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3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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Applicability: DDSN Regional Centers and Community Residential Providers (ICF/IID and non-ICF/IID)

PURPOSE

The South Carolina Department of Disabilities and Special Needs (DDSN) values the health, safety and well-being of each person. Research indicates that dysphagia and gastroesophageal reflux disease (GERD) are significant health issues for many people, especially those with Intellectual Disabilities and/or Related Disabilities (ID/RD). People with ID/RD are also at high risk for health-compromising complications associated with dysphagia and GERD.

Complications resulting from unidentified or poorly managed dysphagia and/or GERD include aspiration, choking incidents, unplanned weight loss, dehydration, chronic respiratory disorders, aspiration pneumonia, esophagitis, Barrett's esophagus as well as other medical conditions. Choking incidents and aspiration related to dysphagia and GERD are leading causes of death in people with ID/RD.

The purpose of this Directive is to outline the procedures for those living in DDSN-operated or DDSN-sponsored residential settings to assure that:

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

- When present, dysphagia and/or GERD are identified, appropriately treated and/or managed, and monitored so that associated complications are decreased or eliminated, and,
- Incidents of choking are properly evaluated.

The **DYSPHAGIA/GERD PROTOCOL** will be used for this purpose. The Protocol consists of the **Swallowing Disorders Checklist**, the **Swallowing Disorders Follow-Up Assessment** and the **DDSN Swallowing Disorders Consultation Summary** (see Attachments).

DEFINITIONS

- Aspiration: The entering of food, liquid, gastric contents and/or oral secretions into the airway. Coughing often occurs with aspiration.
- Choking: To become unable to breathe or unable to breathe in a normal way due to airway obstruction.
- Dysphagia: Difficulty swallowing. Dysphagia may occur at one or more of the three stages of the swallow (oral, pharyngeal, esophageal).
- Gastroesophageal Reflux Disease (GERD): The backflow of gastric and/or duodenal contents past the lower esophageal sphincter and into the esophagus.
- Silent Aspiration: Aspiration that occurs with no outward, clinical indication such as coughing.

PROCEDURE

All who reside in DDSN-operated or DDSN-sponsored residential settings shall be screened using the **Swallowing Disorders Checklist**:

- Within 30 days of admission,
- Annually,
- Following any incident of choking, and
- Any time a consistent change, concern, or problem is noted in any area identified on the Checklist.

The **Swallowing Disorders Checklist (Checklist)** must be completed with input from those who know the person well. Those providing input must have, on several occasions, assisted the person with or observed the person while dining. If being completed following an incident of choking, the **Checklist** must, when possible, be completed with input from someone who was present when the choking incident occurred. Each statement on the **Checklist** requires a “yes” or “no” response.

If the response to all statements on the **Checklist** is “no”, no additional action is required. The current annual **Checklist** must be available upon request and maintained as part of the person’s residential services or medical record.

A “yes” response to any statement on the **Checklist** is an indicator that a problem may exist.

If the response to any statement on the **Checklist** is “yes”, the **Swallowing Disorders Follow-Up Assessment** must be completed (unless the provider or DDSN Regional Center has a therapist who can evaluate the Checklist and the therapist conducts an assessment and documents the results of this assessment or unless otherwise noted on previous **Consultation Summary**). It is recommended that the **Swallowing Disorders Follow-Up Assessment** (the **Assessment**) be completed by a trained medical professional (e.g., nurse), but may be completed by a non-medical professional or paraprofessional if a trained medical professional is not accessible (in a non-ICF/IID setting). It must be completed using the person’s current and historical medical and residential documentation which may include current medication list, physician orders, medical assessments, evaluations, diagnostic testing, residential assessments as well as any available historical information. Medical records such as Admission/Discharge Summaries of hospitalizations, pertinent notes and results of diagnostic testing and evaluations, etc., when available must be included as part of the **Assessment**. The **Assessment** is not considered to be “complete” unless a response to all items is documented and all required medical records are included. If medical records are not readily available, documentation of the efforts made to obtain the records must be available.

FOR THOSE WHO RESIDE IN DDSN REGIONAL CENTERS

Once the **Swallowing Disorders Checklist** and the **Swallowing Disorders Follow-Up Assessment** are completed, when applicable, the information must be forwarded to the person’s Occupational Therapist or Speech Therapist (OT/SP).

A checklist/assessment that is completed for annual review must be submitted to OT/SP within ten (10) business days of completion of the checklist/assessment. A checklist/assessment that is completed in response to a choking incident must be submitted to OT/SP within five (5) business days of the incident.

Upon receipt of the completed documentation, the OT/SP will evaluate the information and provide to the Qualified Intellectual Disability Professional (QIDP) a **DDSN Swallowing Disorders Consultation Summary/Functional Assessment**. The **Consultation Summary/Functional Assessment** will include the significant findings and assessment from evaluation of the information submitted/reviewed and requirements for QIDP follow-up. A Functional Assessment completed by an OT/SP can take the place of the Consultation Summary. A Consultation summary completed following a choking incident must be uploaded as an “associated document” for the Critical Incident report.

When the **Consultation Summary** includes actions/recommendations in the “Required Provider Follow-Up” section, the QIDP must take those actions immediately.

FOR THOSE WHO RESIDE IN COMMUNITY RESIDENCES

Once the **Swallowing Disorders Checklist** and the **Swallowing Disorders Follow-Up Assessment** are completed, this information must be forwarded to DDSN or the provider's OT/SP. A **Checklist/Assessment** that is completed for annual review must be submitted to DDSN or OT/SP within ten (10) business days of completion of the **Checklist**. A **Checklist/Assessment** that is completed in response to a choking incident must be submitted to DDSN and the provider's OT/SP (if applicable) within five (5) business days of the incident. If relevant medical documentation is not available, the Checklist/Assessment should still be submitted to DDSN or the provider's OT/SP.

Upon receipt of documentation, DDSN or the provider's OT/SP will evaluate the information and provide to the residential service provider a **DDSN Swallowing Disorders Consultation Summary**. The **Consultation Summary/Functional Assessment** will include the significant findings and assessment from evaluation of the information submitted and requirements for provider follow-up. A functional assessment completed by an OT/SP can take the place of the consultation summary. A Consultation Summary/Functional Assessment completed following a choking incident must be uploaded as an "associated document" for the Critical Incident report.

When the **Consultation Summary/Functional Assessment** includes actions/recommendations in the "Required Provider Follow-Up" section, the service provider must take those actions/recommendations within 30 calendar days of receipt of the **Consultation Summary** (actions must be implemented immediately for those individuals residing in ICFs/IID). Documentation of the steps taken to accomplish the "Required Provider Follow-Up" must be available. If the actions/recommendations are not to be implemented, written documentation of the rationale for non-implementation must be available.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

Attachments:

- Attachment A: Swallowing Disorders Checklist Instructions
- Attachment B: Swallowing Disorders Checklist
- Attachment C: Swallowing Disorders Follow-Up Assessment Instructions
- Attachment D: Swallowing Disorders Follow-Up Assessment
- Attachment E: DDSN Consultation Summary