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INTEGRATIVE REVIEW ARTICLE

INTEGRATED CARE OF SPEECH THERAPY AND NURSING IN OROPHARYNGEAL DYSPHAGIA

CUIDADOS INTEGRADOS DE FONOAUDIOLOGIA E ENFERMAGEM EM DISFAGIA OROFARÍNGEA

CUIDADOS INTEGRADOS DE FONOAUDIOLOGÍA Y ENFERMERÍA EN DISFAGIA OROFARÍNGEA

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ABSTRACT

Objective: to highlight the importance of the Integrated Speech Therapy and Nursing to the dysphagia client. **Method:** this is a bibliographical, descriptive study, of integrative type, with a temporal cut of 2013-2018, carried out in Scielo, BVS and Pubmed / Medline, during the month of March 2018. The results were grouped according to the year of publication, country, author, journal and type of study. **Results:** a sample of 14 studies, which reported that speech therapy care based on minimizing complications from dysphagia and nursing, confirmed the potential for dysphagia screening and management. **Conclusion:** it was considered that the integration of speech therapy and nursing care favors the early identification of dysphagia and may result in the development of guidelines and protocols to support these professionals. **Descriptors:** Speech Language and Hearing Sciences; Nursing; Nursing Care; Deglutition; Deglutition Disorders; Review.

RESUMO

Objetivo: evidenciar a importância do cuidado integrado de Fonoaudiologia e Enfermagem ao cliente disfágico. **Método:** trata-se de estudo bibliográfico, descritivo, tipo revisão integrativa, com recorte temporal de 2013-2018, realizada na Scielo, BVS e Pubmed/Medline, durante o mês de março de 2018. Agruparam-se os resultados de acordo com o ano de publicação, país, autor, periódico e tipo de estudo. **Resultados:** compôs-se a amostra de 14 estudos, que referem que os cuidados de fonoaudiologia baseiam-se em minimizar as complicações oriundas da disfagia e as de enfermagem, confirmam seu potencial no rastreamento e gerenciamento da disfagia. **Conclusão:** considerou-se que a integração dos cuidados de fonoaudiologia e enfermagem favorece a identificação precoce da disfagia e pode resultar no desenvolvimento de diretrizes e protocolos de apoio a esses profissionais. **Descritores:** Fonoaudiologia; Enfermagem; Cuidados de Enfermagem; Deglutição; Transtornos de Deglutição; Revisão.

RESUMEN

Objetivo: evidenciar la importancia del cuidado integrado de Fonoaudiología y Enfermería al cliente disfágico. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integrativa, con recorte temporal de 2013-2018, realizada en Scielo, BVS y Pubmed / Medline, durante el mes de marzo de 2018. Se agruparon los resultados de acuerdo con el año de publicación, país, autor, periódico y tipo de estudio. **Resultados:** se compuso la muestra de 14 estudios, que refieren que los cuidados de fonoaudiología se basan en minimizar las complicaciones oriundas de la disfagia y las de enfermería, confirman su potencial en el rastreo y gestión de la disfagia. **Conclusión:** se consideró que la integración de los cuidados de fonoaudiología y enfermería favorece la identificación precoz de la disfagia y puede resultar en el desarrollo de directrices y protocolos de apoyo a esos profesionales. **Descriptores:** Fonoaudiología; Enfermería; Atención de Enfermería; Deglución; Trastornos de Deglución; Revisión.

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INTRODUCTION

It is known that food is an indispensable factor for the maintenance of life, a source of pleasure and important for the development of human beings. Therefore, any change in this process can lead to serious disorders with consequences that affect people's quality of life.¹

Among the eating disorders, oropharyngeal dysphagia is characterized by an alteration that can occur in any part of the digestive tract, from the mouth to the stomach. It is a symptom of a basic pathology and its causes, vary.² It is seen as a frequent alteration in the hospital environment and, therefore, it is fundamental that health professionals know the whole process of swallowing and its possible changes in order to facilitate the identification and early referral of the client at risk.

It should be emphasized, therefore, that dysphagia care means maintaining the health and life of the client, since pulmonary and nutritional issues resulting from this alteration further aggravate the clinical situation, prolonging the period of hospitalization, occupying hospital beds and generating more costs for institutions, in addition to extending its unnecessary exposure to the hospital environment.³

It is recalled that dysphagia can also impact the life of the individual, since this difficulty limits the sensation of pleasure that the act of feeding provides and promotes a negative impact on the quality of life. Thus, a swallowing process that is considered safe and effective is of fundamental importance for the clinical, social and emotional conditions of the individual.

In this context, the important role of Nursing and Speech Therapy in the care of these clients is evidenced. The speech therapist is the professional responsible for the diagnosis and rehabilitation of dysphagia and aims to improve the general picture of these clients. On the other hand, nurses, through their work process focused on the integral care of the individual, stand out in this role of early identification of oropharyngeal dysphagia, since most of the time it is with the clients, it assists them during medications, diet and general care helping to prevent complications and reducing the number of associated deaths.⁴

Thus, it should be emphasized that care with the hospitalized dysphagic client should be multidisciplinary, since it presents certain specificities that must be constantly discussed

in order to improve the practice of all professionals working with this population.

OBJECTIVE

- To demonstrate the importance of the integrated care of Speech Therapy and Nursing to the dysphagic client.

METHOD

It is a research of a bibliographical nature, in the integrative literature review modality, and was developed, therefore, respecting the following phases: construction of the guiding question; search or sampling of the literature; data collection; critical analysis of included studies; discussion of the results and presentation of the integrative review.⁵

Integrative review can be defined as a method in which previously published research is reviewed and findings are established considering the research design. This allows for the synthesis and analysis of studies on the subject under investigation. It also allows to describe the knowledge in its current state, besides promoting the impact of the research on the professional practice, keeping the interested ones updated, and facilitating the modifications of the daily practice as a consequence of the research.⁶

It is highlighted that the guiding question of the research was: What are the main care of Speech Therapy and Nursing in the dysphagic client?

In order to answer the guiding question, the research was carried out in the VHL (Virtual Health Library) databases, the open access electronic library, SciELO (Scientific Electronic Library Online) and PUBMED / MEDLINE (Medical Literature Analysis and Retrieval Sistem on-line), in March 2018, with the following inclusion criteria: publications with pertinent content published in English, Portuguese or Spanish. We excluded studies that dealt with oropharyngeal dysphagia, but did not address the speech and hearing care in the client with this symptom, as well as theses, dissertations and repeated texts. The analysis of the references was based on the publications of the last five years (from 2013 to 2018) seeking to update the latest publications on the subject.

The research was carried out with the crossing of the following descriptors and Boolean operator: Speech therapy AND Nursing AND swallowing disorders. All descriptors were found in the list of Descriptors in Health Sciences (DeCS). However, in this pre-selection, when using these descriptors together, no results were obtained. We then chose to do the search

Dias SFC, Queluci GC, Mendonça AR et al.

Integrated care of speech therapy and nursing...

separately using the descriptors Speech Therapy AND Deglutition Disorders and another search with Nursing AND Deglutition Disorders.

The process of selection and inclusion of articles is demonstrated, through the following flowcharts.

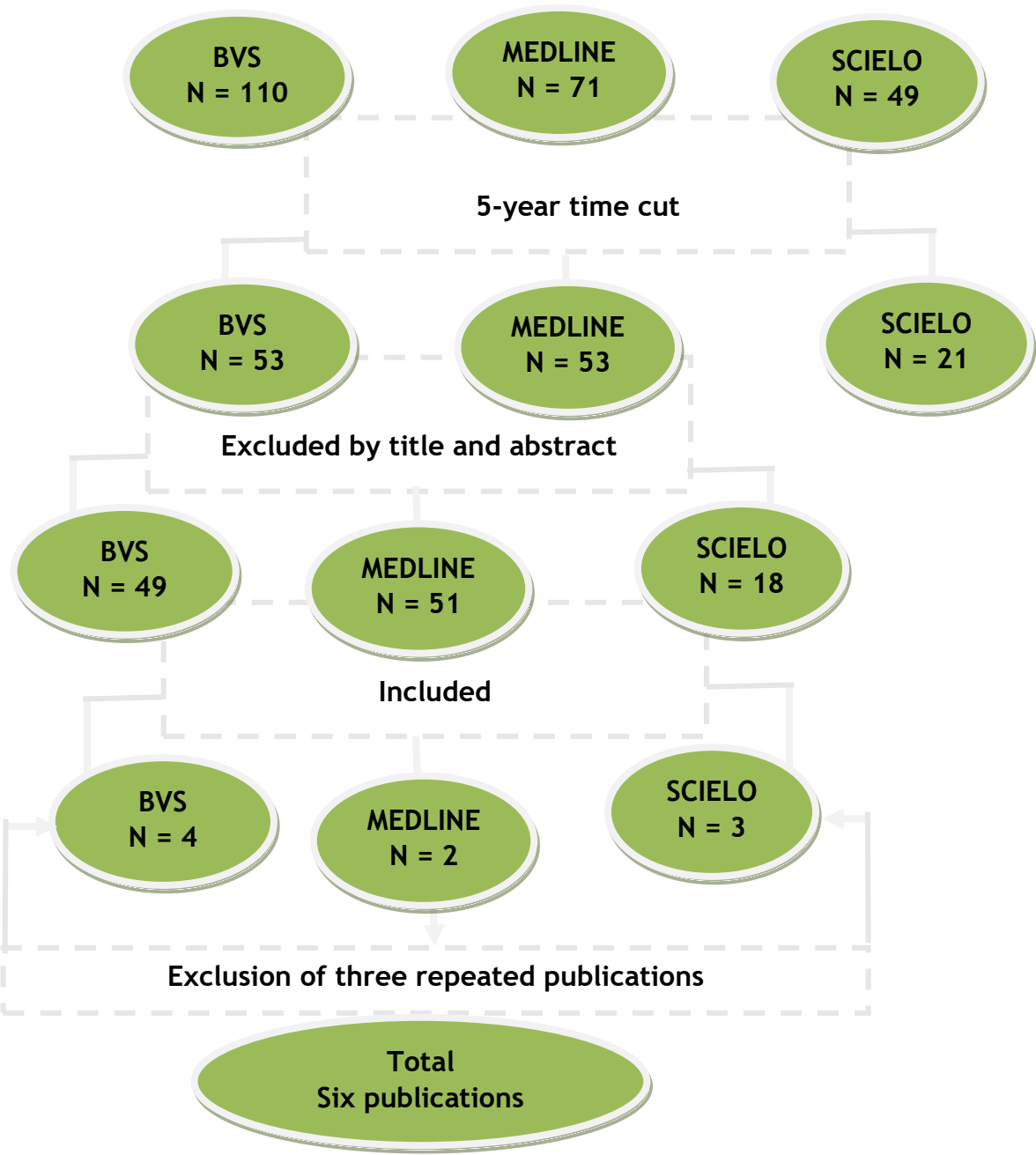


Figure 1. Selection of Speech Therapy and Deglutition Disorders. Niterói (RJ), Brazil (2017).

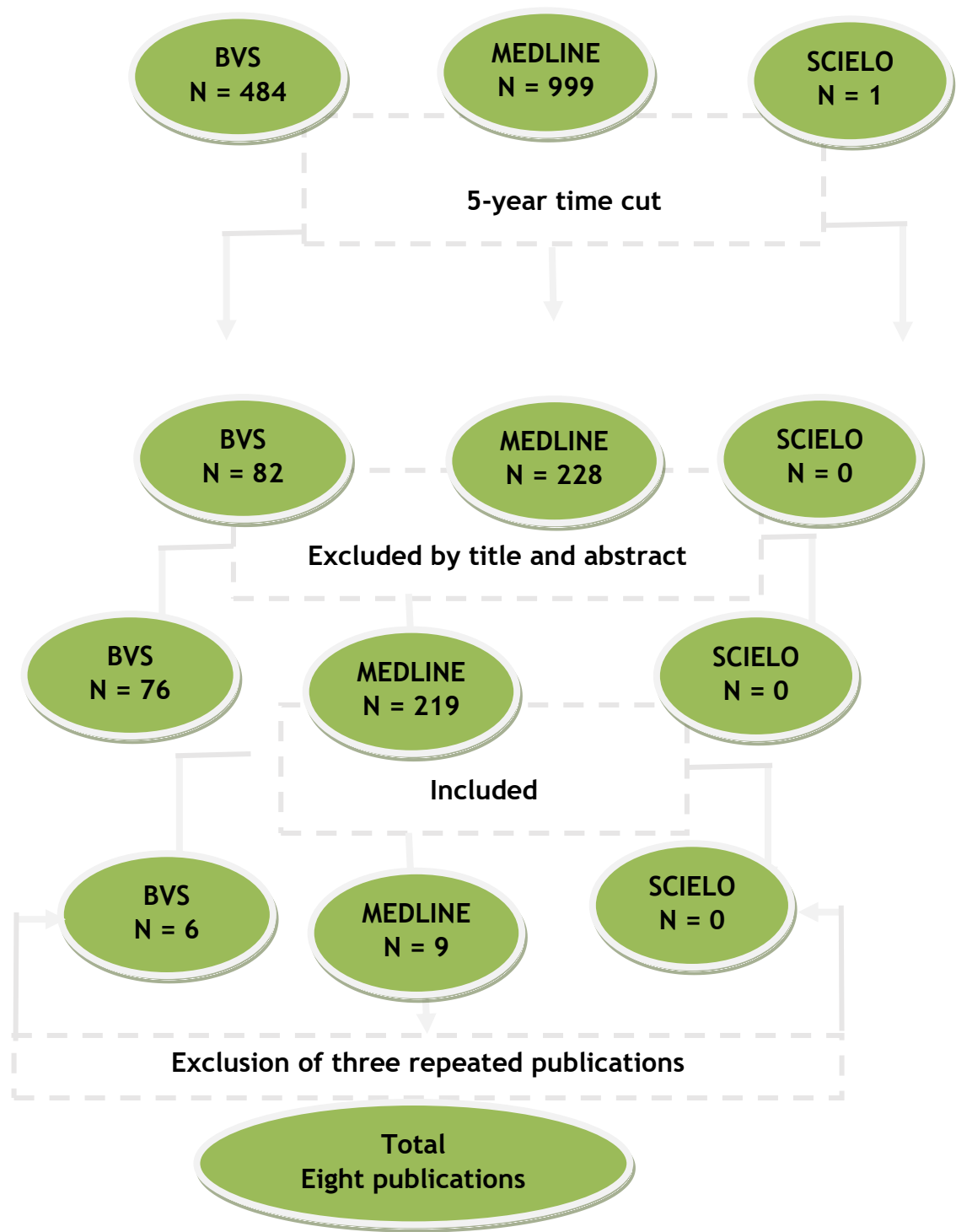


Figure 2. Selection of nursing care articles and deglutition disorders. Niterói (RJ), Brazil (2017).

RESULTS

At the end of the refinements, only fourteen publications were selected for data collection, 2016 and 2017 being the years with the highest number of publications. In relation to the language, nine were published in English; three in Portuguese and two in Spanish.

Qualitative surveys of the descriptive type stand out in relation to the methodological approach. Regarding the subjects / population, speech therapists and nurses predominated. In order to facilitate the analysis and presentation of the results, the studies analyzed are presented in the second year of publication, country, author, periodical and type of study (Figures 1 and 2).

It can be seen from the texts examined that the works that speak about Speech

Therapy care are mostly national. This may have occurred because the descriptor "Speech Therapy" was inserted by DeCS in 2010, but without equivalent descriptor in MeSH. His translation into English is "Speech, Language and Hearing Sciences" which, if searched for in MeSH, does not exist. In this way, the presentation of scientific papers made available in international databases is harmed.⁷

It was observed that in nursing research to the dysphagic client, although there is a significant amount and variety of studies with this approach at the international level, national publications are scarce, proving that there is a need to produce scientific knowledge in this area.

Num	Title of the article	Database	Year	Country	Author	Journal	Outline
01	Contribución de la temperatura fría y el sabor ácido en la intervención fonoaudiológica de la disfagia orofaríngea	BVS	2016	Chile	Guevara D E, ⁸ Avendaño S S, Salazar A A, Alarcón B MJ, Santelices S M.	Chil Journ Speech The	An analytical, experimental, longitudinal and prospective study.
02	Manejo del cliente disfágico por técnicos paramédicos: evaluación y capacitación en un hospital chileno	BVS	2016	Chile	Rosales L F. ⁹	Chil Journ Speech The	An analytical, experimental, longitudinal and prospective study .
03	Criteria for clinical speech therapy evaluation of tracheostomized patient in hospital bed and home care	BVS	2014	Brazil	Santana L, Fernandes A, Brasileiro AG, Abreu AC. ¹⁰	Journ CEFAC	Cross-sectional, descriptive, quantitative approach .
04	Defining Swallowing-Related Quality of Life Profiles in Individuals with Amyotrophic Lateral Sclerosis	MEDLINE	2016	EUA	Tabor L, Gaziano J, Watts S, Robison R, Plowman EK. ¹¹	Dysphagia	Cross-sectional, descriptive study.
05	Findings of postoperative clinical assessment of swallowing in infants with congenital heart defect	SCIELO	2018	Brazil	Souza PC, Gigoski VS, Etges CL, Barbosa LR. ¹²	CoDAS	Cross-sectional, descriptive study.
06	Presentation of a Clinical Practice Protocol for Patients with Swallowing Disorders	SCIELO	2017	Brazil	Borges MSD, Mangilli LD, Ferreira MC, Celeste LC. ¹³	CoDAS	Descriptive study of the type of Experience Report .

Figure 3. Articles included in the study from a survey in the databases by the research and association of the descriptors "Speech Therapy" and "deglutition disorders". Niterói (RJ), Brazil (2017).

Num	Title of the article	Database	Year	Country	Author	Journal	Outline
01	Early dysphagia screening by trained nurses reduces pneumonia rate in stroke patients a clinical intervention study	BVS	2017	Austria	Palli C, Fandler S, Doppelhofer K, Niederkorn K, Enzinger C, Vetta C, et al. ¹⁴	Stroke	Cross-sectional study
02	The challenges of dysphagia in treating motor neurone disease	BVS	2017	England	Vesey S. ¹⁵	Br J Community Nurs	Descriptive study of qualitative approach.
03	The management of dysphagia in palliative care	BVS	2017	England	Nazarko I. ¹⁶	Int J palliative nursing	Cross-sectional study .
04	District nurses' role in managing medication dysphagia	BVS	2016	England	Griffith R. ¹⁷	Br J Community Nurs	Descriptive study of qualitative approach .
05	Treating and preventing dysphagia in the community.	BVS	2016	England	Thompson R. ¹⁸	Br J Community Nurs	Descriptive study of qualitative approach .
06	Dysphagia: warning signs and management	BVS	2016	England	Malhi H. ¹⁹	Br J Community Nurs	Descriptive study of qualitative approach .
07	Review of evidenced-based nursing protocols for dysphagia assessment	MEDLINE	2017	USA	Fedder WN. ²⁰	Stroke	Cross-sectional study .
08	Nurse-performed screening for post-extubation dysphagia: a retrospective cohort study in critically ill medical patients	MEDLINE	2016	USA	See KC, Peng SY, Phua J, Sum CL, Concepcion J. ²¹	Crit Care	Retrospective cohort study .

Figure 4. Articles included in the study, from a survey in the databases by the research and association of the descriptors "nursing" and "deglutition disorders". Niterói (RJ), Brazil (2017).

RESULTS

It is known, with regard to Speech Therapy care in the dysphagic client, that the studies found speak of the importance of the speech therapist performance in order to minimize complications resulting from oropharyngeal dysphagia. They report that the speech therapist is the professional responsible for the evaluation and rehabilitation of deglutition and should promote the early identification of deglutition impairment, dietary modifications, postural adjustments and treatment measures for each client in order to minimize the risk of aspiration of food.⁸⁻⁹

It should be noted that, according to one of the references, it is the responsibility of the speech therapist to perform the clinical evaluation of deglutition through bed evaluation, client history collection, structural and functional deglutition analysis with the aim of guaranteeing safety of the oral route, to identify early the possible causes of dysphagia or risk of aspiration suggesting a safe route of feeding, when necessary. As part of the interdisciplinary team, the speech therapist can contribute to the clinical improvement of the clients and to the reduction of hospitalization time and hospital costs.¹⁰

In this context, the importance of the rehabilitation of oropharyngeal dysphagia in which various speech therapy techniques are used, such as postural maneuvers, changes in consistency and in the volumes of the diet, as well as strategies related to flavors and temperatures to try to stimulate and modulate the deglutition dynamics.¹¹

It is inferred that another relevant aspect brought by the studies concerns the orientation plan of the multidisciplinary team, since the Speech Therapy team guides clients' acquisition of risk factors and clinical signs of deglutition disorder, defines how to reference / refer clients and the maximum time for the speech therapy evaluation after the request for the opinion.

It is also confirmed, through most of the publications analyzed, the nurse's potential in the screening and management of dysphagia. Nurses spend most of their time with hospitalized clients and are ideally positioned to watch those who are having difficulty eating, drinking, and taking medications. Identifying dysphagia early is vital to prevent further complications. Thus, nurses should be alert to clients at risk considering their previous medical history.

The specific care provided by Nursing has been detailed through some studies: ensuring that the client is correctly positioned at meal times; identify the customer who needs extra assistance; provide meals / liquids of appropriate consistency; assist the use of thickeners; participate in the discussion about enteral feeding placement and promote the involvement of clients and caregivers in the care process.¹⁵⁻⁶

It is noted that care in administering medications to the dysphagic client has also emerged as an important nursing assignment in the care of these clients, as they must be aware of the impact of tablet tampering on client safety, since it may entail risks by crushing, opening or macerating an enteric coated drug, for example, which may alter the pharmacokinetics and pharmacodynamics of the drug and, in extreme cases, produce toxic levels in the blood. The nurse should assess the patient's difficulty in swallowing medication and should consider any alternative products that may be available such as liquid, effervescent, rectal or parenteral formulations.¹⁷

It is worth noting that in addition to the existing risk with the administration of medicines, the research emphasizes the care with the manipulation of thickeners, since there is a risk of airway obstruction and death if the thickening powder is ingested dry.¹⁶

It is understood, therefore, that the success of the treatment of dysphagia requires multidisciplinary and client involvement with its family / caregivers who are central figures in this process. The assistance of the nurse and speech therapist to the dysphagic client leads to an interrelated situation and the integrated work among these professionals has the objective of increasing the quality of the care in the customer care with dysphagia.

It can be noticed that Nursing is cited, in most studies, with an important role in this multidisciplinary team mainly due to its presence 24 hours next to hospitalized clients. Thus, the importance of trained nurses for a swallow-change screening is justified in order to guarantee their early identification.¹⁴⁻⁵

It is also known that most of the studies found talk about the need to increase the nurse's awareness of dysphagic client care through training on the signs and symptoms of dysphagia, referring them later to a speech-language pathologist and thus causing the problem to be immediately identified.

It is therefore proposed that nurses should be able to intervene as early as possible, since it is their responsibility to assess the risk of

Dias SFC, Queluci GC, Mendonça AR et al.

swallowing changes, to collect pertinent information, to assess whether the client is able to eat and drink independently, identify the intervention needs to optimize feeding and make the necessary referrals.

It is believed, however, that there does not appear to be a standard screening tool that is used to identify dysphagia. There is, however, research on how to develop a screening and training tool to identify dysphagia.

It is mentioned that, according to the American Association of Speech and Hearing Therapists (AASHT), screening should include an evaluation of history of dysphagia, a medical diagnosis of risk for swallowing (eg stroke), obvious signs of aspiration and complaints of deglutition difficulties. In addition, in the screenings should also be observed the client's alertness, signs of motor alteration in speech and voice abnormalities, signs of dysphagia with and without food and water presentation and general evaluation of risk factors.

It is pointed out that, in the training recommendations, AASHT suggests that the speech therapist train the nurses to conduct this screening so that they are able to make referrals based on these findings to the speech therapist if necessary.²⁰

DISCUSSION

It is understood that oropharyngeal dysphagia is a condition that can lead to serious complications such as aspiration and pneumonia. In addition, deglutition dysfunction has been associated with prolonged hospitalizations, higher hospitalization rate, and higher health costs.

It has been found in the research conducted that screening for dysphagia before oral intake of liquids or food can reduce aspiration / pneumonia in clients at risk. However, in clinical practice, screening for dysphagia is often performed by speech therapists who are not available outside normal working hours. This results in late screening for dysphagia and this may be associated with an increased risk of complications.¹⁴

It should be pointed out that the screening of deglutition dysfunction by trained nurses has the advantage of being available for 24 hours and, therefore, should be alert to clients at risk considering their previous medical history accompanied by careful observation during meals and medication administration.

It is known, however, that there are situations in which clients are hospitalized

Cuidados integrados de fonoaudiologia e enfermagem...

due to symptoms such as weight loss, reduced appetite and recurrent lung infections and all of these symptoms may indicate possible dysphagia. The nurse who admits the risk client should then be aware that client deglutition screening must always be performed because dysphagia may be the underlying cause leading to hospital admission.

It is suggested, through studies, that, in this way, screening may help identify dysphagia at an early stage and allow immediate referral to a speech-language pathologist for a more specific evaluation. Dysphagia is then treated with the guidance of the speech therapist whose role is to assess the anatomy and functionality of the client's swallowing and formulate a rehabilitation plan according to the assessment.¹⁸

It is understood that, in this context, screening appears as an innovative proposal that implies a new vision of nurses for these clients and, as such, is presented as a fundamental instrument to avoid secondary complications from dysphagia, which will allow feeding by oral route or the adoption of other appropriate strategies for the minimization of risks.

It is pointed out that the results of the research show that most of the publications analyzed confirm the nurse's potential to identify the client at risk of dysphagia early and to carry out the initial evaluation provided that they are adequately trained.

It should be noted, however, that none of the studies analyzed addressed the integration of Speech Therapy and Nursing care. However, the assistance of the speech therapist and the nurse to the dysphagic client leads to a situation that is interrelated in several aspects such as the evaluation of swallowing, compensatory measures and adaptation to dysphagia, the monitoring of the client with oropharyngeal dysphagia, effective communication between decision-making teams, and guidance to patients and their caregivers on measures to adapt to dysphagia and safe feeding and deglutition techniques.

Thus, in this interaction, the possibility of preventing and / or minimizing the symptoms of deglutition disorders and their possible complications is observed, promoting the improvement of the quality of services and the safety of the client with oropharyngeal dysphagia.

CONCLUSION

Through this review study, a little more of the specific care of Speech Therapy and Nursing to the client with oropharyngeal dysphagia, the proposal of early identification of the client with risk of oropharyngeal dysphagia, and also, to presume how they interrelate the speech and hearing care in these clients.

It is assumed that, from the analysis of the manuscripts, it is possible that the integration of the knowledge of Speech Therapy and Nursing may result in the development of guidelines and protocols to support Speech Therapy and Nursing professionals and, in this way, provide improved quality of care dysphagic client.

However, it is necessary to develop new research, mainly at the national level, to deepen the subject, as well as the investigation of new objects of study. It is therefore recommended that studies be carried out to investigate the integrated care of Speech Therapy and Nursing in this population.

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