

Wednesday, 10:00 – 11:30, D8

## **Strategies for Prevention of Aspiration Pneumonia**

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### **Objectives:**

1. Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities
2. Identify advances in clinical assessment and management of selected healthcare issues related to persons with developmental disabilities

### **Notes:**

# Strategies for Prevention of Aspiration Pneumonia

Presenters:  
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Charlyss Ray, OTR-L

28<sup>th</sup> Annual Developmental Disabilities Conference  
April 24 & 25, 2012

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## TODAY'S FOCUS

- Leading Causes of Mortality
- Define Aspiration Pneumonia
- Identify Risk Factors
- Learn Signs and Symptoms of Aspiration Pneumonia
- Discuss Preventable Measures

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## World, 2008 Leading Causes of Death

1. Heart Disease
2. Stroke
3. Lower Respiratory Infections
4. Chronic Obstructive Pulmonary Disease (COPD)
5. Diarrheal Diseases

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**US, 2009**  
**Leading Causes of Death**  
(Entire Population from CDC)

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease
4. Stroke
5. Accidents

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**Massachusetts, 2008**  
**Leading Causes of Death**  
Individuals with Developmental Disabilities

1. Alzheimer's Disease
2. Heart Disease
3. Septicemia
4. Aspiration Pneumonia
5. Cancer

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**THIS PRESENTATION WILL  
ADDRESS ASPIRATION  
PNEUMONIA:**

- Causes**
- Signs and Symptoms**
- Treatment**

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**Definition of Aspiration  
Pneumonia:**

**a pulmonary infection that  
develops in response to the  
passage of foreign material  
into the lower respiratory tract.**

(The Center of Nursing Continuing Education)

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**Aspiration Pneumonia occurs  
when foreign materials  
(usually food, liquids, vomit, or  
saliva) are breathed into the  
lungs or airways to the lungs**

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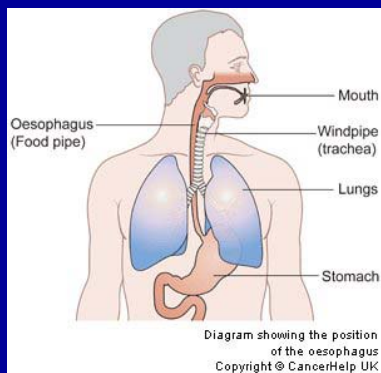
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**Risk Factors for Aspiration  
Pneumonia:**

1. GERD
2. Swallowing problems- dysphagia
3. Tongue thrust
4. Immobility
5. Spinal deformities
6. The need to be fed by someone

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**Gastro-esophageal Reflux Disease  
(Commonly known as GERD)**

**Occurs when the stomach contents  
go into the esophagus**

**causing inflammation and may  
enter the lungs**

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## GERD Can Cause:

1. Chronic upper respiratory infections
2. Reactive airway disease- asthma
3. Acute aspiration pneumonia
4. Recurrent pneumonia
5. Premature death

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## SUPPORTIVE TREATMENT

1. Modify diet
2. Improve body positioning
3. Medications that:
  - decrease stomach acid
  - increase lower esophageal sphincter pressure
  - cause stomach emptying

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## SURGICAL TREATMENT

- Reserved for those in whom medical treatment has failed or who have significant complications
- Gastrostomy Tube or Jejunostomy tube
- Nissen Fundoplication

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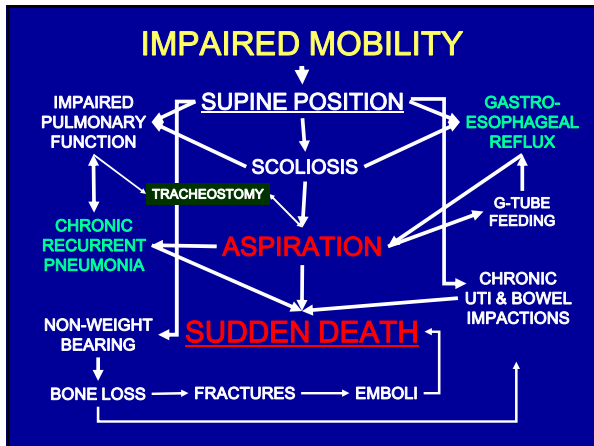
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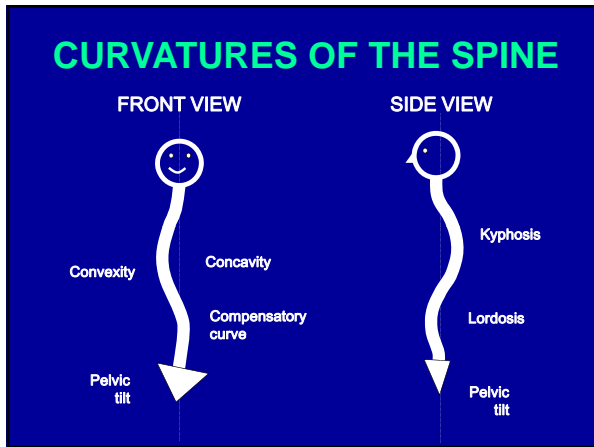
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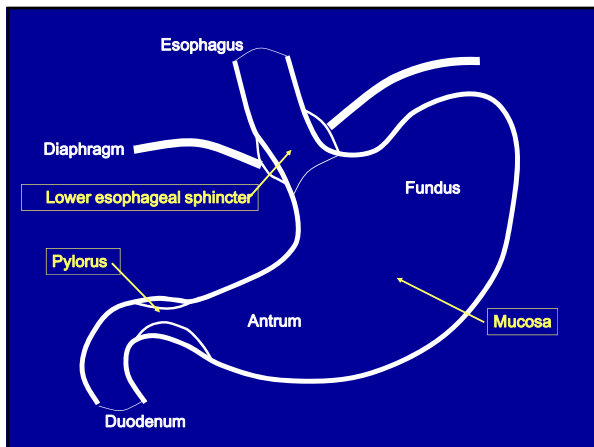
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### SIGNS & SYMPTOMS OF SWALLOWING PROBLEMS OR ACUTE ASPIRATION

- Increased coughing or choking
- Wet, raspy voice
- Increased breathing rate
- Fever

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### SIGNS & SYMPTOMS OF CHRONIC ASPIRATION

- Drooling
- Increased coughing or choking
- Weight loss
- Low grade fever
- Clenching mouth closed or food escaping from mouth

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### Treatment of Aspiration Pneumonia

- Antibiotics
- Oxygen
- Bronchoscopy
- Medications to reduce wheezing and bronchospasm
- Mechanical ventilation

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## Preventative Measures

- Feed upright
- Modify diet- thickened consistency
- Feed with chin tucked
- Elevate head of bed at night
- Good oral care
- Staff trained in proper feeding techniques

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## PROPER POSITIONING

Avoid Supine:

- Laying on your back for long periods increases spasticity and scoliosis
- It also increases GERD and slows down the digestive process
- Supine lying impedes swallowing and the cough reflex and
- Reduces lung capacity

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## SIMPLE TECHNIQUES

- A slight adjustment in the position can often make all the difference.
- Using equipment properly can help the person maintain a good position when he cannot support himself.

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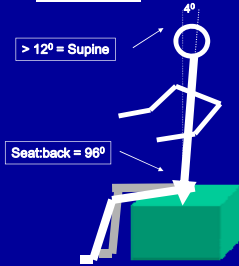
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## THERAPEUTIC POSITIONS

### SITTING



Head in midline,  
neck slightly flexed

Shoulders in midrange,  
without rotation

Forearms supported on firm  
surface

Pelvis stabilized, parallel with  
floor, slight anterior tilt,  
derotated, weight equally  
distributed along thighs

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## REMEMBER....

The **Quality** of the position  
is as (if not more) important  
as the **Quantity** of positions

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## HEALTH PROFESSIONALS HAVE A ROLE in ASSISTING the PERSON to PREVENT ASPIRATIONS and PNEUMONIA

- Nurse
- Occupational or Physical Therapist
- Dietician, especially for people with gastrostomy or jejunostomy tube feedings

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## CONTACT INFORMATION

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