

# Differential Questions for ED Swallowing/Choking Complaints

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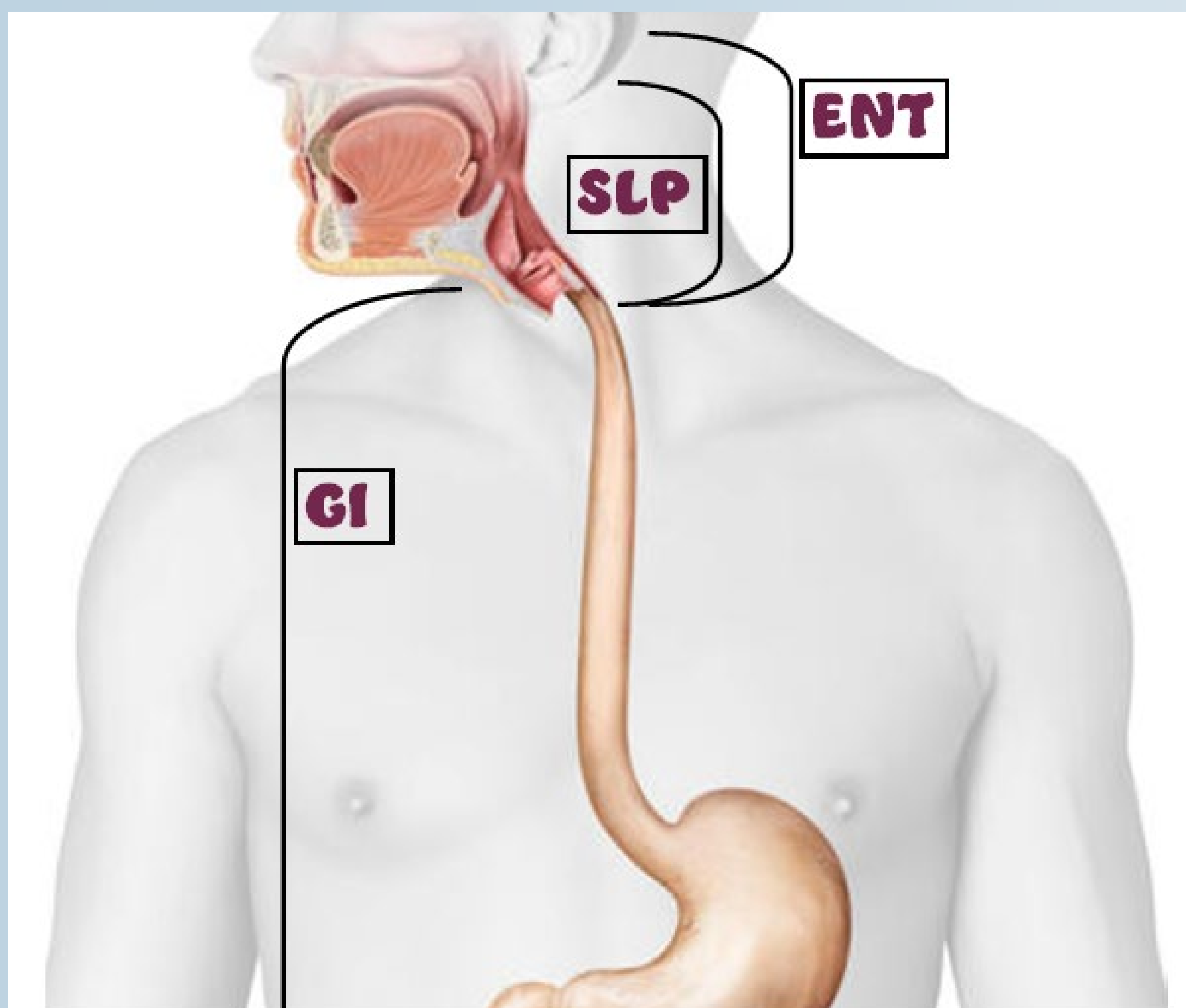
### Patient



- I can't swallow
- I choke all the time.
- It doesn't go down.
- It sticks in my throat.
- It catches right here.
- It hurts when I eat.
- I cough when I eat.
- I keep drooling.
- It feels like a lump in my throat.
- I cough stuff back up.
- It burns when I swallow.
- I'm always burping at meals.
- My tongue feels thick.
- I gag all the time.
- I'm never hungry.
- I keep clearing my throat.
- My voice is gurgly.
- I always clear my throat.

### Rationale

**Time** is treatment! The ability to locate the area of concern quickly can help get diagnostics and treatment started sooner. Understanding a patient's complaint and quickly getting the relevant information for diagnosis can be challenging. Patients often have difficulty giving details about mouth/throat dysfunction because the parts and mechanism of swallowing are not commonly understood and globus descriptions are typical. The connected systems result in an overlap of professional expertise, which can impede efficient appropriate referral.



### Questioning

**Break** down the common features of the complaints. Many swallow complaints are globus. Breaking down key features help guide you to a physiologic location or situational characteristic quickly.

**When** does the swallowing/eating difficulty happen?

- Suddenly suspect acute etiology
- Gradually suspect chronic/progressive etiology
- Consistently suspect anatomical/neurological
- Inconsistently suspect behavioral/specific situation trigger
- During intake suspect anatomy/function
- After intake suspect reflux
- Overnight suspect reflux

**Where** does it feel like it doesn't work right?

- Mouth – lips
- Mouth – gums suspect oral/dental
- Mouth – teeth suspect oral/dental
- Mouth – tongue suspect oral
- Mouth - posterior suspect oral/pharyngeal
- Throat – Adam's apple area suspect pharyngeal
- Throat – sternal notch area suspect esophageal
- Esophagus – chest area suspect esophageal

**Which** type of food/drink doesn't go down right?

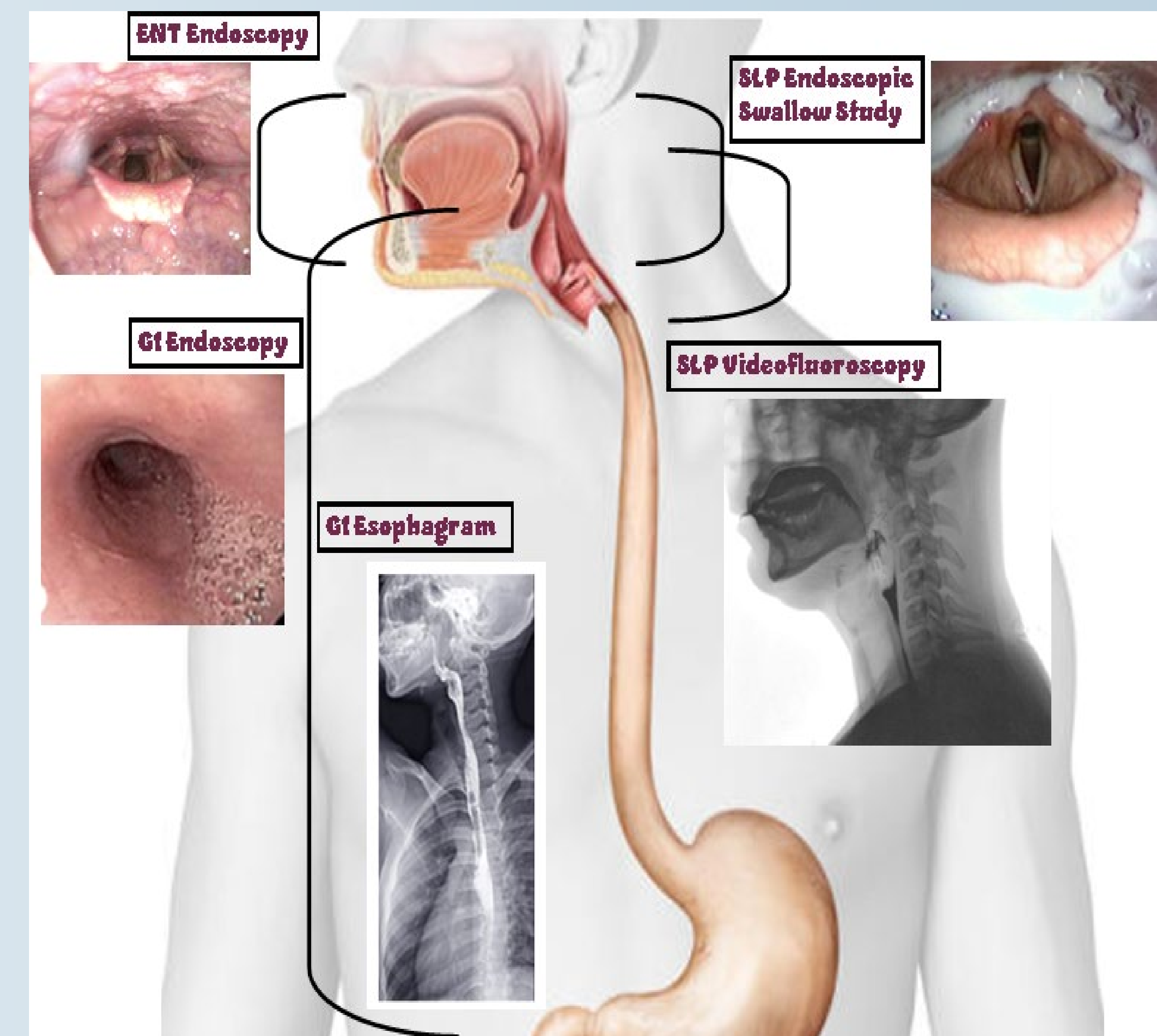
- Liquids suspect oral/pharyngeal
- Solids – soft suspect oral/pharyngeal
- Solids – hard suspect oral/esophageal
- Pills suspect oral/pharyngeal/esophageal/behavioral

**What** happens?

- Coughing suspect penetration/aspiration
- Throat clearing suspect penetration/aspiration
- Gagging suspect oral/pharyngeal/esophageal
- Choking suspect pharyngeal/esophageal
- Gurgling suspect penetration/aspiration
- Sticking suspect pharyngeal/esophageal
- Reflux suspect esophageal
- Heartburn suspect esophageal/gastric
- Burping suspect esophageal
- Emesis suspect esophageal/gastric/behavioral
- Pain suspect oral/pharyngeal/esophageal

### Diagnostic Options

**Continuum** of body systems and technologies results in multiple diagnostic options available. Imaging techniques each have their strengths and limitations. Endoscopic views allow eyes on visualization of anatomy and structure, while fluoroscopy offers dynamic movement and function views. Endoscopy can be in place and obtaining data over a longer length of time but compromised by excess secretions and patient tolerance of the endoscopy tube. Fluoroscopy shows the integrity of the system in action in "snapshots" due to radiation safety and some patients are resistant to barium intake.



### Summary

**Nurses'** eyes are skilled at detecting variations from normal function. Trust your instincts. Eating and swallowing are processes that each one of us has experience with, both normal function and the occasional malfunction. Critically watching a sip, meds or bite of food will give you useful information. Details about what you observe help justify diagnostics and better tailor explanations and reassurances to the patient and family.