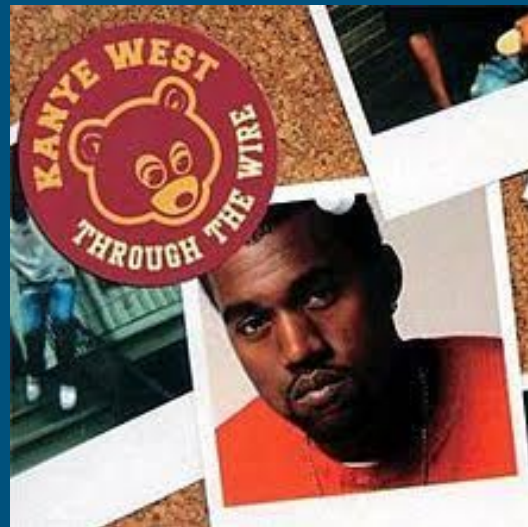


# Wired Jaw Dysphagia

Future Colleague Collaboration

Kara A. Jones, M.A. CCC-SLP



# Dear Future Colleagues...

---

Feel free to reach out to me

[KAJonesSLP@gmail.com](mailto:KAJonesSLP@gmail.com)

@Speechladykara



# Wired Jaw - maxillomandibular fixation

---



# Let's dive into the research

## ASHA Website Search

Find content on ASHA-related websites

What are you looking for?

"wired jaw"



*Enter a topic, an article title, or product name*

ADVERTISEMENT



ADVERTISING DISCLAIMER | ADVERTISE WITH US

No results for "wired jaw"

Cancel last action

Search tips

- Check the spelling of your keywords.
- Try using fewer, different or more general keywords.

# Let's dive into the research

Springer Link » Sign up / Log in English ▾ Academic edition ▾

"wired jaw" New Search Q ⚙

Home • Books A - Z • Journals A - Z • Videos • Librarians

Include Preview-Only content

Refine Your Search


Content Type

Discipline

Subdiscipline

Language

0 Result(s) for "'wired jaw'"

 You are now only searching within the Journal **Dysphagia**  
STOP searching within this Journal

**Sorry** – we couldn't find what you are looking for. Why not...

- Make sure that all words are spelled correctly
- Try different keywords
- Try more general keywords
- Include preview-only content
- Remove some/all of your search filters
- Try using a wildcard search where:

A \* matches zero or more non-space characters.  
A ? matches exactly one non-space character.

With no evidence to draw from, we must apply critical thinking and our knowledge of swallowing physiology

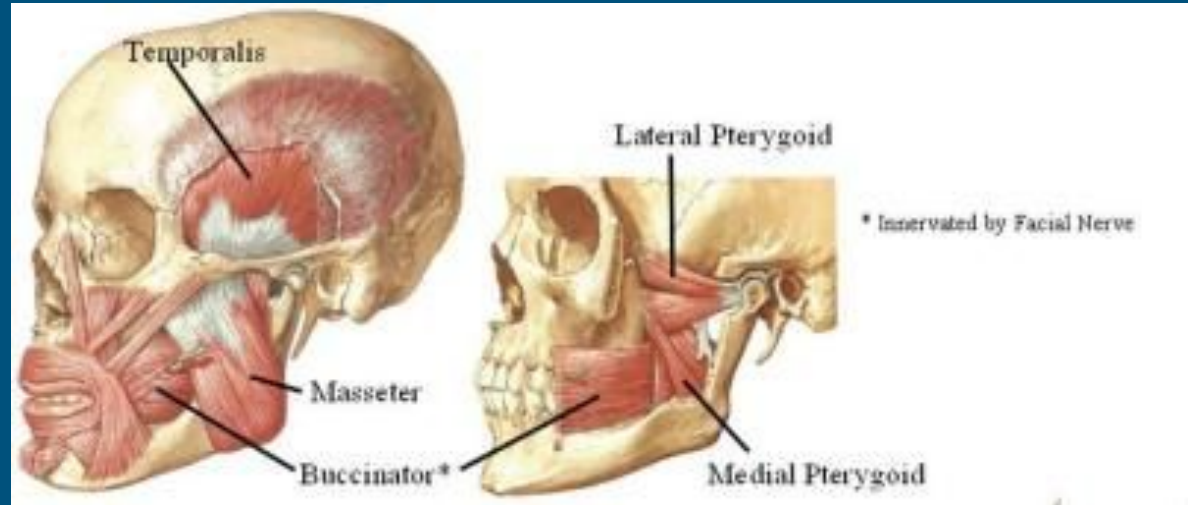
# Role of the jaw and face in normal swallowing

---

Accept bolus

Prepare bolus & masticate

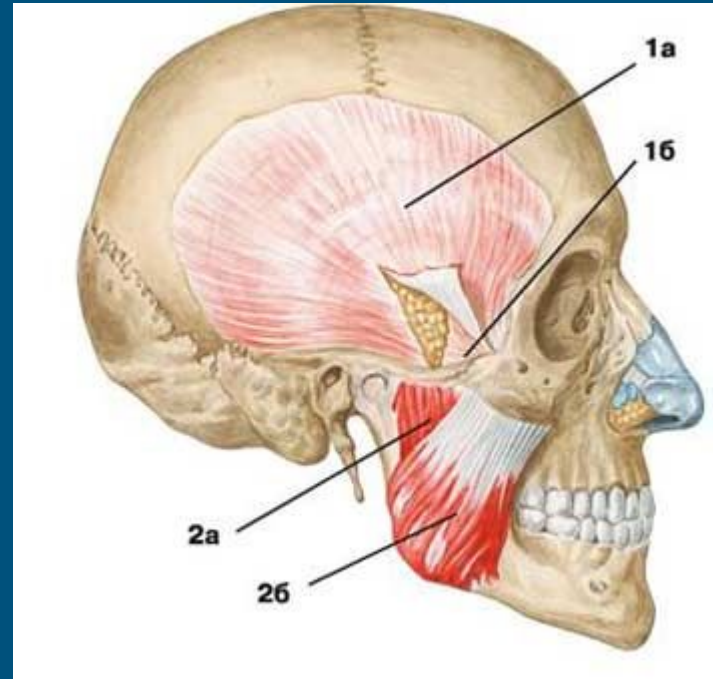
Achieve oral clearance



# When the jaw is fixed + trauma to the face

---

- Cannot depress mandible to accept bolus
- May have limitations in facial (lip and cheek) range of motion or strength
- Cannot masticate with surfaces of molars
- May not be able to achieve full oral clearance of the bolus





Grab a beverage,  
keep your jaw shut  
and take a sip!



# Our journey starts in the ICU...

---



# The team

---

- Oral Maxillofacial Surgeon (OMS)
- Trauma Surgeon
- Intensivist
- Registered Dietitian (RD)
- Nurse (RN)
- Pharmacist
- SLP
- PT & OT



# The Bedside Swallowing Evaluation

---

- Chart Review
- Assess alertness & screen cognition/communication
- Oral motor exam
- Screen UE movement / ability to self feed
- Trial liquids, purees, thickened liquids
- Educate, Counsel, Trial Assistive Technology

# Common Comorbidities to Complicate Things

---

- Lung contusions or pneumothorax
- TBI
- Cervical spine fractures, cervical hardware, cervical collar
- Rib fractures, additional facial or skull fractures, other broken bones
- ICU delirium
- Tracheostomy
- ETOH, illicit substance abuse

\*Communicate with your intensivist and trauma surgeon



# Read those OMS notes closely

---

- Are there precautions to follow?
- Was a gap left in the wiring or dentition. If so, where is it located?
- What is the plan for oral care?



# Oral motor Exam

---

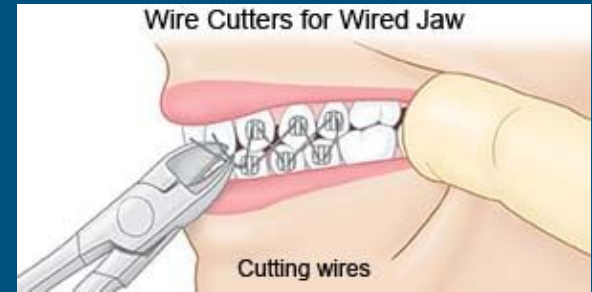
Assess lip ROM, coordination and strength

Assess buccal ROM, coordination and strength

Describe oral structures as you see them - identify edema, open lacerations, active bleeding, bruising (“increased vascularity”)

Clearly document limitations in oral motor exam - tongue, velum, mandible

When you enter the room for your BSE take a moment to locate the wire cutters.





Clear/Full Liquids  
Versus  
Jaw Wired Diet  
Versus  
Blenderized Diet



\*Talk to your RD

# What Can You Drink and Eat on a Clear Liquid Diet?



## Examples of Liquid Diet Foods



Sports drinks



# Clear Liquid Diet → Full Liquid Diet

---

- Apple juice, cranberry juice
- Sprite, Ginger Ale
- Jello
- Chicken Broth
- Popsicles, Italian Ice
- Ensure Clear
- Yogurt
- Pudding
- Milk
- Ice cream
- Cream soups
- Grits
- Ensure, Glucerna

# Jaw Wired Diet

---

Cooked or raw foods which are cut into small pieces and blended with liquids such as milk, broth or gravy

- Imagine a hospital meal tray that's been put in the blender
  - Spaghetti with meatballs
  - Roast turkey with potatoes and carrots
  - Baked chicken with macaroni and cheese
- Can be served warm or cold

# The diet you recommend should be based on

---

Patient preference and comfort + results of BSE/MBS

May have to rely on alternative means such as PEG or nasogastric tube

May need to start with clears and work up to blenderized

# Medication Administration

---

IV form

Liquid form

Can be finely crushed?

\*Talk to your RN and Pharmacist



# Assistive Technology

---

Syringes of various size

Straws

\*Talk to your PT and OT

\*Communicate with OMS





# Counseling, teaching, coaching

---

Fear of swallowing, fear of choking, fear of vomiting

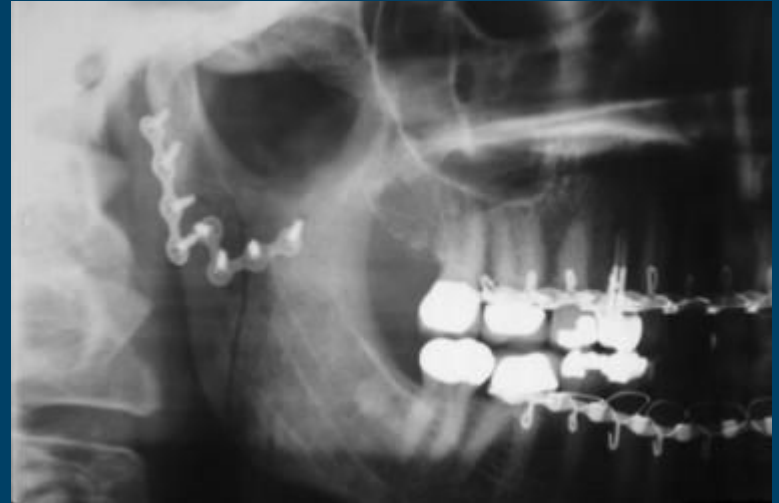
Empower self feeding with AT

Let patients move at their own pace

Teach communication strategies

# Next Steps

FEES v. MBS



# Oral Care with a Wired Jaw

---

Defer to OMS for care and cleaning of hardware

Toothbrush and toothpaste to outside surfaces of teeth and hardware

Prescription oral rinse

Be a champion for oral care with your patient and the staff

\*Communicate with OMS

Check the MedSLP  
Newbies page for  
the case study