

NATIONAL CLINICAL GUIDELINE FOR OROPHARYNGEAL DYSPHAGIA – SCREENING, ASSESSMENT AND SELECTED INITIATIVES

Quick guide

Identification and assessment of oropharyngeal dysphagia	
↑	Consider offering systematic screening using a specified procedure for the identification of oropharyngeal dysphagia to adults with a high risk of oropharyngeal dysphagia (⊕○○○).
√	It is good practice to offer a systematic clinical examination to patients with suspected oropharyngeal dysphagia.
↑	Consider offering instrumental evaluation of the swallow function using endoscopic evaluation (FEES) or radiological evaluation (VFES) to supplement the clinical examination for oropharyngeal dysphagia to patients with oropharyngeal dysphagia, particularly in situations where the patient remains undiagnosed following a clinical examination or when silent aspiration is suspected (⊕⊕○○).
Initiatives concerning eating and drinking activity	
√	For patients with oropharyngeal dysphagia who require assistance to feed in order to ensure safe swallowing, it is good practice to consider offering goal-directed meal assistance.
√	It is good practice to consider offering eating and drinking activity training to adults with oropharyngeal dysphagia to supplement other training initiatives.
Oral hygiene	
√	It is good practice to offer assistance in performing good oral hygiene to adults with oropharyngeal dysphagia with a limited ability to handle personal care activities. This will minimise the risk of infections caused by oral cavity bacteria in the oral cavity, the airways and via the bloodstream.
lingual exercises	
↑	Consider offering lingual exercises as part of an overall training protocol to patients suffering from oropharyngeal dysphagia due to head and neck cancer (⊕○○○).
√	It is good practice to consider offering lingual exercises as part of an overall training protocol to patients suffering from oropharyngeal dysphagia and impaired sensory and/or motor function of the tongue.
Cuffed tracheal cannula	
√	It is good practice to consider use of a systematic interdisciplinary intervention in patients with a cuffed tracheal cannula suffering from oropharyngeal dysphagia in order to ensure appropriate and safe decuffing and possibly decannulation.

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for upper dysphagia – tracking, assessment and selected initiatives. The guideline was prepared by the DHA.

The national clinical guideline focuses on the identification and assessment of upper dysphagia and selected interdisciplinary and monodisciplinary specific initiatives.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

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- (+++++) = high
- (+++○) = moderate
- (++○○) = low
- (+○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
