

Go Live: 6/3/2025

Yale Swallow Protocol

The Yale Swallow Protocol is a highly sensitive aspiration risk screening tool that applies to **all** adult inpatient populations and should be completed on inpatient admission. All nurses must complete a mandatory learning module

Three Steps:

Step 1: Exclusion criteria (PASS/FAIL)

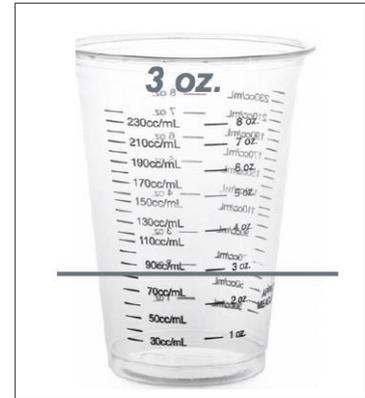
- Inability to remain alert, baseline modified diet, pre-existing tube feeding, HOB restrictions, trach, postoperative CV patient, NPO order (exclusion: potential stroke and doing initial swallow screen), **Hx of head/neck cancer or intubated >48 hours** - all indicate a pre-existing risk. Nursing screening is **deferred**, and patients should be referred to SLP

Step 2: Cognitive screen & mechanical exam (Proceed to Step 3 after assessment)

- Patient states name, location, and year
- Stick out tongue, move it side to side, Smile/pucker, Close lips tight, puff up your cheeks with air and hold

Step 3: 3-ounce water swallow challenge (PASS/FAIL)

- Sit patient upright at 80-90° (or as high as tolerated > 30°)
- Ask the patient to drink the entire 3 ounces (90mL) of water from a cup or with a straw, **in sequential swallows, and slow and steady but without stopping** (Note: Cup or straw can be held by staff or patient)
- Assess patient for coughing or choking during or immediately after drinking
- ANY signs of aspiration indicate a failure of the test (eg. Cough, throat clear, wet voice)



Pass (Successful uninterrupted drinking of water without signs of aspiration): **Diet as ordered, reassess as needed**
Fail (Inability to drink the entire 3 ounces or overt signs of aspiration): **NPO, Contact provider for SLP assessment and use Yale specific order (“SLP Consult/Referral, Failed Swallow Screening”)**

For Questions, contact your unit educator

Yale Swallow Protocol

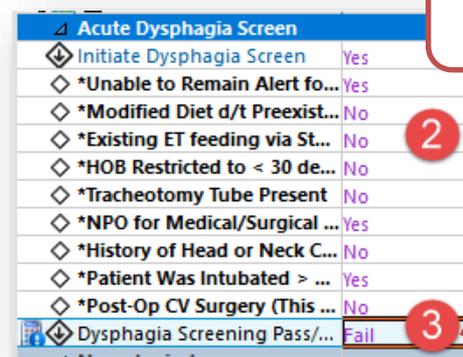
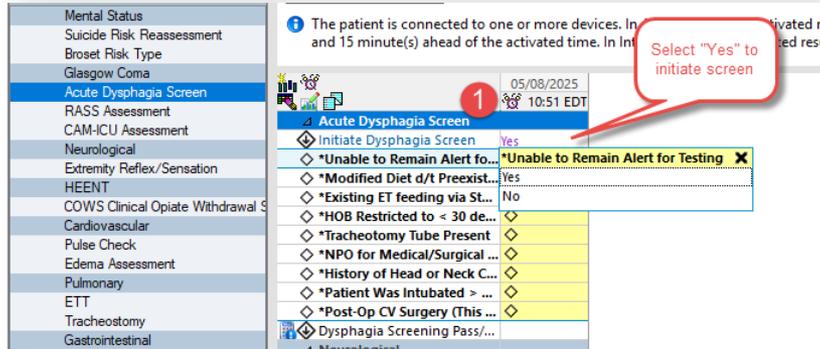
Cerner Update:

**Yale Swallow Protocol will replace the current Stroke Dysphagia Tool

Iview:

Adult inpatient units will have task triggered to Care Compass upon admission and after extubation to complete Acute Dysphagia Screen. Double clicking task will take you to Yale Swallow Protocol OR you can go directly to “Acute Dysphagia Screen” section in IView.

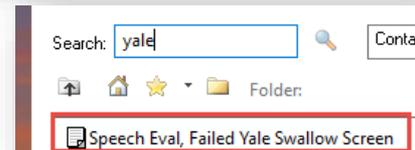
Swallow screen can be documented via the task or in the Iview Band (replaces current tool)



Complete answers to questions

Double click field to auto populate Pass/Fail

If the patient fails the swallow screen, contact provider for SLP order. After receiving order, place Yale Protocol specific SLP consult order



Reference information for how to perform the screen has been attached to the swallow screening band in Iview. Previous reference materials in ordersets (eg. Stroke) will be retired.

For Questions, contact your unit educator

Updated: 5/2025

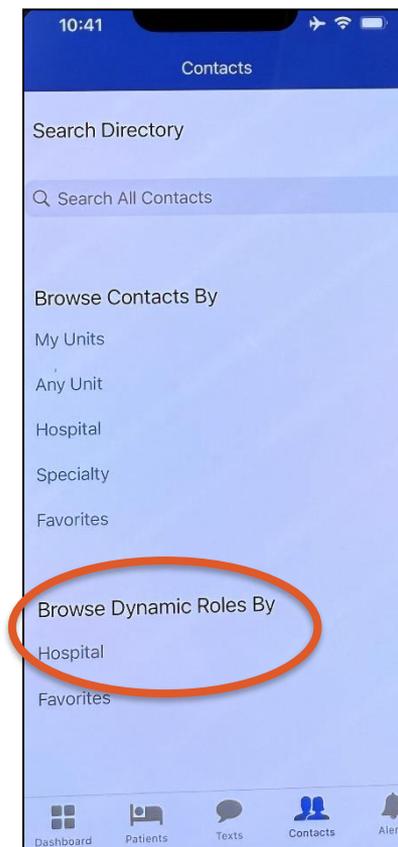
CONFIDENTIAL – Contains proprietary information. Not intended for external distribution.

Communicating with Imaging Departments



When communicating with Imaging Departments (CT, X-Ray, MRI, Nuc Med, Ultrasound) nurses should use iMobile.

- ❑ Do **not** call the department desk phone. Staff are not stationed at this phone.
- ❑ All imaging departments will show up in iMobile when searching imaging.
 - ❑ **Contacts- Dynamic Role Hospital- Search Imaging**
- ❑ Search Imaging Services Coordinator only for escalation needs. There is someone logged into this role 24x7.
 - ❑ **Contacts- Dynamic Role Hospital- Imaging Services Coordinator**



Updated: 5/22/25

CONFIDENTIAL – Contains proprietary information.
Not intended for external distribution.

CHG Bathing and Deodorant Use

- ❑ CHG Bathing has been proven to reduce infections and is recommended for many hospitalized patients.
- ❑ CHG bathing applies a protective film on the skin that neutralizes the bacteria on the skin and reduces the risk of infection.
- ❑ CHG bathing is the standard for pre-surgery prep and patients with central lines.
- ❑ Deodorant was removed from Omni-cells due to incompatibility with CHG. **Deodorant will render the CHG ineffective in reducing bacteria on the skin.**
- ❑ If your patient asks for deodorant, you should offer CHG wipes to clean the underarm area. This will neutralize the odor causing bacteria and reduce smell.
- ❑ Patients not requiring CHG treatment may use their own deodorant from home.



Reminder-Wound VACs

DO NOT discharge patients with a hospital wound VAC pump

- ❑ Patients discharging to **home** will have a home pump delivered prior to d/c



Hospital Wound VAC



Home Wound VAC

- ❑ Patients discharging to **another facility**
 - Remove the wound VAC dressing, including all of the foam
 - Apply a gauze dressing moistened with normal saline or Vashe wound solution
 - Cover with ABD pad(s) and secure with medipore tape

For questions contact the wound care charge nurse: search "acute wound" in your iMobile

Use of Sterile Ultrasound Gel

☐ **Always use single-use, sterile ultrasound gel for:**

○ **Percutaneous Procedures:**

- Central & peripheral IV line placement
- Amniocentesis
- Paracentesis
- Tissue biopsy
- Surgical procedures

○ **Non-intact skin** (e.g., wounds, abrasions)

○ **Fresh surgical sites**



☐ **Do NOT Use Nonsterile Gel (bottled ultrasound gel)**

- **Never** use nonsterile bottled ultrasound gel for procedures involving skin puncture or surgical sites.
- Do not use nonsterile ultrasound gel for **pre-procedure visualization**

☐ **Best Practice**

- Always use **single-use packets** of sterile ultrasound gel
- Use **sterile probe covers** whenever feasible
- Check expiration dates and packaging integrity

☐ **Why It Matters**

- **Outbreak Alert:** Burkholderia stabilis infections have been linked to contaminated nonsterile, multiuse ultrasound gel.
- These infections can be serious and preventable with proper gel selection and usage.



Care Experience | AIDET



Explain

“I want you to understand and feel safe.”

Colleagues ● Patients ● Visitors



Care Out Loud

Part of Compassionate Connected Care is recognizing healthcare can be scary for patients and their loved ones.



It is our responsibility to recognize and address all forms of suffering, not just the obvious.

Clearly and kindly explaining throughout a person's care **what we are doing and why** - from the diagnosis and care plan, down to the details of asking permission to take the patient's vitals- is the key to reducing anxiety and suffering.



Always check for understanding
“What questions do you have?”

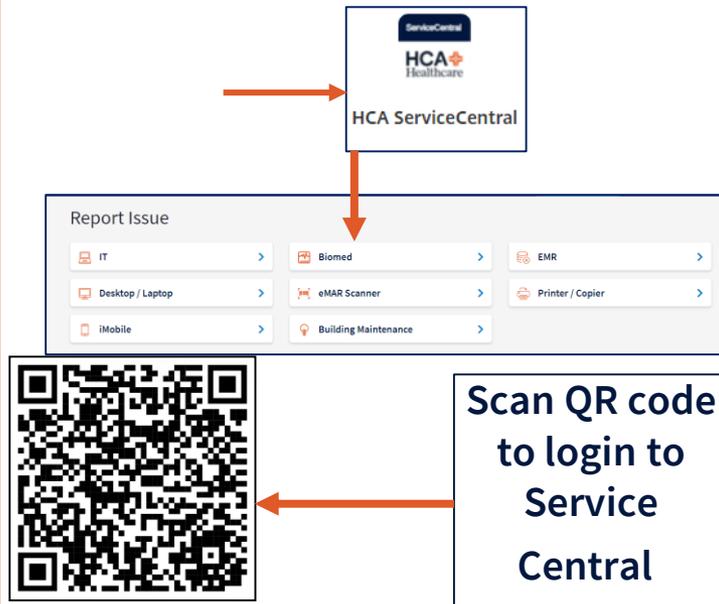


Entering a BioMed Ticket

Broken equipment should always be taken out of service, cleaned, tagged, and a Biomed Ticket should be entered in Service Central.

❑ To enter a ticket via Service Central for broken equipment follow these steps:

1. Login to Service Central
2. Select Biomed
3. Complete all the required fields
4. Add the hospital where the equipment is located
5. Add contact information: Use Main Unit #
6. **Enter the GE Healthcare control number**
 - If unknow, describe why it is not present (e.g. new equipment)
7. Describe the issue: include where the equipment is located
8. Select if the issue is impacting a patient
9. Add other pertinent information and be specific (e.g. "SPO2 not working" or error code message receive)
 - Do not just add "broken"



MISSION HOSPITAL

* Enter the GE Healthcare Number (Control Number) ?

This is the number located on the affected device. If "Unknown" click the box below.

GE Healthcare Non-Facility Owned Equipment SAMPLE 180000000

GE Healthcare Non-Facility Owned Equipment SAMPLE 600000082

GE Healthcare Non-Facility Owned Equipment SAMPLE 180000000

For the most prompt response, enter the correct control number. Requests route based on control number and/or facility.

If "Unknown" click this box.

* Describe the issue

Enter details of the problem

Did this issue impact a patient?

Additional Comments