

SWALLOWING (OROPHARYNGEAL DYSPHAGIA) AND FEEDING DISORDERS

1. SUMMARY OF MAJOR CHANGES: This revised Veterans Health Administration (VHA) directive:

a. Updates current best practices related to the early identification, comprehensive clinical and instrumental evaluation, treatment planning and follow-up of patients with swallowing (oropharyngeal dysphagia) or feeding disorders.

b. Updates definitions in paragraph 7, references in paragraph 8 and links to internal Department of Veterans Affairs (VA) resources and guidance documents.

c. Updates responsibilities for the Under Secretary for Health, Assistant Under Secretary for Health for Patient Care Services, Assistant Under Secretary for Health for Operations, Veterans Integrated Service Network Director, VA medical facility Director and VA medical facility Chief, Radiology Service in paragraph 2.

d. Amendment, dated November 7, 2024, clarifies that VA medical facilities must follow the VA Approved Enterprise Standard (VAAES) Acute Inpatient/Rehabilitation Nursing Admission Screening, Assessment and Standards of Care standard operating procedure available at [https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-\(SOPs\).aspx](https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-(SOPs).aspx). **NOTE:** *This is an internal VA website that is not available to the public.*

2. RELATED ISSUES: VHA Directive 1101.06, Multiple Sclerosis System of Care, dated April 14, 2017; VHA Directive 1101.07, Amyotrophic Lateral Sclerosis System of Care Procedures, dated August 23, 2021; VHA Directive 1104, Radiology Picture Archiving and Communications Systems (PACS), dated September 1, 2017; VHA Directive 1105.04, Fluoroscopy Safety, dated June 21, 2018; VHA Directive 1140.12, Dementia System of Care, dated October 18, 2019; VHA Directive 1170.02(1), VHA Audiology and Speech Pathology Services, dated December 9, 2020; VHA Directive 1420, Parkinson's Disease System of Care, dated January 18, 2019; VHA Directive 1438(1), Clinical Nutrition Management and Therapy, dated September 19, 2019; VHA Directive 1439(1), Food Service Management, dated October 21, 2019.

3. POLICY OWNER: The Office for Rehabilitation and Prosthetics Services (12RPS) is responsible for the content of this directive. Questions may be addressed to. VHA 12RPS Rehab and Prosthetics Action at VHA12RPSRehabandProstheticsAction@va.gov.

4. RESCISSIONS: VHA Directive 1171, Management of Patients with Swallowing (Oropharyngeal Dysphagia) and Feeding Disorders, dated April 14, 2017, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2027. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This policy is effective upon publication.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

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Assistant Under Secretary for Health
for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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SWALLOWING (OROPHARYNGEAL DYSPHAGIA) AND FEEDING DISORDERS**1. POLICY**

It is Veterans Health Administration (VHA) policy that all patients with potential for swallowing or feeding disorders be appropriately assessed, referred as necessary for diagnostic evaluation, treated, managed, monitored and followed throughout the continuum of care. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office for Rehabilitation and Prosthetics Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Rehabilitation and Prosthetics Services.** The Executive Director, Rehabilitation and Prosthetics Services is responsible for:

(1) Overseeing compliance with this directive by providing VA medical facility, VISN and program office leadership with direct consultation on directive implementation and on the development of VA medical facility corrective action plans.

(2) Ensuring that the evidence-based practice guidelines addressing oropharyngeal dysphagia and feeding problems are reviewed and updated at least every 2 years.

Practice Guidelines can be accessed at:

<https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Dysphagia.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Initiating, promoting and leading effective collaborations with other VHA programs to integrate the delivery of comprehensive audiology and speech-language pathology health care services into the national VA health care system.

(4) Collaborating with the Executive Director, National Radiology Program, to disseminate VHA fluoroscopy policies and guidelines, to support clinicians with the assessment of swallowing disorders.

e. **National Director, Nutrition and Food Services.** The National Director, Nutrition and Food Services is responsible for:

(1) Communicating the contents of this directive to all VA medical facility Chiefs or Program Managers, Nutrition and Food Services and Veterans Canteen Service integrated sites.

(2) Ensuring standardized patient education materials are developed and available for use regarding the provision of standardized diets and liquids. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “Patient Education Materials.” **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Requiring the use of standardized diets and diet terminology. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “(AND) Nutrition Care Manual” for the Nutrition Care Manual Diet Manual with approved International Dysphagia Diet Standardization Initiative diet levels. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Continually coordinating with the Executive Director, Pharmacy Benefits Management (PBM) Services to ensure a thickening agent product is available and provided for patients.

f. **Executive Director, Pharmacy Benefits Management Services.** The Executive Director, PBM Services is responsible for coordinating with the National Director of Nutrition and Food Services and the Executive Director, Rehabilitation and Prosthetics Services to review and update guidelines to support clinicians in assessing the medication regimen in patients with swallowing disorders. **NOTE:** *Medication regimen guidelines can be located at:* <https://dvagov.sharepoint.com/sites/VHAClinicalPharmacy/Pages/Homepage.aspx>. *This is an internal VA website that is not available to the public.*

g. **Executive Director, National Radiology Program.** The Executive Director, National Radiology Program is responsible for:

(1) Developing and disseminating VHA fluoroscopy policies and guidelines to ensure the safe and effective use of fluoroscopy in the assessment and treatment of swallowing disorders. See VHA Directive 1105.04, Fluoroscopy Safety, dated June 21, 2018.

(2) Collaborating with the Deputy Chief, Patient Care Services for Rehabilitation and Prosthetic Services, to support clinicians in the use of fluoroscopy for the assessment of swallowing disorders.

h. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

i. **Veterans Integrated Service Network Chief Nursing Officer.** The VISN Chief Nursing Officer is responsible for communicating the content of this directive to all VA medical facility Associate Directors for Patient Care Services (ADPCS).

j. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring resources, such as adequate staffing and personnel, are available to support the speech-language pathology needs of patient's receiving care at the VA medical facility, as defined by clinical guidelines published by the American Speech-Language-Hearing Association (ASHA), including but not limited to assessment, treatment, therapeutic and rehabilitation services for feeding and swallowing disorders to a full range of patients, including specialized services such as traumatic brain injury, neurogenic communication disorders, head and neck cancer, geriatric and extended care, community living and spinal cord injury. ASHA clinical guidelines can be accessed at: <https://www.asha.org/policy/>.

(3) Establishing one or more interdisciplinary dysphagia teams as determined by the VA medical facility Chief of Staff (CoS) and appointing a team lead for each team. **NOTE:** *For further details regarding interdisciplinary dysphagia teams, see paragraph 3.*

(4) Ensuring effective use of electronic health records (EHR) and use of standardized electronic health care record templates for the nursing 24-hour patient admission screening and assessments, the Aspiration Risk Assessment and Swallow Screen. The Standardized Nursing Documentation guidance and training can be accessed at: <https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Ensuring availability of technologically advanced, fully capable hardware and software systems to support evaluation, treatment, management and rehabilitation of disorders associated with the practice of speech-language pathology.

k. **VA Medical Facility Chief of Staff.** Each VA medical facility CoS is responsible for:

(1) Maintaining a comprehensive swallowing and feeding management program.

(2) Ensuring the Medical Center Nutrition Committee issues, which must include dysphagia issues, are communicated in accordance with the VA medical facility committee reporting structure and included on the Clinical Executive Board (or VA medical facility equivalent) agenda consistent with VHA Directive 1438(1), Clinical Nutrition Management and Therapy, dated September 19, 2019.

(3) In collaboration with the VA medical facility ADPCS, ensuring interdisciplinary collaboration among clinicians, speech-language pathologists, dietitians and other VA health care providers involved in the management (i.e., assessment, evaluation, coordination, treatment and follow-up) of patients with swallowing or feeding disorders.

NOTE: *At some VA medical facilities, speech-language pathologists and dietitians report to the ADPCS.*

(4) Ensuring the availability of speech-language pathologists to evaluate, treat, manage and follow up with patients with swallowing disorders. Speech-language pathologists must be available for inpatient consultation with VA health care providers (e.g., physicians, physician assistants, nurses, clinical pharmacists, dentists, dental hygienists and dietitians) to minimize complications of swallowing or feeding disorders such as malnutrition and aspiration pneumonia. **NOTE:** *Availability means that physicians, nurses and other VA health care providers are able to receive recommendations from speech-language pathologists within 48 hours of an inpatient dysphagia consult. Speech-language pathologists are contacted by telephone, email/instant messenger, pager or alerted via entry of a consult. Speech-language pathologists utilize telehealth technology, telephone or e-consultation. There is no requirement under this directive that speech-language pathologists be on call; however, if a speech-language pathologist is not available to provide recommendations within 48 hours of an inpatient dysphagia consult, alternative virtual care must be arranged.*

(5) Determining the additional need for a VA medical facility interdisciplinary dysphagia team to be assigned to a patient and communicating this need the VA medical facility Director. **NOTE:** *Not all patients require an interdisciplinary dysphagia team to be assigned. A VA medical facility interdisciplinary dysphagia team is deemed necessary based on clinical need of the patient. See paragraph 3 for additional information.*

I. VA Medical Facility Associate Director for Patient Care Services. The VA medical facility ADPCS is responsible for:

(1) Ensuring that all patients admitted to a VA medical facility, including Community Living Centers (CLCs), receive an initial nursing admission assessment using the national patient assessment in the EHR and complete the included Aspiration Risk Assessment and Swallow Screen within 24 hours after patient admission. This national patient assessment includes questions to document common signs and symptoms associated with swallowing or feeding disorders problems; see Appendix A for further information.

NOTE: *VA medical facilities must follow nursing admission assessment requirements and Aspiration Risk Assessment and Swallow Screen, VIEWS #06437309 VA Approved Enterprise Standard (VAAES) Acute Inpatient/Rehabilitation Nursing Admission Screening, Assessment and Standards of Care standard operating procedure available at: [https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-\(SOPs\).aspx](https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-(SOPs).aspx). This is an internal VA website that is not available to the public. The nursing assessment does not preclude identification of signs or symptoms of swallowing or feeding disorders and physical or initiation of a referral to a speech-language pathologist.*

(2) In collaboration with the VA medical facility CoS, ensuring interdisciplinary collaboration among clinicians, speech-language pathologists, dietitians and other VA health care providers involved in the management (i.e., assessment, evaluation, coordination, treatment and follow-up) of patients with swallowing or feeding disorders.

(3) Ensuring nurses document patient symptoms or signs of difficulty swallowing or feeding in the EHR. **NOTE:** *Any level of nursing staff may document observations of feeding or swallowing issues in patients.*

(4) Ensuring nurses notify the VA health care provider responsible for the care of the patient that a swallowing or feeding problem has been identified during initial assessment or at any time during the hospital stay.

(5) Ensuring Registered Nurses (RNs) initiate the referral (consultation) process to a speech-language pathologist for clinical evaluation of swallowing for those patients identified as meeting criteria for referral.

(6) Consulting with the VA medical facility Chief, Dental Service, when indicated, on matters of Nursing Service staff members competency in assessment, support, provision and documentation of daily oral hygiene for patients with feeding and swallowing disorders.

(7) Ensuring that RNs and nursing staff assigned to patients with feeding and swallowing disorders assess and document the percentage of meals consumed by the patient.

(8) Ensuring supervision of meals and feeding assistance to patients for meals and supplemental feedings when clinically indicated.

m. **VA Medical Facility Chief, Audiology and Speech Pathology.** **NOTE:** *At VA medical facilities without a VA medical facility Chief, Audiology and Speech Pathology, the responsibilities outlined in paragraph 2.m. are performed by the designated Chief for Speech Pathology Services. The VA medical facility Chief, Audiology and Speech Pathology is responsible for:*

(1) Communicating the contents of this directive to speech-language pathology staff members and monitoring speech-language pathology staff for compliance.

(2) Ensuring speech-language pathologists are aware of their role and thoroughly trained in managing patients and residents with swallowing or feeding problems. Speech-language pathologists must provide evidenced-based, Veteran-centered care that follows the VHA Dysphagia Evaluation Guidelines located at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Dysphagia.aspx>, located under "VA Swallowing and Feeding Disorders Directives / Guidelines." **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Coordinating and collaborating with the VA medical facility CoS, Nursing Service, Nutrition and Food Service, Pharmacy, Radiology and other VA health care providers and specialists regarding the management of patients with swallowing and feeding disorders.

(4) Assuring that speech-language pathologists participate on interdisciplinary team(s) as necessary to assist with the early identification and management of swallowing disorders (oropharyngeal dysphagia) according to VHA Directive 1105.04; VHA Directive 1170.02(1), VHA Audiology and Speech Pathology Services, dated December 9, 2020; and VHA Directive 1104, Radiology Picture Archiving and Communications Systems (PACS), dated September 1, 2017.

n. **VA Medical Facility Chief or Program Manager, Nutrition Food Service or Veterans Canteen Service Integrated Food Service Managers.** The VA medical facility Chief or Program Manager, Nutrition Food Services or Veterans Canteen Service Integrated Food Service Managers, depending on the VA medical facility, are responsible for:

(1) Ensuring that Clinical Nutrition Managers communicate the content of this directive to the dietitian nutritionists and ensure compliance. In the absence of a Clinical Nutrition Manager, the VA medical facility Chief, Nutrition Food Service is responsible for communicating directly with the dietitian nutritionists.

(2) Collaborating with the VA medical facility Chief, Audiology and Speech Pathology to provide inpatients and residents with feeding and swallowing disorders assistive feeding devices as identified by patient need and ensuring that assistive feeding devices are cleaned and stored properly according to guidelines located at:

<https://vaww.nutrition.va.gov/clinicalNutrition/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.

(3) Ensuring that nutrition and food services staff members comply with meal and snack times delivery. **NOTE:** For further information, see VHA Directive 1438(1) and VHA Directive 1439(1), Food Service Management, dated October 21, 2019.

(4) Ensuring that pre-thickened liquids are available for inpatients and residents.

(5) Ensuring that dietitian nutritionists adopt and follow standardized diets and diet terminology. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “(AND) Nutrition Care Manual” for the Nutrition Care Manual Diet Manual with approved International Dysphagia Diet Standardization Initiative diet levels. **NOTE:** This is an internal VA website that is not available to the public.

(6) Ensuring dietitian nutritionists provide standardized diet terminology training to nurses, physicians and other providers.

(7) Ensuring dietitian nutritionists use standardized patient and resident education materials for diets and provide patient education materials to patients and caregivers. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “Patient Education Materials” for approved patient and resident education materials. **NOTE:** This is an internal VA website that is not available to the public.

(8) Ensuring dietitian nutritionists use standardized outpatient education materials for thickening agents, provide education materials and teach proper thickening techniques to

patients and caregivers. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading "Patient Education Materials"; for approved patient and resident education materials. **NOTE:** *This is an internal VA website that is not available to the public.*

(9) Communicating and consulting directly with speech-language pathologists and ensuring that dietitian nutritionists communicate and consult directly with speech-language pathologists.

(10) Coordinating with VA medical facility Chief, Pharmacy Service on the list of thickening agent products available for outpatients.

(11) Coordinating and collaborating with staff members in Audiology and Speech Pathology and Nursing Service on the monitoring of long-standing diet modification orders.

o. **VA Medical Facility Chief, Pharmacy Service.** The VA medical facility Chief, Pharmacy Service is responsible for:

(1) Ensuring that the content of this directive is communicated to all pharmacy staff members.

(2) Collaborating with the VA medical facility Pharmacy and Therapeutics Committee in alignment with VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022 to:

(a) Review medications and identifying those with a high risk for impact upon level of alertness or oropharyngeal dysphagia.

(b) Provide guidance for medications that may be cut, crushed or in liquid or transdermal or other alternative forms to accommodate the needs of patients with dysphagia and.

(c) Ensure inventory and availability of products needed for Modified Barium Swallow Studies.

(3) Ensuring inventory and availability for distribution of thickening (powdered/starch and gel/gum based) agents for patients.

(4) Ensuring barium products are available for use during video fluoroscopic swallow studies.

p. **VA Medical Facility Chief, Dental Service.** The VA medical facility Chief, Dental Service is responsible for:

(1) Providing advice and assistance to Nursing Service regarding the competencies and skills required for the assessment of oral hygiene capability.

(2) Providing advice and assistance to Nursing Service regarding attaining and maintaining competency in the support and provision of oral hygiene for dependent patients.

q. **VA Medical Facility Chief, Radiology Service.** The VA medical facility Chief, Radiology Service is responsible for:

(1) Ensuring direct supervision of speech-language pathologists during fluoroscopic procedures for swallow function and adherence to all safety requirements outlined in VHA Directive 1105.04. ***NOTE: Direct supervision must be provided by a VA medical facility Supervising Fluoroscopic Operator as required by VHA Directive 1105.04. The VA medical facility Supervising Fluoroscopic Operator must be on-site and immediately available throughout the performance of all fluoroscopic procedures for swallow function administered by speech-language pathologists.***

(2) Ensuring radiology reports and required documentation for fluoroscopic exams are completed by the radiologist and radiology staff.

(3) Collaborating with the VA medical facility Speech-language Pathology Service or Section regarding fluoroscopy safety and best practice for saving images as outlined in VHA Directive 1105.04 and VHA Directive 1104. ***NOTE: When available, direct digital interfacing to Radiology Picture Archiving and Communications Systems must be employed for archiving of images.***

r. **VA Medical Facility Chief, Physical Medicine and Rehabilitation Service.** The VA medical facility Chief, Physical Medicine and Rehabilitation Service is responsible for ensuring that occupational therapists are available for consultation, and to provide evaluation and therapy for patients with known or suspected feeding problems.

s. **VA Medical Facility, Chief, Prosthetic Service.** The VA medical facility Chief, Prosthetic Service is responsible for filling prosthetic orders for adaptive swallowing or feeding devices as prescribed by the speech-language pathologist or occupational therapist.

t. **VA Medical Facility Speech-Language Pathologist.** The VA medical facility speech-language pathologist is responsible for:

(1) Following VHA Dysphagia Evaluation Guidelines, Dysphagia Treatment Guidelines, Guidelines for Monitoring Dietary Recommendations, Assistive Swallowing Device and Assistive Feeding Device Guidelines and Guidelines for Posting Feeding and Swallowing Information located at:

<https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Dysphagia.aspx>. ***NOTE: This is an internal VA website that is not available to the public.***

(2) Completing a clinical evaluation of swallowing in response to consult requests and documenting results of the comprehensive clinical and instrumental evaluation(s), diagnosis of dysphagia, prognosis for change and any compensatory or rehabilitative strategies. If the patient is unable to participate in the clinical exam, the speech-

language pathologist must provide recommendations for future reassessment or discharge from follow-up. **NOTE:** *The speech-language pathologist with ordering privileges is responsible for entering imaging orders for instrumental evaluations (e.g., the Modified Barium Swallow study and fiberoptic endoscopic evaluation of swallowing) as needed. See Appendix B for further information on speech-language pathologist rehabilitation strategies.*

(3) Prescribing adaptive swallowing devices and collaborating with Occupational Therapy and Prosthetics Services regarding the assessment and prescription of adaptive feeding devices.

(4) Consulting with the Pharmacy Service to review prescribed medication administration methods for patients with swallowing problems to accommodate the needs of patients with dysphagia.

(5) Documenting plans for ongoing follow-up, monitoring or reassessment of patients to observe changes in oral intake and appropriateness of any oral diet modifications or restrictions, changes with treatment or rehabilitation, review use of compensatory strategies or maneuvers and to assure continuity of care.

(6) Receiving a referral from the VA health care provider to conduct a clinical evaluation of swallowing and recommending referral to other specialists and other considerations for additional tests as needed.

(7) Training of patients, caregivers and staff members regarding compensatory swallowing or feeding strategies.

(8) Documenting dysphagia (oral, oral-pharyngeal or pharyngeal dysphagia) in the EHR problem list if the swallowing problem is chronic or progressive in nature. This includes entering a clinical warning in the EHR regarding swallowing or feeding risks, when indicated and as permitted. Additional comments should be added to the problem list to denote any behavioral or feeding strategies. **NOTE:** *The VA medical facility health care provider can also enter clinical warnings in the EHR.*

(9) Developing a customized, patient and family-centered plan of care (treatment plan) in consultation with the attending or primary health care providers, specialists and VA medical facility interdisciplinary dysphagia team if a diagnosis of oropharyngeal dysphagia is made. See paragraph 3 for additional information on interdisciplinary dysphagia teams.

(10) Providing feeding guidelines at the bedside and an instruction sheet for patients in the community, which must be consistent with the standards of the accrediting organization or agency.

(11) Collaborating with the medical team to determine the appropriate time and conditions for patient discharge from ongoing management of dysphagia.

(12) Ensuring the dysphagia plan of care, food or liquid modifications and compensatory feeding strategies are transmitted to the primary care team, the discharge team and the admitting VA medical facility or CLC at the time of discharge.

(13) Consulting with the dietitian nutritionists regarding recommendations for optimal oral and enteral nutrition therapy (enteral tube).

(14) Collaborating with the Pharmacy Service regarding the list of thickening agent products available for outpatients and review of medications that may impact swallow function. **NOTE:** *The speech-language pathologist may act as an agent for the VA health care provider and may place outpatient pharmacy orders for thickening agents under the medical provider's name. This will signal the provider to concur with the order and its use.*

(15) Consulting with Nursing Service staff members regarding compensatory feeding strategies and monitoring modified diet orders.

(16) Collaborating with Radiology Service staff regarding fluoroscopy and following all radiology safety guidance and training when operating a fluoroscope for assessment of swallowing and feeding disorders. **NOTE:** *Speech pathologists are considered Non-supervising Fluoroscopic Operators and must only operate a fluoroscope after meeting the qualifications required in VHA Directive 1105.04 and under direct supervision of a VA medical facility Supervising Fluoroscopic Operator.*

u. **VA Medical Facility Clinical Nutrition Manager.** The VA medical facility Clinical Nutrition Manager is responsible for communicating the contents of this directive to VA medical facility clinical dietitian nutritionists and ensuring compliance.

v. **VA Medical Facility Clinical Dietitian Nutritionist.** The VA medical facility clinical dietitian nutritionist is responsible for:

(1) Adopting and following standardized diets and diet terminology in the care of patients or residents with swallowing or feeding disorders. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “(AND) Nutrition Care Manual” for the Nutrition Care Manual Diet Manual with approved International Dysphagia Diet Standardization Initiative diet levels. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Providing standardized diet terminology to nurses, physicians and other providers regarding standardized dysphagia diets and diet terminology in use within the VA medical facility.

(3) Using standardized patient and resident education materials for diets. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading “Patient Education Materials” for approved patient and resident education materials. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Assisting with the discharge planning process, coordination of nutrition-related care, referrals and discharge education for patients or residents with swallowing or feeding disorders.

(5) Providing recommendations for optimal oral care and enteral nutrition (i.e., enteral tube) for patients.

w. **VA Medical Facility Registered Nurse.** The VA medical facility RN working at an inpatient unit at a VA medical facility is responsible for:

(1) Administering the initial nursing admission screening and assessment in the EHR and completing the Aspiration Risk Assessment and Swallow Screen within 24 hours after patient admission. **NOTE:** *VA medical facilities must follow VIEWS #06437309 VAAES Acute Inpatient/Rehabilitation Nursing Admission Screening, Assessment and Standards of Care standard operating procedure available at: [https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-\(SOPs\).aspx](https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-(SOPs).aspx). This is an internal VA website that is not available to the public.*

(2) Initiating the referral (consultation) process in the EHR for speech-language pathologists for clinical evaluation of swallowing for those patients identified as meeting the criteria for referral.

(3) Assessing and documenting the percentage of meals consumed by the patient. **NOTE:** *All patients admitted to a CLC must be observed by nursing staff members during intake of foods, fluids or medications at the time of admission and during meals for 3 to 5 days after admission; if clinical signs are present, the CLC resident must be referred to a speech-language pathologist. CLC residents with a chronic or progressive disorder with oropharyngeal dysphagia should be seen for regular reassessment as recommended by the speech-language pathologist to ensure the effectiveness and appropriateness of long-standing compensatory strategies including food or liquid modifications, swallowing maneuvers or enteral nutrition therapy (tube feeding) and to adjust the management plan. The medical providers or nursing staff members may request a reassessment as needed if a change in swallowing or feeding is observed.*

(4) Attaining and maintaining competencies for assessing oral hygiene capability and supporting and providing of oral hygiene for dependent patients through Dental Service as outlined in VHA Directive 1130, Veterans Health Administration Dental Program, dated March 6, 2020.

x. **VA Health Care Provider.** The VA health care provider is a physician, nurse practitioner or physician assistant who is responsible for:

(1) Making a referral (consultation) to a speech-language pathologist for a clinical evaluation of swallowing of patients identified with signs or symptoms of swallowing or feeding problems. Until this examination is completed, VA health care providers must use clinical judgment to order NPO (nothing by mouth), with specific instructions for nutrition and medication by non-oral means (e.g., nasogastric tube) or recommend the patient is placed on a modified diet to enhance safety.

(2) Documenting and ordering appropriate diet, supplement, prescriptions and nursing instructions for inpatients once the evaluation by the speech-language pathologist is complete. **NOTE:** *The VA medical facility speech-language pathologist can also order diet and nursing instructions.*

(3) Ensuring diet, prescriptions and feeding instructions are included in discharge instructions upon transfer or discharge from inpatient status.

(4) Entering an appropriate clinical warning in the EHR regarding swallowing or feeding risks, when indicated. **NOTE:** *The VA medical facility speech-language pathologist can also enter the clinical warning.*

(5) Referring any patient identified with swallowing disorders for medication regimen review by the clinical pharmacists to assess the most appropriate medication dosage and forms, given the patient's disorder.

(6) Coordinating and collaborating with speech-language pathologists and staff members in Nutrition and Food Service, Nursing Service and Pharmacy Service on the monitoring of long-standing diet modification recommendations or orders.

3. INTERDISCIPLINARY DYSPHAGIA TEAMS

a. An interdisciplinary dysphagia team may be established by the VA medical facility Director if deemed necessary by the VA medical facility CoS based on the clinical need of the patient; not all patients will require an interdisciplinary dysphagia team, and teams established to treat other conditions may also treat dysphagia. For example, an existing team such as a head and neck cancer team (that may include an otolaryngologist, radiologist, oncologist, oncology nurse, dentist and prosthodontist, dental hygienist, speech-language pathologist, dietitian nutritionist and social worker) serving a patient with a dysphagia diagnosis may already be established at the VA medical facility and have an existing patient care plan for the management of dysphagia.

b. Clinicians participating in a VA medical facility interdisciplinary dysphagia team must concurrently manage their clinical responsibilities outside of the interdisciplinary dysphagia team. Each interdisciplinary dysphagia team must include a:

- (1) Health care provider that acts as the interdisciplinary dysphagia team lead.
- (2) Speech-language pathologist.
- (3) Dietitian or nutritionist.
- (4) RN or Advanced Registered Nurse Practitioner.
- (5) Other providers as appropriate.

c. The goals of the interdisciplinary dysphagia team are:

(1) To assess and observe patients for symptoms or signs of dysphagia. **NOTE:** *See Appendix A for a list of common patient signs and symptoms of swallowing disorders.*

(2) Develop and implement an individual patient plan of care.

(3) Provide a comprehensive dysphagia assessment, treatment and discharge.

(4) Provide patient education and counseling for Veterans, family and caregivers regarding management of dysphagia.

(5) Identify and implement process improvement activities to improve clinical outcomes for patients with feeding and swallowing disorders.

4. TRAINING

a. Oral care training is **required** for dental and nursing staff who are assessing dysphagia patients; see VHA Directive 1130.

b. Fluoroscopy safety training is **required** for radiology and speech-pathology staff who are operating a fluoroscope; see VHA Directive 1105.04.

5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

6. BACKGROUND

a. Swallowing is an extremely complex and integrated neuromuscular process that enables oral nutrition and hydration by synchronizing volitional and automatic movements through the mouth and pharynx and into the esophagus. Swallowing is often divided into two phases - oropharyngeal and esophageal. For the purposes of this directive, dysphagia is focused on oropharyngeal dysphagia.

b. Oropharyngeal dysphagia is often the symptom or comorbid progressive symptom of an underlying disease or disorder and may be due to three broad etiologic categories: neurogenic, structural and iatrogenic. Complications of oropharyngeal dysphagia include malnutrition, dehydration, aspiration pneumonia or upper respiratory infections, hospital readmissions and reduced quality of life. The incidence of aspiration pneumonia is elevated in dysphagia patients because material aspirated is heavily colonized with bacteria. Oropharyngeal dysphagia has been reported in all patient care settings including the emergency room, acute intensive care, nursing homes, palliative care and outpatient clinics. Because dysphagia occurs in a wide range of diseases and age groups and a true prevalence is not fully documented, the incidence of dysphagia may be underestimated. In 2019, speech-language pathologists working in VA medical facilities completed more than 105,700 procedures focused on the evaluation of oropharyngeal dysphagia, highlighting the incidence of suspected dysphagia in the Veteran population.

c. Swallowing and feeding disorders rarely occur in isolation and are part of a broader spectrum of disabilities that must be managed via a multidisciplinary or interdisciplinary approach. Oropharyngeal dysphagia is managed by the collaboration of various health care providers and specialists with responsibility for the assessment,

evaluation, treatment, management and follow-up of complex patients with swallowing or feeding disorders. A VA medical facility interdisciplinary dysphagia team may be established based on sufficient Veteran population, staffing resources and as determined by the VA medical facility or patient needs. See paragraph 3 for additional information.

7. DEFINITIONS

a. **Aspiration.** Aspiration is the entry of secretions, food, liquid or any foreign material into the airway below the level of the true vocal cords. Aspiration may occur before the pharyngeal phase of the swallow is initiated, during the swallow as food or liquid passes through the laryngeal vestibule or after the swallow secondary to food or liquid residue. Aspiration may also occur from retrograde flow from below the upper esophageal sphincter to the pharynx.

b. **Assistive Device.** An assistive device is a device used for swallowing to regulate the volume, speed or placement of a food or liquid bolus into the oropharynx (e.g., adaptive cups, straws or glossectomy spoons). An assistive feeding device (e.g., rocker knife, weighted spoon or plate guard) may be recommended for patients that have difficulty manipulating food on the plate or transferring food from the dish to the mouth.

c. **Dysphagia.** Dysphagia is a disorder of swallowing which is often divided into two phases: oropharyngeal and esophageal. Oropharyngeal dysphagia refers to difficulty preparing or transferring food or liquid from the oral cavity and pharynx into the esophagus and results from abnormal function proximal to the esophagus.

d. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE: The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.***

e. **Feeding.** Feeding is the placement of food or liquids into the mouth for the purpose of ingestion. In self-feeding, voluntary arm and hand coordination is required to bring food from plate to mouth. A feeding disorder refers to the disordered placement of food in the mouth and difficulty in food manipulation prior to initiation of the swallow. Individuals with feeding disorders may need partial, moderate or total feeding assistance during oral intake.

f. **Oral Intake.** Oral intake is the placement of food in the mouth, oral and lingual actions used to prepare food for the swallow and eating and tongue movement to initiate the oral stage of the swallow. This also refers to the amount of food or liquid the individual is able to take in by mouth.

g. **Oropharyngeal Dysphagia.** Oropharyngeal dysphagia is the difficulty preparing or transferring food or liquid from the oral cavity and pharynx into the esophagus and results from abnormal function proximal to the esophagus. Complications of oropharyngeal dysphagia include malnutrition, dehydration, aspiration, pneumonia or upper respiratory infections, hospital readmissions and reduced quality of life.

8. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VHA Directive 1104, Radiology Picture Archiving and Communications Systems (PACS), dated September 1, 2017.
- c. VHA Directive 1105.04, Fluoroscopy Safety, dated June 21, 2018.
- d. VHA Directive 1108.08, VHA Formulary Management Process, dated July 29, 2022.
- e. VHA Directive 1130, Veterans Health Administration Dental Program, dated March 6, 2020.
- f. VHA Directive 1170.02(1), VHA Audiology and Speech Pathology Services, dated December 9, 2020.
- g. VHA Directive 1438(1), Clinical Nutrition Management and Therapy, dated September 19, 2019.
- h. VHA Directive 1439(1), Food Service Management, dated October 21, 2019.
- i. American Speech-Language-Hearing Association, ASHA Clinical Guidelines, available at: <https://www.asha.org/policy/>.
- j. VA Approved Enterprise Standard (VAAES) Acute Inpatient/Rehabilitation Nursing Admission Screening, Assessment and Standards of Care standard operating procedure, available at: [https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-\(SOPs\).aspx](https://dvagov.sharepoint.com/sites/vhanursing/StdNsgDcmnt/SitePages/Published-Standard-Operating-Procedures-(SOPs).aspx). **NOTE:** This is an internal VA website that is not available to the public.
- k. VA Intensive Dysphagia Treatment Program SharePoint page, available at: <https://dvagov.sharepoint.com/sites/VAIntensiveDysphagiaTreatmentProgram848>. **NOTE:** This is an internal VA website that is not available to the public.
- l. VHA Clinical Nutrition, Assistive Feeding Devices Guidelines, available at: <http://vaww.nutrition.va.gov/clinicalNutrition>. **NOTE:** This is an internal VA website not available to the public.
- m. VHA Clinical Nutrition, Nutrition Care Manual Diet Manual with approved International Dysphagia Diet Standardization Initiative diet levels, available at:

<http://vaww.nutrition.va.gov/clinicalNutrition>. **NOTE:** This is an internal VA website not available to the public.

n. VHA Clinical Nutrition, Nutrition Terminology (eNCPT) Reference Manual, available at: <http://vaww.nutrition.va.gov/clinicalNutrition>. **NOTE:** This is an internal VA website not available to the public.

o. VHA Clinical Nutrition, Patient Education Materials, available at: <http://vaww.nutrition.va.gov/clinicalNutrition>. **NOTE:** This is an internal VA website not available to the public.

p. VHA Pharmacy Benefits Management, Medication Regimen Guidelines, accessed at: <https://dvagov.sharepoint.com/sites/VHAClinicalPharmacy/Pages/Homepage.aspx>. **Note:** This is an internal VA website not available to the public.

q. VHA Speech-Pathology, VHA Dysphagia Evaluation Guidelines, available at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Dysphagia.aspx>. **NOTE:** This is an internal VA website not available to the public.

r. VHA Speech Pathology, ASPS Outcome Measures, available at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Outcomes.aspx> **NOTE:** This is an internal VA website not available to the public.

s. VHA Speech Pathology SharePoint, Speech Pathology Practice Guidelines, available at: <https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Speech-Pathology-Section.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

**SYMPTOMS AND SIGNS OF SWALLOWING (OROPHARYNGEAL DYSPHAGIA)
AND FEEDING PROBLEMS**

A clinical consensus of common symptoms reported by a patient, caregiver or nursing staff member and signs of swallowing (oropharyngeal dysphagia) or feeding problems include the following. **NOTE:** *The asterisk (*) denotes a sign that has been associated with aspiration risk. Refusal to accept foods or liquids may also be indicative of a mental health condition. Health care providers treating patients with feeding and swallowing disorders should consult with Mental Health Services as needed.*

1. SELF-FEEDING

- a. Reduced level of alertness or consciousness.
- b. Easy distractibility, disinterest, drowsiness while eating.
- c. Eating fast (impulsivity).
- d. Fatigue during a meal or does not complete a meal.
- e. Reduced control of trunk, head and neck posture for eating.
- f. Reduced arm or hand function to eat and drink.
- g. Refusal to accept foods or liquids.
- h. Rearranging, playing with food.
- i. Attempts to ingest nonfood items.
- j. Incorrect utensil selection or use.
- k. Inability to open containers or grasp utensils.
- l. Inability to cut food or load food onto utensils.

2. ORAL PREPARATORY AND ORAL TRANSPORT PHASE

- a. *Slurred speech or difficulty speaking including changes in nasal resonance (dysarthria).
- b. Drooling (inability to control saliva in the mouth) while awake.
- c. Oral spillage of food or liquid from the mouth.
- d. Impaired chewing or munching.
- e. Difficulty controlling food or liquid in the mouth.

- f. Pocketing, holding of food in the oral cavity.
- g. Facial weakness.
- h. Tongue weakness or deviation of the tongue.
- i. Dry mouth (xerostomia).
- j. Taste dysfunction (dysgeusia or ageusia).
- k. Missing teeth, dentures and poor oral hygiene.
- l. Pain on swallowing (odynophagia).
- m. Pain due to infection (candidiasis).
- n. Delay or difficulty initiating the swallow.
- o. Repeated throat clearing while eating.
- p. *Coughing or choking before, during or after the swallow.
- q. Modification of foods (small pieces of food, avoidance of regular foods or blenderizing).
- r. Inability to complete a meal.

3. PHARYNGEAL STAGE

- a. Food or liquid coming out of the nose (nasal regurgitation).
- b. Abnormal voice (phonation) quality, hoarse voice, or no voice (aphonia).
- c. *"Wet" or "gurgly" sounds before, during or after swallowing.
- d. Weak or delayed voluntary cough.
- e. Gagging when swallowing.
- f. *Coughing or choking before, during or after swallowing.
- g. Change in respiratory pattern while swallowing.
- h. Reduced hyoid-laryngeal elevation.
- i. Delayed initiation of the swallow.
- j. Feeling of obstruction in pharynx.

4. ESOPHAGEAL STAGE

- a. Globus sensation (lump in the throat).
- b. Neck or chest pain.
- c. Frequent heartburn or acid taste in the throat.
- d. Food sticking in the chest or behind the breastbone (sternum).
- e. Difficulty swallowing solids > liquids.
- f. Regurgitation of undigested food.
- g. Bad breath.

COMPENSATORY AND REHABILITATIVE STRATEGIES

Speech-language pathologists must document compensatory or rehabilitative strategies when responding to a dysphagia consult request as outlined in paragraph 2.t. in the body of the directive. Rehabilitative strategies employed by speech-language pathologists include, but are not limited to, the strategies outlined below. Additional information on rehabilitative strategies can be found at:

<https://dvagov.sharepoint.com/sites/VAIntensiveDysphagiaTreatmentProgram848>.

NOTE: This is an internal Department of Veterans Affairs website that is not available to the public.

1. Cognitive communication skills impacting the management of oropharyngeal dysphagia, safest food and liquid for oral nutrition and supplements, and if clinically indicated, partial or total non-oral enteral tube feeding (nasogastric, gastric or jejunal).
2. Appropriate strategies for delivery of oral medication (cut, crushed, liquid or mixed with foods).
3. Compensatory eating and feeding strategies, including modification of postures and environment, recommendations for adaptive swallowing devices to control the volume and timing of the bolus into the mouth or during the swallow and appropriate swallowing maneuvers (i.e., Mendelsohn maneuver, effortful swallowing (hard swallow), supraglottic or super supraglottic swallowing).
4. Dysphagia rehabilitation including elements of exercise physiology including range of motion or resistance exercises.
5. Administration of scientifically validated functional outcomes measures to Veterans receiving dysphagia interventions at admission and discharge from treatment. The acceptable functional measures are located at:
<https://dvagov.sharepoint.com/sites/vhaasps/SitePages/Outcomes.aspx>. **NOTE:** This is an internal VA website that is not available to the public.
6. Adopting and following standardized diets and diet terminology. **NOTE:** The speech-language pathologist may place diet orders under the VA medical facility health care provider's name. This will signal the provider to concur with the order and its use. Refer to <http://vaww.nutrition.va.gov/clinicalNutrition> under the heading Nutrition Terminology (eNCPT) Reference Manual for materials. This is an internal VA website that is not available to the public. The VA medical facility health care provider can also place diet orders.