ATS: Expediting the Nursing Dysphagia Screen in the Emergency Department

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**Evidence Based Intervention**

**Background**
- Stroke is the leading neurological cause of dysphagia (difficulty swallowing)
- 50% of stroke patients with dysphagia aspirate & 1/3 of those patients develop pneumonia that requires treatment
- Early identification of dysphagia post stroke is a safety goal & Stroke Center requirement

**Fast Facts: UConn Health John Dempsey Hospital**
- UConn Health became a Primary Stroke Center in December 2014
- Approximately 200 stroke patients yearly
- Trained stroke nurses in the Emergency Department (ED), Intensive Care, Intermediate Care & Medicine Units
- 2016 data identified that 47% of patients with missed dysphagia screen opportunities presented in the ED with atypical/vague stroke symptoms

**Challenge:** Increase ED nurses’ recognition of atypical/vague stroke presentation & implement the stroke clinical pathway which includes an expeditious bedside dysphagia screening.

**Objectives**
- Describe atypical/vague stroke symptoms
- Recognize the patient with atypical/vague stroke symptoms who will require a bedside dysphagia screen
- Effectively perform a bedside dysphagia screen on stroke patients and document screening in electronic medical record

**Strategies**
- ED nurses pre-surveyed for knowledge of atypical/vague stroke symptoms
- Educational curriculum provided including an online learning platform “SABA” with case scenarios & identification tools
- Resource poster addressing knowledge gaps
- Daily stroke audits by stroke coordinator
- Staff engagement reinforced in daily huddles, monthly meetings by ED management, & through stroke champions
- Post survey to assess newly acquired atypical/vague stroke symptom knowledge

**Results**
In 2017, missed dysphagia screen opportunities in ED patients presenting with atypical/vague stroke symptoms reduced from 47% in 2016 to 17%

**Post survey, ED nurses were able to identify the majority of atypical/vague stroke presentation.**

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**References**