

CARE4 MODULE NAME: PCS and EDM

TORBSTT and Speech Language Pathology/Dietitian Orders

Overview:

Patients may have a TOR-BSST screening done by certified Health Care Providers. This intervention can be ordered by Ordering Care Provider or be added to the Patient's worklist. There is a protocol attached to the order and to the intervention

Pha,Two Code Status Not Ordered No Hx Avail VA0005664/21 V000000028
 52 M 30/07/1969 ADM IN (T) V.OR Allergy/Adv: Penicillins, Egg Derived, lactose, strawberry, [BERRY] E00005689

Manage Order List

Order	Status	Start/Stop	
TOR-BSST Swallowing Screening@			
<input type="checkbox"/> As Per Protocol			<input type="checkbox"/> P

Toronto Bedside Swallowing Screening Test TOR-BSST@ Protocol

****THIS PROTOCOL MUST BE ORDERED (EITHER BY A PHYSICIAN OR MEDICAL DIRECTIVE) PRIOR TO UTILIZATION****

- TOR-BSST@ screening test shall be completed:**
 - As early as possible,
 - Within 24 hours of hospital arrival AND
 - Prior to discharge (if applicable)

FAILS TOR-BSST@ Screening	PASSES TOR-BSST@ Screening
<ul style="list-style-type: none"> Maintain NPO Oral Care every 4 hours and PRN Consider alternative route of medication administration Speech and Language Pathologist for swallowing assessment (diet texture as per SLP recommendations) Consult Registered Dietitian as needed Consult Pharmacy as needed While awaiting swallowing assessment, the trained screener shall repeat TOR-BSST@: <ul style="list-style-type: none"> Every 24 hours OR If condition changes while awaiting SLP/Dietitian swallowing assessment 	<ul style="list-style-type: none"> Diet: <ul style="list-style-type: none"> Healthy Heart Texture: <ul style="list-style-type: none"> Easy to chew and bite sized texture, regular liquids Monitor/observe patient for changes in swallowing ability for: <ul style="list-style-type: none"> First 3 meals Oral Care: <ul style="list-style-type: none"> After meals, At bedtime and PRN

Version	Committee	Approval Date
1.0	CARE4 Professional Practice Committee	29/04/2021
1.0	Regional Order Set Committee	02/06/2021

When documentation is complete for the TOR-BSST tool the user is prompted to move status to Complete

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 52 M 30/07/1969 ADM IN (T) V.OR Allergy/Adv: Penicillins, Egg Derived, lactose, strawberry, [BERRY] E00005689

Fri 1 Oct 09:51 by EH

Fifth teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Sixth teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Seventh teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Eighth teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Nine teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Tenth teaspoon swallow	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
Cup drinking	<input type="radio"/> Normal <input checked="" type="radio"/> Cough during/after <input type="radio"/> Voice change after <input type="radio"/> Drooling during/after
C After Water Intake	
Voice quality after water intake	<input type="radio"/> Abnd
Have patient say "ah" and judge voice quality, this is performed at least one minute after water swallowing	
D TOR-BSST Result	
D TOR-BSST	<input type="radio"/> Passed <input checked="" type="radio"/> Failed

Confirmation: Would you like to update the status of intervention TOR-BSST Swallowing Screening@ to Complete? [Yes] [No]

The user will then be automatically prompted to enter orders for referral to Dietitian and Speech Language Pathology

Pha,Two 52 M 30/07/1969 ADM IN (T) V.OR	Code Status Not Ordered No Hx Avail Allergy/Adv: Penicillins, Egg Derived, lactose, strawberry, [BERRY]	VA0005664/21 None	V000000028 E00005689														
Enter Default Provider and Source																	
<table border="1"> <tr><td>Provider</td></tr> <tr><td>Ahmed,Somaiah</td></tr> <tr><td>Di Diodato,Giulio</td></tr> <tr><td>Elshey,Brent Norman</td></tr> <tr><td>Provider Group</td></tr> <tr><td>Other Provider</td></tr> </table>		Provider	Ahmed,Somaiah	Di Diodato,Giulio	Elshey,Brent Norman	Provider Group	Other Provider	<table border="1"> <tr><td>Source</td></tr> <tr><td>Conditional</td></tr> <tr><td>Medical Directive</td></tr> <tr><td>Preference Card</td></tr> <tr><td>Telephone Read Back (e-Sign)</td></tr> <tr><td>Therapeutic Assess/Protocol</td></tr> <tr><td>Verbal Order (e-Sign)</td></tr> <tr><td>Written Order</td></tr> </table>		Source	Conditional	Medical Directive	Preference Card	Telephone Read Back (e-Sign)	Therapeutic Assess/Protocol	Verbal Order (e-Sign)	Written Order
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Order	Status	Start/Stop	
Referral Dietitian			
<input checked="" type="checkbox"/> Order	New*	Fri Oct 01 09:56	*Edit
* Provider	Elshey,Brent Norman		
* Source	Written Order		
* Dietitian Referral Reason			
Referral Speech Language			
<input checked="" type="checkbox"/> Order	New*	Fri Oct 01 09:56	*Edit
* Provider	Elshey,Brent Norman		
* Source	Written Order		
* Speech Language Referral Reason			

Rm/Bed	Age/Sex	Name	Attending MD	C	F	R	Admit Dx	Surveillance	Prec	New Referral	Reason for Referral	Trt Status	CDA Assignmen
TCU.09-1	52 M	PHA,TWO	Elshey,Brent Nor...				TESTING GE			✓	TORBSST Fail		
RESP.22-2	56 F	PCS,Fifteen	Stanley-Smolka,...				COPD			✓	TORBSST Fail	24/09/2021 08:22 SLP Treatment S...	16/02/2021 11:08 CDA Assigned: See

These orders will automatically appear on the status boards for Dietitian and Speech Language Pathology to follow up on.