

# Modified Swallowing Assessment (MSA)

Connecting diagnosis with nutrition therapy



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Dysphagia



## Modified Swallowing Assessment (MSA) for Neurogenic Oropharyngeal Dysphagia (NOD)

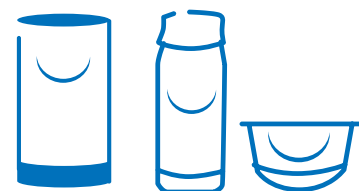
The MSA helps nursing staff identify dysphagia patients and refer them to the relevant dysphagia specialists for further assessment.

This assessment was compiled by the team of Dr. Ickenstein taking into account existing work in this field. Severe swallowing limitations can be identified in the first two parts of the assessment. A following 90 mL water test, according to the Suiter and Leder criteria, can even detect mild to moderate signs of aspiration.

Following the MSA, nursing staff can record abnormalities and notify the swallowing therapist or doctor if signs of aspiration are detected. If appropriate, together they can decide on the first swallowing-adjusted diet. If the patient is at risk of aspiration nothing per os (NPO) or feeding via a nasogastric tube should be considered. In the event of mild to moderate swallowing difficulties a texture modified diet (TMD) can be applied. Certain types of food should be selected for each individual patient.

The aim of the NOD step-wise concept is to standardize the examination of patients with neurogenic oropharyngeal dysphagia. It helps nursing staff, dieticians, swallowing therapists, and doctors in early identification of patients with NOD and enables them to initiate the appropriate therapeutic measures. The concept is designed to be easily implemented in clinical settings. At the same time it fulfils the scientific requirements for adequate diagnoses of swallowing disorders on very different diagnostic levels.

Within this concept Fresenius Kabi offers a range of texture modified high caloric and high protein products to address individual capabilities and needs of dysphagia patients. These products can be used during certain steps of diagnosis to determine the appropriate TMD and as part of the nutrition regime of the patient to avoid malnutrition and aspiration pneumonia.



# Modified Swallowing Assessment - Nursing Staff -

**Patient name**

Patient no.

Date of birth

Date

Examiner

Patient label

## 1) Swallowing checklist (all patients)

Suspicion of aspiration if 'No' for any function	No	Yes	Comments
a. Is the patient alert and responding to speech?			
b. Can the patient cough when asked to?			
c. Is the patient able to maintain some control of saliva?			
d. Is the patient able to lick their top and bottom lip?			
e. Is the patient able to breathe freely (i.e. has no problem in breathing without assistance and maintaining adequate oxygen saturation)?			
f. Are signs of a wet- or hoarse-sounding voice absent?			

## 2) Swallowing test with 1 teaspoon of water (can only be performed if all points under 1) are 'Yes')

- Patient sitting upright with trunk supported
- Mouth inspected for residues and asked to swallow saliva when prompted
- Palpation of swallowing, observe for symptoms when phonation prompted

Functional disturbance according to Perry criteria*: Terminate assessment if 'Yes' for any function	No	Yes	Comments
a. No evident swallowing activity?			
b. Water leaks out of the mouth?			
c. Coughing / throat clearing?			
d. Breathing difficulty?			
e. Wet/gurgly voice within 1 minute immediately after swallowing?			
f. Do you have doubts or a bad impression?			

## 3) 90 mL water swallow test (can only be performed if all points under 2) are 'No')

Functional disturbance according to Suiter & Leder criteria**: Terminate assessment if 'Yes' for any function	No	Yes	Comments
a. Coughing after swallowing (within 1 min)			
b. Choking attacks (within 1 min)			
c. Change in vocal quality (within 1 min, ask to say 'Aah')			
d. Test terminated (or unable to be performed)			

## 4) Findings

	No	Yes	
a. Swallowing pathological in assessment 1, 2 or 3:			if 'Yes', then c, d or e
b. Clinical suspicion of aspiration risk:			if 'Yes', then c, d or e
c. Swallowing therapist informed:			
d. Doctor informed:			
e. NPO/nasogastric tube feeding until assessment by swallowing therapist or doctor:			

**Comments**

Date

Signature (Nursing staff)



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