



Stroke and ischaemic attack: 4-hour swallowing assessment

NICE indicator

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Indicator

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.

Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

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. This indicator aims to identify those individuals at risk as soon as possible, as these complications may be avoidable or reversible.

Source guidance

[Stroke and ischaemic attack in over 16s: diagnosis and initial management. NICE guideline NG128 \(2019\), recommendation 1.6.1](#)

[National clinical guideline for stroke. Royal College of Physicians clinical guideline \(2016\), recommendation 4.16.1.A \(NICE-accredited guideline\)](#)

Specification

Numerator: The number of patients in the denominator in whom swallowing is screened within 4 hours of admission (or within 4 hours of onset of stroke for those patients who are already in hospital at the time of the stroke) by a healthcare professional trained in dysphagia screening, before being given any food, fluid or medication orally.

Denominator: The number of stroke patients admitted to hospital.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- patients with an impaired level of consciousness

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- patients who refuse screening.

Data source: Sentinel Stroke National Audit Programme (SSNAP).

Minimum population: The indicator would be appropriate to assess the performance of networks or systems of providers.

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