Service Priorities and Programmes

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A bedside swallowing screening program for neurosurgical patients

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Introduction

A swallowing screening program, jointly designed by the Department of Speech Therapy and the Department of Neurosurgery of the Prince of Wales Hospital (PWH), underwent a pilot run in the Neurosurgical (NS) Unit.

Objectives

Our study aimed at evaluating the reliability and applicability of this inter-disciplinary swallowing screening program. The introduction of this screening tool served to facilitate early identification and management of neurosurgical patients with swallowing difficulty and early resumption of oral feeding.

Methodology

The screening test was designed for neurosurgical patients who were ready to resume feeding during long holidays or non-office hours in which speech therapy consultation was not available. The test was conducted by nursing staff of NS wards before a patient resumed oral feeding. To equip nursing staff with relevant knowledge and skills, an education talk was delivered by a speech therapist on swallowing disorders in addition to the details of the screening tool. Four ‘linked nurses’ were selected and audited on the implementation of the screening procedures. After achieving competence, these nurses were qualified to conduct training to their colleagues. During the screening, patients who did not meet any pre-set exclusion criteria were classified into either ‘borderline’ or ‘low-risk’ group according to their medical history and clinical condition. ‘Borderline’ patients were screened using the Thin Fluid Test and the Thick Fluid Test whilst ‘low-risk’ patients received the Regular Diet Test. Outcome measures included the agreement in the results from nurse’s screening and speech therapist’s assessment, as well as the occurrence of complications after resuming oral feeding.

Result

Eleven neurosurgical in-patients were recruited in the pilot run from the NS unit of PWH from March to April, 2013. They included 8 patients classified as ‘borderline’ and 3 classified as ‘low-risk’. For the ‘borderline’ group (n=8), there is 75% (6/8) and 87.5% (7/8) agreement between ST’s and nurse’s test result in the Thin Fluid Test and the Thick Fluid Test respectively. For the ‘low-risk’ group (n=3), all patients passed the screening and none demonstrated swallowing difficulties or developed complications after the resumption of oral feeding. This swallowing screening has demonstrated inter-disciplinary collaboration in patient care and preliminary results from its pilot run in the neurosurgical population were encouraging. A trial run of a larger scale and ultimate implementation of the screening were highly recommended.