ASPIRATION leads to life threatening Pneumonia

**Aspiration** means taking foreign material into the lungs.

- Aspiration of gastric acid causes **Chemical Pneumonia**;
- Aspiration of a foreign bacteria causes **Bacterial Pneumonia**; and
- Aspiration of a foreign body causes an **Acute Respiratory Emergency** (obstruction).

**Aspiration Pneumonia** includes both chemical and bacterial pneumonia and may be fatal if not treated immediately.

### What do I look for?

#### General Signs of Aspiration Pneumonia:

- Fever,
- Cough,
- Fatigue,
- Chest Pain,
- Shortness of breath,
- Cyanosis (“bluing of skin),
- Rapid heart rate, and
- Wheezing, bronchial breath sounds

**Chemical Pneumonia** can happen within a few minutes to hours after aspiration – has cough with frothy or pink sputum, respiratory distress, rapid breathing. **Maintain airway; clear secretions (including suctioning if needed) until you get medical help.**

**Bacterial Aspiration Pneumonia** may happen days after aspiration – cough has pus/sputum, and you may see weight loss, periodontal disease, bad breath, clubbing of fingers. **Antibiotics ARE REQUIRED as the mainstay of treatment – seek help immediately!**

### What do I do if I suspect Aspiration Pneumonia?

**Get medical help immediately** if you suspect Aspiration Pneumonia. Some people only have hours before it develops into a life threatening condition!
**PREVENTION** is the way to be safest!,

- If there is any question at all about a person’s ability to swallow properly, **get a swallowing evaluation done immediately**.
- If the person is put on a soft food or pureed food diet, **it is a life or death matter to that person!**
- If the person’s care plan says to cut food up into small bites, **never neglect to do so as it can be fatal!**
- **Find out what positions are best for the person** when he or she is eating and swallowing. Generally keep the chin tucked and the head turned, and ask the person to do repeated swallowing.

**PREVENTION TIPS** for persons suffering from swallowing disorders:

- Positioning to prevent aspiration of gastric acid.
- 30-45 degree angle, if sitting up; on side, with mouth to side, angle upper leg forward to prevent rolling over.
- Antacids to reduce gastric acidity.
- Anti-emetics to reduce esophageal pressure.

**Look for CLUES TO TROUBLE:**

- The biggest danger is not recognizing the risk!
- Adults are more likely than children to develop Aspiration Pneumonia.
- Feeding patients at high risk for aspiration incorrectly is dangerous; and
- Resuming feeding after intubation, without getting a professional assessment of the patient’s ability to swallow.