

Aspiration pneumonia:

A preventable killer

By Carol Edwards,
SRN, RN, GCM.

Q What is aspiration pneumonia?

A Occurring in the elderly, aspiration pneumonia is a relatively common disorder that may be caused by a swallowing deficiency precipitated by acute episodes, such as stroke, neurological disease, surgery or repeated pneumonia. It occurs when fluids or foreign substances enter the lungs and result in infection, which is a prelude to pneumonia.

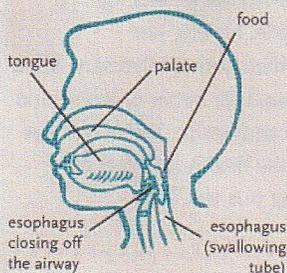
Q What are the symptoms?

A The elderly person may or may not be aware of this process, depending on their level of alertness or consciousness.

Aspiration pneumonia can be recognized by coughing after the food “goes down the wrong way.” Sometimes, this happens silently and the person is known as a silent aspirator.

With this condition, the swallow reflex can return to normal, improve and stabilize; however, some symptoms can often remain and, therefore, the risk continues.

Figure 1 Normal swallowing



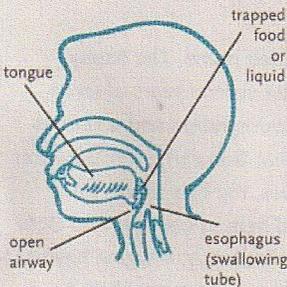
Q What actually happens?

A Usually, when a person swallows, the liquid or food is passed to the back of the throat, and an involuntary process commences involving the divided passage between the esophagus and the trachea.

CAREGIVER ALERT

Once observed in the elderly, aspiration pneumonia is more likely to re-occur in repeated illness or acute episodes.

Figure 2 Food trapped in the throat



The esophagus passes the contents to the stomach and the trachea to the lungs. The glottis is the flap that closes the passage to the trachea, thereby allowing the food and fluids to pass into the stomach. For people who have aspiration pneumonia, the glottis closes slower than usual, allowing fluids to pass to the lungs instead of the stomach. This provides a medium for bacteria to collect and develop, resulting in pneumonia.

Q Who diagnoses this condition?

A Aspiration pneumonia may be noticed by the

elderly person but go unreported because the consequences are not well understood. The condition can also go unnoticed by caregivers and family, and it may be overlooked in a facility, where the staff may be uneducated on the condition or may not be observing the person while he or she eats. Regardless, everyone has a responsibility to watch for and report this condition because it can be fatal!

Q Who do I tell if I notice symptoms?

A If the person is being cared for at home, discuss the condition promptly with the family doctor and seek advice on how to manage the condition.

If the person is in a hospital or nursing home, report the condition to the nurse and doctor promptly. The speech-language pathologist will perform an assessment that may involve observing the person eat and drink. She or he may also test for which foods and what texture and thickness is safe and appropriate for the person to consume.

The progress of this condition should be monitored frequently for improvement, stabilization or deterioration.

Q What are thickened fluids?

A Any fluid (hot or cold) can be thickened. This involves using a flavourless food thickener that can be whisked into the fluids until the desired consistency is obtained. The speech-language pathologist will determine the thickness to be used based on the condition's severity.

While thickening does not affect the flavour of the fluid, the consistency is quite often disliked by the elderly; however, not using thickened fluids can have far worse consequences!

Q Can the condition be controlled?

A As a geriatric care manager, 80 to 90 per cent of my clients have or still require thickened fluids as a preventative measure against aspiration pneumonia. Several of my clients suffered from repeated aspiration pneumonia prior to my care. After the condition was identified and a client's fluids were thickened and his or her swallowing was monitored, the condition disappeared entirely.

Aspiration pneumonia is a high-risk condition that cannot be underestimated. I know of some long-term-care residents who have suffered with this condition due to erratic practices of thickened fluids. For example, thickened fluids will be served at the dining table while a thin fluid is given with medication. The best way to administer

medication is by crushing it and mixing it in apple sauce or in a smooth creamed pudding.

The really good news is that aspiration pneumonia is preventable! For more advice, ask your doctor, nurse, speech-language pathologist or consult with a professional geriatric care manager. ●

Carol Edwards, SRN, RN, GCM, is the President of Careable Inc. She can be reached at 416-362-9176.

“They said relax, it could be worse. I did, and it was.”

Anonymous

Feeding tips

Many elderly people with this condition have progressed to a liquid diet. Fluids are the biggest risk because they pass quickly to the trachea and adversely affect the lungs.

There are some specific feeding recommendations that should be followed.

1. Have the elderly person sit upright, preferably in a chair, at a 90 degree angle.
2. Thicken all fluids. Being overcautious is preferable.
3. The head should be erect or tilted forward slightly when swallowing.
4. Give small amounts of fluids.
5. Make sure the mouth is empty before proceeding to the next mouthful.
6. Feed slowly. Do not rush.
7. Do not use straws.
8. Feed only when the person is well rested or alert.
9. Have the elderly person remain upright after meal.
10. Minimize distractions. Do not allow the elderly person to talk and eat at the same time.

These are basic rules, and others may apply depending on the circumstances.

Thickening fluids is important for people with aspiration pneumonia.

