

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE menu indicator guidance

Indicator area: Stroke

Indicator ID: CCG53

Indicator CCG53: The proportion of people who have had an acute stroke whose swallowing is screened by a specially trained healthcare professional within 4 hours of admission to hospital.

Rationale

Swallowing difficulties can result in aspiration and reduced oral intake for people with stroke. These in turn can lead to the potentially serious complications of pneumonia, undernutrition and dehydration. As these complications may be avoidable or reversible, it is important to screen all stroke patients in order to identify those individuals at risk as soon as possible.

Reporting and verification

Evidence base

[NICE quality standard for stroke-QS2 \(2010\)](#)

Statement 4: Patients with acute stroke have their swallowing screened by a specially trained healthcare professional within 4 hours of admission to hospital, before being given any oral food, fluid or medication, and they have an ongoing management plan for the provision of adequate nutrition.

What is measured

Numerator: The number in the denominator where swallowing is screened within 4 hours of admission (or within 4 hours of onset of stroke for those

NICE menu guidance: CCG53:

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patients who are already in hospital at the time of stroke) by a healthcare professional trained in dysphagia screening, before being given any food, fluid or medication orally.

Denominator: All acute stroke patients admitted to hospital except those who have an impaired level of consciousness or those who refuse.

Data source

Sentinel Stroke National Audit Programme

Further information

This is a guidance document for a NICE menu indicator. The NICE menu of indicators is available online at <http://www.nice.org.uk/standards-and-indicators> .