

# DDSD Health Alert

## Aspiration Alert #2

TIP SHEET FOR STAFF  
AND FAMILIES

JUNE 30, 2008

### COMMON SIGNS OF ASPIRATION

**Weak cough and attempts to clear throat**

**Coughing or gagging while eating, drinking or after meals**

**“Wet” sounding voice or vocalizations**

**Choking or in-ability to speak**

**Gurgling sounds with breathing**

**Increased or persistent mucous production**

**There may be a low grade or high grade fever**

**Rapid breathing, shortness of breath or gasping for breath**

**Increased heart rate**

**Decreased level of responsiveness or consciousness**

## **Aspiration pneumonia: leading cause of death for NM DD Waiver for persons with Developmental Disabilities**

### **What is Aspiration and why is it important?**

Aspiration refers to fluid or food entering the airway and moving down into the lungs. It can be caused by food, fluids or oral secretions (saliva) entering the lungs or it can be caused by stomach contents moving back up the esophagus, spilling into the person's airway and entering the lungs. When aspiration occurs, bacteria enters the lungs and can cause aspiration pneumonia. Usually when someone aspirates, they cough in an attempt to clear the food or fluid out of their lungs. Some people with neurological damage have a weakened cough reflex and do not cough – this is called “silent aspiration”. Food, fluids or saliva may be entering the lungs with no outward indication that this has occurred. Swallowing problems resulting in aspiration are more common in individuals with developmental disabilities (especially those with cerebral palsy), in individuals who have had a stroke, and in individuals who are elderly. Acute and chronic aspiration can cause life threatening pneumonia or permanent lung damage. Eating rapidly, swallowing without chewing or eating inedible objects may result in aspiration that completely blocks the persons airway. Choking on chunks of food or inedible objects is life threatening and requires rapid emergency response: abdominal thrusts and calling 911. Aspiration is the most common cause of death for New Mexico DD waiver participants. The DDSD is renewing its efforts at minimizing aspiration risk and assisting providers to better manage the risk of aspiration.

## **Managing Aspiration Risk**

Individuals with Developmental Disabilities are at an increased risk for aspiration since the functioning of their nervous, muscle and gastric systems can be impaired. The most common risk factors for individuals are being dependent on others for assistance with feeding; dysphagia (difficulty swallowing); tube feeding; gastro esophageal reflux disease (GERD), rumination (voluntarily regurgitating gastric contents) and vomiting during seizures. Behavioral symptoms such as unsafe eating (swallowing without chewing or rapid eating) and eating inedible objects (pica) also can present significant risk of aspiration, choking and death.

Individuals at risk should be assessed by trained professionals such as the primary care practitioner (PCP), the SAFE clinic (see page 2), Speech Language Pathologists, Physical or Occupational therapists and Behavioral consultants. A video fluoroscopy or barium swallow may be obtained to determine the extent of swallowing risk and the type food or fluid intake that may be safely ingested.

The interdisciplinary team must work together to develop approaches to best manage aspiration risk. These approaches must be based on the person's unique needs and desires. Approaches may include modification of the texture and thickness of food and fluids; using special eating equipment or techniques; utilizing tube feedings; proper positioning during and after meals/tube feedings; saliva management and management of behavioral symptoms related to eating. A sample aspiration risk management health care plan has been developed and is available on the DDSD website. This plan would be completed by the agency nurse, reflecting additional plans and input from the PCP and other members of the team.

Direct Support Staff should watch for and report to the nurse events such as gagging, coughing, vomiting, possible aspiration or choking that requires suctioning or emergency intervention. After these events, the person should be monitored for signs of illness for 72 hours. Aspiration pneumonia may develop very quickly. The symptoms may or may not be subtle. Fever may be slightly elevated or very high. In addition, rapid heart rate, rapid breathing or a change in the level of responsiveness may be the only outward sign of illness. Prompt medical attention must be obtained to begin treatment and decrease the risk of death from infection. Crisis intervention, mealtime and healthcare plans should be current, consistent and understood by direct support staff.

# Resources: Focus on the SAFE clinic

The SAFE clinic **Supports and Assessment for Feeding and Eating (SAFE) Program** is a joint project of the New Mexico Department of Health and the University of New Mexico Continuum of Care Project and the UNM Center for Development and Disability.

The mission of the SAFE Clinic is to provide support and guidance to individuals, interdisciplinary teams (IDT) and families regarding safe and healthy eating or tube feeding.

New Mexican with a developmental disability may be referred to this clinic. The interdisciplinary SAFE Clinic Team is comprised of a nutritionist, a physician, a physical therapist and speech-language pathologist. This team of eating specialists can evaluate the individual, review diagnostic reports and provide a recommended meal time procedures packet and a video tape demonstrating proper feeding and eating/feeding techniques.

**How to Make a Referral**  
Any interested family or IDT members are encouraged to attend and participate in the clinic. Referral can be made directly to the SAFE clinic by calling Elisabeth Ceysens, RD at 505-272-0285.

The New Mexico SAFE Program is based at University of New Mexico's Center for Development and Disability (CDD) at 2300 Menaul NE, Albuquerque, NM.

## Update: Policy & Procedure

The current DDSD Policy and Procedure was published in 2004. Although this policy is under revision, the current policy is still in effect and must be followed!

The current policy is available online in the Rules section.



DDSD plans to distribute a draft version of the new policy and procedure by the end of July and will request feedback from stakeholders in August.

## Statewide Aspiration Risk List

The Statewide Aspiration Risk List (SARL) is maintained by the Clinical Services Bureau. The list is updated quarterly and sent to the Regional Case Management Coordinators for distribution to Case Management Agencies. Please review this carefully for needed corrections and updates.

For questions or edits, please contact Suzanne Shaffer at 505-841-2913 or Sherylynn Elam at 841-2948.

To request removal from the SARL, please contact Suzanne Shaffer for details.

**REMINDER - Case Managers: Quarterly aspiration reports completed in April, May and June are due to your local Regional Office no later than July 15.**

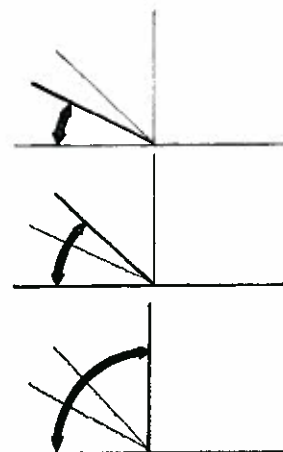
## Positioning for Aspiration Management

Positioning Specialists are usually the Physical or Occupational Therapist. These clinicians work with the PCP and team nurse regarding the individual's risk factors and unique positioning needs for aspiration risk management. In consultation with the Primary Care Practitioner (PCP), the seating specialist will determine the most appropriate trunk angle to use for various activities and to enable the direct care staff to follow these instructions. Simple indicators, such as tape on the wall behind the head of the bed, can be used to

guide staff in following these instructions.

Some wheelchairs have an indicator which shows staff the tilt angle of the chair. Remember that the number indicated on the wheelchair doesn't always represent the trunk angle!

In addition, staff should be trained to recognize when the trunk angle of the individual is at the desired angle for the activity. If the individual slides down, their trunk will no longer be at the same angle that the chair or bed setting reflects.



30 degrees elevation

45 degrees elevation

90 degrees elevation

**REMEMBER:** Aspiration can occur if someone is lying flat on their back!

# New Mexico DDSD Tip Sheet

## **Aspiration at a Glance – *What everyone needs to know***

People with developmental disabilities are more likely to have difficulty eating and swallowing. This can cause them to aspirate (get food, liquids, or other things in the airway or the lungs). In New Mexico, aspiration is the leading cause of death among people on the DD Waiver.

Aspiration happens when:

- Food, liquids, saliva or other items enter the lungs or
- Food, liquids, or vomit from the stomach move back up and enter the lungs.

Aspiration can result in injury, illness and death.

- The airway can be blocked: the person may choke to death
- Bacteria can get into the lungs and cause pneumonia
- The lungs can be scarred leading to lifelong breathing problems

Aspiration can happen at any time, not just at mealtime. It is important to:

- Know and follow each person's aspiration health care plan and crisis prevention/intervention plan
- Know and follow each individual's meal time plan
- Know and follow plans for positioning at meals and after meals
- Know that some people can aspirate if they lay flat during personal care, rest or sleep.
- Get help when needed and alert others that someone may be ill or having problems
- Know the signs of aspiration (listed below)

### **You play an important role**

As someone who works directly with people with developmental disabilities you are the frontline of defense against aspiration. Be prepared!

### **The top ten signs of aspiration:**

1. Weak cough and or attempts to clear the throat
2. Coughing or gagging while eating, drinking, or after meals
3. "Wet" sounding voice or vocalizations
4. Choking or inability to speak
5. Gurgling sounds when breathing
6. Producing more mucous or constantly producing mucous
7. Fever (either low grade or high grade)
8. Rapid breathing, shortness of breath, or gasping for air
9. Increased heart rate
10. Change in the person's level of responsiveness, consciousness or behavior