

## The factibility of the protocol of dysphagia in palliative care (PADICUP)

## A factibilidade do protocolo de disfagia nos cuidados paliativos (PADICUP)

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## ABSTRACT

Patients in Palliative Care (PC) represent a public whose demand is great for speech therapy, and because there is no standardized instrument for assessing the swallowing of people in COP, the Protocol for Evaluation of Dysphagia in Palliative Care (PADICUP) was elaborated. However, it had not been applied in patients. This study aimed to analyze the feasibility of PADICUP in patients of a palliative care clinic in the city of Belém, PA. A quantitative cross-sectional approach was carried out with 30 participants from April to October 2019. The data obtained in the evaluations through the protocol were organized in spreadsheets and submitted to the percentage and statistical analysis using the correlation of Pearson. Among the studied public, as the main complaints observed during screening were weight loss (97%), xerostomy (77%) and clearing during feeding (68%). Regarding the evaluation with PADICUP, only 77% of the patients were able to be evaluated with oral diet in some consistency, being oral transit time decreased, vocal quality altered, reduced laryngeal elevation, multiple swallowing and oral cavity residue, the most altered manifestations. Patients with PC present significant changes in swallowing and need a qualified and assertive speech therapy support, and PADICUP is a feasible instrument to be used for this purpose, since it covers the demands and needs of patients receiving this care.

**Keywords:** speech-language pathology, palliative care. Protocol, evaluation. swallowing.

## RESUMO

Os pacientes em Cuidados Paliativos (CP) representam um público cuja demanda é grande para o atendimento fonoaudiológico, e por ainda não haver um instrumento padronizado para avaliação da deglutição de pessoas em CP, elaborou-se o Protocolo de Avaliação em Disfagia em Cuidados Paliativos (PADICUP). No entanto, o mesmo não havia sido aplicado em pacientes. O presente estudo teve o objetivo de analisar a factibilidade do PADICUP em pacientes de uma clínica de cuidados paliativos oncológicos na cidade de Belém, PA. Realizou-se uma abordagem quantitativa, de caráter transversal, com 30 participantes, no período de abril a outubro de 2020. Os dados obtidos nas avaliações por meio do protocolo foram organizados em planilhas e submetidos à análise percentual e estatística utilizando a correlação de Pearson. Entre o público estudado, as principais queixas observadas durante a triagem foi a perda de peso (97%), xerostomia (77%) e o pigarro durante a alimentação (68%). Quanto à avaliação com PADICUP, somente 77% dos pacientes estavam aptos a serem avaliados com oferta de dieta via oral em alguma consistência, sendo o tempo de trânsito oral diminuído, qualidade vocal alterada, elevação laríngea reduzida, deglutições múltiplas e resíduo em cavidade oral, as manifestações mais encontradas. Os pacientes em CP apresentam alterações importantes na deglutição e precisam de um suporte fonoaudiológico qualificado e assertivo, sendo o PADICUP um instrumento factível a ser utilizado com esse objetivo, pois abrange as demandas e necessidades dos pacientes que recebem esse cuidado.

**Palavras-chave:** fonoaudiologia, cuidados paliativos, protocolo, avaliação, deglutição.

## 1 INTRODUCTION

The speech therapist in the hospital context, among the many possibilities of procedure, can compose a multi-professional team with an approach that improves the quality of life of

patients and family members that are going through problems associated with life threatening diseases, which will be the team of Palliative Care.

To perform a clinical practice based on evidence providing high quality services, it is fundamental that the speech therapist makes use of standardized evaluation protocols, since they provide more efficient evaluation and diagnosis, which makes possible for more assertive conduct making (MARTINELLI, 2015).

However, nowadays the evaluation of the deglutition performed on patients in Palliative Care is the same used in the evaluation of any other demand of swallowing disorders, since there is no standard and specific script for evaluation that take into account the peculiarities of this audience, who presents, for its own clinical condition, important impacts on the swallowing mechanism (MEDEIROS; ZAMBOM; ANDRADE, 2016).

Based on what was stated above, as for the need of a standard instrument of evaluation of the swallowing process to use with the patients in Palliative Care, it was created the Protocol of Evaluation on Dysphagia in Palliative Care (PADICUP) (NEGRÃO, 2017). However, it hadn't be applied to patients.

Therefore, this study, from the application of the elaborated instrument, has as a goal to analyze the feasibility of the Protocol of Evaluation on Dysphagia in Palliative Care (PADICUP) in a clinic of oncological palliative care of a referral hospital in cancer on the state of Pará, Brazil.

## 1.1 THEORETICAL FRAMEWORK

Initially, Palliative Care was exclusive to medicine, but the need for a multidisciplinary team to better deal with the integrality of the individual was observed. In this team, the speech therapist is a fundamental part playing two important roles, the first being aimed at providing more effective communication, either verbally or non-verbally, seeking to maintain the patient's interaction with the family and the team, offering greater autonomy for itself. And, the second is related to swallowing, seeking to make it configure itself in an effective, safe and pleasant way. It is undeniable that it needs special attention from the speech therapist, due to the risk that changes in swallowing pose to the patient's physical integrity, and may even advance the death process (CARRO; MORETI; PEREIRA, 2017).

With that in mind, the assessment of swallowing, performed by the speech therapist, often becomes a priority because it is a vital function, since changes in this function can trigger major problems, such as respiratory complications, laryngotracheal aspiration, aspiration

pneumonia, nutritional deficits, dehydration and even death (ALVES; FARIA; GALVÃO, 2016).

Swallowing is one of the most complex neuromuscular interactions in the human body and ensures human survival, through nutrition, hydration and airway protection. It requires a functional coordination of structures of the mouth, pharynx, larynx and esophagus. So that if any of these structures, for some reason, does not perform properly, there may be an alteration in this process, called dysphagia (SANTOS; CASSIANI; DANTAS, 2011).

Therefore, the speech therapist must perform a careful evaluation considering the complexity of this function. As it is a quick, non-invasive, low-cost evaluation that requires few resources to be performed, the clinical evaluation at the bedside is the most used form chosen by first choice by professionals to investigate the clinical suspicion of an alteration of the deglutition (PADOVANI et al, 2013).

The relevance of using a standardized assessment instrument is evident, since it favors the work of the speech therapist by allowing more accurate and reliable results, in addition to scientific utility, helping in the production of new research and contributing to the better organization in the service and quality of care (GRAZIANI; FUKUSHIRO; GENARO, 2015; JÚNIOR; MATSUDA, 2012).

## 2 METHODS

This is a quantitative, cross-sectional study, carried out with 30 individuals of both genders, aged at least 18 years old, diagnosed with cancer, under Palliative Care, and who presented themselves with dysphagia demand, identified from a speech therapy screening protocol. Only patients admitted to the oncology palliative care clinic of a cancer reference hospital in the State of Para, from April to October 2018, were able to participate in the research.

The research project was sent to the Research Ethics Committee (CEP) of Hospital Ophir Loyola and approved under CAAE 84643718.9.0000.5550, following the ethical guidelines of the directives and norms of resolution 466/12 of the CNS/MS.

After the approval of the CEP and the signing of the Free and Informed Consent Form (ICF) by the participants, the data collection began, initially with the interview using the speech therapy screening protocol to identify the dysphagia demand, for later to perform the speech-language assessment regarding the swallowing process using PADICUP.

Participants who, during screening, had a demand for dysphagia were submitted to evaluation with PADICUP, which consisted of two stages. The first stage consisted of items for patient identification and measurement of vital signs, such as: food route, mode of food supply,

heart rate, respiratory rate and O<sub>2</sub> saturation. The second stage was only applied to the patient who showed positive signs in the first stage, and consisted of swallowing assessment with three consistencies (liquid, liquidized and pasty/solid).

Since the food consistency and the utensil used in this evaluation were chosen according to the needs and individual clinical conditions of each patient, so that not all materials or consistencies described were used with all patients.

The signs observed during the evaluation were: Anterior Oral Escape (OAE), which is the dripping of food or liquid through the lips after the capture of the cake, Oral Transit Time (TTO) that can be understood as the time between the capture of the food until the beginning of laryngeal elevation, Cervical Auscultation (AC) understood as the process of listening to swallowing noises in the pharyngeal phase, Laryngeal Elevation (EL) which is linked to the sliding of the hyoid bone and the adjacent structures, being one of the main mechanisms responsible for the protection of lower airways during swallowing, Vocal Quality (QOL) which is the characterization of the voice pattern when observing possible changes during swallowing that may be suggestive of silent laryngeal penetration, Residue in Oral Cavity (RCO) identified from the accumulation of food in anterior and lateral vestibule, oral floor and lingual surface after swallowing, in addition to observation of cough, which can be presented as a reflex response to the entry of foreign bodies into the airway and, possibly, choking, which occurs due to airway obstruction.

Initially, the data obtained in the evaluations using the protocol were tabulated and organized in Microsoft Excel 2010 spreadsheets. After that, they were submitted to percentage and statistical analysis using Pearson's correlation (PAST version 3.21) with a 5% significance level.

### 3 RESULTS

A total of 30 patients were part of this study, being possible to characterize the minimum chronological age of 25 years old and maximum of 80 years old, with an average age of 54 years old. The majority belonging to the female gender (67%), and as for the diagnosis, cervical cancer was the most prevalent reaching the value of 33.3% (n = 10) of the studied sample, followed by breast cancer with 13.3% (n = 4) and colon cancer with 10.0% (n = 3).

Regarding the food route of the research participants, the most prevalent was the oral route, represented by 70% of the sample (n=21), followed by the zero diet with 16% (n=5), which are those patients whose diet is suspended either orally or by some alternative feeding

route. Followed by patients who ate exclusively through an alternative route of feeding (7%), and mixed route, that is, via alternative feeding associated with the oral route (7%).

Regarding the screening performed to identify the demand for dysphagia, it was possible to observe that the main complaints of individuals regarding swallowing were: recent weight loss (97%), dry mouth (77%), and throat clearing during feeding (68%).

To evaluate the swallowing with liquid consistency, food such as water, juice, coffee, milk and tea were used. It was only possible to carry out an evaluation with only 22 of the participants for this consistency, and the results found were: oral transit time (13.63%), laryngeal elevation (13.63%), vocal quality (13.63%) and number of swallowing (13.63%).

In the evaluation with the liquefied consistency, it was possible to perform the evaluation in only 15 patients, and foods such as beaten fruit, porridge, beaten soup, among others, were used, according to the classification adopted by the hospital.

Among the 15 patients evaluated with liquefied consistency, 13.33% (n=2) had altered oral transit time, vocal quality and number of swallows, followed by 6.66% (n=1) who had reduced laryngeal elevation and residue in oral cavity present.

The evaluation of swallowing with a pasty/solid diet was performed using food such as shredded meat or chicken, fruits, purées, pasta, among others. This consistency was evaluated with 18 members and the results obtained indicate that the time of oral transit and the number of swallows were changed to 44.44% of the participants (n=8), residue in the oral cavity to 27.77% (n=5), vocal quality 16.66% (n=3) and laryngeal elevation 11.11% (n=2).

After analyzing the results obtained regarding the signs observed in the evaluation, the manifestations present in at least one of the tested consistencies (oral transit time, laryngeal elevation, vocal quality, number of swallows, residue in the oral cavity) were separated, in addition to presence of the cough reflex, tested without the offering of a diet, and the values of the presence of heart rate and respiratory rate; all 9 as binary variables, being divided only into "appropriate" or "changed". And 3 nominal variables were also separated, namely age, food consistency and mode of supply. The interaction of variables obtained during clinical analyzes was verified using Pearson's correlation with a significance level of 5%.

For lack of some information, as in the cases where it was not possible to test orally, or even in those where only one or two consistencies were possible, some data were not complete. However, it does not affect the validity of the correlation, since the sample group is small, 30 people, and the portion utilized for that test was 50% of the sample universe. That way, the interaction was sought to cross data between each other in the Excel version 2010 program and

the significance of Pearson's correlation values in the PAST 3.21 program, generating a triangular correlation matrix, shown in Figure 01:

Figure 01 - Triangular Matrix of Correlation

	Age	Consistency	Mode	FC	FR	Cough	Liquid					Liquefied					Pasty/Solid					FOIS					
							TTO	EL	QV	N°D	RCO	TTO	EL	QV	N°D	RCO	TTO	EL	QV	N°D	RCO						
Age	1,00																										
Consistency	-0,25	1,00																									
Mode	-0,27	-0,29	1,00																								
FC	0,11	-0,41	0,48	1,00																							
FR	-0,10	0,12	-0,13	-0,13	1,00																						
Cough	0,23	-0,17	-0,39	0,07	0,22	1,00																					
Liquid	TTO	-0,15	-0,12	0,37	-0,20	-0,10	-0,48	1,00																			
	EL	0,28	-0,08	-0,13	-0,13	-0,07	-0,33	0,68*	1,00																		
	QV	-0,41	0,03	0,37	0,29	-0,10	-0,08	0,42	-0,10	1,00																	
	N°D	-0,48	-0,08	0,64*	-0,13	-0,07	-0,33	0,68*	-0,07	0,68*	1,00																
	RCO	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00															
Liquefied	TTO	-0,15	-0,12	0,37	-0,20	-0,10	-0,48	1,00*	0,68*	0,42	0,68*	0,00	1,00														
	EL	0,28	-0,08	-0,13	-0,13	-0,07	-0,33	0,68*	1,00*	-0,10	-0,07	0,00	0,68*	1,00													
	QV	-0,41	0,03	0,37	0,29	-0,10	-0,08	0,42	-0,10	1,00*	0,68*	0,00	0,42	-0,10	1,00												
	N°D	-0,40	0,03	0,93*	0,29	-0,10	-0,48	0,42	-0,10	0,42	0,68	0,00	0,42	-0,10	0,42	1,00											
	RCO	-0,07	0,12	0,64*	0,53*	-0,07	-0,33	-0,10	-0,07	-0,10	-0,07	0,00	-0,10	-0,07	-0,10	0,68*	1,00										
Pasty/Solid	TTO	0,10	-0,35	0,58*	0,61*	-0,22	-0,44	0,48	0,33	0,48	0,33	0,00	0,48	0,33	0,48	0,48	0,33	1,00									
	EL	0,28	-0,08	-0,13	-0,13	-0,07	-0,33	0,68*	1,00*	-0,10	-0,07	0,00	0,68*	1,00*	-0,10	-0,10	-0,07	0,33	1,00								
	QV	-0,41	0,10	0,24	0,17	0,53*	0,07	0,29	-0,13	0,78*	0,53*	0,00	0,29	-0,13	0,79*	0,29	-0,13	0,27	-0,13	1,00							
	N°D	-0,10	0,17	0,39	0,27	0,33	-0,17	0,48	0,33	0,48	0,33	0,00	0,48	0,33	0,48	0,48	0,33	0,44	0,33	0,61*	1,00						
	RCO	0,18	-0,22	0,27	0,71*	0,38	0,29	-0,28	-0,19	0,14	-0,19	0,00	-0,28	-0,19	0,14	0,14	0,38	0,29	-0,19	0,35	0,58*	1,00					
FOIS	-0,18	0,22	-0,27	0,71*	0,38	-0,29	0,28	0,19	-0,14	0,19	0,00	0,28	0,19	-0,14	-0,14	-0,38	-0,29	0,19	-0,35	-0,58	1,00*	1,00					

Subtitles: EOA - Escape Extra Oral; TTO – Oral Transit Time; AC – Cervical Auscultation; EL – Laryngeal Elevation; QV – Vocal Quality; N°D – Number of Swallowing; RCO – Residue in Oral Cavity; FOIS – Functional Oral Intake Scale.

Source: Field Research

In the figure above, it is shown the correlation of the data analyzed with the p values, both the significant ones and those that did not show significance. From here, those that obtained significant correlation values for each tested consistency will be highlighted.

It is noted that with the liquid consistency, there were significant values for correlation between laryngeal elevation and time of oral transit, and between number of swallows correlated with mode of supply, time of oral transit and vocal quality.

In the statistical treatment performed from the data collected in relation to the liquefied consistency, it is possible to observe that the significant values indicated a correlation between the number of swallows and residue in the oral cavity and between laryngeal elevation and time of oral transit.

Regarding the evaluation carried out with a pasty/solid consistency, the correlation was found between the number of swallows with the vocal quality and residue in the oral cavity.

## 4 DISCUSSION

The correlation between the residue in the oral cavity and the occurrence of multiple swallows was observed in the evaluation with all consistencies (liquid, liquidized and pasty/solid) and can be justified by the fact that according to Marrara et al.(2008) the achievement of multiple swallows can happen from the moment the patient perceives the

presence of intra-oral residue and the need for new swallows in order to compensate for this difficulty and complete the whitening.

Marcolino et al. (2009) characterizes multiple swallowing as the presence of more than one swallow right after the food is offered, and states that it is often used in individuals with residue in the oral cavity and in the cleaning of the pharyngeal recesses, suggesting a direct relation between the two manifestations, which corroborates with the findings of the this study.

The statement of the author above (MARCOLINO et al, 2009) can also justify the correlation found in liquid and pasty/solid consistencies between the number of swallows and vocal quality. Bearing in mind that the need for multiple swallowing may be due to the presence of stasis in pharyngeal recesses, which according to Padovani, Moraes, Mangili (2012) is one of the factors that can alter vocal quality.

Ribeiro (2016) also states that when describing in his study that the occurrence of “wet voice” is related to the presence of clinical signs of stasis in valleys and pharyngeal recesses after swallowing.

The correlation between laryngeal elevation and time of oral transit, found in both liquid and liquidized consistency, was not found in any study being worked on directly. However, Marcolino et al. (2009) states that the change in laryngeal mobility may be related to the decrease in muscle tone, which, according to Tanure et al. (2005), can also lead to a reduction in the mobility of the tongue and its movement force, increasing the time of oral transit.

The mode of diet offer correlated with the number of swallows, residue and oral cavity and time of oral transit were also not found in the scientific literature directly, however, it is suggested to justify such correlations based on the statement by Veiga and Bianchini (2012) to the mode of supply that can be closer to the natural swallowing, when the subject is able to regulate the amount ingested with his own control, or not, when he presents different patterns and less control of the food. What can favor changes in this mechanism, such as those found in this study.

There was also found a correlation regarding vital signs, such as heart rate with residue in the oral cavity, both in the liquidized and in the pasty/solid consistency and with oral transit time only in the pasty/solid. The respiratory rate, on the other hand, showed a direct relation only with the vocal quality in the pasty/solid diet.

There were no results in the scientific literature to compare with these discoveries, however, the importance of checking vital signs for swallowing evaluation is undoubted. Moraes and Medeiros (2012) reiterate that it is necessary to consider hemodynamic stability



before starting any speech therapy procedure, as these are important prerequisites for any assessment in bed.

Considering that changes in the swallowing mechanism can alter the clinical parameters, Dantas (2008) conducted a study with the elderly, combining the assessment of swallowing with the monitoring of vital signs, reaffirming the relevance of the relationship between vital parameters and those of swallowing.

Therefore, Santana, Fernandes e Brasileiro (2014) point out that the findings in the literature confirm the relevance of considering the parameters of clinical stability for a speech therapy intervention.

During the application of PADICUP, there was a need for adjustments to the protocol, in view of its better applicability for the speech therapy service in palliative care. From that, small modifications to the protocol structure are suggested and items related to clinical practice are added, namely:

#### 4.1 GLASGOW SCALE

During the application of the protocol, there were cases of patients whose swallowing assessment had not been possible due to the lowered level of consciousness, in addition to observing, through clinical practice in the service where the research was conducted, a high number of patients who present this picture, it was thought about the relevance of having an item in the protocol capable of assessing this condition.

The literature brings the importance of considering the level of consciousness when evaluating a safe and efficient form of oral feeding, since cognitive disorders are related to problems of oral ingestion due to the lowering of the level of consciousness interfering in the readiness of reflex responses, disfavoring safe swallowing (DUTRA, 2013).

In a survey conducted from a questionnaire with professionals from an intensive care unit, it was found that the main criterion pointed out by the professionals themselves for the reintroduction of the oral diet was the level of awareness (FELICETTI-LORDANI et al, 2014).

For Furmann and Costa (2015), it is essential to take care of this aspect when thinking about an adequate assessment of the dysphagic patient, considering that the reduction of the level of consciousness is an important risk factor for the reduction of the protective reflexes, thus increasing the risk of aspiration.

According to the aforementioned authors, the Glasgow coma scale is currently the most widely used instrument in the world to assess the level of consciousness, although for Felicetti-Lordani et al. (2014) there is no consensus regarding the Glasgow scale value to provide

security to the resumption of oral intake, but it is an important instrument to be used as a complement to clinical assessment and vital signs.

#### 4.2 BLUE DYE TEST

During the field research, two tracheostomized patients were found among the participants. Both belonged to the group whose swallowing assessment was not indicated at the time of the research, however, due to the fact that patients with tracheostomy are part of the public of this service, the importance of the presence of an item capable of covering them during the study of swallowing assessment stands out.

As a result, in addition to the existing clinical evaluation of swallowing, it is suggested that the blue dye test to be included in the protocol. This test was initially described in the 70s and has undergone adaptations as to its application, but, in general, it is a clinical test, using a marker to stain the tongue and oral structures blue, whose objective is detect aspiration in tracheostomized patients, observing the possible exit of bluish secretion through the tracheostomy cannula (PADOVANI; ANDRADE; LIMONGI, 2012).

The exit of any blue evidence on aspiration through the cannula is indicative that the patient is aspirating. Considering also that it is a subjective test and subject to repetitions and adaptations in its execution, such as the possibility of application with blue colored food (PADOVANI; ANDRADE; LIMONGI, 2012; COSTA et al, 2016).

In a study carried out by Santana et al. (2014) applying a questionnaire to speech therapists who treat tracheostomized patients, it was found that all interviewees (100%) used the Blue Dye Test as a resource in the clinical evaluation of swallowing to detect aspiration.

Therefore, it is suggested the application of the test in PADICUP aiming at one more criterion in the observation of possible presence of aspiration in the case of tracheostomized patients.

#### 4.3 PALLIATIVE PERFORMANCE SCALE (PPS)

The PADICUP is a proposal for a standardized instrument to be used to evaluate swallowing in patients under Palliative Care, therefore, parameters of this specific audience should be considered.

For decision making between the team and medical procedures regarding the prognosis and diagnosis of terminality, Maciel (2012) highlights the importance of a functional assessment in Palliative Care that can be performed using scales.

In 2002, the Karnofsky scale was adapted to Palliative Care, creating the PPS (Palliative Performance Scale), and demonstrated that only 10% of patients with PPS equal to 50% have a survival greater than six months. That is, these patients must be actively monitored by the Palliative Care team. The conducts to be defined in each phase can be based on the parameters of this scale. That applies not only to the doctors, but to the entire team (OLIVEIRA, 2008).

PPS can be used daily as a measure to monitor the progress of the condition and assess 11 levels of performance, ranging from 0 (death) to 100 (normal intake, activity and normal work without evidence of the disease and ambulation, complete level of awareness and self-care ) with no intermediate values (MACIEL, 2012).

Thus, the classification of the patient according to the level of performance using the PPS scale, can be an important indicator at the time of speech therapy evaluation. It is suggested, then, the inclusion of this parameter for PADICUP.

#### 4.4 CONSISTENCIES

The field research was carried out with the evaluation of swallowing in three consistencies (liquid, liquidized and pasty/solid), however, the protocol presents only one consistency option to be evaluated, being a difficulty encountered when using it.

In view of the clinical routine itself, in which it is often necessary to evaluate more than one consistency, and also taking into account the use of the referred protocol as an instrument for new researches, it is considered important to add more consistency options to be evaluated.

The use of several consistency options to be tested is seen in important assessment instruments nationally validated and recognized such as the Speech Therapy Assessment Protocol for Dysphagia Risk (PARD) and the Speech Therapy Protocol for Introduction and Transition of Oral Feeding (PITA), of Padovani, Moraes and Mangili (2007), and Padovani (2010).

#### 4.5 “ZERO DIET” AS A CONDUCT AFTER EVALUATION

At the end of the application of PADICUP there is an item of the protocol in which the speech therapist concludes his evaluation defining a conduct. The conduct options include: Assisted Oral Route, Alternative Feeding Route, Change of Consistency and Speech Therapy.

However, during the data collection, while applying PADICUP, there was still a need to add a conduct option that emerged at the end of some evaluations, which can be called “zero diet”. There were cases where some patients did not have oral diet conditions in any consistency,

did not have a clinical indication for speech therapy or for the introduction of an alternative feeding route.

However, it is necessary to highlight that such conduct refers to an indication that needs to be discussed with the team, since according to Castro, Frangella and Hamada (2017) there is no evidence for the decision to continue or suspend feeding, even close to death. Therefore, the decision to feed until the last hour must be multi-professional and have the consent of the patient or its family, if there are no conditions to decide for itself.

It is important to emphasize that the diet should primarily offer comfort, and not to aim at the rehabilitation of the individual's functional state, that is, the decision must be based on the well-being of the patient, who often, when more severe, do not have an appetite, being frequent the refusal of food, which causes great distress to family members. In such cases, the health professionals involved in the treatment must be attentive to identify the extent to which the diet is beneficial, whichever route is chosen. In addition to being able to talk to family members about the possible benefits and harms (PINTO, 2012).

In general, it is known that the retention or suspension of the patient's food in Palliative Care is an ethical dilemma to be decided in a multidisciplinary team after a careful analysis and considering, mainly, the principles of autonomy, beneficence, non-maleficence and justice, always aiming to achieve the greatest comfort and well-being to the patient (CASTRO, 2017).

The final result of PADICUP will be shown in Figure 02:

Figure 02 - Dysphagia Assessment Protocol in Palliative Care (PADICUP)

Name: _____ Age: _____ D.B.: __/__/____	
Hospitalar Record: _____ Diagnostic: _____	
Hospitalization Date: __/__/____ Evaluation Date: __/__/__	
<b>Feeding Path:</b> ( ) Orally ( ) Nasoenteral tube ( ) Nasogastric tube ( ) GTT ( ) Parenteral <b>Offer Mode:</b> ( ) Spoon ( ) Straw ( ) Free sips	
<b>Clinical Signs:</b> <b>Heart rate:</b> ( ) appropriate ( ) unsettled ( ) before ( ) during ( ) after (60 at 100 bpm) <b>Respiratory Frequency:</b> ( ) appropriate ( ) unsettled ( ) before ( ) during ( ) after (12 at 20bpm) <b>SPO2:</b> ( ) appropriate ( ) unsettled ( ) before ( ) during ( ) after (> 90%) <b>Glasgow:</b> _____ <b>PPS:</b> _____	
<b>Gag Reflex:</b> ( ) present ( ) absent <b>Tosse:</b> ( ) absent ( ) present: ( ) reflex ( ) voluntary ( ) sought/assist ( ) strong ( ) weak	
<b>Blue Dye Test:</b>	

<b>Functional Swallowing Assessment</b>				
<b>Signs and Symptoms with Orally</b>	<b>Liquid</b>	<b>Liquefied</b>	<b>Pastoso</b>	<b>Another Consistency</b>
<b>Previous oral escape</b>	( ) present ( ) absent	( ) present ( ) absent	( ) present ( ) absent	( ) present ( ) absent
<b>Oral Transit Time</b>	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled
<b>Cervical Auscultation</b>	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled
<b>Laryngeal Elevation</b>	( ) appropriate ( ) decrease ( ) absent	( ) appropriate ( ) decrease ( ) absent	( ) appropriate ( ) decrease ( ) absent	( ) appropriate ( ) decrease ( ) absent
<b>Number of swallows</b>	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled
<b>cough</b>	( ) absent ( ) present ( ) before ( ) during ( ) after	( ) absent ( ) present ( ) before ( ) during ( ) after	( ) absent ( ) present ( ) before ( ) during ( ) after	( ) absent ( ) present ( ) before ( ) during ( ) after
<b>choking</b>	( ) absent ( ) present	( ) absent ( ) present	( ) absent ( ) present	( ) absent ( ) present
<b>Vocal Quality</b>	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled	( ) appropriate ( ) unsettled
<b>Oral Cavity Residue</b>	( ) absent ( ) present	( ) absent ( ) present	( ) absent ( ) present	( ) absent ( ) present

OBS.:

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**Nível de Ingesta Oral - Scale FOIS**

<b>Nível 1</b> ( ) No oral intake
<b>Nível 2</b> ( ) Tube dependent with minimal/inconsistent oral intake
<b>Nível 3</b> ( ) Tube supplements with consistent oral intake
<b>Nível 4</b> ( ) Total oral intake a sigle consistency
<b>Nível 5</b> ( ) Total oral intake of multiple consistencies requiring special preparation
<b>Nível 6</b> ( ) Total oral diet with multiple consistencies without special preparation but with specific food limitations
<b>Nível 7</b> ( ) Total oral diet with no restrictions

**Speech Therapy Conduct**

( ) Orally assist
( ) Alternative way of feeding
( ) Consistency change
( ) Speech Therapy
( ) Zero diet

OBS:

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Source: Field Research

**Speech Therapy**

## 5 CONCLUSION

It is essential to use standardized instruments to qualify the speech therapy performance and make the results obtained in the evaluations more reliable, in order to define more assertive behaviors of the speech therapist with the PC team.

The results obtained in this study were able to be compared with the findings of several others with which it was characterized deglutition, and this factor justifies that the parameters used in PADICUP are in agreement with those indicated by the literature.

It is also necessary to emphasize the importance of other studies being carried out using PADICUP to obtain more scientific evidence and reliability of the instrument.

As the instrument was used in the research, there was a need for some small adjustments, aiming at its better functionality and applicability, however, in general, it could be concluded that PADICUP is a feasible instrument to be used by speech therapist within the PC clinic covering the specific demands and needs of patients in this context.

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