

# Uncovering a Silent Threat: Early bedside dysphagia screening to prevent aspiration in cervical spine fractures in the elderly



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## Background

- Dysphagia is common in older people and is associated with aspiration and respiratory complications, particularly in those with cervical spine fractures<sup>1</sup>.
- A pilot study (2021) led to standards of care (SOP), developed with SLT team, for staff training to initiate early bedside dysphagia screening to mitigate respiratory complications and improve outcomes.

## Methodology

- Retrospective cohort study with EPR
- Major Trauma centre
- Two cycles
  - January – July 2024
  - April – October 2025
- Outcome measures: fracture location, dysphagia screening outcomes, SLT referral, aspiration pneumonia, and mortality.

**Inclusion Criteria**  
Age 65 or older  
C-spine fracture requiring admission for medical reasons (not just social input)

RECORD ALL PATIENTS IN DYSPHAGIA DATABASE

**Exclusion Criteria**  
Spinal cord injury  
Tracheostomy  
Unable to sit in 90 degrees  
Normally takes thickened fluids

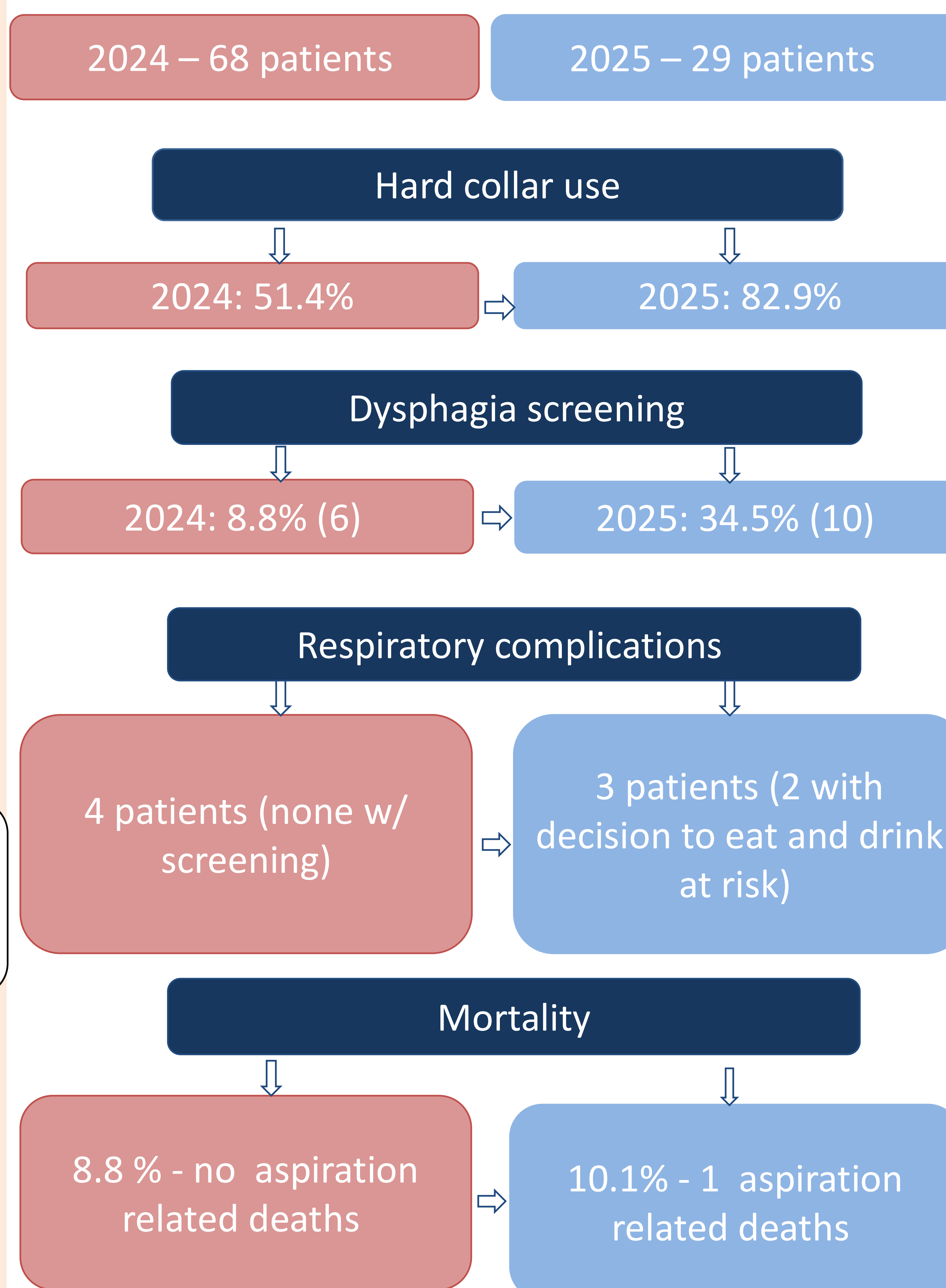
**SALT referral, NBM and IV fluids**

Bedside dysphagia screen completed by trained staff within 72 hours

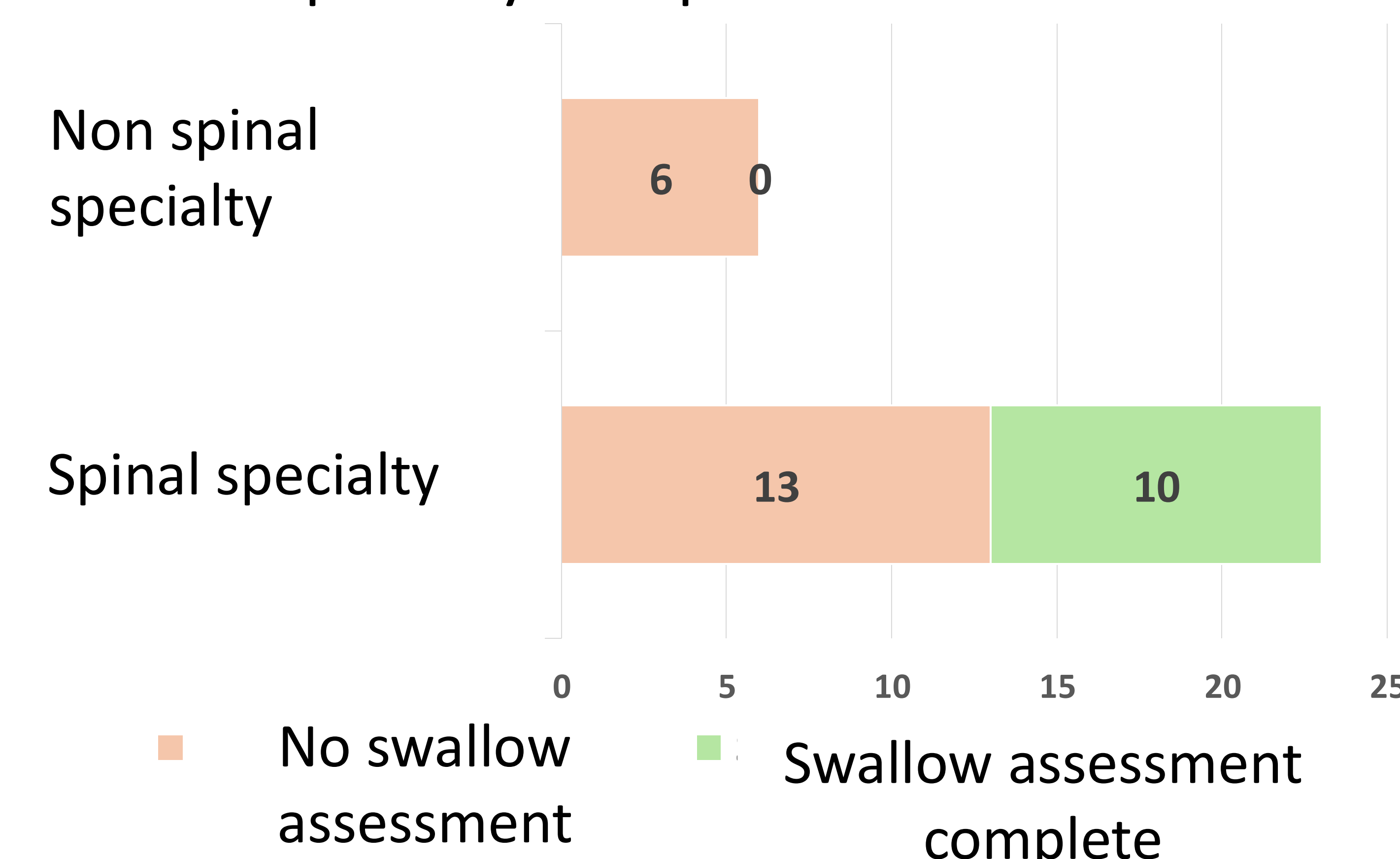
"Pass"  
Can eat and drink

"Fail"  
NBM & refer to SALT

## Results



## Specialty Compliance



## Conclusion

Early bedside dysphagia screening reduces rates of aspiration, death and length of stay in older patients with cervical spine fractures. Although screening rates were low overall, targeted staff training can improve this. This shows that education can positively influence practice and highlights need for standardisation.



Scan for abstract

References: Pattison J, Kincaid M, Pandya U. Cervical Fractures: Does Injury Level Impact the Incidence of Dysphagia in Elderly Patients? *Geriatrics (Basel)*. 2017 Jul 12;2(3):21. doi:10.3390/geriatrics2030021. PMID: 31011031; PMCID: PMC6371192.