

CRRN review Dysphagia and Communication Disorders

Presented by:

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(based on slides from Lisa Stanley, M.A.,
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Question

1. Complications of the oral phase of swallowing include:

- a) Inability to adequately chew food.
- b) Failure to form the food into a bolus in the middle of the mouth.
- c) Inability to move the bolus from the front of the mouth.
- d) All of the above.

Question/Answer

1. Complications of the oral phase of swallowing include:

- a) Inability to adequately chew food.
- b) Failure to form the food into a bolus in the middle of the mouth.
- c) Inability to move the bolus from the front of the mouth.
- d) All of the above.

D. All of the above

Question

2. For a patient without problems in the oral phase of swallowing, this phase of swallowing usually takes:

- a) 1. 5-10 seconds
- b) 2. 10-20 seconds
- c) 3. 5-30 seconds
- d) 4. 10-40 seconds

Question/Answer

2. For a patient without problems in the oral phase of swallowing, this phase of swallowing usually takes:

- a) 1. 5-10 seconds
- b) 2. 10-20 seconds
- c) 3. 5-30 seconds
- d) 4. 10-40 seconds

A. 5-10 seconds

Question

3. The pharyngeal phase is the second phase of swallowing.
Which of the following is a successful outcome of this phase?

- a) Oral regurgitation
- b) Moving the bolus of food into the esophagus
- c) Constriction of the pharynx
- d) Trapping the food in the valleculae to prevent aspiration

Question/Answer

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- d) Trapping the food in the valleculae to prevent aspiration

B. Moving the bolus of food into the esphagus

Question

4. During the second phase of swallowing, the role of the epiglottis is to protect:

- a) Nasal sinus
- b) Opening into the oral cavity
- c) Trachea
- d) Esophagus

Question/Answer

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- a) Nasal sinus
- b) Opening into the oral cavity
- c) Trachea
- d) Esophagus

C. Trachea

Question

5. The normal duration of the pharyngeal phase of swallowing is

- a) 1 second
- b) 5 seconds
- c) 10 seconds
- d) 15 seconds

Question/Answer

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- a) 1 second
- b) 5 seconds
- c) 10 seconds
- d) 15 seconds

A. 1 second

Question

6. If a swallowing problem is suspected, what interventions can nurses use?

- a) Hyper-elevate chin when swallowing.
- b) Sit upright for meals and meds.
- c) Place food in affected side of mouth.
- d) Avoid thickened liquids.

Question/Answer

6. If a swallowing problem is suspected, what interventions can nurses use?

- a) Hyper-elevate chin when swallowing.
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- d) Avoid thickened liquids.

B. Sit upright for meals and meds

Question

7. A patient with swallowing dysfunction may have “silent aspiration”. This means that the patient might aspirate

- a) After coughing and gagging.
- b) Without coughing and gagging.
- c) In spite of coughing and gagging.
- d) None of the above.

Question/Answer

7. A patient with swallowing dysfunction may have “silent aspiration”. This means that the patient might aspirate

- a) After coughing and gagging.
- b) Without coughing and gagging.
- c) In spite of coughing and gagging.
- d) None of the above.

B. Without coughing and gagging

Question

8. Which of the following substances is **MOST** likely to cause coughing or choking on initial feeding trials?

- a) Water
- b) Milkshake
- c) Pudding
- d) Baked potato

Question/Answer

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B. Milkshake

Question #1

Mrs. Y has dysarthric speech as a result of a stroke. Dysarthria occurs due to neurological damage to (select all that apply):

- a) The left frontal lobe.
- b) The left occipital lobe.
- c) The brainstem and/or cranial nerves.
- d) The right frontal lobe.
- e) The right temporal lobe.

Question #1 / Answer

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A, C & D

Question #2

Mr. T has impaired verbal communication as a result of a left hemisphere stroke. A therapeutic nursing intervention to assist Mr. T with communication is to:

- a) Increase voice volume when speaking.
- b) Finish sentences when he is unable to do so.
- c) Use short simple sentences.
- d) Encourage him to slow his speaking rate and over articulate.

Question #2/Answer

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C and D

Question #3

P.T. is just emerging from coma following a brain injury. Which of the following interventions is *MOST* appropriate to begin establishing communication with P.T.?

- a) Use communication or alphabet board.
- b) Use a head nod or eye blink to communicate.
- c) Use a voice activated computer system.
- d) Talk to him frequently to facilitate communication.

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B. Use a head nod or eye blink to communicate

Question #4

Mr. D has recently had a left hemisphere stroke. He has right sided weakness and Broca's Aphasia. This type of aphasia is characterized by:

- a) Fluent speech with many mispronounced words.
- b) Slow, effortful speech with long pauses between words.
- c) Speech that alternates between clear and not understandable.
- d) Nasal voice quality and problems with voice loudness and pitch.

Question #4/Answer

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B. Slow, effortful speech with long pauses between words

Question #5

The primary communication deficit experienced by a person with Wernicke's aphasia is:

- a) Inability to understand verbal or written language.
- b) Problems with forming and articulating words.
- c) Problems with using correct grammar.
- d) Inability to speak rapidly.

Question #5/Answer

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- c) Problems with using correct grammar.
- d) Inability to speak rapidly.

A. Inability to understand verbal or written language

Question #6

Which of the following instructions would be **MOST** appropriate for a person with Wernicke's aphasia?

- a) "Show me where you're having pain."
- b) "Tell me what the doctor said to you."
- c) "Sit down."
- d) "Stand up and walk to the door."

Question #6/Answer

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C. Sit down

Question #7

Which of the following interventions would be least helpful in communicating with a patient who has Wernicke's aphasia?

- a) Gesturing.
- b) Pantomiming.
- c) Altering tone of voice.
- d) Using word repetition.

Question #7/Answer

Which of the following interventions would be least helpful in communicating with a patient who has Wernicke's aphasia?

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D. Using word repetition