Oral Defense Announcement
University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Family Nurse Practitioner

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Dysphagia Screening to Prevent Hospital-Acquired Pneumonia Rates

Date: July 02, 2019
Time: 1:00 p.m. to 2:00 p.m.
Place: College of Nursing Building, Room 117

Abstract

Problem: Pneumonia is a leading cause of death worldwide and affects all ages. A bedside nursing dysphagia screen may reduce hospital acquired pneumonia (HAP) rates for stroke patients. The aim of this study was to evaluate use of the dysphagia screen for all patients receiving a computed tomography (CT) scan of the head in the emergency department (ED).

Method: An observational, descriptive design for all patients who received a CT of the head in the ED and admitted. The rate of dysphagia screening with the DePaul Hospital Swallow Screen and/or the Burke three-ounce water test was assessed. The type of diagnosis and rate of HAP was evaluated and compared to the HAP rates during the same time period a year prior.

Results: There were 621 patients (N=621) who had a CT performed in the ED. Of those, 95.3% (n = 591) received dysphagia screening. The presenting diagnoses were altered mental status (74.9%, n=465), stroke (38%, n=81), trauma (10%, n=64), tumor (2%, n=9), syncope (0.1%%, n=1), and seizure (0.1%, n=1). The hospital rate of HAP was 12.6% in 2018 and 9.9% in 2019. A decrease in HAP was 2.7% (t =-2.561, p < 0.01) over the two-months when the dysphagia screen was implemented for all patients.

Implications For Practice: A standardized dysphagia screening process appeared effective in reducing HAP in patients who underwent a head CT in the ED. Performing dysphagia screening prior to oral intake in patients who receive a head CT in the ED may reduce inpatient HAP rates.

Defense of Dissertation Committee
DNP Committee Chair: Dr. Nancy Magnuson, DSN, APRN, FNP-BC
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