Dysphagia
Case study
Mary McFarlane & Paresh Parmar
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Day 1:

78 year old male. BIBA found collapsed at home @ 7pm, slurred speech. Admitted with suspected acute stroke. PMHx: PD, HTN, stroke

Dx:
Sinemet 125mg 8am, noon, 4pm
Sinemet CR 125mg 8pm
Amlodipine 5mg AM
Bendroflumethiazide 2.5mg AM
Simvastatin 40mg night
Aspirin 75mg morning
Paracetamol 1g qds (back pain)
Tamsulocin MR 400mg AM (BPH)
BP 188/105 pulse 99
CT: Acute L MCA infarct- not thrombolysed (>5 hours)
Failed nurse dysphagia screen: Placed NBM nil NGT
Day 2:

Increased downiness and increased rigidity.

BP: 175/99, pulse 89, RR 20

Pharmacy assess medication: Primary concerns?

SLT assessment:

To drowsy for assessment, alert for short period only <30 seconds.

R VII lower facial weakness, bilateral reduced facial expression

Recommendation: NBM NGT

Pharmacy: recommendations
Day 3:

Increased alertness. Decreased rigidity.

SLT assessment:

R VII lower facial weakness

CRT failed 2/2

SLT recommendation NBM and FEES.
Day 4:

FEES results:

Silent aspiration on thin and thick fluids, nil aspiration on small amounts of puree.

BP 144/88 pulse: 85

SLT recommendation: H₂O only, nil other thin or thick fluids. 100mls max puree via tsp up to 3 times per day.
Day 6:

Bedside assessment:

Tolerating full puree meds. Unable to assess safety with fluids without FEES or video.

**SLT recommendation:** H₂O only, nil other thin or thick fluids. Full puree meals.

**Pharmacy:** Medication modification?
Day 7:

VFS:

Nil aspiration on single sips or thin or soft diet. Extended mastication with solids. Inconsistent penetration with rapid sips of thin fluids.

Reduced hyo-laryngeal elevation noted: SLT concern, not pharmacy concern

SLT recommendation: Thin fluids via dosage cup and soft diet. Swallow therapy for impaired hyo-laryngeal elevation.
Day 1: - PD medication: NBM, no NGT (rotigotine patch? 4mg?)
  - lowering BP: GTN patch
  - pain management: IV/PR paracetamol

Day 2: Primary concerns:
  - PD medication: NG tube: change to dispersible MADOPAR equivalent doses, and CR to immediate release dispersible dose
  - lowering BP: disperse amlodipine in water and NG administration
  - pain management: IV/PR/NG paracetamol (DO NOT use soluble paracetamol due to high sodium content = BP)
  - change Tamsulocin MR to doxazocin 2mg and titrate if necessary to 4mg
- Day 4: medication through NG tube
- Day 6: Administer tablets with puree/teaspoon of yogurt.
  - Administer tablets whole.
  - Change back to Sinemet and CR preparation for night time dose.
- Day 7: Thin fluids and swallow tablets with water.

Resources: