**Patient Label**

**Move to post-decannulation SALT pathway** **🞎** 

**No**

**1. Does the patient have a tracheostomy? 🞎**

**3. Pre-requisites:**

* Awake, alert and able to follow commands **🞎**
* Able to sit up **🞎**
* Motivated to eat and drink **🞎**
* Able to tolerate cuff deflation > 20 minutes **🞎**
* Tolerating PMV/finger occlusion > 20 minutes **🞎**
* Able to manage own secretions **🞎**
* Stable cardiac and neurological systems **🞎**
* Maintaining O2 saturations at 90% or above **🞎**

(unless lower O2 saturations agreed by doctor)

* Respiratory rate < 30 breaths per min **🞎**

**Y** to **all**

**Proceed to Direct Swallow screen**

**2. Respiratory Status**

* Pre-existing dysphagia **🞎**
* New signs of dysphagia are identified **🞎**

**Y** to **any**

* Keep **NBM & refer to SALT** 🞎
* Consider nutritional needs **🞎**
* Document in medical notes **🞎**

**N**

**Re-assess in 24 hrs** Date: **\_\_\_\_\_\_\_\_\_\_ 🞎**

**NB: If cuff deflation is no longer a potential option – refer to SALT for VFSS consideration 🞎**

**N**

**Post-decannulation SALT pathway**

**1. Has the patient been decannulated? 🞎**

**Y**

**N**

**Continue as per previous E&D/ SALT recommendations and monitor**

**2. Was the patient having oral intake prior to decannulation?** **🞎**

* **Already under SALT? Notify review required 🞎**
* **If not under SALT complete direct swallow screen 🞎**

**Patient Label**

**Direct Swallow Screen**

**Please make sure patient position is optimised with head up ≥30⁰, unless contraindicated**

**Ensure cuff deflated and Passy Muir Valve is in situ before proceeding 🞎**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 1: Direct Swallow Screen – water** | | | |
| **Pre-test trial:** Administer 1 x sip of water by a open glass   * **Do not record these results if the patient coughs/splutters** * **Wait 1 min before continuing** | | | |
| Administer 1 x sip of water by a open glass | Pass | Fail | Observe the patient and fail the screen if any aspiration signs are present - **severe drooling or spillage, absent swallow reflex, wet gurgly voice, cough or choke.** |
| Administer 5 x sips of water by a open glass | Pass | Fail |
| Ask the patient to drink the rest of the glass of water | Pass | Fail |

**Outcome: Pass 🞎** Continue to Part 2

**Fail 🞎** Keep **NBM** and **please refer to SALT 🞎**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 2: Direct Swallow Screen – diet** | | | |
| Administer level 4 puree diet (yoghurt) | Pass | Fail | Observe the patient and fail the screen if any overt difficulties present - **severe drooling or spillage, food left in mouth, difficulty chewing food, wet, gurgly voice post swallow, cough/choke, multiple swallows noted consistently.** |
| Administer level 7 normal diet (biscuit) | Pass | Fail |

**Outcome:** **Passed PART 1 & failed on yogurt 🞎 -** Commence on fluids only and referred to SALT **🞎**

**Passed PART 1 & failed on biscuit 🞎 -** Commence on fluids and level 4 diet. Patient can be rescreened with biscuit if appropriate, but if continues to fail please refer to SALT, if appropriate **🞎**

**Passed PART 1 &PART 2 🞎 -** Commence on fluids and level 7 normal diet

**Please file this document in patient medical notes 🞎**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**