

Overview of Aspiration Risk Management for the Mi Via Consultant December 2020

Betsy Finley, RN
Clinical Services Bureau Chief – DDSD

Aspiration Overview:

Many people with Intellectual or Developmental Disabilities (I/DD) are at risk for aspiration because they have difficulty with swallowing (dysphagia). When someone has dysphagia, food or fluids, including saliva, can slip into the lungs instead of going into the stomach. When this occurs, the person usually begins to cough to clear their airway. Some people cannot adequately cough to clear their airway. In addition, sometimes very small amounts of fluids or saliva may enter the lungs without triggering a cough. This is known as “silent” aspiration. Aspiration may also occur if someone has gastric reflux. This means the contents of the stomach can go backwards up the esophagus and enter the lungs. This can occur in anyone, including people who have a feeding tube.

People who aspirate may develop chronic inflammation of their lungs and are at also risk of developing an acute infection called aspiration pneumonia. Aspiration pneumonia is a serious illness and, although many people recover, it is known to be one of the leading causes of death for persons with I/DD nationally and in New Mexico. Some people with I/DD may have unique or highly individualized signs of illness or infection, including when they have aspiration pneumonia. These signs may be obvious or subtle and may occur slowly or suddenly. Examples include leaning to one side or not being able to complete typical daily tasks. Being aware of these individualized signs of illness is very important since it allows families and support staff to identify an illness quickly and get prompt medical treatment.

Aspiration cannot be totally prevented but there are some things that can manage or minimize the risk of it occurring. The New Mexico Developmental Disabilities Supports Division (DDSD) has prioritized awareness about aspiration risk management for many years. Key elements in the DD Waiver system include providing ongoing Aspiration Risk Management training for providers and using two tools: The Aspiration Risk Management Screening Tool (ARST) and the Comprehensive Aspiration Risk Management Plan (CARMP). These tools are used to identify the level or severity of the person’s aspiration risk and guide planning and supports to meet their individualized needs. Aspiration Risk Management training is also available for providers.

Consider these things that can indicate Aspiration Risk:

- Are they fed or do they need someone to prompt them to slow down, chew or swallow?
 - Anyone who cannot feed themselves or control the pace of eating may be at risk.
- Are they able to sit up straight in the chair at mealtime or do they eat in a reclining position?
 - Proper positioning can help minimize aspiration risk.
- Do they have difficulty swallowing (dysphagia) or are they known to have aspiration risk?
 - Do they often cough during or after drinking, taking medicine or eating?
 - Do they cough less on certain textures of food or fluids? Is a milkshake easier to swallow than apple juice? Do they need ground or pureed food?
 - Does their voice sound “ wet” when they talk or vocalize/make sounds?
- Do they have gastroesophageal reflux (GERD)? Are they on medication for GERD?
 - Are they waking up at night coughing? If so, they should see their PCP.
- Are they losing weight, and no one knows why?
 - Any unplanned weight loss of 10 pounds OR more than 10% of body weight in 6 months, should trigger a Dr visit to figure out what’s happening.
 - People who aspirate often have a slow weight loss – so always watch for changes in appearance.
- Have they been diagnosed with aspiration pneumonia in the past?
 - Has there been any increase in the number or frequency of events of aspiration pneumonia?
- Do they have a feeding tube (G or J tube) ?
 - The presence of any feeding tube increases aspiration risk. To minimize aspiration risk the person can be positioned to minimize that risk. The head of the bed or the “tilt in space” wheelchair can be adjusted to the best angle that minimizes aspiration risk.

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Resources:

Mi Via Clients and their families have a variety of resources available to them. These primarily include their PCP, GI or Respiratory specialists within their Managed Care Organization (MCO). This can include an SLP assessment, imaging of the lungs or specialized testing such as a Videofluoroscopy (Video Flow Study) to determine the exact texture and thickness of food and fluids that may minimize their aspiration risk. Specialized Wheelchairs and beds may be available from DME dealers through their MCO plan. These items require a visit with the DR, an order or prescription for evaluation.

In addition, the DDSD system has multiple resources available for people with known or suspected aspiration risk. These are available to anyone in the New Mexico DD system. The DDSD Regional Offices, the Bureau of Behavioral Supports (BBS) and the Clinical Services Bureau (CSB) are available to provide consultation and contact information about a variety of available resources. For information about your local Regional Office or specific waiver program areas, visit: <https://www.nmhealth.org/about/ddsd/>. Key contacts are listed below.

Aspiration consultation: Jacoba (Kotie) Viljoen Ph.D., MSN-Ed, RN, CCRN-K, CDDN is the Clinical Services Bureau Aspiration Risk Management Nurse. She may be contacted for general information about aspiration risk management and all available resources at Jacoba.viljoen@state.nm.us.

You may also contact Kotie if you are interested in attending an Aspiration Risk Management training in 2021. Although the training focuses on DD Waiver systems, you may find the morning session informative to your work.

SAFE Clinic: The Adult SAFE Clinic offers supports and assessment for feeding and eating. This free, multidisciplinary Clinic is available to teens or adults *with I/DD* who eat orally or who have a feeding tube. It offers consultation from a physician, dietician, SLP, PT and, if needed, an OT and Behavioral Specialist. This Clinic is currently offered remotely via secure video conferencing. Advice is given and a report is provided to the person, their family, PCP and team members.

If you have children on your caseload, DDSD- CSB also supports the **Pediatric SAFE Clinic** located at the UNM-Center for Development and Disability. This clinic supports children with autism and IDD. Contact Kotie Viljoen at : Jacoba.viljoen@state.nm.us for more information.

Specialty Seating Clinic: The Specialty Seating Clinic, located in Albuquerque, provides evaluation by Physical Therapists for specialty wheelchairs and creates custom molded seating systems that support proper positioning. Good positioning can minimize the risk of aspiration and increase mobility and quality of life. The Clinic staff and PTs are experienced in working with people with I/DD and routinely collaborate with insurance and Durable Medical Equipment dealers. The Clinic is currently offering remote evaluations and limited in-person services at this time. Contact Jason Lavy, Seating Clinic manager at 505-222-4610 or Jason.lavy@state.nm.us.

UNM PARTNERS: DDSD collaborates closely with the Continuum of Care project (COC) <https://coc.unm.edu/> and the Transdisciplinary Evaluation and Support Clinic (TEASC) <https://hsc.unm.edu/medicine/departments/family-community/practice/teasc.html>. Both programs offer a variety of training and clinical supports for persons with I/DD. Please visit their websites for more information about their services.

Please reach out if any additional assistance is needed. elizabeth.finley@state.nm.us