

Fact Sheet: Aspiration



About Aspiration:

Aspiration is defined as entry of food below the vocal cords or in the lower airways. Recurrent wheezing, coughing, and choking, especially after eating (feeding) can be a symptom of possible swallowing dysfunction and aspiration.

- People with the following conditions or behaviors are at higher risk for aspiration:
 - Neuromuscular conditions especially when there is inability to get to a sitting upright position independently and when there is oral motor and swallowing dysfunction and a weak cough
 - Severe epilepsy
 - Lower level of consciousness
 - Chronic respiratory conditions
 - History of stuffing food
 - History of addiction (drug overdose)
 - Severe gastroesophageal reflux.
- Aspiration is not directly associated with developmental disability, except in severe cases of neurological damage or with uncontrolled epilepsy.
- Aspiration can lead to aspiration pneumonia. Aspiration pneumonia can occur as the result of chronic inhalation of small amounts of contents leading to an infection or it can occur from an acute inhalation of food.
 - Aspiration pneumonia is more common in males than in females and the extremely young and old are the most susceptible.
 - Aspiration pneumonia can be fatal or lead to chronic lung damage. Treatment consists of respiratory and medical support along with antibiotics.
- Upper respiratory infections resulting in stuffy nose, mucous nasal discharge, increased nasopharyngeal secretions, and cough often can exacerbate the risk of aspiration in persons with swallowing problems.
 - When such a patient has an upper respiratory infection, the diet may need to be altered and the individual may need to have secretions suctioned.

Diagnosis:

- A physician should determine the cause of aspiration, the type of bacteria causing infection, and whether there is resultant lung damage for prognosis and ongoing treatment and monitoring. To determine if the cause is related to swallowing dysfunction, a swallow study should be completed.
- For adult patients in nursing settings, a swallow screen should be completed by the nurse prior to the patient initially receiving anything by mouth, including medications,

and at any time the patient has possible or suspected alteration in his/her ability to swallow safely.

- When a swallow study shows aspiration, a G-tube is often recommended so that the risk for aspiration pneumonia is diminished.

Managing Aspiration:

- For people with severe swallowing dysfunction and individuals who stuff food, it may be necessary to have a plan where the person is observed directly by staff, fed by staff, or offered food at specific intervals to assist in the case of choking.
- Individuals at high risk should be fed with suction equipment at hand.
- Some individuals have a habit of pocketing food in their cheeks. Food also may be retained in the mouth when patients have difficulty swallowing. In those instances, the oral cavity should be checked after the individual has eaten.
- Medications should be crushed into applesauce or an equivalent.