Water Swallow Screening in Stroke

Lead Author: Natasha Gillan – Speech and Language Therapist (Stroke Lead)

Additional author(s) Dr Paula Beech – Stroke nurse consultant, Marco Silingardi – ASU Ward Manager, Rebecca Jones - HASU Ward

Division/ Department: Division of clinical support services and tertiary medicine

Applies to: Salford Royal Care Organisation

Date approved: 25/01/19

Expiry date: January 2021

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It is your responsibility to check on the intranet that this printed copy is the latest version.
This document outlines the importance of water swallow screening in stroke. It discusses who is responsible for carrying these out, alongside information about practical and theoretical elements of the training and maintaining competencies.

All clinical staff working in stroke services should be aware of the content of this policy.

Ward nursing staff on ASU and HASU who have attended stroke water swallow screen (SWSS) training should read this policy to ensure completion and maintenance of their competency in SWSS.

Speech and Language Therapists (SLTs) working within SRFT Hospital.

1. **What is this policy about?**

This policy ensures that the Stroke Water Swallow Screen is used appropriately by trained stroke staff on patients that have had a stroke.

If you have any concerns about the content of this document please contact the author or advise the Document Control Administrator.

2. **Where will this document be used?**

2.1 This document will be used in stroke in SRFT.

2.2 Any contradictors for completing this screen are covered within the document

3. **Why is this document important?**

3.1 Swallow difficulties (dysphagia) affect at least 40% of patients after a stroke and can result in aspiration of food and/or fluids into the airway, increasing the likelihood of pneumonia and malnutrition (1). It also reduces quality of life, increases hospital stay and is associated with mortality (1). The purpose of the water swallow screen is to provide a method of early detection of dysphagia in acute stroke patients with the aim of improving the timely management of this and subsequent patient outcomes.
4. What is new in this version?

- HASU is now included and referred to in the policy.
- The practical aspect of the SWSS assessment has now changed and the policy reflects this.
- There is additional information on the exclusion of brainstems strokes.
- There is additional information on rescreening patients with changes to their stroke neurology.
- There is additional information on documenting repeat SWSS that are Outcome 1.
- There is a change to the SWSS pre-screening too. The updated tool is included in this policy.
- There is additional information about identifying communication deficits as part of the SWSS.
- There are new dysphagia descriptions for diet and fluids (IDDSI) [6]. These are shown in appendix 1.

5. Policy

- The pre-screening checklist and SWSS described in this policy is for use with acute stroke patients only to allow for early detection of dysphagia and identify patients who require detailed swallowing assessment by SLT.
- Details of the pre-screening checklist and SWSS protocol are included in this policy.
- Swallow screen protocol identifies when a referral to SLT for a detailed swallowing assessment is required.
- Training and competency requirements for staff to be deemed competent to complete the SWSS are detailed in the policy.
- Though not part of the SWSS, the assessment also identifies when a communication assessment is required. This appears on the EPR document.

The pre-screening checklist below must be completed by the SWSS practitioner prior to progressing to the water swallow screen itself. It is estimated that around 80% of brainstem stroke patients present with dysphagia [2, 3]. It is for this reason that patients with confirmed or suspected brainstem strokes are excluded from the SWSS during the pre-screening checklist.
Please note that cerebellar and basal ganglia strokes are not excluded in the pre-screening checklist.

The details for screening are also below.

STROKE WATER SWALLOW SCREEN

Pre-screening checklist

Can the patient remain awake and maintain alertness long enough to complete the screen?

Can the patient remain in an upright position (with supports as necessary) for long enough to complete the swallow screen?

YES

Are there any medical reasons why this patient should be NBM (e.g., IAT, nausea, tracheotomised etc.)?

YES

Does the patient require oxygen (with exception of nasal specs)?

NO

Outcome 1

Discontinue screen and maintain NBM.
Seek medical management and agree nutrition/hydration method
Repeat screen at 24 hour intervals or sooner if appropriate.
NO SALT referral indicated
Document screen outcome clearly on EPR

Outcome 2

Discontinue screen
Keep patient NBM and refer to SALT.
Agree nutrition/hydration method as appropriate
Document screen outcome clearly on EPR

Prepare patient for screen and proceed to water swallow test

- Explain procedure and gain consent where able
- Ensure patient is alert
- Sit patient upright
- Give mouth care as required

Document screen outcome clearly on EPR
Stroke Water swallow Screen

Ensure that the pre-screening checklist has been completed prior to administering the water swallow screen.

Give patient 3 x 5mls teaspoons of water
Are any of the following signs present at any time?
- Coughing or choking immediately or shortly after swallow
- No swallow is triggered
- Wet or gurgly voice quality
- Change in breathing pattern
- Loss of water from mouth
- Any other reason you feel the swallow is unsafe (ensure you document this)

Outcome 1
Discontinue swallow screen. Keep patient NBM and refer to SALT
Agree nutrition/hydration method as appropriate
Document screening outcome clearly on EPR

Give patient 6 sips of water from an open cup
Are any of the following signs present at any time?
- Coughing or choking immediately or shortly after swallow
- No swallow is triggered
- Wet or gurgly voice quality
- Change in breathing pattern
- Loss of water from mouth
- Any other reason you feel the swallow is unsafe (ensure you document this)

Give patient minimum 50mls of water in an open cup
Are any of the following signs present at any time?
- Coughing or choking immediately or shortly after swallow
- No swallow is triggered
- Wet or gurgly voice quality
- Change in breathing pattern
- Loss of water from mouth
- Any other reason you feel the swallow is unsafe (ensure you document this)

Outcome 3
Commence oral fluids
Observe patient closely with first meal. If any difficulties observed with diet place patient Nil diet and refer to SLT

Outcome 2
Discontinue swallow screen. Keep patient NBM and refer to SALT
Agree nutrition/hydration method as appropriate
Document screening outcome clearly on EPR

It is your responsibility to check on the intranet that this printed copy is the latest version.
The above screen has been adapted from the Greater Manchester Stroke Water Swallow Screening Tool. Greater Manchester & Cheshire Cardiac & Stroke Network, 2011.
5.1 Standards

- All acute stroke patients will receive a SWSS within 4 hours of admission [4] by a trained SWSS practitioner prior to being given any oral food, fluids or medication, or they will be referred for a SLT led detailed swallow assessment.

- All patients who are identified as outcome 2 following the pre-screen or water swallow screen will be kept nil by mouth (NBM) and referred to the SLT department for a detailed swallow assessment.

- All patients referred to SLT for a detailed swallow assessment on admission will have a swallow assessment by a member of the SLT team not more than 72 hours after admission, in line with national guidance [4, 5].

- All patients will have the results of their stroke water swallow screen documented on the EPR system with the exact time the SWSS took place.

- Where a patient has passed a SWSS but then presents with potential new stroke neurology, the patient should have the SWSS repeated.

- Where there is a significant improvement to presentation before an initial SLT assessment has been carried out, eg, post thrombectomy/thrombolysis, a repeat SWSS could be considered and should be discussed with a consultant.

- All patients will receive care in line with the agreed nursing care plans (appendix 1).

- Only staff who have undertaken the SLT led SWSS training and been deemed competent to carry out the SWSS by the SLT team within Salford Royal Foundation Trust are able to carry out the SWSS. The SWSS training package will comprise of completion of theoretical training in addition to the successful completion of the practical aspect of the course. The practical aspect of the course comprises of the completion of at least five water swallow screens. These will be completed by a dysphagia trained SLT over 2 sessions.

6. Roles and responsibilities

- SWSS practitioners must ensure their competency is maintained by:
  - Completing a minimum of 1 SWSS in a 3 month period. If this minimum standard is not achieved the SWSS practitioner must seek support and supervision of their next SWSS from a SLT or a member of nursing staff who is experienced in SWSS.
  - Providing evidence of compliance with the above at yearly appraisals.
• It is the responsibility of the SWSS practitioner to identify if they have any concerns regarding their competency and seek advice as above.

• SLTs will monitor the accuracy of completed SWSS and will contact members of staff with concerns. They may have to retrain in SWSS. If there are ongoing concerns with competency, SLTs will be able to deem SWSS practitioner as incompetent to carry out SWSS and they will no longer be able to carry out SWSS.

• The ASU and HASU ward managers are responsible for ensuring all staff on the wards are aware of and use the policy appropriately. It is the ward manager’s responsibility to contact the Speech and Language Therapy team to arrange the training of any new members of staff and support staff members by releasing them to complete this training and supporting access to patients requiring a SWSS during the completion of the practical aspect of the course.

• Speech and Language Therapy (SLT) are responsible for leading the training of new staff and confirming their competency to carry out SWSS following successful completion of the competency based training package and completion of the training log (Appendix 1).

• It is the responsibility of each trained SWSS practitioner to continue to carry out the SWSS in line with the policy, protocol and training received.

• It is the SWSS practitioner’s responsibility to ensure their competency is maintained by adhering to the standards for maintenance of SWSS competency detailed earlier in the policy:

• It is the responsibility of each SWSS practitioner to ensure they remain sensitive to the individual cultural needs of patients whilst adhering to this policy.

The SLT team will lead on the provision of the SWSS training and this may be held jointly with identified members of stroke nursing staff, but never in the absence of a SLT lead. The ASU and HASU ward managers will keep a register of all staff trained in stroke water swallow screening. The SLT stroke lead, ASU and HASU ward managers will ensure that SWSS training needs are being met and will be responsible for identifying and raising any concerns.

The protocol will be distributed via appropriate Directorate and Clinical Governance (CG) groups.

ASU and HASU ward managers will signpost all current and new staff to the policy to ensure all staff are familiar with the document.
The stroke lead SLT will keep a detailed plan of the contents of training delivered and update as appropriate. In the event of significant new evidence emerging earlier than the stated intended review date, an earlier review will be completed.

Review of protocol implementation and effectiveness will be monitored via the Stroke CG group (review of AIRS and SSNAP prospective stroke audit data) and by the SLT stroke lead, ASU and HASU ward managers.

7. Monitoring document effectiveness

- Key standards:
  - SWSS will be completed within 4 hours of the patient presenting at A&E.
  - SWSS will be completed without errors.
- SSNAP data will be monitored to ensure that SWSS are completed within 4 hours of patient presenting to A&E.
- Clinical Audit of swallow screens once every two years will monitor the rate and types of errors occurring in SWSS.
- The SLTs will monitor stroke water swallow screens as they are submitted. Errors will be recorded on a local database. The practitioner that makes the error will be contacted. Incidents will be submitted where indicated.
- Stroke specialist consultants, specialist nursing staff and stroke lead speech and language therapist will be vigilant for significant new data that may affect the protocol and advise accordingly on the need for early updates.

8. Abbreviations and definitions

SWSS: Stroke water swallow screen
SLT: Speech and Language Therapy/Therapist
NGT: Nasogastric Tube
ASU: Acute Stroke Unit
HASU: Hyper Acute Stroke Unit
SRFT: Salford Royal Foundation Trust

9. References and Supporting Documents

9.1 References:


**Supporting Documents:**


‘Increased reliability in assessment over 6 swallows’. Maxine Power, Videofluoroscopy. 2005

**9.2 Related SRFT/PAT documents**

National Stroke Strategy https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines

NICE guidelines (http://www.nice.org.uk/nicemedia/pdf/CG68FullGuideline.pdf)

SRFT Dysphagia and medication policy

SRFT Nutrition policy

SRFT Consent policy

SRFT Documentation policy

SRFT Infection Control policy
**10. Document Control Information**

It is the author’s responsibility to ensure that all sections below are completed in relation to this version of the document prior to submission for upload.

Remove instructions once completed.

<table>
<thead>
<tr>
<th>Nominated Lead author:</th>
<th>Natasha Gillan</th>
<th>SLT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead author contact details:</td>
<td>0161 206 2142</td>
<td><a href="mailto:Natasha.gillan@srf.nhs.uk">Natasha.gillan@srf.nhs.uk</a></td>
</tr>
<tr>
<td>Lead Author's Manager:</td>
<td>Laura O'Shea</td>
<td>SLT manager</td>
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**Applies to:**

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<th>Applies to:</th>
<th>Please indicate which Care Organisation(s) this document applies to:</th>
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<tr>
<td>Salford CO</td>
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**Document developed in consultation with:**

Dr Paula Beech – Stroke nurse consultant, Marco Silingardi – ASU Ward Manager, Rebecca Jones - HASU Ward

**Keywords/phrases:**

Stroke  
Water swallow screens  
Speech and language  
Swallow

**Communication plan:**

The appropriate ward staff will be trained by SLTs. The stroke water swallow screen practitioner will monitor their own competence. The SLTs will monitor the practitioners’ competence. The ward manager will monitor the competency of the practitioners in appraisals. Open communication between all of the above will ensure that this policy is embedded and followed.

**Document review arrangements:**

This document will be reviewed by the author, or a nominated person, at least once every two years or earlier should a change in legislation, best practice or other change in circumstance dictate.

**Approval:**

Add name of Committee and Chairpersons name and role:

<table>
<thead>
<tr>
<th>Martin Punter: Stroke Clinical Governance Lead</th>
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</thead>
</table>

Insert full approval date: 25/1/19

**How approved:**

<table>
<thead>
<tr>
<th>Chair’s actions: Disseminated and discussed in Stroke clinical governance.</th>
<th>Formal Committee decision: Approved in governance meeting</th>
</tr>
</thead>
</table>
11. Equality Impact Assessment (EqIA) screening tool

Legislation requires that our documents consider the potential to affect groups differently, and eliminate or minimise this where possible. This process helps to reduce health inequalities by identifying where steps can be taken to ensure the same access, experience and outcomes are achieved across all groups of people. This may require you to do things differently for some groups to reduce any potential differences.

<table>
<thead>
<tr>
<th>1a) Have you undertaken any consultation/involvement with service users, staff or other groups in relation to this document? If yes, specify what.</th>
<th>Yes</th>
<th>Face to face consultation with water swallow screening steering group members Consultation with swallow screen practitioners and HASU and ASU managers</th>
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<tbody>
<tr>
<td>1b) Have any amendments been made as a result? If yes, specify what.</td>
<td>No</td>
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<tr>
<td>2) Does this policy have the potential to affect any of the groups listed below differently? Place an X in the appropriate box: Yes, No or Unsure</td>
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<tr>
<td>This may be linked to access, how the process/procedure is experienced, and/or intended outcomes. Prompts for consideration are provided, but are not an exhaustive list.</td>
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<th>Protected Group</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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<tr>
<td>Age (e.g. are specific age groups excluded? Would the same process affect age groups in different ways?)</td>
<td></td>
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<td>Sex (e.g. is gender neutral language used in the way the policy or information leaflet is written?)</td>
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<td>Race (e.g. any specific needs identified for certain groups such as dress, diet, individual care needs? Are interpretation and translation services required and do staff know how to book these?)</td>
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<td>Religion &amp; Belief (e.g. Jehovah Witness stance on blood transfusions; dietary needs that may conflict with medication offered.)</td>
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<td>Sexual orientation (e.g. is inclusive language used? Are there different access/prevalence rates?)</td>
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<td>Pregnancy &amp; Maternity (e.g. are procedures suitable for pregnant and/or breastfeeding women?)</td>
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<td>Marital status/civil partnership (e.g. would there be any difference because the individual is/is not married/in a civil partnership?)</td>
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<td>Gender Reassignment (e.g. are there particular tests related to gender? Is confidentiality of the patient or staff member maintained?)</td>
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<td>Human Rights (e.g. does it uphold the principles of Fairness, Respect, Equality, Dignity and Autonomy?)</td>
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<td>Carers (e.g. is sufficient notice built in so can take time off work to attend appointment?)</td>
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<tr>
<td>Socio/economic (e.g. would there be any requirement or expectation that may not be able to be met by those on low or limited income, such as costs incurred?)</td>
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<td>x</td>
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<td>Disability (e.g. are information/questionnaires/consent forms available in different formats upon request? Are waiting areas suitable?) Includes hearing and/or visual impairments, physical disability, neurodevelopmental</td>
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<td>x</td>
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impairments e.g. autism, mental health conditions, and long term conditions e.g. cancer.

| Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities? (e.g. allow extra time for appointments, allow advocates to be present in the room, having access to visual aids, removing requirement to wait in unsuitable environments, etc.) | x |

3) Where you have identified that there are potential differences, what steps have you taken to mitigate these?
N/A

4) Where you have identified adjustments would need to be made for those with disabilities, what action has been taken?
N/A

Will this policy require a full impact assessment?  No

Author: Type/sign: Natasha Gillan  Date: 10/12/18

Sign off from Equality Champion:  Date:
## Appendix 1

### Care Plans

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Unit Number</th>
<th>Ward/Area</th>
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**Patient Plan of Care:**

Having passed the Stroke Water Swallow Screen (SWSS) and been deemed safe to take normal diet and fluids orally, the patient will require monitoring to promote early detection of potential signs of silent aspiration with the aim of improving the management and prognosis of patients with silent aspiration of oral intake.

**Outcome:**

1. The patient will be monitored for the following potential signs of silent aspiration:
   - Wet voice
   - Increased breathlessness following oral intake
   - Reduction in 02 sats after oral intake
   - Physiological signs of an infection e.g. spike in temperature, raised white cell count, raised CRP, raised early warning score
   - Changes on chest x-ray
   - Expectorant chest, chest infection, pneumonia, sputum retention

If above signs are detected, place the patient NBM and refer the patient to SALT. Ensure NGT placed or considered within 24 hours. Ensure medications are given in the appropriate form to ensure patient safety. Do not repeat the SWSS.

**Date care plan commenced:**

**Date Care plan reviewed/nurses signature:**
Patient Name……………………………………………………………………………………………………

Unit Number……………………………………………………………………………………………………

Ward/Area……………………………………………………………………………………………………

Patient Plan of Care:

Having failed the Stroke Water Swallow Screen (SWSS) and been placed NBM, the patient will require an alternative provision of nutrition, hydration and medication.

Outcome:

1. Refer to SALT and repeat SWSS once in every 24 hour period as per SWSS policy. Withdraw referral to SALT if patient passes SWSS prior to SALT response.

   Ensure MUST assessment is carried out in line with Trust policy and appropriate referral to Dietetic team for specialist assessment and management.

2. Ensure patient has NGT passed in accordance with NGT policy and commence emergency feeding regime as per NGT policy. This is to ensure safe nutrition and hydration, minimising risk of aspiration and therefore improving overall prognosis.

3. Ensure medication is administered in appropriate form, as per Trust policy.


Date care plan commenced:

Date Care plan reviewed/nurses signature:
Patient Name………………………………………………………………………………………………………

Unit Number……………………………………………………………………………………………………………………………

Ward/Area…………………………………………………………………………………………………………………………

Patient Plan of Care:

Having had a full Speech and Language Therapy (SALT) assessment, the patient has been recommended to take modified diet and/or fluids. Full compliance with SLT recommendations is required in order to minimise the risks of aspiration and/or choking, maintain patient safety and improve prognosis.

Outcome:

1. Nursing staff will liaise with SLT regarding the recommended consistencies of diet and/or fluids which are:

NBM

or

Oral trials of puree……………………………………………………………………………………………………………..(details)

or

Fluids:

Level 0/ Thin Fluids (previously Normal Fluids)

Level 1/Slightly Thickened Fluids (no previous descriptor)

Level 2/Mildly Thickened Fluids (previously Syrup Thick)

Level 3/Moderately Thickened Fluids (previously Custard Thick)

Level 4/Extremely Thickened Fluids (previously Pudding Thick)

Diet:

Regular/Level 7 (previously Normal Diet)

Soft and Bite sized/Level 6 (previously Fork Mashable/Category E)
Minced and Moist/Level 5 (previously Pre-mashed/Category D)

Pureed/Level 4 (previously Puree Diet/Category C)

Liquidised/Level 3 (previously Thin Puree/Category B)

(Please circle as appropriate to patient)

Any other recommendations e.g. supervision, prompts.

(Please detail here)

Provide oral intake compliant with recommendations only. Also, monitor patient for overt signs of aspiration:

- Coughing or choking during or shortly after oral intake
- Multiple attempts to swallow

Monitor patient for signs of silent aspiration:

- Wet voice
- Increased breathlessness following oral intake
- Reduction in 02 sats after oral intake
- Physiological signs of an infection e.g. spike in temperature, raised white cell count, raised CRP, raised early warning score
- Changes on chest x-ray
- Expectorant chest, chest infection, pneumonia, sputum retention
If any of the above signs are detected, place the patient NBM and refer the patient to SALT. Ensure NGT placed or considered within 24 hours as per policy. Ensure medications are given in the appropriate form to ensure patient safety. Do not repeat the SWSS.

Date care plan commenced:

Date Care plan reviewed/nurses signature:
## Appendix 2

Please insert a page break between each appendix and add header to page

### Water Swallow Screen Practitioner Competencies

<table>
<thead>
<tr>
<th>Practitioner Name:</th>
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<tr>
<td>Date of Theory Training:</td>
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<tr>
<th><strong>PART 1: THEORY</strong></th>
<th>SIGNED NAME</th>
<th>DESIGNATION</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Knowledge of and adherence to the appropriate policies in relation to the Water Swallow Screen (WSS), for example:</td>
<td></td>
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<tr>
<td>• RCP guidelines</td>
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<tr>
<td>• Water Swallow Screen policy and protocol</td>
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<tr>
<td>• Nutrition policy</td>
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<td>• Medication Policy</td>
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<td>Basic Knowledge of the anatomy and physiology of the normal and disordered swallow</td>
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<td>Understanding the purpose and scope of the WSS:</td>
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<tr>
<td>• Role and boundaries of the water swallow screen practitioner.</td>
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<tr>
<td>• Implications of dysphagia and the risk to patient’s medical, emotional and psychological wellbeing.</td>
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<tr>
<td>• Timely assessment and intervention for dysphagia in accordance with stroke guidelines.</td>
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<tr>
<td>• Importance for completion and maintenance of WSS competencies</td>
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It is your responsibility to check on the intranet that this printed copy is the latest version.
- Importance of gaining a thorough case history for relevant information re: previous/longstanding swallowing difficulties, co-morbid medical conditions, cognitive and behavioural issues

Understanding the limitations of WSS:
- Impact of the patient’s current medical status e.g. fatigue, deterioration.
- Impact of previous medical history e.g. longstanding swallowing difficulties (as above).
- Impact of suspected or confirmed brainstem CVA on suitability for screening.

**PART 2: PRACTICAL**

**Deadline:**

- Explain the WSS process to the patient, modifying communication where required and gaining valid consent.

- Ensure cultural and individual preferences are considered during the WSS.

- Carry out the WSS in accordance with protocol.

- Appropriately terminate the WSS protocol if required.

- Provide accurate and prompt feedback to the patient, carers and MDT

- Ensure accurate and timely documentation of the WSS outcome including use of appropriate care plans.

- If required repeat the WSS in line with WSS policy

- Instigate end of life discussions with relevant members of the MDT if indicated.

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Identify the need for a communication referral to SLT.
Refer to SLT if required
## Appendix 3

### Water Swallow Screen Practical Training Log

Name: 

<table>
<thead>
<tr>
<th></th>
<th>Suitable for assessment? (plus reason if not)</th>
<th>Laryngeal elevation observed?</th>
<th>Signs of aspiration? (when and what were they)</th>
<th>Outcome?</th>
<th>Supervised by and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 (final)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is your responsibility to check on the intranet that this printed copy is the latest version.