Although most speech-language pathologists working for our company support the concept of obtaining a radiographic study prior to providing dysphagia intervention, the realities of evaluating and treating the long-term care population make it clear that modified barium swallows are often a “luxury” in many of the areas we service. Providing rehabilitation services in rural areas of Arkansas, Missouri, and Texas have proved to be quite a challenge, especially when requesting that a radiographic study be obtained. Issues confronted by therapists range from the distances which the patient must travel (facility to hospital) to the fact that there is not a professional in the vicinity who is qualified to perform the procedure.

Problems obtaining swallow studies are not only confined to outlying areas. Metropolitan areas also share some of the same road blocks. Physicians, patients, or legal guardians may refuse the procedure, yet insist the therapist treat the swallowing impairment. In other instances, the patient may be too frail or medically unstable to tolerate even the shortest ride to a medical facility.

As a result of these daily realities, we have implemented a policy in an effort to provide some direction for the practicing clinician.

After a bedside dysphagia evaluation, a patient is classified as a “Level I” or “Level II.” A “Level I” classification pertains to those patients who demonstrate or display characteristics of pharyngeal involvement (i.e., choking, coughing, wet/gurgly voice quality, etc.) or are NPO status. A radiographic study must be recommended for patients identified as a “Level I.”

A “Level II” classification includes those patients who exhibit symptoms associated with oral stage difficulties only. The speech-language pathologist may determine that a radiographic study is not necessary and, according to the policy, may opt not to request a swallow study.

In the event that an order for a radiographic study is requested but cannot be obtained for any reason, the therapist must document in the patient record (1) who refused the order; (2) the reason for the refusal; (3) and the justification of the need for the procedure.

In addition, the refusing party is requested to sign a “Waiver of Radiographic Assessment” which acknowledges the risks involved by not having the procedure done.

At this juncture, the therapist must make another decision. Should treatment continue without the benefit of a radiographic study? Our policy allows the therapist to make this decision based upon the results of the bedside swallow evaluation. The other alternative is to discharge the patient to facility’s nursing staff who may possess little or no knowledge of swallowing disorders. A facility’s answer to swallowing problems typically is to either put the patient on a liquid diet or to turn to tube feeding. I ask you, is this in the best interest of the patient?

It is not my intention to negate the value of video fluoroscopic procedures. As I have stressed, our policy is to recommend a videofluoroscopic procedure when
pharyngeal involvement is suspected. We understand there are risks involved in treating without the benefit of a videofluoroscopic procedure. However, it is our contention that the patient’s medical status may be compromised to a greater degree if left in the hands of direct care staff who have no foundation in the area of dysphagia.

We recognize that our solution to the dilemma is not optimal. It is not a decision which was taken lightly and there was much discussion prior to writing company policy. Nevertheless, our efforts attempted to acknowledge the day-to-day obstacles facing clinicians and, more importantly, the well-being and quality of life of the patient.