NANDA-NIC-NOC before and after implementation of post-extubation dysphagia protocol.

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- **Introduction:**

The risk of aspiration is a diagnosis linked to the initiation of nursing care in cases of post-extubation dysphagia; in post-extubation situations of patients in intensive care units, the risk of aspiration has been little explored; early evaluation by the nurse to identify post-extubation dysphagia is fundamental; it is expected that the implementation of evidence will change nurses' practices regarding diagnoses, expected results, and interventions.

The present research is part of a more extensive implementation study of "Screening and early detection of post-extubation dysphagia (PED): a project to implement best practices," according to the JBI methodology. It was operationalized through a scientific initiation program over one year. The protocol includes using a diagnosis (Risk of Aspiration) in the care of the patient with dysphagia and linking it to interventions and expected patient outcomes.

- **Study purpose:**

To compare before and after implementation of a post-extubation dysphagia protocol: 1) the frequency of documentation of aspiration risk for patients extubated after at least 48 hours of intubation; 2) the nature and frequencies of expected aspiration risk outcomes; 3) the natures and frequencies of prescribed nursing interventions.

- **Methodology:**

A cross-sectional, retrospective study was carried out in the Intensive Care Unit of a secondary hospital in São Paulo, Brazil. Data were collected from medical records in two five-month periods, before and after implementing a post-extubation dysphagia protocol.

Table 1 - Risk of Aspiration diagnosis frequencies, interventions and results according to study phases. São Paulo – SP, Brazil. 2022.

Variables	Phases of the study			
	Pre-phase (N=28)		Post-phase (N=22)	
	n	%	n	%
Diagnosis				
Aspiration Risk	14	50,00	13	59,15
No diagnosis related to risk of aspiration	14	50,00	09	40,85
Totality	28	100,00	22	100,00
Results				
Prevention of aspiration	06	21,42	18	81,80
Swallowing state	-	-	-	-
Risk control	10	35,70	04	18,20
No results related to aspiration risk	12	41,08	-	-
Totality	28	100,00	22	100,00
Interventions				
"Protocol: Screening and Early Detection of Post-extubation Oropharyngeal Dysphagia in the ICU" (Bundle)	-	-	03	13,65
Assistance in self-care: food	-	-	-	-
Neurological monitoring	02	7,14	02	9,10
Precautions against aspiration	18	64,26	17	77,35
Swallowing therapy	-	-	-	-
No interventions related to the risk of aspiration	08	28,60	-	-
Totality	28	100,00	22	100,00

Source: Search results, 2022.

- **Results:**

Of the total number of hospitalizations, the records analyzed were 28 in the pre-phase and 22 in the post-phase. The diagnosis risk of aspiration was observed in the pre-implementation phase in 50% of the patient's records and 59.15% in the post-phase. As for the outcomes, it was found that the Prevention of Aspiration was 21.42% in the pre and post-phase and went to 81,80%. The frequency of the Intervention "Protocol: Screening and Early Detection of Post-extubation Oropharyngeal Dysphagia in the ICU" (Bundle) was 13.65%.

- **Conclusion:**

After implementing the protocol, there was a slight improvement in identifying aspiration risk diagnosis. The use and recording of documentation of the protocol as an intervention for the risk for aspiration must be improved. Integrating best practice recommendations and the standardized nursing language into electronic documentation systems support quality improvement initiatives.

References
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