

## **Instructions for use of the standard Health Care Plan for Aspiration Risk Management - New Mexico DD Waiver**

### **Introduction:**

Individuals with developmental disabilities are often at risk for aspiration events due to behavioral and physiological issues. They may be at risk for choking due to behavioral issues with eating or ingestion of inedible objects (pica). They may be at risk due to dysphagia, gastro esophageal reflux disease (GERD), chronic lung diseases, the need for total assistance with oral feeding or the need for enteral (tube) feeding. They may also be at risk for aspiration or additional complications based on specific neurological impairments and other diagnoses.

The Health Care Plan for Aspiration Risk Management is intended to reflect planned approaches that are designed to mitigate or minimize aspiration risk.

A health care plan for aspiration risk management must be developed for those individuals identified as being at risk for aspiration according to the DDSD policy. This care plan template may be used. If agencies chose to utilize a different template, at a minimum, the content of this template must be addressed.

### **Problem:**

Select a problem statement that fits the individual's needs. A unique problem statement related to the individual's aspiration risk may be created.

### **Goal:**

Select a goal and complete the appropriate time frame. A maximum of 90 days is recommended. Health care plans for individuals with HAT levels 4-6 and those with identified health problems need to be reviewed quarterly and after hospitalization and revised as needed. Upon review, the nurse will note if the goal is met or not met. A goal may be continued. If the goal is consistently not met, the goal and planned approaches should be reviewed and revised as needed. A unique goal related to aspiration may be created.

### **Planned Approaches:**

Check the box if an approach will be used. Note N/A (not applicable) if an approach is not used. Unique approaches may be added. Additional pages may be added. Indicate the responsible staff on the far right side of the form. (Direct support staff = DSS and nurse = RN or LPN, SLP, OT, PT, etc.) Residential and day providers will need to collaborate on plans that must be developed for individuals who require adaptation or training for work or volunteer settings as per the DDSD Standards.

The New Mexico DDSD Aspiration Risk Management Program is comprised of many detailed plans. This typically includes the Aspiration Crisis Prevention Intervention Plan, the Mealtime Plan Packet, the Tube Feeding Protocol (if applicable) and the Aspiration Risk Management Health Care Plan.

The Aspiration Risk Management Health Care Plan will refer to these other existing plans, but the details of the other plans will not be restated. It is the responsibility of the nurse and other IDT members responsible for Aspiration Risk Management to assure that the direct support staff have been trained and are familiar with the elements of each of the plans.

Agencies would need to identify how aspiration risk would be communicated to hospitals, consulting health care practitioners.

The saliva management portion of the plan would demonstrate the type of suctioning required, (if ordered/needed) the frequency of suctioning and the type of suction catheter to use. If medication is used to control flow of saliva it would be included in the general medication section. A separate care plan would be needed to monitor the side effects of these medications and the impact on overall oral health.

Positioning orders would be obtained from the PCP. This may be based on input from the PT or OT. These positioning plans would address proper body alignment for those individuals who require modified positioning during sleep, leisure or personal care. Mealtime and post-prandial (after meal or feeding) positioning recommendations will be based on the recommendations of the SLP, positioning specialist or physician orders.

Medications used for GERD, behavioral symptoms, saliva management or other medical needs that have an impact on aspiration will be provided as ordered. Other health/behavioral plans related to those conditions may be developed. Staff should be trained on those issues as well. The nurse should monitor and document the individual's response to these medications as part of the ongoing nursing process.

Oral hygiene may be based on a dental plan or orders from routine dental visits. If specific mouthwash, treatment or equipment is ordered, it should be listed. If a detailed oral hygiene plan has been developed and is current, the nurse may refer to that plan and must note the date of the plan.

Staff must be instructed to look for and report events that are known to lead to aspiration pneumonia. These include choking that requires suctioning or emergency intervention such as abdominal thrusts, deep suctioning or calling 911. Vomiting, GERD and rumination all place individuals at risk for aspiration pneumonia. Signs of aspiration and distress may include changes in breathing, increased respiratory rate, color changes, increased drooling, gurgling, cough, fever, weight loss, alteration in oxygen saturation, alteration in level of response.

Presence of any these signs should trigger the staff to notify the nurse for assessment and medical attention. After episodes of choking or vomiting the temperature should be checked 4 x daily for 3 days. These temperatures should be documented and reported to the nurse.

The nurse is responsible for monitoring the individuals after a significant event. A complete hands-on nursing assessment including lung assessment, oxygenation levels, weight monitoring and staff education regarding signs and symptoms to watch for and report and contact with the PCP is expected.

Routine nursing monitoring of respiratory status, including review of vital signs, oxygenation, lung sounds, meal or feeding issues and weight changes is expected to be planned and implemented based on prudent nursing practice and the needs of the individual. The nurse is required to include a summary of the individual's response to the aspiration management plan in the quarterly report to the IDT.

The name of the individual will be noted on the bottom of the care plan. The nurse who wrote the plan will sign it. Quarterly review of the plan will be noted on the bottom of the form. Edits to the plan will be made as needed. In addition to quarterly review, the plan will be reviewed and revised as needed; at least annually and after each hospitalization.