

DYS2 Undertake a comprehensive dysphagia assessment

OVERVIEW

This standard is about carrying out a comprehensive clinical assessment of individuals with dysphagia, particularly those who require intensive and/or structured care plans. This standard is for practitioners who determine the underlying cause of dysphagia using a range of clinical assessment tools and methodologies, informed by the results from instrumental dysphagia assessments when appropriate, to develop a hypothesis and arrive at a diagnosis. This standard is for suitably trained and qualified practitioners working across primary and secondary health care. The practitioner must know and understand the indications for selecting specialist instrumental assessment procedures such as Videofluoroscopic Swallow Study (VFSS) and Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and refer appropriately. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. local policies which affect your work practice in relation to working with individuals who may require a comprehensive dysphagia assessment
2. your responsibilities under the current European, national and local legislation and policies on your actions within the care environment
3. the ethics and responsibilities of practitioners, and relevant professional bodies, codes of conduct, and guidelines in your area of practice
4. evidence-based practice and its role in improving care
5. the legislation relating to the:
 1. role of practitioners and clinical practice
 2. health and safety
 3. the care of individuals, including impact of the Human Rights Act
 4. freedom of information and data protection
6. government and organisational policies relating to the provision of comprehensive dysphagia assessments
7. the national assessment framework for the client group with which you work
8. health and safety procedures for specific dysphagia assessments and the potential consequences of poor practice
9. the scope of your practice and level of competence
10. where further investigations can be carried out, who undertakes them, how to request

- them, the timescales involved and any contra-indications of which you need to be aware when deciding to call for them
- 11.the organisational criteria for prioritisation of dysphagia referrals
 - 12.the referral process within the multi-disciplinary team
 - 13.the organisational policy and practices with regard to the keeping and sharing of clinical records, recording information and maintaining confidentiality
 - 14.legislation and legal processes relating to consent
 - 15.the principles of valid consent, including implied consent and expressed consent
 - 16.the methods used to achieve consent where the individual is not able to give their informed consent
 - 17.statutory statements, living wills, advanced directives, and other expressions of an individual's wishes
 - 18.how to deal with issues of confidentiality and who has the right of access to recorded information and images
 - 19.how to provide supported conversation and adapt communication styles in ways which are appropriate to different people e.g. age, culture, language or communication difficulties
 - 20.the ways in which carers should be involved in communication in order to deliver the most effective outcome for the individual
 - 21.the needs of individuals and carers, including issues relating to dignity, confidentiality, and privacy
 - 22.the role, responsibilities, needs, and relationships between individuals and carers
 - 23.the services and assistance that the individual and their carers should be entitled to
 - 24.the type of information that is most useful to individuals and their carers, their rights to obtain it, and how they can access it
 - 25.how individuals and carers respond to specific assessment procedures
 - 26.the anatomy and physiology of swallowing including:
 - 1.anatomical structures involved in the swallowing process
 - 2.physiology of swallowing
 - 3.development of swallowing function
 - 4.effects of aging on swallowing
 - 5.airway support mechanisms
 - 27.the underlying causes and contributory factors of abnormal swallowing, including:
 - 1.longstanding but functional abnormal eating and swallowing patterns e.g. adapted and compensatory swallow physiology
 - 2.underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia
 - 3.behavioural issues
 - 4.environmental issues
 - 5.medical condition
 - 6.medication
 - 7.physical condition i.e. sensory and postural state
 - 8.psychological state
 - 9.cognitive functioning
 - 28.the sorts of issues and risk that can arise with dysphagia
 - 29.the signs and symptoms of abnormal swallowing including acute and chronic signs of aspiration
 - 30.the health risks and secondary difficulties, that can arise in individuals suffering from dysphagia and how to recognise their emergence, e.g. respiratory compromise, malnutrition and dehydration
 - 31.sources of authoritative information on dysphagia assessment and management, including evidence based information

- 32.assessment procedures and techniques used in the clinical evaluation of dysphagia
- 33.the suitability of assessment procedures and techniques for specific groups of individuals
- 34.the risks and potential complications of specific dysphagia assessment procedures and techniques
- 35.the guidelines and procedures for quality assurance, and evidence of effectiveness of specific dysphagia assessment procedures
- 36.the range and significance of information that will inform assessment and generation of a working hypothesis
- 37.the impact of the environment on a comprehensive dysphagia assessment
- 38.the physical, emotional and psychological impact of swallowing and/or feeding difficulties on the individual and their families
- 39.the support an individual may require in order to participate in a comprehensive dysphagia assessment
- 40.the impact of presentation, pacing, consistency and taste of food and drinks on the assessment outcomes
- 41.remedial techniques and their application in the assessment process
- 42.the methods to monitor the individual during dysphagia assessment procedures
- 43.what actions must and must not be taken to minimise discomfort when assessing an individual presenting with different types of symptoms
- 44.the range and efficacy of augmentative examinations that contribute to the assessment process and the importance of identifying relevant augmentative examinations for the individual
- 45.the actions you should take if adverse issues and risks emerge as a result of the assessment process
- 46.the importance of a systematic and logical approach to information use and analysis, and the risks associated with jumping to a premature conclusion
- 47.health problems which may present with similar symptoms to dysphagia and how to differentiate between them
- 48.the steps you should take when unable to arrive at a satisfactory diagnosis including individuals presenting with unclear or conflicting symptoms
- 49.the range and efficacy of instrumental dysphagia examinations and the indicators for their use
- 50.the indicators for second opinions and use of other professionals
- 51.the role of other professionals and how they can contribute to assessment, treatment and care of individuals with dysphagia
- 52.local services, agencies and community resources that may be relevant to the types of individuals with whom you work, and how to access these
- 53.the information that should be recorded and the importance of doing this contemporaneously
- 54.organisational record keeping practices and procedures in relation to dysphagia assessments.

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.select appropriate assessment methods, augmentative examinations and remedial techniques consistent with the agreed purpose and nature of the comprehensive assessment and organisational procedures
- 2.ensure the environment is as conducive as possible to effective assessment
- 3.explain the assessment process and any potential outcomes to the individual and the carers they specify
- 4.obtain the valid consent of the individual for the actions undertaken on their behalf, and agree the information which may be passed to others
- 5.ensure that health and safety measures relevant to the assessment procedures are undertaken
- 6.administer and interpret the assessment methods consistently and correctly, using standardised documentation
- 7.undertake a risk assessment in relation to the individual's current eating and drinking to determine the safety of food trials
- 8.select safe and effective methods for further swallow assessment based on the results of the risk assessment
- 9.direct the individual through appropriate tasks and manoeuvres as required for a complete and comprehensive evaluation
- 10.evaluate the effectiveness of remedial techniques to inform care management
- 11.provide the individual with sufficient time, support and encouragement to contribute to the assessment
- 12.monitor the individual's comfort and safety and end the assessment if any adverse situation occurs
- 13.seek assistance from an appropriate person as soon as possible when there are any problems with the assessment
- 14.refer the individual for any instrumental dysphagia examinations required to assist in the assessment
- 15.evaluate the assessment results in order to develop a working hypothesis and diagnosis and to identify potential outcomes
- 16.agree the actions to be taken with the individual, and their carer if appropriate, based on the results of the assessment and other relevant factors
- 17.provide accurate and prompt feedback to the care team to ensure effective care management consistent with the individual's wishes
- 18.keep accurate, complete and legible records of the assessment, agreed actions and any areas of disagreement, in line with organisational policy.

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: HWB6 Assessment and treatment planning