**Order**  Appendix Attached

This medical directive outlines parameters for referral for swallowing screening and/or assessment and diet texture modification following screening or assessment in the context of adults with oropharyngeal dysphagia.

1. The Speech-Language Pathologist (SLP) on authority of this medical directive is permitted to screen or assess the oropharyngeal swallowing ability of an adult in-patient on an oral diet in accordance with profession-specific standards of care without a physician’s co-signature.

The SLP will provide recommendations regarding:

* The patient’s ability or inability to safely tolerate oral intake
* The most appropriate diet texture (solids and liquids)
* Feeding and/or swallowing strategies to promote safe oral intake

1. The SLP on authority of this medical directive will provide a written order to be implemented by care providers indicating the appropriate diet texture (solids and liquids) following screening or assessment without a physician’s co-signature.

The SLP will document all assessment findings and recommendations in the patient’s electronic record in a Bedside Swallowing Assessment form and/or in a Patient Care note.

**Recipient Patients**  Appendix Attached

All adult in-patients at William Osler Health System (Osler) who:

* Are receiving oral intake
* Present with signs/symptoms suggestive of oropharyngeal dysphagia

**Authorized Implementers**  Appendix Attached

In order to enact this medical directive, an Osler SLP must:

* Be a graduate of an accredited Speech-Language Pathology program
* Be registered and in good standing with the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
* Have the knowledge, skill and judgment in the area of dysphagia assessment and management in accordance with the Practice Standards and Guidelines for Dysphagia Intervention by Speech-Language Pathologists as outlined by CASLPO

An SLP must immediately inform the Professional Practice Leader (PPL) and decline to perform the skill if he/she does not meet the above criteria. In this situation, the PPL and the SLP will work collaboratively to formulate and implement a clinical learning plan which may include: clinical orientation, peer mentorship, continuing education, self-study.

**Indications/Conditions**  Appendix Attached

The SLP will conduct and document a swallowing screening or clinical swallowing assessment when a patient on an oral diet is identified as having signs/symptoms suggestive of oropharyngeal dysphagia.

**Contraindications**  Appendix Attached

The medical directive will not be carried out if:

* The patient and/or substitute decision maker (SDM) does not consent to a swallowing assessment and/or recommendations related to diet texture modification
* The physician has ordered the patient ‘nothing by mouth’/’nil per os’ (NPO) for test, procedure, gastrointestinal pathology
* The goals of care are unclear to the SLP
* The patient is unable to actively participate in swallowing assessment

A patient-specific physician’s order is required when:

* screening or assessing a patient who is ordered NPO
* the recommendation involves transitioning from ‘oral intake’/’per os’ (PO) to NPO, or NPO to PO
* the recommendation involves oral intake with identified risk of aspiration (e.g. comfort feeding, eating despite risk etc.)

**Consent**

The SLP will obtain informed consent from the capable patient or SDM as per Osler’s Consent Policy prior to:

1) the initiation of the swallowing screening or assessment and

2) the implementation of orders related to diet texture modification

If the patient or the SDM does not consent to 1) or 2) above, the SLP will provide education about the risks and potential consequences of unmanaged oropharyngeal dysphagia and the rationale for such recommendations. The SLP will provide risk-mitigating strategies if the patient/SDM declines the recommended diet texture.

**Documentation and Communication**  Appendix Attached

When this medical directive is enacted for referral and/or diet texture modification, a written entry will be documented by the SLP in the Physician Order section of the paper chart/patient health record including:

1) date and time of order,

2) name and number of the Medical Directive,

3) order for referral and/or diet texture modification,

4) name, signature and designation of the SLP.

For example:

Date, Time

As per Speech-Language Pathology Medical Directive #01

Speech-Language Pathology Order

[SLP to consult and manage dysphagia] and/or [e.g., Minced diet texture; Nectar thick fluids]

Name, Signature, Designation

The SLP will document all assessment findings and recommendations in the patient’s electronic record in a Bedside Swallowing Assessment form and/or a Patient Care note. Documentation will meet the standards of Osler’s Inter-professional Documentation Policy.

The SLP will verbally communicate the orders/recommendations, including diet texture modification, to the patient’s nurse or delegate.

**Monitoring of the Process**  Appendix Attached

The SLP Professional Practice Leader will complete a review of this medical directive every two years in accordance with Osler’s Document Development Toolkit.

If issues related to this directive are identified between routine reviews, the review of medical directives procedure will be followed.

**Related Documents**

Practice Standards and Guidelines for Dysphagia Intervention (CASLPO)

Consent Policy (Osler)

Interprofessional Documentation Policy (Osler)

Priority matrix (Osler)

Practice Expectations (Osler)

Patient identification

**Appendix A**

**Educational Package, Evaluation of Learning and Practitioner’s Agreement**

Description of Educational Requirements

1. Minimum level of education for practice as required by the practitioner's Regulatory College

**I, the undersigned Speech-Language Pathologist, do hereby certify that I possess the knowledge, skills and judgement to perform assessment and management of oropharyngeal dysphagia provided for in this Medical Directive, and that I have completed all necessary educational requirements to do so. I understand and will adhere to the practice standards set out in CASLPO’s document: *Practice Standards and Guidelines for Dysphagia Intervention.***

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| **Practitioner’s Name** | **Professional Designation** | **Date** | **Practitioner’s**  **Signature** | **Authorized Signature** |
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**Appendix B**

**Agreement**

**Chief of Staff**

I hereby acknowledge that I have read and am in agreement with the content of this Medical Directive

Dr. Martino (signature) Date

**Corporate Program Chiefs**

I, the undersigned Corporate Chief, do hereby acknowledge that I have read and am in agreement with the content of this Medical Directive.

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| **Name** | **Program** | **Date** | **Signature** |
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