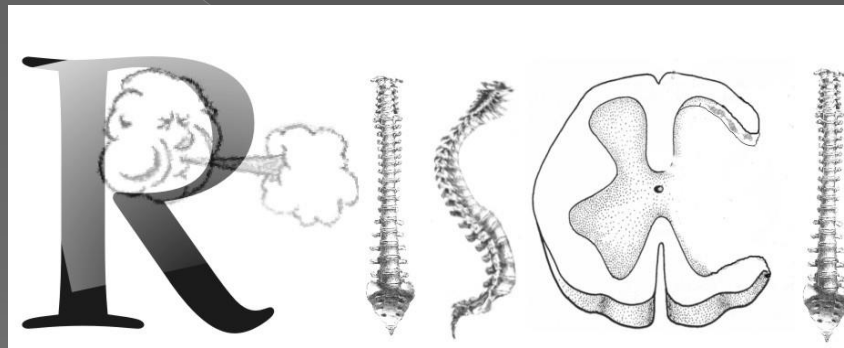
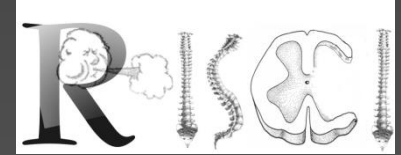


# He can breathe and swallow so....?



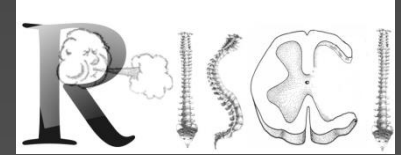
**Kathryn Harris MCSP,**  
Respiratory Specialist Physiotherapist,  
The Duke of Cornwall Spinal Treatment Centre,  
Salisbury NHS Foundation Trust.

# Tetraplegic male



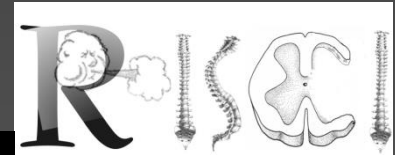
- 64y/o
- PMH
  - > Ankylosing spondylitis
  - > Smoker
  - > Previous rib #s 2010
  - > Thyroid cancer - (Hypothyroid)

# Acute course

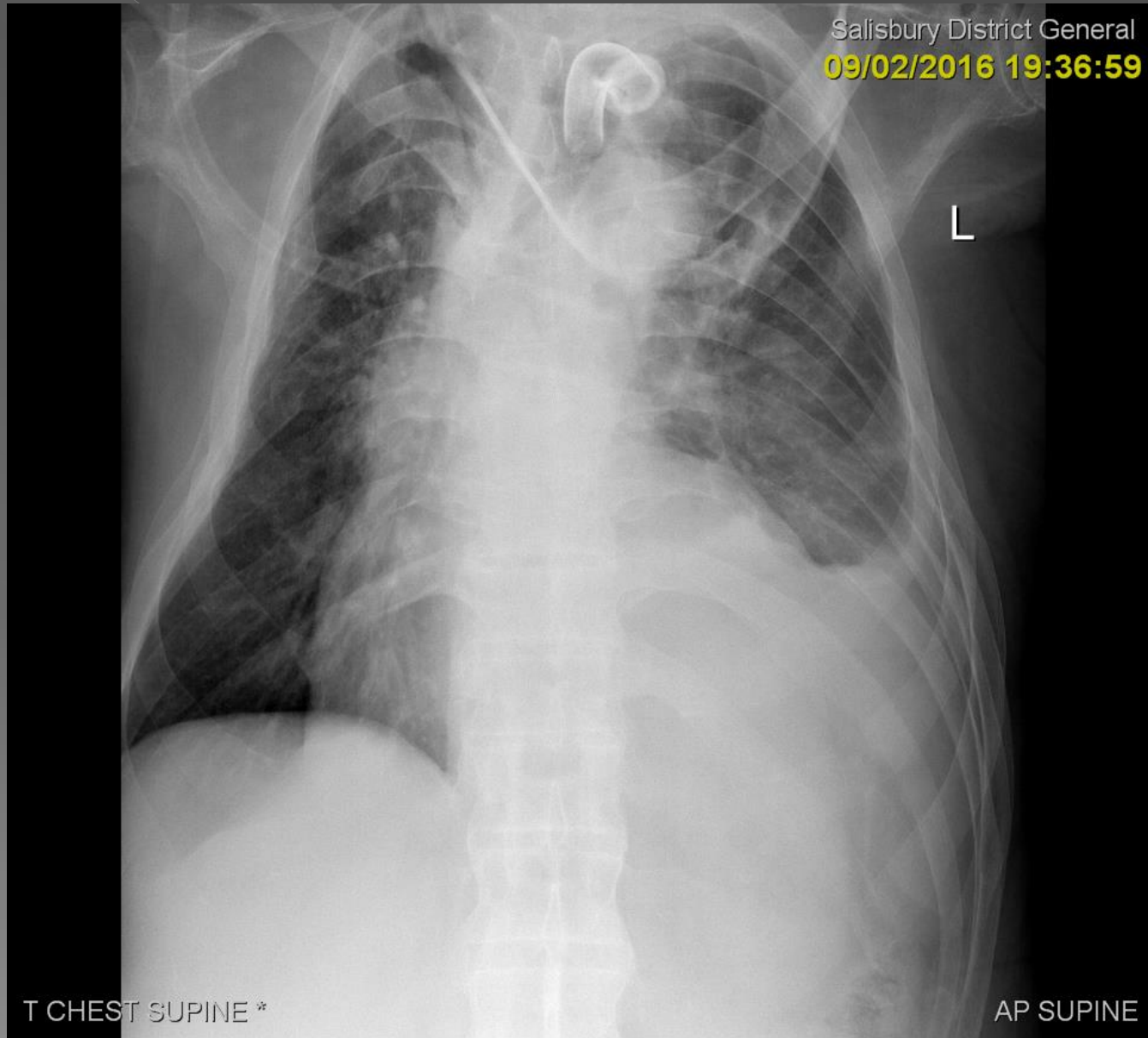


- November 2015 fall – hyperflexion injury
  - > # C4,5,6
- DGH – I + V → trauma centre same day
- Anterior + posterior cervical fusion C3-6
  - > ITU elective trachy
  - > VAP x 3
  - > Weaning (RISCI guidelines)
- Transfer spinal centre Feb 2016
  - > C4 AIS B

# Chest – on admission



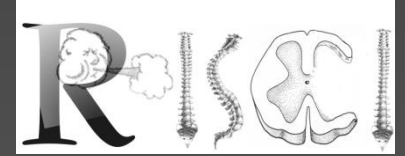
Salisbury District General  
09/02/2016 19:36:59



T CHEST SUPINE \*

AP SUPINE

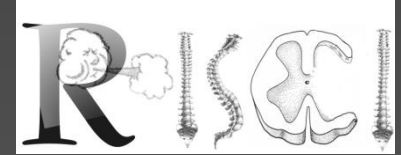
# Eating and drinking



- PEG tube
- Oral intake – soft diet (cuff down)

24/02/2016 15:21:01

Salisbury District Hospital



Fluoro v  
Series: 8  
15:21  
Image 1 of 229

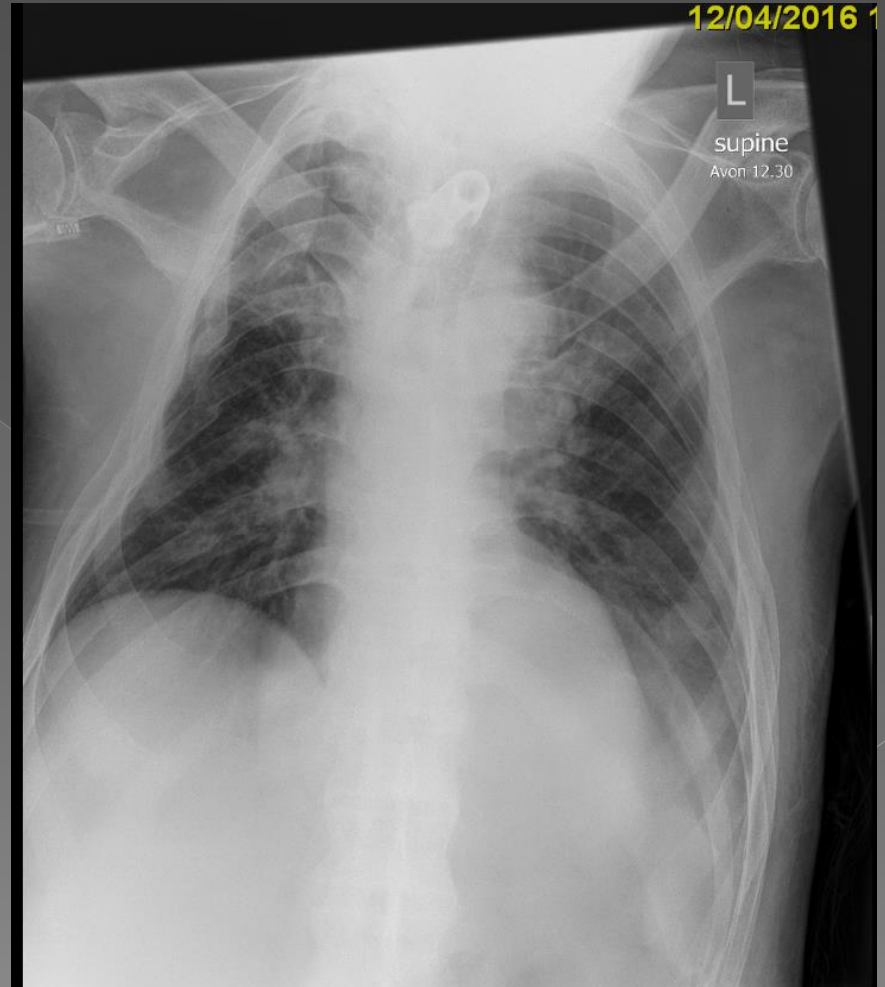
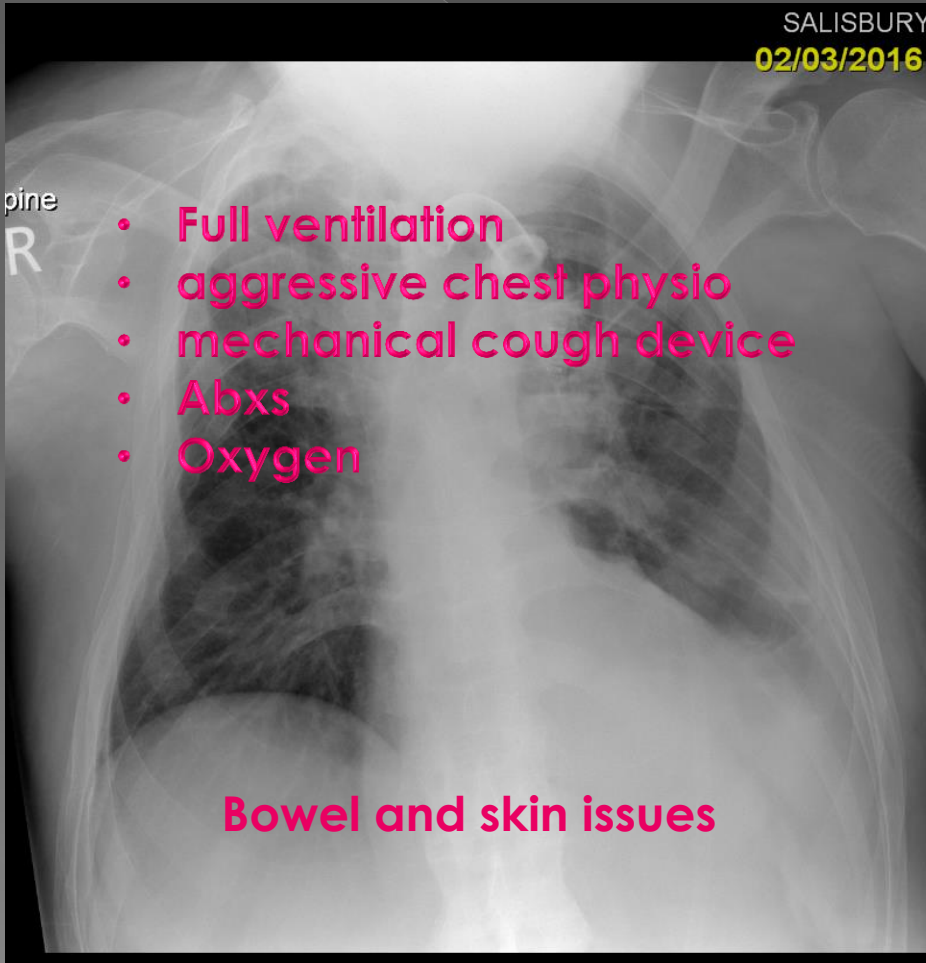
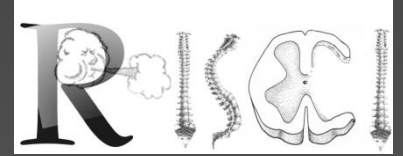
Trace penetration thin liquids

Residue in valleculae

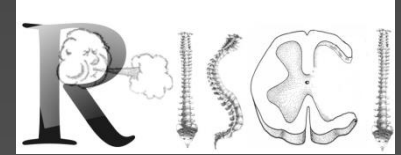
Most cleared with double/triple swallow

Recommendations:

Poor pharyngeal coordination when exposed to insufflation leak



# SALT



- 04/05/16 video swallow
  - > ↓ laryngeal elevation
  - > No forward movement of hyoid ; ↓ airway closure
  - > Silent aspiration with cuff UP

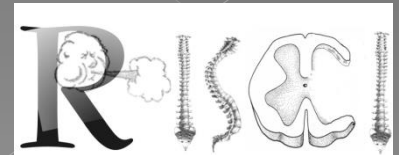
## Recommendations:

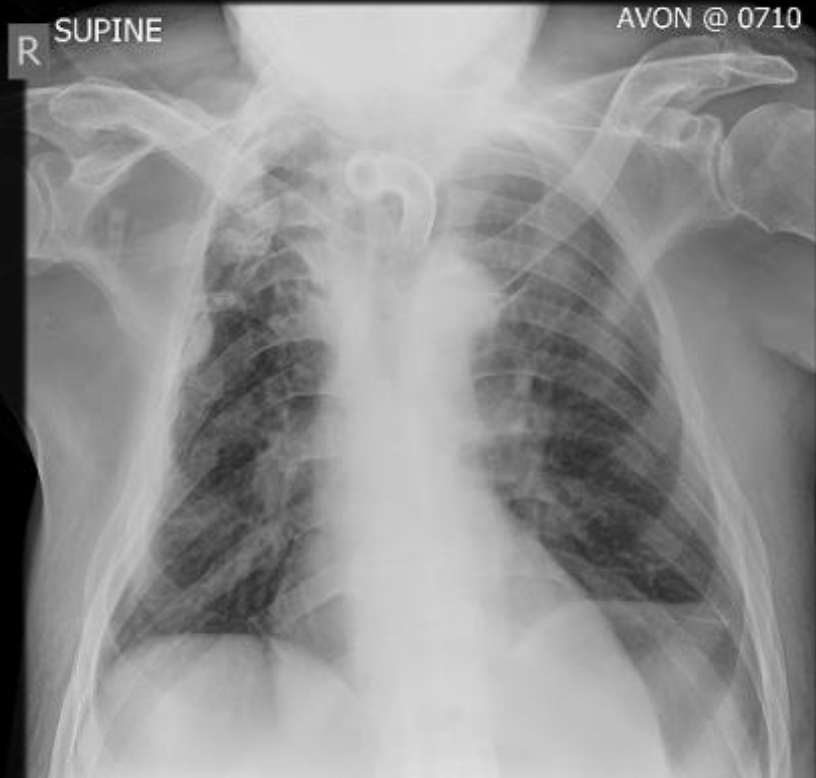
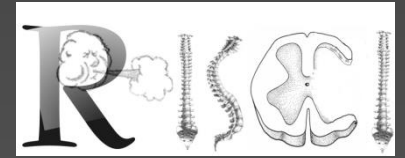
1. cuff DOWN
2. Water by mouth
3. All other drinks thickened
4. Continue soft diet



# SALT review 5 days later

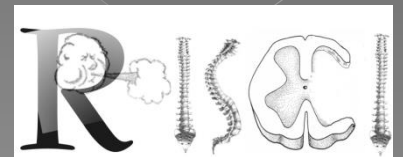
- > Chest status poor
- > Recommend NBM and reassess in 1/52
- ⦿ Patient unhappy with NBM but agreed to comply for 1 week



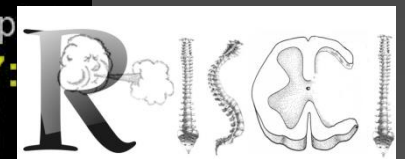


# Nil by mouth – no thanks!

- 17/05/16 patient very unhappy and said he wanted to eat and drink again

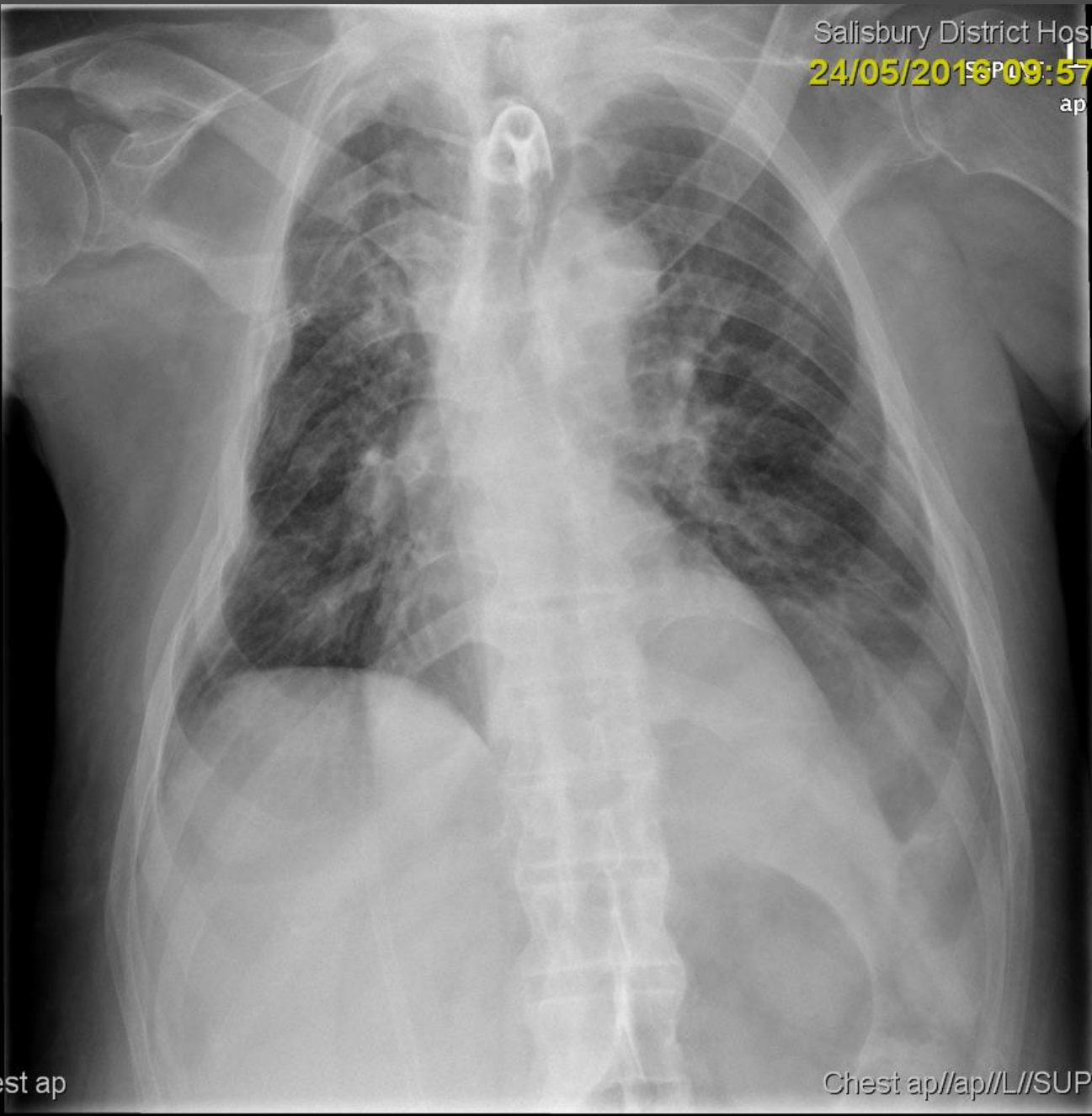


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24/05/2018 09:57:  
ap



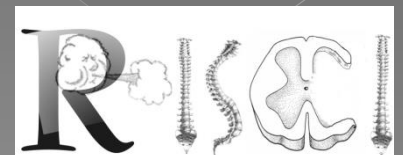
Chest ap

Chest ap//ap//L//SUPINE

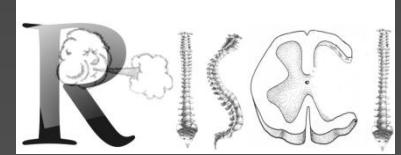


# Respiratory medicine r/v

- ◉ Nebulised Colomycin
- ◉ Review and reduce 'target sats' 90%
  - > Reduce routine use of oxygen

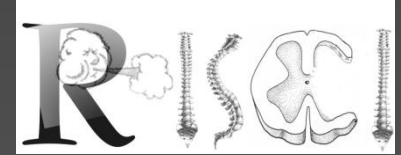


# Returns to NBM



- Chest improves
- Sats >95 on air
- Secretions much less
  
- QOL – self discharge

# For debate:



- What do you think has made the difference and how would you manage this patient?
  - > Colomycin?
  - > Re-introduce oral intake?
  - > Wean?
  - > What about discharge?