## Considerations for brief screen of swallow function to determine candidacy for oral administration of study medication (e.g. celery study):

The following content is designed to assist the medical team in determining whether patients can safely swallow study medication(s) in circumstances where speech is unable to complete comprehensive testing (i.e. overnight).

Ultimately, decision to allow oral medication prior to comprehensive testing by SLP is to the discretion of the medical team.

## Behavioral observations:

- LOA pt must be awake / alert for any oral trials (and able to maintain adequate LOA)
- Vocal quality dysphonia (hoarse, harsh, breathy voice) could suggest compromised airway
  protection
- Secretion management presence of drooling or vocal wetness may indicate poor secretion management with increased aspiration risk

## Administration of oral trials:

- 1. Sit upright for oral trials (hips at 90 degrees)
- 2. Offer 3 ounces of water from a cup. Monitor for the following symptoms of compromised airway protection (see below)
  - a. Overt signs of aspiration: coughing, choking, vocal wetness, change in breath sounds (upper airway congestion)
- 3. If concern for aspiration during 3-ounce water test, consider offering 1-2 bites of puree (applesauce or pudding) to determine whether this might be a safe mode of administering oral medication. Monitor for the following symptoms (see below)
  - a. Clinical symptoms of pharyngeal retention multiple swallows per bolus, delayed coughing / throat clearing

## Special considerations:

- Patients with moderate-severe dysarthria (speech that is difficult to understand 50% of the time or more) – severity of impairment raises concern for potential sensory impairments, therefore, heightened risk for aspiration (particularly <u>silent</u> aspiration)
- Patients with severe aphasia (non-verbal, non-vocal and poor comprehension) severity of impairment raises concern for sensory deficits and heightened risk for aspiration (particularly silent aspiration)

<sup>\*\*</sup>Please be considerate with documentation -- this screen of swallow function is not comprehensive and should not be documented as a swallow evaluation