

Swallow Screen for Patients with Parkinson's in ED (SSPED)

Name:

DOB:

Hospital No:

NHS No:

The screen can be completed by **any healthcare professional**, including HCA, band 4 or Student Nurse and **must be done as soon as possible** after arrival.

START

Has the patient come in with issues relating to swallowing, aspiration or choking?

No

Observe:

- Is the patient too **drowsy** to E&D? Y / N
- Is the patient too **agitated** to E&D? Y / N
- Does the patient have a **wet/gurgly voice**? Y / N
- Does the patient need an **oxygen mask** that cannot be removed to E&D? Y / N

No to **all**

Ask the patient, relative or carer:

- Do you cough and choke when you E&D? Y / N
- Does it take you longer to eat your meals than it used to? Y / N
- Does your voice change after E&D? Y / N
- Have you changed the type of food that you eat? (If the patient usually has modified consistencies recommended by SLT and there are no new issues, answer 'no' to this question). Y / N

No to **all**

Complete the following actions ASAP:

- Prompt ED Clinicians to **prescribe routine PD medications** (high priority)
- Clarify what the patient usually has to E&D**, document overleaf and continue to offer this. NB- it may be normal for the patient to have modified consistencies
- Ensure the patient is **sitting upright when E&D**.

No further action.

Complete the following actions ASAP:

- Make the patient **Nil By Mouth (NBM)**
- Inform a Nurse** of the outcome of this screen
- Alert ED Clinicians and **request oral PD medicines to be changed to rotigotine patch** (see guidance overleaf). If an ED clinician deems the patient able to continue taking oral medications this must be clearly documented
- Refer to SLT** via Careflow or call 07966 138445. (SLT will respond Mon-Fri 8:30-16:30)
- Put a **NBM sign** in the patient's bed space.

Yes

Yes to **any**

Yes to **any**

Out of hours with no access to SLT? Need to make decisions about oral intake? An ED clinician, Nurse or Doctor on post take ward round should complete the **enhanced SSPED** whilst waiting for SLT assessment.

Please tick if the patient has **brought in their own PD medications** which they will continue to take until the drug chart is completed.

All medications taken by the patient MUST be documented on CAS card or drug chart.

Name:

Sign:

Designation:

Date/time:

