

## ADULTS: Swallowing Guidelines for Referral to Speech-Language Pathologists (SLPs)

### Most Common Etiologies:

- Head and neck cancer
- Parkinson’s disease
- Stroke
- Traumatic brain injury (TBI)

### Related Terms:

Aspiration, choking, coughing, cough reflex, dry mouth, dysarthria, dysphagia, endoscopic evaluation of swallowing, gag reflex, gastrostomy tube, intubation, manometry, modified barium swallow, nasogastric tube, scintigraphy, silent aspiration, structural deviation, swallowing, tracheostomy, ultrasonography, videofluoroscopic swallowing study

### Potential Consequences:

- Risk for illness or death due to aspiration, malnutrition, or dehydration
- Denial or lack of awareness of type and degree of impairment and risks
- Compromised quality of life by limiting oral feeding, preferred foods, liquids, and/or dietary variety

- Compromised social pleasure of dining with family and friends
- Loss of independence and restriction to home for meals due to food preparation or non-oral feeding needs

### Behaviors<sup>1</sup> That Should Trigger an SLP Referral

#### High-risk symptoms

- absent or weak cough reflex
- wet, gurgly voice
- breathy, hoarse voice
- poor respiratory control during eating or swallowing
- frequent coughing/choking

#### General signs/symptoms

- difficulty monitoring rate and/or amount of food or liquid intake
- inappropriate food selection; resistance to dietary modifications
- talking while eating
- rapid or extremely slow eating
- denial and neglect of food on left side of plate
- diet texture reduction or presence of gastrostomy or nasogastric tube without history of dysphagia evaluation

- weight loss/dehydration with unsuccessful dietary intervention
- weight loss/dehydration with denial of swallowing difficulty but no other etiology
- neck hyperextension with poor respiratory control
- involuntary movements of body, head, and mouth interfere with eating and/or swallowing
- presence of tracheostomy tube
- fatigue when eating/drinking

#### Oral signs/symptoms

- food residue remains on lips or in mouth after eating
- cannot keep lips closed while chewing
- large pieces of food remain in mouth before swallowing, or excessive chewing
- involuntary swallow interrupts chewing
- difficulty chewing meat or crunchy, dense fruits and/or vegetables (e.g., celery, broccoli, or apple) thoroughly before swallowing

<sup>1</sup>Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

- food/liquid leaks through lips during swallowing
- leakage and/or reduced pressure when drinking from straw or cup
- slurring or no speech
- abnormal structure/function of mouth, lips, and palate
- poor tongue control and/or oral sensation
- slow movement of food to back of mouth (may be due to slow start of tongue movement, incoordination, or tongue pumping)
- difficulty managing secretions or “dry mouth”

- gag reflexes may be reduced or hyperactive
- nasal regurgitation
- repeated swallows necessary to clear all food from mouth and/or throat
- food or liquid comes back up into mouth immediately or significantly later than the swallow
- complains of fullness, food/pill stuck in throat, chest pain, or discomfort

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