Introduction:
This study aims to evaluate the efficacy of a protocol implemented for dysphagia risk factors in hospitalized patients in a CICU (Coronary Intensive Care Unit).

Methods:
Patients hospitalized in the CICU of a medium-sized hospital in Presidente Prudente, SP, Brazil, were subjected to a survey that screened for dysphagia during the period from January of 2016 to September of 2017. Patients with at least one risk factor for dysphagia were evaluated by a phonoaudiologist and are the subject of this study. The information was statistically analyzed using EPI INFO, version 7.2.2.2 software. Considering significant P <0.05 two-tailed, for logistic regressions multivariate estimated in the sample.

Results:
For this study 1018 patients were selected, of which 57.41% were male and the mean age was 71.77 ± 10.96 years. A higher incidence of dysphagia was observed among patients who had at least one of the following risk factors: stroke (Odds Ratio 9.58 p<0.001); brain tumor (OR 4.49 p=0.0013); chronic obstructive pulmonary disease (COPD) (OR 3.45 p=0.023); degenerative diseases (OR 16.76 p<0.001); lower level of consciousness (OR 13.62 p<0.001); ataxic respiration (OR 2.24 p<0.001); aspiration pneumonia (OR 7.04 p<0.001); orotracheal intubation >48h (OR 13.35 p<0.001); tracheostomy (OR 12.99 p<0.001); airway secretion (OR 24.91 p<0.001); nasoenteral tube (OR 14.9 p<0.001); gastrostomy (OR 4.58 p=0.030). There was no statistical significance for age >60, traumatic brain injury, oropharyngeal surgery and unfavorable dentition. Four factors appeared less than 3 times and could not be analyzed (chagas disease, human immunodeficiency virus (HIV), orofacial burn and excess saliva).

Conclusion:
We concluded that the dysphagia triage protocol insertion was effective to identify dysphagic patients and can be used as an additional tool in the intensive care risk management.

References: