates to swallowing. A range of food and fluids of varying texture and consistency may be used to evaluate swallowing skills. Additionally, examination of a patient's cranial nerve function, saliva management, and spontaneous airway protection may occur.

Clinical assessment may prompt referral for instrumental assessments to gain objective information about the swallow function. Instrumental assessments can include Video-fluoroscopy Swallow Study (VFSS) and Fibreoptic Endoscopic Evaluation of Swallow (FEES). FEES is not currently within scope for WACHS services, and VFSS is only available at some WACHS sites.

2.1 Indications for screening and assessment

Patients presenting as at risk for dysphagia or displaying signs and symptoms of dysphagia must be screened using the MR64B Dysphagia Screening Tool, and/or referred to speech pathology for assessment, as soon as possible.

Dysphagia signs and symptoms include:

- coughs, chokes or gags whilst eating or drinking
- dehydration and / or dry mouth (xerostomia)
- difficulty holding or controlling food in the mouth
- frequent oropharyngeal suction
- gurgling voice e.g. voice sounding wet or hoarse
- pain on swallowing
- recent unintentional weight loss

- recurrent episodes of pneumonia
- refusal to eat, drink or take solid medications
- regurgitation, including nasal, of undigested food or fluids
- self-reporting of difficulty swallowing
- signs of aspiration pneumonia (recurrent chest infections, shortness of breath, increased heart rate, respirations, and increased temperature)
- sputum discoloured with food or fluid
- taking longer than 30 minutes to complete a meal.

Patient conditions with a higher dysphagia risk include:
- any patient displaying signs of dysphagia
- stroke / transient ischaemic attack
- those who are transitioning from enteral to oral intake
- traumatic / acquired brain injury
- acute and progressive neurological conditions, regardless of cause
- post-surgery or radiotherapy for upper aero-digestive tract
- Orthopaedic conditions

Patient condition indicators with a potential dysphagia risk include (but not limited to):
- chronic obstructive pulmonary disease (COPD)
- disability e.g. cerebral palsy
- taking medications that may have side effects for swallowing e.g. ACE inhibitors, antihistamines, anticholinergics, antipsychotics
- post-operative, including spinal surgery / injury
- age greater than 65 years, including aged care residents.

Patients not appropriate for dysphagia screening or assessment include:
- Patients who only have difficulty swallowing tablets, no other signs of dysphagia
- Patients who are refusing oral intake with no other signs of dysphagia
- Patients who dislike taste of food and/or have a poor appetite
- Missing or ill-fitting dentures
- Pre-existing, stable, managed dysphagia with no changes from a nursing home
- Oesophageal dysphagia
- Patients on a WACHS care plan for the dying person
- Patients in their last days of life (dysphagia considered to be ‘normal’ part of dying)

2.2 Pathways for referral for dysphagia screening and assessment

Two referral pathways have been established to ensure appropriate and timely access for dysphagia assessment by a speech pathologist.

1. Dysphagia screening by nurses. If screen failed, referral to speech pathologist for dysphagia assessment (see Section 2.3)
2. Direct referral to a speech pathologist for dysphagia assessment (see Section 2.4)

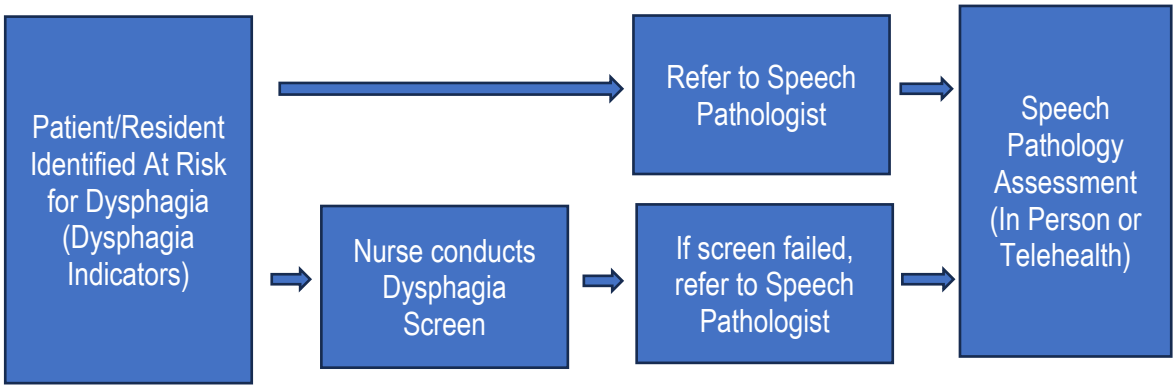

Figure 1. Referral pathways for dysphagia screening and assessment

For residents of WACHS aged care homes including Multi-Purpose Service sites and clients of relevant community aged care services, clinical admission documentation includes dysphagia screening undertaken by a Registered Nurse. For all other dysphagia indicators in these settings, referral should be made directly to speech pathology services.

2.3 Dysphagia screening by nurses

The MR64B Dysphagia Screening Tool is a quick and accurate nurse-administered tool for triaging dysphagia. The tool is suitable for a general acute and surgical inpatient population, in addition to stroke patients.

Dysphagia screening by nurses at regional resource centres

The following hospitals are required to ensure capacity exists for nurses to perform dysphagia screening: Broome, Port Hedland, Geraldton, Kalgoorlie, Albany and Bunbury.

Dysphagia screening by nurses at district and small sites

All WACHS district and small sites are required to use the risk assessment matrix (Appendix A), to determine the suitability of nurses to perform dysphagia screening of patients presenting to the site.

If it is ascertained that nurses at a district or small site **are not to perform dysphagia screening**, all clients identified as at risk are to be referred to speech pathology for dysphagia assessment, in accordance with local referral processes.

Nurses undertaking screening must:
- hold a basic life support currency
- have completed the Dysphagia Screening (DYSWA EL1) via MyLearning LMS or via face to face training with local speech pathologist

Use of the MR64B Dysphagia Screening Tool is **used only by**:
- WACHS sites applying the dysphagia screening process
- staff who have completed the required training.

Refer to Appendix B for the procedure for screening administration.

2.4 Dysphagia assessment by a speech pathologist

Clinical assessment should be completed by a speech pathologist with input from other members of the patient's health care team as required. Assessment should take place as per WACHS allied health clinical prioritisation framework and WACHS stroke protocols. for:

- Clients who are unable to undertake or fail the dysphagia screen as per the MR64B Dysphagia Screening Tool.
- Clients identified as at risk (see Section Indications for screening and assessment) in the district / smaller sites that are not applying the **dysphagia screening process**.
- Clients referred for a swallowing assessment by nursing or other health staff following concerns about swallowing function.

Referral to speech pathology should follow site referral processes.

The speech pathologist may use a range of food and fluids of varying texture and consistency to evaluate swallowing skills. The speech pathologist may also examine a patient's cranial nerve function, saliva management, and spontaneous airway protection. The MR64A WACHS Speech Pathology Adult Clinical Swallow Assessment form is recommended for use.

Instrumental swallow assessments via Video Fluoroscopy Swallow Study are available to adult patients (over the age of 16 years) at sites where speech pathologists have met the WACHS minimum requirements for training, skills and knowledge for Video Fluoroscopy Swallow Study, and where there is access to Video Fluoroscopy Swallow Study equipment, radiologists and radiographers.

Sites who met the requirements to provide VFSS are to adhere to the WACHS Videofluoroscopy Swallow Study Procedure.

There is evidence supporting the use of telehealth for dysphagia assessments. When conducting telehealth dysphagia assessments the MR64F WACHS Speech Pathology - Telehealth Dysphagia Evaluation should be used. In addition, a camera with zoom capabilities, a lapel microphone, clear cups and utensils, and the ability to position the individual in a front on (for oromotor tasks) and the lateral/ side-on position (for swallow trials) is recommended. Thin white, medical tape placed around the patient's neck, at the height of their larynx will assist the remote speech pathologist to see laryngeal elevation during swallows. To support the assessment and ensure safety, an assistant/nurse should be present with the individual undergoing the dysphagia assessment.

2.5 Dysphagia Management

Following assessment, a speech pathologist may recommend a range of dysphagia management strategies to reduce the risk of aspiration, choking and compromised nutritional intake. This may include modification of food and fluids, safe swallow and compensatory techniques, environmental management and rehabilitation. All clinical staff involved in supporting the patient with dysphagia are to be aware of and adhere to, recommended dysphagia management strategies.

Dietary Modification

The International Dysphagia Diet Standardisation Initiative (IDDSI) for modified diet and fluids is used within all WACHS sites (see Figure 1).

Figure 2: The IDDSI Framework.

For further information on the IDDSI levels refer to Appendix A for diet and Appendix B for fluid modification levels.

All staff responsible for the preparation of modified fluids and food are required to complete training on IDDSI via one of the following methods, with annual refresher training:

- the Thickened Fluids and Modified Diet (THFWA EL1) eLearning program via MyLearning LMS.
- Face to face training provided by local speech pathologist
- Face to face training provided via MS teams.

Diet and fluid modifications requirements should be documented (1) in the health record (e.g. digital medical record) (2) at the patient bedside (e.g. diet alert form), and (3) on the food service systems (e.g. Allergy Diet Application).

2.6 Eating and Drinking with Acknowledged Risk (EDAR)

Eating and drinking with acknowledged risk describes situations where a person makes an informed decision to continue any kind of oral intake that has been deemed unsafe by the treating speech pathologist or medical team.

Comfort feeding refers to a person's decision to continue oral intake for quality-of-life purposes. This typically occurs at the end-of-life, where the goals of care are to keep the person comfortable rather than curative treatment.

ATTENTION

Medical consultants must always be notified of an inpatient who is considering eating and drinking despite acknowledged risk. The Senior Medical Practitioner will make the decision in collaboration with the patient about eating and drinking with acknowledged risk.

For decision making around eating and drinking with acknowledged risk in residential and community aged care settings, refer to the Aged Care Dignity of Risk Guideline.

The speech pathologist role is to complete a thorough assessment, educate the patient and family, and liaise with the medical team and multidisciplinary team.

The following steps are required for shared decision making with the patient who is considering Eating and Drinking with Acknowledged Risk (EDAR):

Before Decision Making	
Persons to be present for conversations.	May include but not limited to: • patient and next of kin (NOK), consider the Hierarchy of Treatment Decision makers Hierarchy of treatment decision makers • medical team • interpreter.
Patient's capacity.	The patient's capacity to understand the information presented to them and ability to make a decision about the proposed treatment must be taken into account.
Modes of communication.	Ensure reading glasses, hearing aid, and written supports are available as required.

Discussion These discussions may need to occur on more than one occasion.	
Inform the patient and their next of kin of the dysphagia diagnosis.	Include instrumental swallow assessment results (VFSS), if available. Ensure that the information is provided in a way that the patient can understand, and the patient has an opportunity to ask questions.
Discuss speech pathology primary treatment recommendations and risk stratification options.	This includes high, moderate and low risk treatment options in the context of the patient's overall health and potential for recovery.
Patient and next of kin wishes discussed.	Patient and NOK preferences and priorities considered. Some patients will have an active advanced care directive, if they currently do not have capacity, and decisions must be made in accordance with this. Patient's decision must be not unduly influenced or coerced by professionals or friends/family. The patient can review their decision to risk feed at any time.

Following Decision to Risk Feed	
Documentation of decision to risk feed.	Include but not limited to • Dates, people involved and key points of the discussions. • Patient questions and responses. • State any written information/education provided. • Final decision to eat and drink at risk e.g. “patient is continuing to eat/drink XXX type of food/fluid and that they (and/or support person, family etc) are aware of the associated risks.”
Development of eating and drinking with acknowledged risk plan. (RC29 in aged care settings)	The plan will be developed in conjunction with the patient and should include: • food and fluid consistencies that the patient will eat and drink • risk mitigation strategies e.g. oral care, mobility, safe swallow strategies, chest physiotherapy, antibiotics, management plan in medical notes for choking event • escalation points (e.g. chest status, illness) and agreements on ceilings of care • review period • ongoing support available from the speech pathologist.

3. Roles and Responsibilities

All staff are to work within their scope of practice, level of training and education, and job role. Specific responsibilities are outlined within the main content of this guideline.

Medical Officers are responsible for:
- Referring patient for further investigation(s).
- Providing nutrition requirements in conjunction with the multidisciplinary team to ensure nutritional requirements are met.
- Considering medication requirements.

Speech Pathologists are responsible for:
- Assessing, diagnosing and managing dysphagia.
- Providing dysphagia education for patient, family/carers, and other health professionals.
- Auditing modified food and fluids.

Nursing staff are responsible for:
- Providing dysphagia screening in collaboration with the multidisciplinary team and/or refer to speech pathologist for assessment. Refer to Speech Pathology promptly if screen fails, is contraindicated, or cannot be completed.
- If at a site where the screen is not used, activate the site-specific after-hours pathway when speech pathologist is unavailable.
- Communicate diet and fluid orders by documenting diet/fluid orders using IDDSI levels, notifying catering/kitchen, placing bedside signage and updating handover with current IDDSI level and aspiration risk.

- Monitor patient safety by supervising initial meals post change in diet/fluids, stop and escalate if any further signs of dysphagia e.g. coughing/choking, wet voice, or respiratory changes occur (refer to section 2.1)
- Ensuring that patients on modified food and/or fluid receive the appropriately modified food/fluid at meal and snack time. Registered nurses may delegate responsibility for checking patient's food and fluid to another staff member (including Assistant in Nursing, Patient Care Assistant). Decisions to delegate the task will take into account the complexity/risk of patient care and the competency/skill of the staff member to which the task is being delegated.
- Assisting with diet and fluids and implementing swallowing strategies where required.
- Maintain suction availability for high-risk patients.

Occupational Therapists are responsible for:
- Assessing and making recommendations (i.e. environmental and personal factors such as cognitive, visual-spatial, positioning, seating and equipment) related to feeding and dysphagia in collaboration with the multidisciplinary team.

Dietitians are responsible for:
- Nutrition assessment and recommendations for the management of patients with dysphagia who present with malnutrition risks or other nutrition related conditions.
- Providing education on nutritional management plans for the patient, family, carers and health professionals.
- Supporting food services to ensure appropriate food fortification of textured modified diets.

Physiotherapists are responsible for:
- Assessing and recommending management of the patient's respiratory conditions and assessing and recommending appropriate positioning.

Pharmacists are responsible for:
- Providing advice to determine safe oral alternatives for drug formulations and management plans for medication-related dysphagia.

Allied Health Assistants are responsible for:
- Identifying basic signs and implications of dysphagia
- Identifying importance of oral hygiene
- Understanding IDDSI terminology, how to thicken fluids and key features of modified diets
- Supports completion of IDDSI audits

Patient Care Assistants are responsible for:
- Delivering food to patients and cross reference patient's meals with current food service ordering systems and diet alert form.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

WACHS Speech Pathologists are responsible for supporting and training staff to prepare modified food and fluids, and are responsible for auditing modified food and fluids as per the WACHS Nutrition Standards for Adult Inpatients and Residential Aged Care policy. The Professional Lead Speech Pathology will lead annual review of education delivered and attended via WACHS LMS reporting.

WACHS wide annual compliance audit data collection is coordinated centrally by the Professional Lead Speech Pathology. At a minimum this will occur every three years, using the following means or tools:

- Standardised clinical documentation
- Audit completion rate of relevant training
- Audit of utilisation of dysphagia screen at sites across WACHS
- Annual audit of IDDSI compliance at kitchens across WACHS.

The Datix Clinical Incident Management System (Datix CIMS) is to be used to monitor and review trends, and investigate incidents, both locally and whole of WACHS (via the Professional Lead – Speech Pathology). The WACHS Professional lead – Speech Pathology will monitor the implementation of the Eating and Drinking with Acknowledged Risk procedure.

5. References

1. American Speech-Language-Hearing Association (ASHA). Adult dysphagia. ASHA practice portal [Internet]: ASHA; [cited 2025 Feb 19]. Available from: https://www.asha.org/Practice-Portal/Clinical-Topics/Adult-Dysphagia/

2. Baijens LW, Clavé P, Cras P, Ekberg O, Forster A, Kolb GF, et al. European Society for Swallowing Disorders - European Union Geriatric Medicine Society white paper: Oropharyngeal dysphagia as a geriatric syndrome. Clinical Interventions in Aging. 2016;11:1403-1428. doi: 10.2147/cia.S107750 https://www.dovepress.com/european-society-for-swallowing-disorders-ndash-european-union-geriatr-peer-reviewed-fulltext-article-CIA

3. Chan DKY, Ong B, O'Rourke F. Dysphagia and aspiration in older people. Position statement 12 [Internet]: Australian and New Zealand Society for Geriatric Medicine (ANZSGM); 2018 (revised) [cited 2025 Feb 17]. Available from: https://anzsgm.org/wp-content/uploads/2024/04/PS-12-Dysphagia-and-Aspiration-2018.pdf

4. Cichero J, Heaton S, Bassett,L Triaging dysphagia: Nurse screening for dysphagia at an acute hospital Journal of Clinical Nursing. 2009;18(11):1649–1659. doi:10.1111/j.1365-2702.2009.02797.x https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2009.02797.x

5. International Dysphagia Diet Standardisation Initiative (IDDSI) [Internet]; [cited 2025 Mar 06]. Available from: https://www.iddsi.org/home

6. Lembo AJ. Oropharyngeal dysphagia: Clinical features, diagnosis, and management. Topic 2237 Version 31.0. 2023 Apr 18 (updated). In: UpToDate [Internet]. Waltham, MA: UpToDate. [cited 2025 Feb 17]. Available from: https://www-uptodate-

com.wachslibresources.health.wa.gov.au/contents/oropharyngeal-dysphagia-clinical-features-diagnosis-and-management

7. Lopes G. Stroke: Oral hygiene. JBI evidence summary. JBI-ES-155-5: JBI EBP Database; 2023. Available from: https://ovidsp-ovid-com.wachslibresources.health.wa.gov.au/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=jbi&AN=JBI20454&PDF=y&LSPDF=y&LSPROMPT=JBI+Database+PDF

8. Palmer PM, Padilla AH. Risk of an adverse event in individuals who aspirate: A review of current literature on host defenses and individual differences. American Journal of Speech-Language Pathology. 2022 Jan 18;31(1):148-162. doi: 10.1044/2021_AJSLP-20-00375 https://www.proquest.com/scholarly-journals/risk-adverse-event-individuals-who-aspirate/docview/2623610608/se-2?accountid=38630

9. Royal College of Speech and Language Therapists (RCSLT). Dysphagia - guidance [Internet] UK: RCSLT; 2015 [cited 2025 Feb 17]. Available from: https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-guidance/

10. Royal College of Speech and Language Therapists (RCSLT). Eating and drinking with acknowledged risks: Multidisciplinary team guidance for the shared decision-making process (adults) [Internet]: RCSLT; 2021 [cited 2025 Feb 17]. Available from: https://www.rcslt.org/wp-content/uploads/2021/09/EDAR-multidisciplinary-guidance-2021.pdf

11. Whitehead A, et al. Informed choice and shared decision making with people who eat and drink with acknowledged risk [Internet]. Melbourne, VIC: Speech Pathology Association of Australia (SPA); 2021 [cited 2025 Feb]. Available from: SPA's Member Portal [restricted access].

12. Cichero J, Baldac S, Ledger M, Wilson C. Dysphagia. Clinical guideline [Internet] Melbourne, VIC: Speech Pathology Australia (SPA); 2012 [cited 2025 Feb 17]. Available from: https://www.speechpathologyaustralia.org.au/Common/Uploaded%20files/Smart%20Suite/Smart%20Library/fafa8a7a-0700-44b6-a3fc-5ec064eebc8a/FINAL_15062012_Dysphagia_Clinical_Guidelines_Web%205.pdf

13. Burns CL, Hill AJ, et al. Principles of practice for telepractice in speech pathology [Internet]. Melbourne, VIC: Speech Pathology Association of Australia (SPA); 2022 [cited 2025 Feb]. Available from: SPA's Member Portal [restricted access].

14. Speyer R, Cordier R, Farneti D, Nascimento W, Pilz W, Verin E, et al. White paper by the European Society for Swallowing Disorders: Screening and non-instrumental assessment for dysphagia in adults. Dysphagia. 2022;37(2):333-349. doi: 10.1007/s00455-021-10283-7 https://link.springer.com/article/10.1007/s00455-021-10283-7

15. Stephenson M, Sumsuzzman D. Post-stroke dysphagia: Screening and assessment. JBI evidence summary. JBI-ES-5039-3: JBI EBP Database; 2024. Available from: https://ovidsp-ovid-com.wachslibresources.health.wa.gov.au/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PA

GE=fulltext&D=jbi&AN=JBI122927&PDF=y&LSPDF=y&LSPROMPT=JBI+Database+PDF

16. Stroke Foundation. Australian and New Zealand living clinical guidelines for stroke management [Internet]. Melbourne, VIC: Stroke Foundation; [cited 2025 Feb 17]. Available from: https://informme.org.au/guidelines/living-clinical-guidelines-for-stroke-management#

17. Stroke Foundation. National Stroke Audit – Acute services report 2023 [Internet]. Melbourne, VIC: Stroke Foundation; 2023 Nov [cited 2025 Jan 17]. Available from: https://informme.org.au/media/uppnqukx/2023-national-acute-services-national-report.pdf

6. Definitions

Term	Definition
Assessment	Dysphagia assessment is a more comprehensive process completed by a speech pathologist, involving a clinical examination of a patient's presenting behaviour, function and cognition as it relates to swallowing.
Carer	A person who provides personal care, support and assistance to another individual who needs it because they have a disability, a medical condition (including a terminal or chronic illness) or a mental illness, or are frail and/or aged.
Dysphagia	Difficulty in swallowing. Swallowing is defined as the movement of a bolus of food, fluid or saliva from the mouth to the stomach.
End of Life	End-of-life is the timeframe during which a person lives with, and is impaired by, a life-limiting/ fatal condition, even if the prognosis is ambiguous or unknown. Those approaching end-of- life will be considered likely to die during the next 12 months.
Patient	A person who is receiving care in a health service organisation.
Screening	The process to identify patients at risk of dysphagia, and within WACHS, screening is typically performed by nurses.

7. Document Summary

Coverage	WACHS inpatient facilities, residential and community aged care settings
Audience	WACHS Clinicians involved with adult patients that could require dysphagia screening, assessment and management
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	• MP 0095/18 Clinical Handover Policy • MP 0122/19 Clinical Incident Management Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • Code of Practice for Clinical and Related Waste Management
Related WACHS Policy Documents	• Airway Suctioning - Clinical Practice Standard • Clinical Documentation Policy • Chaperone Policy • Hand Hygiene Policy • Hip Fracture Clinical Care Policy • Infection Prevention and Control Policy • Nursing / Midwifery Shift to Shift Bedside Clinical Handover - Process Flowchart • Nutrition and Hydration Procedure • Nutrition Standards for Adult Inpatients and Residential Aged Care • Personal Protective Equipment (PPE) Procedure • Pressure Injury Prevention and Management Policy • Residential Admission Assessment Form (RC5) • Residential Aged Care Services Guideline. • Aged Care Dignity of Risk Guideline • RC29 My Choices – Dignity of Risk Form • Videofluoroscopy Swallow Study Procedure • WA End-of-Life and Palliative Care Strategy 2018-2028 (health.wa.gov.au)
Other Related Documents	• International Dysphagia Diet Standardisation Initiative (IDDSI) Framework • Royal Brisbane and Women's Hospital Health Service District Daily Swallow Screen • WACHS Bed Signs for Speech Pathology Food and Fluid • Hierarchy of treatment decision makers
Related Forms	• MR64A WACHS Dysphagia Speech Pathology Adult Swallowing Assessment • MR64B Dysphagia Screening Tool (Royal Brisbane Women's Hospital (RBWH) • MR64F WACHS Speech Pathology - Telehealth Dysphagia Evaluation, • MR64G Adult Safe Swallowing Care Plan

Related Training	Available from MyLearning: • Dysphagia Screening (DYSWA EL1) • Thickened Fluids and Modified Diet: Introduction (THFIN EL1) • Thickened Fluids and Modified Diet: Preparation (THFWA EL1)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4314
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.07, 1.27, 5.27, 5.28
Aged Care Quality Standards	1(1.3), 2(2.4), 3, 5(5.1), (5.4), (5.5.2), 6
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	NDIS Practice Standards

8. Document Control

Version	Published date	Current from	Summary of changes
5.00	27 May 2026	27 May 2026	Formal review. Key changes include: • realign format from CPS to Procedure • scope to include residential and community aged care settings • inclusion of instrumental and telehealth swallowing assessments • guidance on management of Eating and Drinking with Acknowledged Risk • roles and responsibilities updated • hyperlinks updated as required

9. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Trish Chivilo, Professional Lead Speech Pathology
Business Unit	Allied Health Program
EDRMS #	ED-CO-15-92632

This document can be made available in alternative formats on request.

Appendix A: District and Smaller Site Dysphagia Screening Risk Assessment

District and small sites are required to risk assess, using the following risk matrix, the requirement of nurses to perform dysphagia screening of patients presenting to the hospital.

Risk Factor	**Status**		
Frequency of presentations requiring screening	Once per shift or more, daily, weekly	Less than weekly	Rare Occurrence
Capacity to ensure staff competent in performing a dysphagia screen present on all/most shifts	Always	Sometimes	Rarely
Ability to ensure maintenance clinician competency in dysphagia screening (frequency of presentations)	High	Medium	Low
Recommendations	Nurses at site recommended to perform dysphagia screening	Decision made in consultation with nursing and speech pathology	Nurses at site not recommended to perform dysphagia screening

Each risk factor is to be considered, with recommendations at the end of the columns applicable when the majority of cells are selected within the column. Where there is uncertainty, consultation between nursing management and speech pathology services is recommended.

Access to support by local speech pathology services is a factor determining the need for nursing performance of dysphagia screening. In some cases, infrequent speech pathology visits to sites may be indicative of needing dysphagia screening because this will mean that patient's swallow skills are addressed while waiting for a speech pathology visit.

It may also mean that nursing staff can discuss patient swallow skills in more detail, using the results from the screen, when having phone discussions with the off-site speech pathologist. In other situations, the infrequent visits from a speech pathologist may mean that dysphagia screening is inappropriate because of the reduced capacity for nursing support by a speech pathologist for using the dysphagia screen.

If it is ascertained that the district and smaller site **will not apply dysphagia screening**, all clients identified as at risk are to be referred to speech pathology for dysphagia assessments, in accordance with local referral processes.

Appendix B: Dysphagia Screening Process

Indicators

Patients presenting as at risk for dysphagia or displaying signs and symptoms of dysphagia must be screened as soon as possible.

Contra indications

- **Absolute** All patients who are unable to follow commands must be referred for screening / assessment by a speech pathologist or a senior medical practitioner.
- **Relative** Clients who have already been diagnosed with dysphagia or are on a modified diet. Depending on the reason for admission, these clients may not require screening (maintain current diet / fluid modifications) or are to be directly referred to a speech pathologist, if they are not tolerating their current modified diet and fluids. Patients should be made nil by mouth (NBM) if they are not tolerating their current modified diet and fluids until a speech pathology assessment.

Pre-Screening Key Points

Before commencing the dysphagia screen, it is important that the equipment, the environment and the patient are adequately prepared for the screen. This includes:

- ensuring all the required equipment is prepared
- ensuring that suctioning equipment is available/working
- ensuring patient is alert and cooperative
- the patient has received information relating to the intended procedure
- patient identification and procedure matching processes are undertaken
- ensuring to maintain patient privacy and dignity, and distractions are removed
- offering the presence of a chaperone where appropriate to patient and clinician requirements
- providing the opportunity for an accredited interpreter and / or Aboriginal Liaison Officer where appropriate to the patient's language, cultural or communication requirements
- ensuring the patient is seated in an upright position, as clinically indicated
- complete mouth care prior to administration of MR64B Dysphagia Screening Tool.

Staff are to comply with the specific requirements for hand hygiene, aseptic technique and personal protective equipment, in alignment with the WACHS Infection Prevention and Control Policy.

Procedure

Follow procedures as outlined in the MR64B Dysphagia Screening Tool.

Post Procedure

Following the completion of the dysphagia screen, the following actions must be completed:

- Ensure the patient remains in an upright position for a minimum of 30 minutes.
- Inform catering staff and nursing co-ordinator of dietary changes.
- Update ward documentation e.g. Allergy Diet Alerts (ADA).
- Leave completed screen in patient's file.

- Advise the following of the screening outcome (as relevant):
  - speech pathologist
  - medical staff
  - nurse coordinator
  - dietetics
  - patient and family.
  - MR64B Dysphagia Screening Tool should be repeated when an assessment from a speech pathologist is not available for some time e.g. over the weekend and the patient's presentation fluctuates.

Daily Swallow Screen

The Royal Brisbane Women's Hospital (RBWH) Daily Swallow Screen provides a method of continually monitoring for changed conditions following administration of the RBWH Dysphagia Screening Tool. It is a list describing aspects for nursing staff to consider before, during and after oral intake. A flowchart guides nursing staff in management and referral processes if concerns are identified.

It raises the awareness of the differing needs of independent and dependent feeders, and suggests environmental changes when necessary (e.g., provision of dentures, or providing supervision). If indicators of dysphagia are observed, the RBWH Daily Swallow Screen will direct staff to refer the patient to a speech pathologist. Staff are instructed to place a patient NBM and consider alternative feeding (in consultation with the medical team) until the patient has been assessed by the speech pathologist

This tool can be used at each site's discretion, in consultation with the local speech pathologist.

Appendix C: Modified Food used in WACHS Facilities

The levels of modified food used in WACHS facilities include:

Level	Descriptor	IDDSI Testing
7	**Regular**	• Everyday foods. No exclusions
7	**Easy chew***	• Push with a fork, with enough pressure that the thumbnail turns white, the food can be squashed and not return to its original shape (Fork pressure test), • Food can be cut using pressure from a fork.
6	**Soft & Bite Sized**	• Pieces less than 15mm x 15mm (adult) or 8mm x 8mm (child) • Food squashes, breaks apart or easily changes shape when pressed down with the side of a fork until the thumb nail turns white (Fork Pressure test) • No separate thin liquid
5	**Minced and Moist**	• Finely minced, Soft, moist, and cohesive in appearance • No liquid dripping from a fork, • Lumps 4mm in size or fit in between prongs of the fork, • Food squashes, breaks apart or easily changes shape when pressed down with the side of a fork until the thumb nail turns white (Fork Pressure test) • Biting is not required, minimal chewing required, • Holds its shape on a spoon and falls off fairly easily if spoon is tilted (Spoon tilt test), • Lumps can be mashed with the tongue, • Should not be firm or sticky.
4	**Pureed**	• Usually eaten with a spoon, • Does not require chewing, • Has a smooth texture with no lumps, • Holds shape on a spoon, • Falls off a spoon in a single spoonful when tilted (spoon tilt test), • Is not sticky • Liquid (like sauces) must not separate from solids, • Must be tested with fork drip test and Spoon tilt test – pureed food must pass both tests.
3	**Liquidised**	• Fluid food • Drips slowly or in strands through prongs of a fork (fork drip test) • 8 – 10 ml liquid remaining in *specified syringe (syringe test)

*** Easy Chew Diets**

Nurses can prescribe this diet, however, should refer to a speech pathologist if there are any concerns regarding swallow safety.

This diet is for people who do not have dysphagia but difficulties chewing hard/firm textures. There are no particle size restrictions and bread can be used (no crusts).

The decision to offer easy chew textures at a site should be made after discussion with relevant food service stakeholders. Decisions to include an easy chew diet will need to consider:

- A review of the site's current menu to identify if there are any existing food items that are suitable for easy chew (everyday foods with soft, tender textures)
- The volume of easy chew diets per week
- Complete additional IDDSI training face to face with kitchens and nursing in an ongoing manner (this texture will not be included in statewide training)
- Have capacity to undertake IDDSI audits for this texture as per the Nutrition Standards guideline.

If a site decides to include easy chew, please notify the local speech pathologist and WACHS Speech Pathology professional leads to ensure the IDSSI audit requirements are captured.

Appendix D: Modified Fluids used in WACHS Facilities

Level	Thickness	Test
1	**Slightly Thick**	• 1-4 ml liquid remaining in *specified syringe (syringe test)
2	**Mildly Thick**	• 4-8 ml liquid remaining in *specified syringe (syringe test)
3	**Moderately Thick**	• Drips slowly or in strands through prongs of a fork (fork drip test) • 8 – 10 ml liquid remaining in *specified syringe (syringe test)
4	**Extremely Thick**	• Falls off a spoon in a single spoonful when tilted (spoon tilt test) • Liquid sits in a mound above fork prongs and does not drip through (fork drip test)

*Syringe used must be - 10 mL slip tip hypodermic syringe