

## Checklist: Aspiration/Aspiration Pneumonia

Check to see whether this person has any of the following risk factors for aspiration:

- Neuromuscular conditions
- Severe epilepsy
- Lower level of consciousness
- Chronic respiratory conditions
- Stuffing food
- History of addiction (drug overdose)
- Severe gastroesophageal reflux







Check to see whether this person has unexpected or unexplained episodes of wheezing, coughing or choking.




Recurrent wheezing, coughing and choking, especially after eating (feeding), can be a symptom of possible swallowing dysfunction and aspiration.



Check to see whether he or she has been diagnosed with pneumonia two or more times during the past year.

Recurrent pneumonia is having two or more episodes of pneumonia in the same year and most likely indicates that there is an underlying medical condition. The most common predisposing factor is aspiration.

	<input type="checkbox"/> <b>Check to see whether this person has difficulty chewing or swallowing food.</b>	<p>When there is trouble with swallowing, eating takes longer and food may be retained in the mouth longer or food may come out of the mouth during swallowing. Persons with trouble swallowing can choke or cough during eating.</p>
	<input type="checkbox"/> <b>Check to see whether this person has difficulty getting into a sitting position independently.</b>	<p>Neuromuscular conditions prevent a person from sitting up independently. People with these conditions are more likely to have swallowing and choking problems. They can not change position independently if they are choking. When a person is upright, gravity facilitates feeding and neck flexion facilitates swallowing.</p>
	<input type="checkbox"/> <b>Check to see whether this person has ever been hospitalized and diagnosed as having aspiration pneumonia.</b>	<p>The cause of aspiration, the type of bacteria that caused an infection, and whether there was resultant lung damage needs to be determined for prognosis, as well as future treatment and monitoring. To determine whether the cause was related to swallowing dysfunction, a swallow study should be done.</p>
	<input type="checkbox"/> <b>Check to see whether this person is receiving a special diet such as ground or chopped foods to prevent choking or aspiration.</b>	<p>Aspiration may be related to poor oral motor and swallowing function, difficulty with chewing, or stuffing behaviors. In this case, appropriate food texture can help to prevent aspiration and choking.</p>

	<input type="checkbox"/> <b>Check to see whether there is a special feeding and eating plan or a procedure to monitor this person during and after eating.</b>	<p>Some individuals have severe swallowing dysfunction or tend to stuff their food. In such cases, it may be necessary to have a plan where someone observes the person during feeding, feeds him or her directly, or offers food at specific intervals, and assists the person if he or she begins to choke.</p>
	<input type="checkbox"/> <b>Check to see whether this person has a care plan for managing increased secretions during respiratory illness.</b>	<p>Respiratory infections can result in stuffy nose, mucous nasal discharge, increased nasopharyngeal secretions, and cough. These conditions can exacerbate the risk of aspiration in persons with swallowing problems. Throughout a respiratory infection, a person's diet may need to be altered and he or she may need to have secretions suctioned.</p>
	<input type="checkbox"/> <b>Check to see whether a physician or nurse has mentioned or recommended a G-tube to prevent this person from aspirating.</b>	<p>When a swallow study indicates aspiration, a physician may recommend a G-tube to reduce the risk of aspiration pneumonia. There may be differences of opinion regarding the timing and severity of the aspiration demonstrated by the test, and the person or the family may resist having a G-tube. Either of these may delay placement of a tube.</p>

***Unclear or concerned about an answer?*** Please consult with your clinical staff for appropriate follow-up