

Swallow Screen for Patients with Parkinson's in ED (SSPED)- Ambulatory triage patients only.

This section is to be completed by a Nurse, Doctor or ACP only if the patient has responded 'yes' to any of the questions in part 2 of the form completed by the patient.

Name:

DOB:

Hospital No:

NHS No:

Is the patient going to be admitted?

No

Yes

Unsure

Repeat this part of the screen when a decision is made.

Refer to the community Speech and Language Therapy team by emailing:

buc-tr.adultSLTreferrals@nhs.net

Include the following details:

- Name, DOB and NHS number
- Relevant past medical history
- Reason for attendance
- Reason for referral

NB. The community SLT team will aim to see the patients within 4 weeks. If the referral is urgent please consider admitting the patient and referring to the inpatient SLT via Careflow or call 07966 138445. The inpatient team work mon-fri 8:30-16:30.

Does the patient usually modify their food or drink in any way? e.g. mashes food, has puree, avoids hard foods, has thickened drinks etc.

OR

Do you have any concerns about the patient's ability to swallow safely?

Yes

No

Observe with 1/2 a cup of water and a biscuit.
Stop if any issues.

Did you observe any of the following?

- Coughing or choking
- Wet/gurgly voice
- Food or fluid pooling in mouth
- 3+ swallows per bolus
- Effortful swallow

No

Yes

Observe with 100mls level 2 thickened fluids (1 scoop of thickener) and a yoghurt.
Stop if any issues.

Did you observe any of the following?

- Coughing or choking
- Wet/gurgly voice
- Food or fluid pooling in mouth
- 3+ swallows per bolus
- Effortful swallow

Yes

No

Complete the following actions ASAP:

- A Doctor/ACP must **prescribe routine PD medications** (guidance overleaf)
- Refer to SLT** via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)
- Patient can eat and drink **normal diet and fluids**
- Monitor eating and drinking.** NBM if any concerns.

N.B. **Do not delay discharge for SLT review.** Please make a referral to community SLT by emailing details to: buc-tr.adultSLTreferrals@nhs.net

Complete the following actions ASAP:

- Make the patient **Nil By Mouth (NBM)**
- A Doctor/ACP must **convert oral PD medications to rotigotine patch** (guidance overleaf). If the patient is deemed able to take their oral PD medications despite having risk factors for dysphagia, this must be clearly documented by an ED Clinician
- Refer to SLT** via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)
- Put a **NBM sign** in the patient's bed space.

N.B. If the patient is for end of life care or NBM is deemed inappropriate, please refer to eating and drinking with acknowledged risk (EDAR) guidelines, available on EOLAS.

Complete the following actions ASAP:

- A Doctor/ACP must **prescribe PD medications in liquid form** (ask Pharmacist for advice if needed)
- Refer to SLT** via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)
- The patient can have the following food and drink:
 - **Mildly thick fluids / IDDSI level 2**
 - **Pureed diet / IDDSI level 4**
- Monitor eating and drinking.** NBM if any concerns.

N.B. If the patient has started modified diet and fluid consistencies which are different to their normal baseline they **must be seen by SLT prior to discharge.**

Name:

Sign:

Designation:

Date/time:

