

## CASE STUDIES- INTENSIVE CARE

### **Ms. Pathway**

Patient is 82 year old admitted with acute right hemisphere embolic CVA. She has a history of diabetes and past complaints of weakness/lack of energy. She had taken Coumadin in the past, but had stopped taking this without consulting her physician. She arrived at the hospital within 2 hours of exhibiting left-sided weakness and was begun tPA. She was placed on the hospital's CVA pathway. Nurse screening resulted in patient being made NPO until seen by SLP. She lived alone and was very active.

#### Findings:

Patient is mildly confused and denies any deficits, though clearly has left sided weakness. When the test tray is placed before her, she grabs the spoon and takes two very large bites. She exhibits pocketing on left, but can clear with her tongue when cued. The only symptom of concern was multiple swallows with all consistencies.

### **Mr. Martini**

Patient is 63 year old admitted with MI and underwent CABG X 3. Unable to wean from the ventilator secondary to respiratory failure. Also with exacerbation of COPD and encephalopathy. Has history of alcohol abuse with some reported decreased mental skills prior to admit. Patient was intubated for 14 days, and then had Shiley trach placed. Remained on vent another 7 days after trach, now weaned and on trach collar. Seen by SLP for Passy-Muir evaluation two days ago and did well. Wears valve 1-2 hours at a time. Fed by NG, but has pulled it out three times. The last time he pulled it out, the physician wrote the order for Dysphagia evaluation.

Findings: Patient is confused and lethargic. Have to keep alerting him during evaluation. The cuff on the trach is deflated, patient is suctioned, and the Passy-Muir valve is placed. When presented with thin liquids he appears to swallow safely with no coughing, but he did swallow twice on a small sip and cleared his throat. His voice sounded clear. He is clear with suctioning. When presented with pudding, he again exhibited multiple swallows and it felt like he also had decreased laryngeal elevation. Again, no residue seen with suctioning. With a soft masticated material, he swallowed twice but was clear with suctioning. His O<sub>2</sub> saturation level remained between 90-92 throughout the assessment.

### **Mr. Marlboro**

Patient is 63 year old admitted with respiratory failure. Chest x-ray revealed pulmonary infiltrates. History of tobacco abuse and pneumonia. Patient was intubated for three days on vent and then extubated to begin weaning, but stayed off the vent for only 10 hours and crashed. He was reintubated and remained on the vent another 4 days when he self extubated. He has now been off the vent for two days.

The pulmonologist writes "Try pudding and if OK, advance diet." However, the nurse obtains an order for Dysphagia consult from attending internist.

#### Findings:

Patient has a very breathy vocal quality, almost inaudible. He is being fed via NG. When presented with thin liquids, he appeared fine with small sips from cup or straw. He also seemed fine when presented with pudding. He did not want to try a cookie or any other masticated food because he did not have his dentures.

### **Ms. Zucchini**

77 year old female underwent emergency CABG X 5. Notes indicate traumatic intubation at time of CABG. History of CAD, Diabetes, HTN and COPD. Intubated less than 24 hours and weaned according to protocol.

Speech-Language Pathology is consulted two days after surgery. The patient does not have an NG. Physicians wrote order to begin with clear liquids and advance diet as tolerated. This morning the nurse gave the patient her meds and she coughed, so the nurse got an order for evaluation.

You note that the patient is coughing while you are reading the chart. She is alert and cooperative.

#### Findings:

The patient's voice sounds raspy but not breathy. Oral motor skills are WNL. When she is presented with thin liquids she demonstrates an immediate cough. You try different bolus sizes and chin down postures, but she continues to cough. With syrup thick liquids the patient does not cough, but exhibits a throat clear and multiple swallows. When given honey thick liquids she does not cough or clear or throat, but does have multiple swallows. She showed no signs or symptoms with pudding or cookie.

## **Mr. R. Enal**

Patient is 47 year old with end-stage renal disease who receives dialysis every other day. He was intubated on admit, and two days ago received Shiley trach. For the first two weeks after admit, he was rarely awake. He is being fed via NG. He now remains on the vent the majority of the time, but weaning attempts have begun with trials of two hours off the vent each day. He is not tolerating tube feeding and the physicians want to know if he can eat.

### Findings:

You assess the patient while he is on the vent, as the nurse reported that he is too fatigued during the weaning attempts to participate.

He was given a small sip of cranberry juice, and when suctioned via in-line suction, you observe something red. However, the nurse reports that his secretions are blood-tinged. When presented with pureed consistency you note limited laryngeal elevation, but suctioning reveals no residue. However the patient becomes increasingly lethargic and you terminate the evaluation. While you are writing in the chart you hear the ventilator alarm going off, and note that the patient is coughing very hard.