

The Multidisciplinary Team's Performance in Dysphagic Patients Care in The Hospital Environment: Integrative Review of Literature

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ABSTRACT

This article is an integrative review of the literature aiming to gather and synthesize the results of studies and research in order to know the productions of scientific knowledge related to the performance of the multidisciplinary team for the dysphagic person care in the hospital environment. The research was performed during the month of November of 2017, using BIREME, PUBMED and SCIELO databases, in Portuguese, English and Spanish. The following keywords were used in combination: hospital, dysphagia and patient care team. As exclusion criteria were determined: articles not related to the theme and not fully available in the databases. After going through the keywords, languages and period of publication (2007-2017) criteria, there were 89 publications remaining, and after the exclusion criteria only (n = 75) were left, of which only 14 publications were selected for the present review. The present study contemplated information concerning authors, Journal, research title, type of study, objective and conclusion. Before the publications analyzed, it is noticed that there is little scientific material that reports the performance of a multidisciplinary team in the dysphagic patient care, and there is a need for more research in this area, since today dysphagia is increasingly present within the intensive care unit, especially in the elderly patient.

Key-words: hospital - dysphagia - multidisciplinary team

INTRODUCTION

Oropharyngeal dysphagia, better known as difficulty swallowing or swallowing disorder, may cause difficulty in the oral preparation for swallowing and, thus, causing difficulty in making food go from the mouth to the stomach (ALBINI, 2013; LEONOR,2015).

The incidence and prevalence of oropharyngeal dysphagia in the hospital environment are high, having the risk of affecting approximately 20% of patients older than 50 years, with a compromise of 65% to 80% in elderly patients, reaching 75% of cases in Parkinson's disease patients. It also reaches from 25% to 50% post-stroke patients and it is very common during childhood, with an average of 20% to 30% in normal children, having an increase of this range to 40% to 60% in premature children (SANTORO, 2008; GUEDES, 2009; PAIXÃO, 2009; GOLDANI E SILVEIRA, 2010).

The most common complications that occur with people with dysphagia are: swallowing cough, dehydration, repetitive pneumonia, malnutrition, short time weight loss and decreased appetite. One of the major problems is aspiration pneumonia, which, if not identified and treated can develop into severe complications in the respiratory system and may lead to death (OLIVEIRA, 2012).

Complications of dysphagia can be mitigated by the work of a hospital multi-professional team. The performance of a multi and interdisciplinary team becomes absolutely necessary when it comes to patients with dysphagia, with the main objective of acting in an integrated way, reducing and minimizing possible complications, since dysphagia is not an isolated dysfunction and requires care in the nutritional, psychological, medical, phonoaudiological, physiotherapeutic and other aspects. All these professionals have an important role for a good diagnosis and therapeutic planning, being essential for the patient's independence and autonomy recovery (QUADROS, 2007; SORDI, 2009; PEREIRA, 2015).

The continuing education of professionals who work directly with people with dysphagia is fundamental for the integral care of these patients (ANTUNES, 2010). The need of continuing education within the hospitals in relation to the dysphagic patient is emphasized because it aims to deepen specific important subjects such as: patient conduct, management and treatment, and orientations of dysphagic patients (FERNANDES, 2010).

When professional training occurs within the workplace itself it makes the employees feel motivated, being sure that they are doing their job safely and correctly and thus helping in the patient's rehabilitation process (SILVA E SEIFFERT, 2009; LEONOR, 2015).

Due to the lack of studies that describe a multi-professional hospital team's performance in dysphagic patient care, this study aims to gather and get to know the productions of scientific knowledge related to the performance of the multidisciplinary team regarding dysphagic people's care in the hospital environment.

METHOD

This study of integrative review of literature aimed to gather and thus synthesize the results of research on a particular subject, contributing to the understanding of the proposed theme (MENDES, 2008).

In order for a good review of the literature to occur, it is recommended following six guiding steps for this type of methodology: defining the guiding question; selecting the sample to be analyzed; defining the categories; analyzing and interpreting the selected studies; evaluating the results; and presenting the synthesis (MENDES, 2008).

The guiding question was: what do scientific knowledge studies describe about the performance of a multidisciplinary team in dysphagic patient care hospitalized in an ICU?

The search for the studies was carried out during November 2017, using the following databases: BIREME (Latin American and Caribbean Center for Health Sciences Information), PUBMED (National Library of Medicine National Institutes of Health) and SCIELO (Scientific Electronic Library Online).

For the selection of the studies, the following descriptors were used: hospital, dysphagia, patient care team and all indexes (author, title, periodical and abstract), being taken into consideration only studies in Portuguese, English and Spanish; publications between September 2007 and September 2017.

Exclusion criteria were: articles not related to the theme, articles in languages other than Portuguese, Spanish and English and not fully available articles on the databases.

As this study did not use or was not directly on living beings, approval by any Research Ethics Committee was not necessary.

RESULTS AND DISCUSSION

This integrative review of the scientific literature as a methodological strategy to reach the objective of the study followed the procedures proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses - PRISMA (LIBERATI et al., 2009).

After going through the inclusion and exclusion criteria, 89 publications remained eligible. At first, three articles that were duplicated in the databases were excluded; after a reading of the abstracts of the articles, those not related to the topic were excluded, or in languages other than Portuguese, English or Spanish. Then, articles not fully available. Therefore, 72 articles were excluded. We identified only 14 publications that reported the performance of the multidisciplinary team in the dysphagic patient care and then selected them for the present review (figure 1).

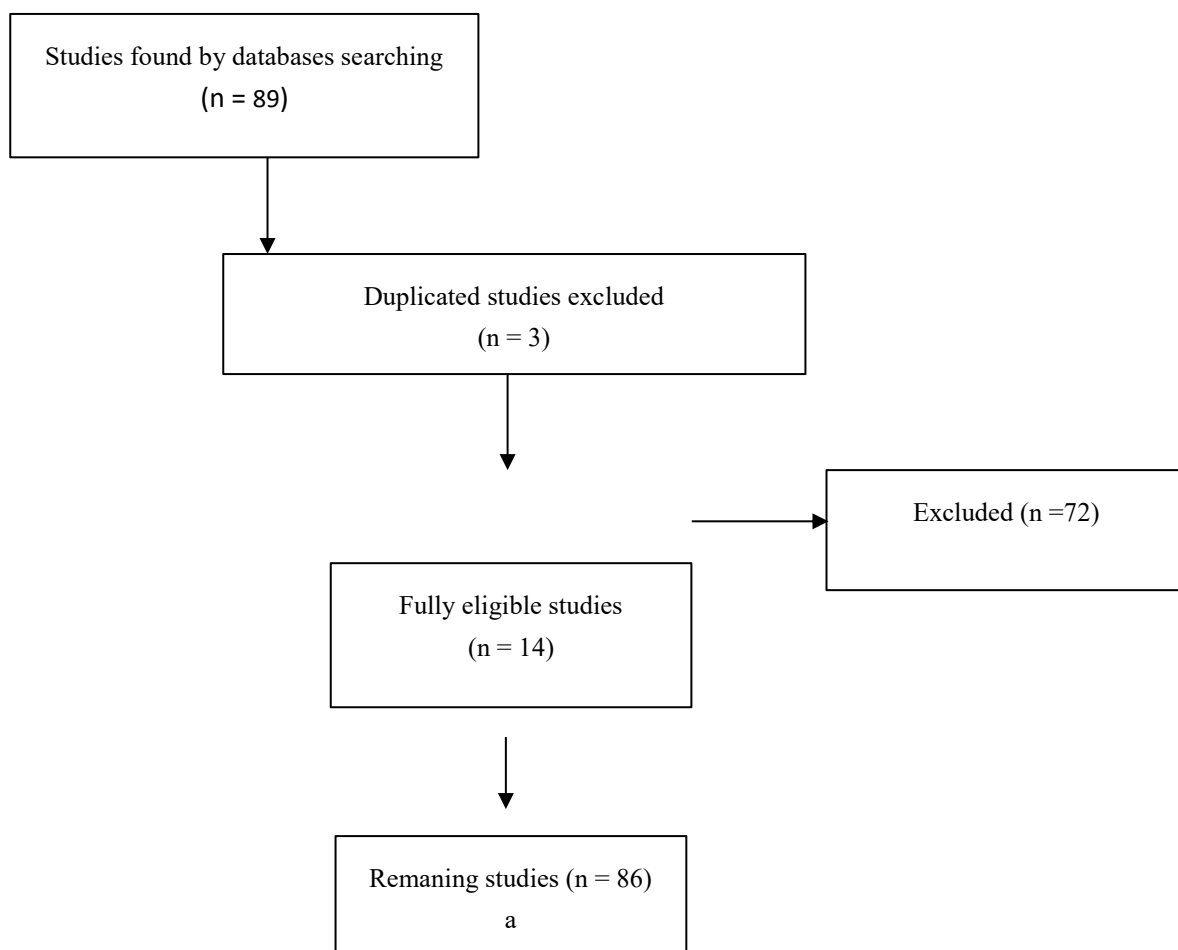


Figure 1. Flowchart of the study selection process.

The characterization of the studies included the information concerning the Authors, Journal, Title of Research, Type of Study, Objective and Conclusion (Table 2).

Table 2. Searching Results

Year / Authors	Journal	Research Title	Type of Study	Objective	Conclusion
2009 Cichero, Julie AY; et al.	Journal of Clinical Nursing	Triaging dysphagia: nurse screening for dysphagia in an acute hospital	Prospective almost Experimental.	Develop a screening tool for dysphagia for all patients who are at risk of broncho aspiration / dysphagia at admission to the wards.	The initial results suggest that the dysphagia screening instrument is a fast and robust tool for screening individuals with dysphagia. Training is critical to successful tracking.
2009 Clayton, Nicola A. et al.	Journal of Burn Care & Research	Rehabilitation of speech and swallowing after burns reconstructive surgery of the lips and nose.	Case report	Describe the Physical Rehabilitation of a patient with full thickness burns on the nose, lips, mouth and chin after electric burns.	At 6 months after injury, the patient can safely tolerate a light diet, demonstrate clarity of speech at the pre-injury level and regain functional range of oral movement. Rehabilitation of speech and swallowing is an essential factor to be considered in the planning of post-burn reconstructive procedures.
2010 Tang, Kuo T.; Hsieh, Ming H.	General Hospital Psychiatry	A case of schizophrenia with dysphagia successfully treated by a multidimensional approach	Case Study	Report a schizophrenia patient case with dysphagia who was treated with a multidimensional approach.	A schizophrenia patient with dysphagia was successfully treated using a multidimensional approach, which included medication adjustment, swallow training, and diet modification.

<p>2012 Juan B. Ochoa</p>	<p>Karger</p>	<p>Nutrition assessment and intervention in the patient with dysphagia: challenges for quality improvement</p>	<p>Review of Literature</p>	<p>Proposal for systematic implementation in the identification and treatment of dysphagia.</p>	<p>The treatment of dysphagia may be successful, but requires the use of multidisciplinary teams. A focus on malnutrition management, including prevention and treatment, is essential. Perhaps the greatest challenge is the lack of awareness of the presence of dysphagia and malnutrition, so that only a minority of patients are identified and treated successfully.</p>
<p>2012 Kaizer, Franceen et al.</p>	<p>Dysphagia</p>	<p>Promoting shared decision-making in rehabilitation: development of a framework for situations when patients with dysphagia refuse diet modification recommended by the treating team</p>	<p>Qualitative and Quantitative</p>	<p>Develop a tool that facilitates discussion and collaboration between clinicians and patients to clarify the real risk and promote shared decision-making in dysphagia care.</p>	<p>It is noted that the guidelines were integrated into standard practice as the team refers less to the tool, but incorporates the principles and steps of drafting a plan for treating dysphagia involving diet modifications. Using the algorithm has better team communication with the patient and the family and has provided a way for team members to feel supported and guided when dealing with noncompliance issues in dysphagia.</p>

<p>2012 Kaspar, Kala; Ekberg, Olle.</p>	<p>Karger</p>	<p>Identifying vulnerable patients: role of the eat- 10 and the multidisciplinary team for early intervention and comprehensive dysphagia care</p>	<p>Experimental and Quantitative</p>	<p>Develop a comprehensive care protocol that allows multidisciplinary teams to manage the risk of dysphagia in elderly patients.</p>	<p>Systematic screening with a validated method (eg the 10-item Eating Assessment Tool, EAT-10) as part of a comprehensive care protocol enables multidisciplinary teams to manage the condition more effectively, reduce the economic and social burden, and improve quality of life. In fact, care with a systematic dysphagia screening program yields significantly better outcomes, including reduced cases of pneumonia (55%) and reduced length of hospital stay.</p>
<p>2013 Güell, Maria Rosa et al.</p>	<p>Archivos de Bronconeumología</p>	<p>Comprehensive care of amyotrophic lateral sclerosis patients: a care model</p>	<p>Qualitative</p>	<p>Optimize and facilitate communication among team members, and thus improve the quality of care.</p>	<p>This point can be overcome by taking preventive measures to maintain privacy during the conversation, which should be limited to the patient and his family with the specialists who are most directly related to the decision being made, the neurologist with the pulmonologist in respiratory problems or the neurologist with the nutritionist in diet aspects.</p>

2013 Güell, Maria Rosa et al.	Archivos Bronco neumología.	Atención integral a pacientes con esclerosis lateral amiotrófica: un modelo asistencial	Qualitativ e	Optimize medical care, facilitate communication among team members, and thus improve the quality of care.	In our center, we have a long experience in the care of patients with ALS through an interdisciplinary team whose objective is to guarantee the correct assistance of the patient from the hospital to the home. In this article we show the components of the team, their functions and our way of working.
2013 Mancopes , Renata et al.	Cefac	Case report: the importance of multiprofess ional care in supra cricoid laryngectom y	Case Study	Report the experience of multiprofessional performance in a case of supra cricoid laryngectomy with dysphagia	It was verified that through the multi-professional follow-up, it was possible to evolve from enteral nutrition exclusively for oral diet, which favored the evolution of the nutritional status, with the recovery of the corporal weight, besides providing improvement in the quality of life of this subject
2016 Ginnelly, Aeron ; George's, Nan Greenwo od	Journal of Langua ge & Commu nication Disorde rs	Research report: Screening adult patients with a tracheostom y tube for dysphagia: a mixed- methods study of practice in the UK	Qualitativ e and quantitativ e	Investigate current UK practice for screening dysphagia in adult patients with tracheostomy tubes and explore and describe the perceptions of health professionals about current practice or current systems used.	Current practice in the UK for screening tracheostomy patients to swallow problems are varied and often sub- optimal. Despite the evidence to improve results, the work of MDT is still perceived as problematic. A swallowing triage tool for use with this population, to improve MDT while also working to ensure that the practice fits the current evidence, can improve patient safety and care.

<p>2016 Shiro Aoki, et al.</p>	<p>PLoS ONE</p>	<p>The multidisciplinary swallowing team approach decreases pneumonia onset in acute stroke patients</p>	<p>Experimental and Quantitative</p>	<p>Clarify the influence of a multidisciplinary team approach on dysphagia by comparing rates of pneumonia in acute stroke patients before and after an organization team.</p>	<p>Our study demonstrates that the participatory multidisciplinary approach of the swallowing team effectively decreases the onset of pneumonia in patients with acute stroke. Future prospective multicenter studies using more objective indicators are needed to elucidate the effect of the participatory multidisciplinary approach of the swallowing team.</p>
<p>2016 Seedat, Jaishika; Penn, Claire</p>	<p>Journal of Communication Disorders</p>	<p>Implementing oral care to reduce aspiration pneumonia amongst patients with dysphagia in a South African setting</p>	<p>Experimental and Quantitative</p>	<p>Investigate the outcome of an oral care protocol</p>	<p>The article highlights two main findings: that regular and routine oral care is manageable within an acute hospital context of the government and a rigorous oral treatment routine may reduce aspiration pneumonia in patients with oropharyngeal dysphagia. One implication of these findings is the confirmation that teamwork in acute care settings in developing settings should be prioritized to improve the treatment of dysphagia and patient prognosis</p>

<p>2017 Starmer, Heather M. et al.</p>	<p>The Laryng oscope</p>	<p>The impact of developing a speech and swallow rehab program: improving patient satisfaction and multidiscipli nary care</p>	<p>Quantitati ve</p>	<p>Assess the impact of the development of an integrated team on neck cancer and dysphagia rehabilitation program in the focus of the physician / team on functional outcomes.</p>	<p>The integration of speech and swallowing rehabilitation in head and neck cancer programs is associated with increased medical focus on functional outcomes and greater patient satisfaction with swallowing function. We advocate the standard integration of these services in the multidisciplinary team of care for head and neck cancer</p>
<p>2017 Sakakura, Koichi et al.</p>	<p>Annals of otology, Rhinolo gy & Laryng ology</p>	<p>Impact of a multidiscipli nary round visit for the management of dysphagia utilizing a wi-fi-based wireless flexible endoscopic evaluation of swallowing</p>	<p>Quantitati ve</p>	<p>Introduce a new protocol using a flexible endoscopic evaluation based on Wi-Fi swallowing system (FEES) and verify its effectiveness in the evaluation and rehabilitation of patients hospitalized with dysphagia.</p>	<p>The first Wi-Fi-based wireless FEES system has enabled our multidisciplinary team to easily and efficiently assess patients hospitalized with dysphagia, facilitating simple exams and intense interdisciplinary discussions for patient rehabilitation</p>

Source: Authors.

The present research contemplates the period between 2007 to 2017, and of the 10 years surveyed, in 5 of them, non-consecutively, no publications related to the theme were found. The years that were not found were: 2007, 2008, 2011, 2014 and 2015. In the years 2012, 2013 and 2016, three articles were found in each year; in 2009 and 2017 two publications were found; and in the year of 2010 only one publication. The maximum number of publications found per year was three. This fact shows the recent insertion of the multidisciplinary team in the care teams with patients with dysphagia as well as the outline of their performance. Phonoaudiology had a recent insertion in the hospital environment, only from the year of

2010 on, when the specialization in Dysphagia in Brazil was recognized. Speech therapy in the ICU is inserted in several areas of action, among them neonatal, pediatric, coronary, burned, trauma and oncologic ICUs. Thus, publications in this area are still more recent.

The distribution of articles by journal includes two publications in the Journal of Language & Communication Disorders (2.15%), Karger (2.15%) and Archives of Bronchopneumology (2.15%); and one in the following journals: Cefac (1.7%), Dysphagia (1.7%), PLoS ONE (1.7%), General Hospital Psychiatry (1.7%), The Laryngoscope (1.7%), Journal of Burn Care & Research (1.7%), and in the Annals of Otolaryngology, Rhinology & Laryngology. It should be noted that the journals that have received the most publications are the most searched journals for being registered a long time ago, with an evaluation in the quadrennium of Qualis Capes. This fact reflects a better quality in the researches and, being one of them specific in disorders connected to communication and language, that demonstrates a greater interest by the professionals of the area.

As for the methodology of the articles found, three were experimental quantitative (22%), three (22%) were case studies, two (14%) qualitative and quantitative, two (14%) qualitative, two, one (7%) literature review and one (7%) being prospective almost experimental. It is observed that the quantitative experimental research still presents a high profile in the field of hospital speech therapy because it is an area of recent activity, causing the researchers to seek interest in carrying out more research aimed at inserting a technique, more specific and adequate exercises, thus generating the introduction of more effective therapeutic resources according to the pathology that the patient presents, generating a better performance and thus develop a care according to the need of each patient.

The descriptors found were: swallowing disorders, dysphagia, patient care team, hospital, deglutition, head and neck neoplasia's, rehabilitation. Note the importance of standardizing the descriptors so that the intended information is adequately disclosed.

The articles selected were read in full with the purpose of describing the performance of the multiprofessional hospital team in the care of the dysphagic patient, with the main objective being to know the productions of scientific knowledge related to the performance of the multidisciplinary team regarding care with the dysphagic person in the hospital environment.

The study of Cichero (2009), whose objective was to develop a screening tool for dysphagia of all patients presenting a risk of aspiration during admission to hospital wards, in order to evaluate the team regarding the reliability of the tool, adherence to nursing and thus to be able to develop a robust training for the team in which they concluded that the initial results suggest that the dysphagia screening tool is a fast and robust tool and that the training is fundamental for the tracking to be successful.

In a research that developed a tool that facilitated discussion and collaboration between the team and the patient, kaizer (2012), in order to clarify the real risk of dysphagia and promote shared decision-making regarding necessary care, observed that using the tool it is possible to have a better communication between the team and patient / family and thus make the team feel more secure and supported as their conduct. However introducing within a team a protocol of integral care the screening of dysphagia allows that multidisciplinary teams better manage the risk of dysphagia, so that they can perform management

more effectively, reducing the economic and social burden and obtaining an improvement in the quality of life (KASPAR, 2012).

Sakakura (2017) study reported that dysphagia requires a multidisciplinary approach and that it is possible to introduce a new protocol using a flexible endoscopic evaluation based on Wi-Fi swallowing system (FEES) and verify its efficacy in the evaluation and rehabilitation of patients with the conclusion that the Wi-Fi-based wireless FEES system allows the multidisciplinary team to easily and effectively evaluate patients hospitalized with dysphagia, facilitating simple exams and intense interdisciplinary discussions for patient rehabilitation.

Ginnelly (2016) says in his study that in current UK practice the screening of patients with dysphagia is varied, although the evidence indicates that it is possible to obtain better results because it notes that teamwork is still perceived as problematic by some professionals.

To optimize and facilitate communication among team members and thus improve the quality of care for patients with ALS, however, according to Güell & Güell (2013), the ideal way to deal with problems arising from the disease is through multidisciplinary teams and that the difficulties presented in relation to communication and swallowing can be overcome when the preventive measures are in agreement with the patient, family together with the multidisciplinary team, so that they can adjust the necessary care.

However, the integration of speech and swallowing rehabilitation in head and neck cancer programs is associated with a greater medical focus on functional outcomes and greater patient satisfaction with swallowing function, but Starford (2017) in this way, it is possible to be successful in the treatment with the multidimensional approach and thus be able to fit one into a multidimensional approach. better adjustment of medications and good swallowing training.

To clarify the influence of a multidisciplinary approach regarding care with patients with dysphagia, it was possible to verify that there was a decrease in the appearance of pneumonias in patients with Acute Stroke and that more prospective multicenter study using objective indicators for clarify the effect of the participatory multidisciplinary approach of the swallowing team (TANG, 2010).

One study demonstrated that multiprofessional follow-up caused mechanical oropharyngeal dysphagia to present good results, ranging from severe oropharyngeal dysphagia to severe dysphagia, favoring the change from enteral nutrition exclusively to oral diet. the professionals made the difference, aiming at the improvement of swallowing, and adequacy of the patient's diet (MANCOPES, 2013).

According to Clayton (2009), to describe the physical rehabilitation of a patient with total thickness burns on the nose, lips, mouth and chin after electric burns, in which the severity of the injury has placed the patient at high risk for microstomia, dysphagia, and speech disorder, a multidisciplinary approach was used to coordinate the planning of reconstructive procedures, facilitate recovery and optimize functional and aesthetic results. Speech-language intervention aimed at facilitating safe transition from non-oral to oral, improving articulation and intelligibility and minimizing the development of oral contracture at 6 months post-injury, the patient can safely tolerate a light diet, demonstrate clarity of pre-injury speech, and regain functional range of oral movement.

In order for the treatment of dysphagia to be successful, it is necessary to work through a multidisciplinary team, maintaining a focus on the management of malnutrition, prevention and treatment, but the greatest challenge may be the lack of awareness of the presence of dysphagia and malnutrition, so that only a minority of patients are identified and treated successfully (JUAN, 2012).

CONCLUSION

In view of the results obtained, it is concluded that multi and interdisciplinary work is very important for a more humanized and safe work. It is noteworthy that there is an absence of validated protocols that relate the multidisciplinary action and dysphagia, since it is necessary that a joint action takes place maintaining as focus the patient and the complications that the dysphagia can present.

After conducting the research, it was possible to verify that there is little material that relates the performance of the multidisciplinary team regarding the care to the dysphagic patient, and there is a need for more research in the area, since today dysphagia is increasingly present within the units of intensive therapy and especially in the elderly patient, because we need to have a different look for these patients so that together we can give a better quality of life..

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