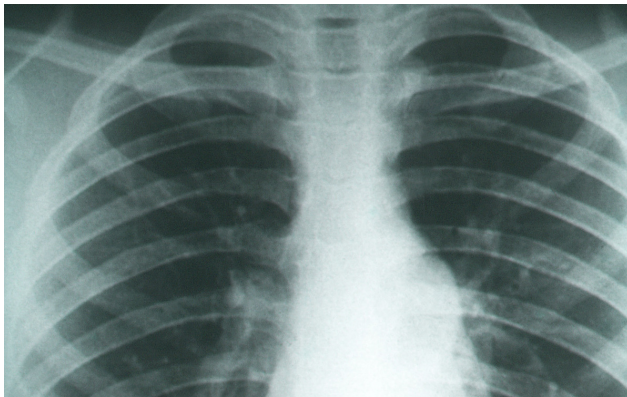


Aspiration Pneumonia in Long Term Care:



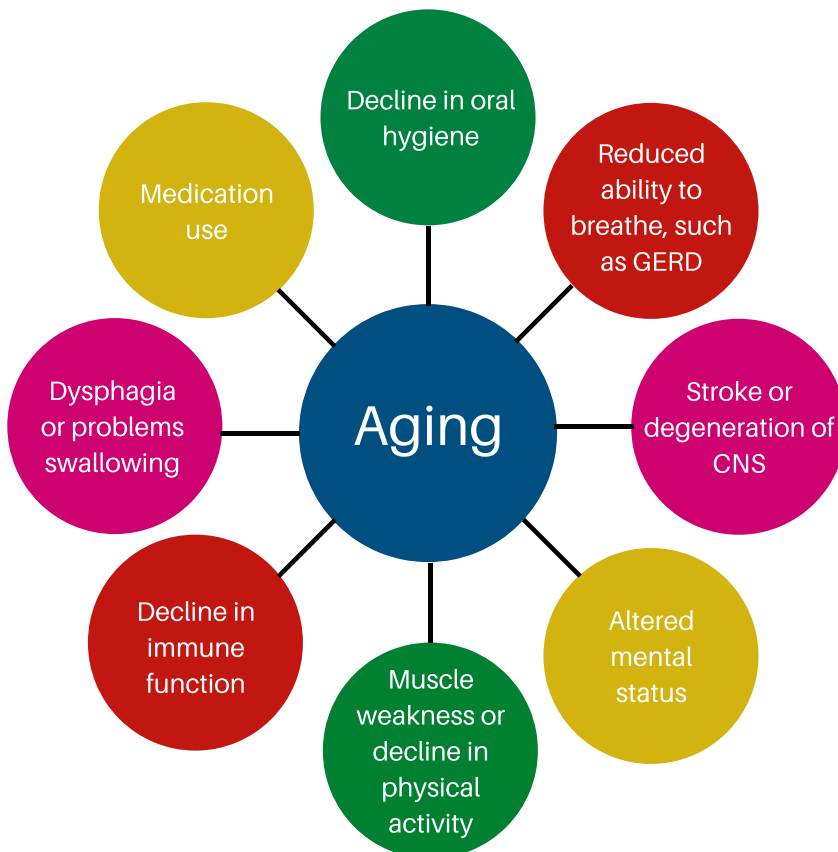
HEALTHCARE ASSOCIATED INFECTION FACT SHEET



Aspiration pneumonia (AP) occurs when food or liquid is inhaled from the stomach or mouth into the lungs and causes an infection. It is one of the most common causes of long term care (LTC) facility-acquired pneumonia and one of the most common causes of infection, hospital transfer, and mortality in LTC facilities.

AP typically has a more rapid onset (e.g. 24 hours) compared with other pneumonia types (e.g. 5-7 days). AP symptoms are the same as other types of pneumonia, including cough, fever, and difficulty breathing.

RISK FACTORS



Virtually all risk factors for AP can be associated with aging and all factors can be associated with one other.

It is important to consider compounding risk factors and take a multifactoral approach to prevention.

FOR ADDITIONAL INFORMATION

Call or email ME CDC:
1-800-821-5821
Disease.Reporting@maine.gov

EARLY DETECTION OF DYSPHAGIA AND ASPIRATION

Record history or physically assess patients for:

- Past and present eating habits
- History of AP
- Reduced appetite from fear of choking
- Poorly fitting dentures
- Poor oral care

Observe or question patients for:

- Food remaining on the tongue after swallowing
- Food pocketing on the side of the mouth
- Excessive drooling
- Coughing or choking while eating
- Gargly sounding voice after eating or drinking

ASPIRATION PNEUMONIA PREVENTION

• Practice basic infection prevention.

Maintain proper hand washing, use of personal protective equipment (PPE), and infection control education for staff.

• Maintain good oral hygiene practices.

Ensure daily oral cleanings, cleanings after meals, flossing once per day, and rinsing mouth with antiseptic mouthwash. Ensure routine visits to the dentist, and see dentist with any immediate concerns.

• Improve patient's immune response.

Encourage pneumococcal and influenza vaccinations, smoking cessation, and manage ongoing conditions.

• Refer patients with difficulty swallowing to a speech therapist.

• Elevate the patient's bed.

Elevate bed to 30-45° for those who are eating or have difficulty swallowing. Keep the bed elevated for 30-60 minutes after each meal.

• Modify diet for those with difficulty swallowing.

Diet changes may include reducing solid foods and increasing soft and liquid food.

• Consider side effects of prescribed medications.

Take precautions with medications that increase risk of bacterial growth (e.g. proton-pump inhibitors, H2 blockers), impair ability to swallow (e.g. sedatives, hypnotics), or contribute to dry mouth (e.g. calcium channel blockers, diuretics).

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