Detection of swallowing disorders after long-term intubation

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In our adult intensive care units, some patients had difficulty swallowing after only 48 hours of intubation.

Objectives. – We wanted to improve the management of post-intubation swallowing through early detection of these disorders at the pre-extubation stage to achieve the establishment of a protocol for early refeeding involving medical and paramedical staff.

Material. – Development of a protocol for the detection of swallowing disorders and early refeeding orally. Five inclusion criteria need to be fulfilled the first time:
– efficient saliva-swallowing;
– presence or absence of a voluntary cough;
– assessment of bronchial congestion;
– level of consciousness necessary to understand instructions;
– O2 saturation greater than 90%.

Then after the patient has been appropriately installed, thickened water is tested on day 1. Then the same day or day 2 creams with a thick texture are tested. From day 2, mashed potato and minced meat make up the four meals over the next 2 days. Liquids are attempted on day 2.

Methods. – A retrospective chart review on 96 patients for 5 months. Inclusion criteria: all patients within 48 hours of extubation minimum

Results. – The average age was 52.9 years, with 18 women to 78 men. The IGS II was 47 (11–104). Ninety-one patients were successfully fed on day 1. Only five patients had failed to j1, all holders of a nasogastric tube and with neurological damage. Two of these patients could not be fed over four days.

Conclusion. – This protocol for feeding of extubated patients presents encouraging initial results which should be confirmed by a further study.

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