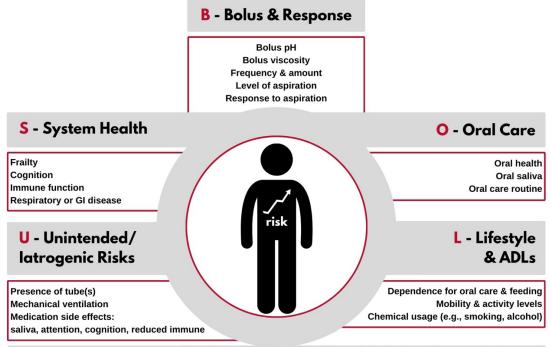
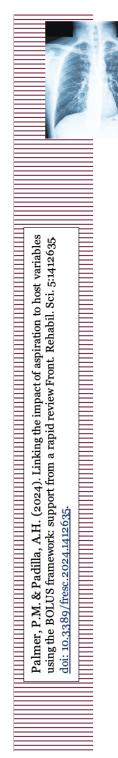
## Assessing Dysphagia Risk using the BOLUS framework P. M. Palmer, PhD, CCC-SLP MSHA Annual Conference March 2025 ppalmer@unm.edu

#### An overview of the BOLUS framework.



Palmer, P.M. & Padilla, A.H. (2024). Linking the impact of aspiration to host variables using the BOLUS framework: support from a rapid review Front. Rehabil. Sci. 5:1412635. doi: 10.3389/fresc.2024.1412635.

#### Questions associated with the BOLUS framework categories.



# **BOLUS FRAMEWORK CHECKLIST**

## **BOLUS VARIABLES & RESPONSE**

- □ Is my patient aspirating thick or dense materials?
- □ Is my patient aspirating frequently or aspirating large amounts?
- $\Box$  Is my patient aspirating acidic material?
- $\hfill\square$  Does my patient have a weak cough or silent aspiration?

## ORAL HEALTH & ORAL CARE

- $\Box$  Is there evidence of oral neglect or poor oral infection control?
- □ Does my patient have inadequate oral hygiene routines or a recent decrease in oral hygiene routines?
- $\Box$  Does my patient have reduced saliva?

## LIFESTYLE & ACTIVITIES OF DAILY LIVING

- □ Does my patient have limited mobility or physical activity?
- $\Box$  Does my patient smoke or drink with regularity?
- □ Is my patient dependent on others for activities of daily living, specifically feeding and oral hygiene?

## **UNINTENDED / IATROGENIC RISKS**

- $\Box$  Does my patient have tubes in the oropharynx or airway?
- $\Box$  Is my patient receiving mechanical ventilation?
- □ Is my patient on medication with side effects that impact alertness, cognition, immune function of saliva production?
- □ Does my patient have negative side effects from radiation or other medical procedures that impact the oropharynx?

## SYSTEM STATUS

- $\Box$  Is my patient frail or deconditioned?
- □ Does my patient have respiratory disease or GI disease?
- $\hfill\square$  Does my patient have limited cognition?
- $\Box$  Does my patient have compromised immune function?
- □ Does my patient have reduced cough response or strength?

## The BOLUS Framework Applied to HNCa

Category	Proposed Questions
	<ul> <li>Is the disease staged at III or higher?</li> </ul>
Tumor	<ul> <li>Is tumor size T3 or higher?</li> </ul>
Characteristics	<ul> <li>Is there node involvement?</li> </ul>
	<ul> <li>Is there distant metastatic disease?</li> </ul>
Surgical Intervention	<ul> <li>Did surgery involve resection of multiple subsites?</li> </ul>
	• Did surgery involve BOT or pharynx thereby greatly reducing bolus
	propulsion?
	<ul> <li>Was the surgery a major ablative procedure?</li> </ul>
	<ul> <li>Did reconstruction require a free flap?</li> </ul>
	<ul> <li>Were there significant post operative challenges such as fistula or</li> </ul>
	poor healing?
	Was bilateral neck dissection completed?
	• Was there cranial nerve damage from surgery that impacts swallow
	sensory or motor function?
Radiation	<ul> <li>Was the total radiation dose &gt; 60 Gy?</li> </ul>
	• Did the radiation field include > 50% of pharyngeal structures?
Chemotherapy/	<ul> <li>Was chemotherapy performed in conjunction with radiation?</li> </ul>
Systemic therapy	<ul> <li>Was there induction versus concurrent chemo?</li> </ul>
	• Did the patient suffer from severe mucositis, candidiasis or
	odynophagia?
	<ul> <li>Any evidence of osteoradionecrosis?</li> </ul>
Iatrogenic effects	<ul> <li>Is there radiation-induced xerostomia or dental complications?</li> </ul>
of treatment	<ul> <li>Is there trismus limiting access for oral care?</li> </ul>
	• Is radiation fibrosis or lymphedema impacting swallow kinematics?
	<ul> <li>Did radiation treatment require breaks due to toxicity?</li> </ul>
	<ul> <li>Was chemotherapy dose reduction or holding of any chemo</li> </ul>
	treatments required due to reaction or toxicity?
General	<ul> <li>Was this curative-intent treatment?</li> </ul>
	<ul> <li>Was this palliative treatment?</li> </ul>
	<ul> <li>Did treatment require two modalities (e.g., radiation and</li> </ul>
	chemotherapy)?
	<ul> <li>Did the treatment require 3 modalities?</li> </ul>
	• Did any treatment require unplanned hospitalization for supportive
	care?
	<ul> <li>Will treatment require prolonged nil per os (NPO) status?</li> </ul>
	<ul> <li>Is the patient undergoing active cancer treatment?</li> </ul>
	• Are they in their first 6 months of cancer treatment or beyond?

Table of potential BOLUS Framework modifiers for use with individuals with HNCa who aspirate

#### The BOLUS Framework Applied to Stroke

Category	Proposed Questions
Neurologic Status	<ul><li>Was there brainstem damage?</li><li>Is there involvement of CN V, VII, IX, X, XII)?</li></ul>
	• Are there multiple brain lesions?
Physical	<ul> <li>Does the hemiplegia impact patient's ability to sit upright during mealtimes?</li> </ul>
	<ul> <li>Does patient have significant oral motor weakness?</li> </ul>
ocial/ Emotional	• Is there post-stroke depression affecting motivation for oral intake?

Table of potential BOLUS Framework modifiers for use with individuals s/p stroke who aspirate.

## Aspiration and the Pulmonary Biome (Presented at ASHA Convention, 2021)

- <u>https://www.youtube.com/watch?v=JVq0iQJrbp4</u>
- <u>https://youtu.be/BzisjH7xqj8?si=vN5i-258joZ7C0wV</u>
- https://youtu.be/COIUHjSJ1uw?si=McLVAFmL178PIKHz

#### **TIMS University Presentation on the BOLUS Framework**

https://www.youtube.com/watch?v=cE5NfdhUHb8

## **References regarding the BOLUS framework**

- Palmer, P. M., & Padilla, A. H. (2022). Risk of an adverse event in individuals who aspirate: A review of current literature on host defenses and individual differences. *American Journal of Speech-Language Pathology*, *31*(1), 148-162.
- Palmer, P.M. & Padilla, A.H. (2024). Linking the impact of aspiration to host variables using the BOLUS framework: support from a rapid review. *Frontiers in Rehabilitation Sciences*, 5:1412635. doi: <u>10.3389/fresc.2024.1412635</u>.
- Palmer, P. M., & Leslie, P. (2025). Aspiration management and rehabilitation. *Frontiers in Rehabilitation Sciences*, *6*, 1558680.