

Aspiration

The Fatal Four

There are four major health issues that impact individuals with intellectual and developmental disabilities at a greater rate and with more severity than those in the general population.

It is important for all direct care and support staff, including DSPs and QIDPs, to familiarize themselves with these conditions as, unaddressed, they may worsen quality of life and even cause preventable death in persons residing in communal IDD homes.

The Fatal Four conditions are: **aspiration, constipation, dehydration and seizures.**

Aspiration

Aspiration is the inhalation of a foreign body such as food, beverages, medications, or even saliva and natural contents of the mouth and pharynx into the trachea and lungs during or following swallowing. Accidental inhalation can place residents at risk for multiple life-threatening complications.

Complications

Choking – Accidental inhalation of foreign objects can obstruct breathing when a resident's airway becomes blocked by the aspirated foreign substance.

Aspiration Pneumonia – inhalation of content normally bound for the esophagus and stomach into the otherwise sterile airways can trigger infection and inflammation.

- Most common complication from aspiration constituting up to 15% of all pneumonia cases contracted outside of the hospital
- IDD residents with cognitive dysphagia who are at risk for aspiration are also often the very individuals with greater risk of contracting pneumonia after aspiration.
- Signs that might indicate a resident is developing pneumonia post-aspiration:
 - Fever, fatigue, or sweating
 - Chest pain
 - Shortness of breath
 - Productive cough or wheezing
 - Bad Breath
 - Difficulty swallowing

To prevent aspiration and risk of these complications

Review these reminders on **WHO** is at greatest risk for aspiration, **WHAT** the signs of an aspirating individual are, and **HOW** to respond if aspiration is suspected!

Aspiration

Risk Factors

The following factors indicate WHO is at greater risk for aspiration:

- Residents taking medications that decrease swallowing ability or cognitive ability
- Historical need for modified food substances (thickeners, pureed diet, etc.)
- History of choking or eating too quickly
- Poor oral hygiene or eating habits (i.e., insufficient chewing)
- Frequent reflux or GERD
- Underlying dysphagia or difficulty swallowing

Aspiration Signs/Symptoms

Aspiration can occur without the 'typical' appearance of visible choking. Staff and Support Professionals should be familiar with WHAT signs are a warning for aspiration:

- Sudden onset of coughing or wheezing
- Labored breathing
- Excessive drooling
- Excessive throat clearing
- Excessive coughing while eating
- Gurgling sound heard upon swallowing

Interventions

Staff and Support Professionals should be familiar with HOW to respond to residents at high risk for aspiration with these preventative interventions:

- Monitor for and promptly notify healthcare professionals if reflux is observed.
- Monitor for and promptly notify healthcare professionals of dental or oral hygiene issues to optimize resident's chewing and swallowing ability.
- Modify diet consistency, texture or temperature to favor easier swallowing.
 - Healthcare professionals such as speech therapists, nutritionists, and physicians may order a mechanically soft diet for food and thickeners for beverages for residents assessed as high risk for aspiration.
- Instruct resident to slow the pace of eating and decrease bite size.
 - May have food prepared in smaller bite sizes if appropriate.
- Have resident assume an ideal eating position during mealtimes to enhance swallowing.
- Have resident assume an upright position for an extended period (~45 minutes) post meal.

Staff and Support Professionals should also be familiar with HOW to respond to active aspiration events with these treatment interventions:

- Encourage resident to spit out offending food or beverage.
- Encourage resident to keep coughing to clear obstructing object from airway. Do NOT suppress cough.
- Do not give resident more food or drink until they have resolved incident.
- Notify resident's primary care provider if appropriate to recommend preventative measures against future aspiration events.