**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | dawn.stephenson@lthtr.nhs.uk | **Responses to be sent back to:** | dawn.stephenson@lthtr.nhs.uk |
| **Date request made:** | 01/02/2017 | **Date sent out:** | 01/02/2017 |
| **Details of Request:** | As you are aware we have a large number of NG tube displacements and have found that in a significant proportion of these incidents we do not repass another NG tube as they are suitable to commence oral diet and fluids.  With this in mind we met with a member of the SALT team and feel that it would be beneficial if we can develop Nurse Lead Dysphasia Screening Protocol specific for CRCU patient’s. Would you be able to ask other Networks what their practice is on this matter? |
| **No.** | **Response Received From:** | **Details of Response:** |
| 1 | **Lizzy Marks Clinical Service Manager, Speech & Language Therapy Dept, UCH**Direct Line:0203 447 9289, Fax: 0203 447 9811Speech & Language Therapy Department, 3rd Floor East Wing, 250 Euston Road, London, NW1 2PQ  | We only provide Dysphagia Screening Training for nurses on the Hyper Acute Stroke Unit. It is provided as a rolling programme for new staff. This patient group has a relatively predictable recovery pathway and it’s a small patient group.We do not provide this for any other area due to the variable nature of swallowing problems. We feel there are too many risks for staff and patients due to the wide variety of causes and diagnoses behind reasons for dysphagia, their recovery pathway and that a screen is not appropriate.  We believe patients need a bedside SLT evaluation of swallowing and recommendations that are individualised to the person’s specific needs. The patient will then be upgraded on follow-up, if clinically indicated. Otherwise they remain on the same guidance or are downgraded, if they have become medically unstable. Transitional feeding with NG and some oral feeding is often the best option,  with a combination of oral intake and NGT, as most people are unlikely to meet their nutrition and hydration needs orally. The dietitian needs to be involved also for this very reason. We believe this is best practice and will enhance recovery, prevent pressure sores, reduce bed days etc Ultimately, we feel the amount of effort  required  to undertake nurse training, ensure they pass their competencies and maintain their skills/ audit this is actually too costly, when spread over a wide variety of clinical areas. We found we trained staff who then left the Trust, so the cohort didn’t make a large enough group of staff to make this helpful either.Is CRCU Critical Care? Those with delirium, traches  and/ or intubation trauma are a whole different group and need specialist SLT involvement, in my opinion.All the best and kind regardsLizzy |
| 2 | Trish RowanLSILRLUHT | We did look into this but at present we rely on SALT to do all assessments. Our team attend daily if needed and it seems to work well here. |
| 3 | Lianne HarrisonBlackpool Critical CareSister/ Quil | at Blackpool we don't have a nurse led dysphasia screening protocol and all of our assessments are done by SALT. This causes a problem when assessments cant be done over the weekend etc so would be very interested to see if this is something that is implemented. |
| 4 | ***Karen Paisley***(1 day a week) Local Service Improvement LeadCritical Care.Southport and Ormskirk NHS TrustTel 01704 704218Email kpaisley@nhs.net | At Southport only the SALT team are happy to do this, as they feel they have the years of training to assess more efficiently. We tried to assess are own patient, however the SALT team objected.   |
| 5 | Claire MillsSLT Critical Care LeadSpeech and Language Therapy DepartmentBlock 11, E Floor, Brotherton WingLeeds General InfirmaryLS1 3EXTelephone: 0113 3923897Bleep: 4609Email: claire.mills13@nhs.net  | I received a your message about a dysphagia screen from one of our Clinical Quality Practitioners. I am in the process of developing a post-extubation dysphagia screen for nurses. I’ve had some feedback from nursing staff and need to make some changes and then trial it on one of our units. I’d be more than happy to share the screen once it’s finished. However, I’m afraid that it’s going to be a little while as I have too many projects on the go at once. If you hear back from any other hospitals I’d be really interested to see what other units are using. |
| 6 | **Karen Burke****Speech and Language Therapist*****NHS*  Frimley Health Foundation Trust**Frimley Park HospitalPortsmouth RoadFrimleySurrey GU16 7UJ01276 604369karen.burke@fhft.nhs.uk[www.frimleyhealth.nhs.uk](http://www.frimleyhealth.nhs.uk/) | I have been asked to respond as a representative from Frimley Health Foundation Trust. I am one of the lead Speech Therapists covering our Intensive Care Unit. We have literally just developed a new ICU swallow screen to be used with all patients appropriate to commence oral intake. I have attached a copy for your information.  I will say though from my experience patients rarely go from completely NBM with NGT to managing full oral intake so often need the NGT re-inserted to supplement what they are having orally.We are doing a pilot with the attached screen starting on Monday and I am happy to feedback following this if it would be any use?Kind Regards,Karen |
| 7 | *Jackie McRae**NIHR/HEE Clinical Doctoral Research Fellow, UCL**Speech and Language Therapist**Spinal Outreach Team**London Spinal Cord Injury Centre**Royal National Orthopaedic Hospital* | I was forwarded your query by Gezz at our local CC network, as I understand you are looking into a nurse led swallowing screen (dysphagia) in critical care.   At present there isn’t a national screen that SLTs use due to the diversity and complexity of the caseload, so practices vary from site to site.  I have recently set-up a strategic group for SLTs working in critical care and we have our first meeting later this month, so I’d be happy to find out what other people do. |
| 8 | *Jackie McRae**NIHR/HEE Clinical Doctoral Research Fellow, UCL**Speech and Language Therapist**Spinal Outreach Team**London Spinal Cord Injury Centre**Royal National Orthopaedic Hospital* | Thanks for your email.  As you probably know there are lots of different opinions on the value and efficacy of screening tools and we have no standard guidance from our professional body.  A number of systematic reviews have detailed a range of screening tools, but with methodological variations, no one screen comes out best.  I asked for SLT opinions on our online group, some do not use screening due to high risk of silent aspiration in their caseloads - this might include cardiothoracic, spinal injury or complex neurology patients.  Others use stroke type screening tools or the water swallow screening tools.  I’ve attached a number of recent studies as it would be useful for your team to review what works for your unit and patients, and can be supported by the SLTs.  In all cases, a ‘failed’ tests needs further diagnostic assessment using flexible nasendoscopy (known as FEES) or video fluoroscopy.  This would be a very valuable project to capture outcomes and report on, as this would aid many other units with the same dilemmas.I have also included a screen training programme from West Midlands, that may be helpful, but please contact their team for permissions and any updates. |
| 9 | Claire Mead  (UHMB) | Here at Lancaster we don’t have anything specific for CRCU patients, would be interesting to hear what information you receive!  |
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