

COVID-19 and Dysphagia

Residents who have contracted COVID-19 may be at increased risk of developing Dysphagia (swallowing difficulties)*. If a resident has received a diagnosis of COVID-19, please be vigilant for the following signs of dysphagia. If the person is presenting with any of the issues listed below, please complete a referral form and send to SLTreferrals@nutricia.com.

Signs of Dysphagia	
Effortful chewing/swallowing	Coughing during or after mealtimes
Unexpected weight loss	Very quick OR lengthened mealtimes
“Gurgly” or wet voice post swallow	Avoidance of certain foods
Recurrent chest infections	Watering eyes when eating
Changes in facial colour (e.g. redness)	Spike in temperature during/after meal
Shortness of breath when eating	Wheezy breathing after mealtimes
Oral or nasal regurgitation	Excessive swallows for each bite
Difficulty with saliva (e.g. drooling)	Residue left in mouth post swallow
“Pocketing” food in cheeks	Dehydration/malnutrition
Pain when eating or distress at mealtimes	Frequent requesting of food, even after eating
Feeling of food getting “stuck”	Choking/gagging/vomiting

*Suggested risk factors for developing dysphagia in COVID-19

The evidence surrounding dysphagia in patients diagnosed with COVID-19 is still emerging. Some suggested risk factors for developing dysphagia are:

- Prone positioning increasing the risk of aspiration as well as resulting in decreased ability to perform oral care etc.
- Significant and prolonged respiratory compromise – may result in difficulty coordinating breathing and swallowing during eating/drinking.
- Intubation resulting in persistent dysphagia after the acute phase of care.
- Delirium and cognitive impairment from prolonged ICU stay – may result in behavioural difficulties at mealtimes which otherwise were not evident.
- ICU myopathy/polyneuropathy (muscle weakness/paresis in people who are critically ill) with people with COVID-19 who do not always respond well to typical early mobilization efforts and have severe deconditioning.
- Lethargy/sedation.
- Medication side-effects.
- Potential lack of thorough oral care/oral infection control practices.
- History of COPD, advanced liver disease, and sepsis were associated with aspiration and silent aspiration.

**Referrals to be sent to SLTreferrals@nutricia.com or call
Freephone 1800 923 404 with any queries**