



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Nurse-Led Structured Swallowing Screening (SSS)**

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**Introduction**

In Department of Intensive Care of Pamela Youde Nethersole Eastern Hospital (PYNEH), there was no standardized swallowing screening tool for nurses to assess individuals before resuming oral intake. The potential risks of dysphagia and aspiration were hidden as nurses usually used their own clinical judgment. Practice in the swallowing assessment varied.

**Objectives**

1. Adopt an appropriate swallowing screening for extubated or tracheostomized individuals before they resume oral intake; 2. Equip ICU nurses with knowledge and skill to perform safe swallowing screening by an educational talk and video demonstration; 3. Establish protocol on swallowing screening; 4. Evaluate the effectiveness of the training by comparing pre-/post- education questionnaires; 5. Make referral to Speech Therapist (ST) promptly if patient is assessed and identified as “at risk of swallowing problem” by nurses; 6. Follow up patient outcome.

**Methodology**

The project included the following scopes: 1. Conduct baseline assessment to determine nurses’ knowledge and practice; 2. Review and adopt a standardized swallowing screening; 3. Design and conduct education program to fill the knowledge gap; 4. Facilitate staff to use SSS; 5. Conduct evaluation on i. patient outcome on the early detection of aspiration risks; ii. the effectiveness of education program by comparing pre-/post- education survey; iii. staff on the usefulness of the SSS.

**Result**

From July to December 2012, 82 patients were screened by SSS. 15% (n=12) of our selected patients were detected to have signs of dysphagia. Those who passed SSS resumed oral intake uneventfully. Those who failed in SSS were referred to ST, and were diagnosed to have some degree of aspiration risks and required feeding modifications. The pre/post-education survey shows that nurses managing to identify

all dysphagia signs increased from 34% to 78% ( $p < 0.0001$ ). It proved that the education program was effective to enrich nurses' knowledge to detect early signs of dysphagia. In 56 evaluation form returned, 86 % ( $n=48$ ) of nurses who tried SSS were confident of performing it and agreed SSS was useful. 82% ( $n=46$ ) thought SSS was better than the previous method they used to screen out patient with swallowing problem. This project enhanced nurses' knowledge by education, allow early detection of aspiration risk, and ensure safe and appropriate swallowing screening with promptly ST referral.