NHS Forth Valley

Swallowing Matters

Speech and Language Therapy
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Introduction

Swallowing Matters has been developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in both North and South Lanarkshire.

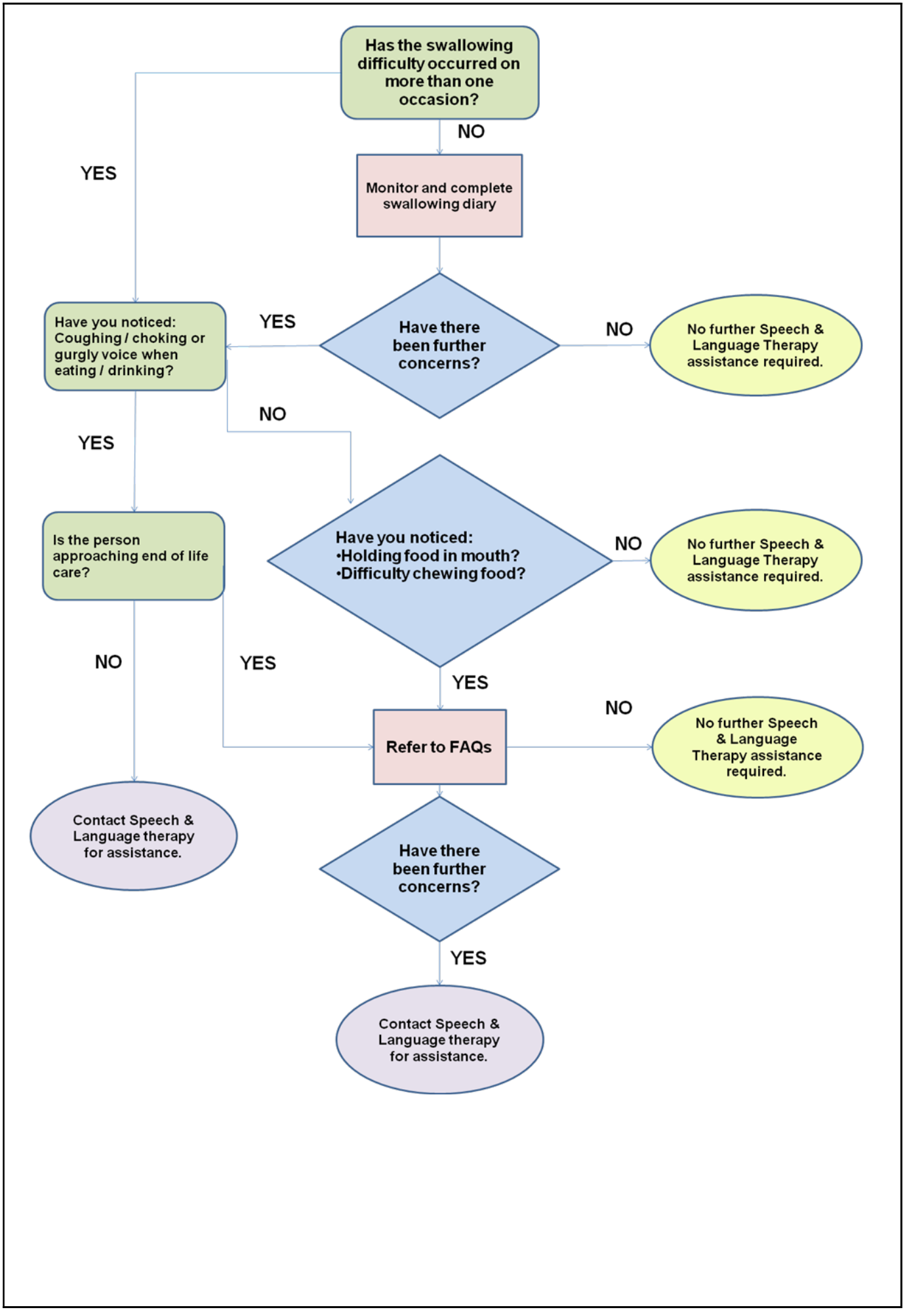
It is hoped that this resource will assist care home staff in NHS Forth Valley to identify how best to manage residents with eating and drinking difficulties.

Key features of swallowing matters:

- A flow chart to aid decision making and provide guidance as to when assistance should be requested from Speech & Language Therapy.
- Practical tools which can be photocopied. An electronic version will also be made available to each care home manager.
- An action plan to record outcomes for individual residents.

We would like to thank everyone who has contributed to this project.

Please contact your local Speech and Language Therapy (SLT) department in Forth Valley Royal Hospital if you have any comments or questions about Swallowing Matters.



Frequently Asked Questions

Listed below are some questions commonly asked of the Speech and Language Therapy (SLT) service. The answers may provide you with a solution or signpost you to the most appropriate profession if SLT is not appropriate.

What should you do if:

Q. 1. The resident is ...

- **Holding food in their mouth**
- **Forgetting to swallow**
- **Chewing food continuously**
- **Spitting food out**

These behaviours are most commonly associated with dementia. Food or fluid modification will often not resolve this issue.

Please refer to **'Mealtime Concerns in Dementia.'**

Consider giving the **'Dementia and Swallowing leaflet'** to residents and carers.

Q. 2. The resident has infrequent/inconsistent difficulties

Please monitor and complete 'Swallowing Diary.'

Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

Q. 3. The resident cannot swallow tablets

SLT are unable to recommend changes in medication. Please discuss options with GP or Pharmacist.

Q. 4. The resident is not eating/drinking enough and/or losing weight

If the resident is eating/drinking small amounts but managing to swallow this safely, a swallow assessment is not required.

If the resident is not eating/drinking enough due to suspected swallowing problems please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

If there are concerns that the resident's daily nutritional requirements are not being met, please refer to Dietetic service.

Q. 5. The resident is having difficulty chewing food

Check there are no issues with oral hygiene/dentition. Ensure any dentures are in place.

If no concerns noted, try softer foods.

Consider completing **'Swallowing Diary.'**

Q. 6. The resident is falling asleep / drowsy when eating/drinking

Please note it is not safe to offer oral intake if the resident is drowsy or has reduced consciousness levels. Try offering diet/fluids if the resident becomes more alert.

Consider medical status and prognosis – is the resident approaching end of life care?

If unsure consider discussion with GP. Please refer to **'Swallowing and End of Life Care'** and/or Record of End of Life Care if appropriate.

Q. 7. The resident is having difficulty drinking from a straw/spouted beaker

Has a straw or adapted beaker been recommended by the SLT team? If so, contact the SLT department for assistance.

Otherwise, drinking from an open cup with assistance, if required, is recommended. Try teaspoons of fluids if there are difficulties drinking from an open cup.

Monitor for further signs of swallowing difficulty.

Q. 8. The resident is approaching end of life care

Please refer to **'Swallowing and End of Life Care.'**

Q. 9. The resident coughed with their lunch today

Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

Q. 10. The resident is vomiting after meals

Concerns regarding reflux or vomiting should be directed to the GP.

Mealtime Concerns in Dementia

How to Use

This tool has been designed to help guide you in supporting mealtime challenges in dementia, and recognise when a request for speech and language therapy (SLT) assistance may be appropriate.

People with dementia can have a variety of difficulties at mealtimes and these issues can change and evolve over time. Mealtime Concerns in Dementia can help you to identify a specific concern or concerns, and then select advice/strategies to try with the person with dementia. This can be developed into a personalised plan for all staff to work towards and can be included in the resident's care plan.

Some of the concerns may lead to an SLT request for assistance, and these are highlighted in bold. If you have used Mealtime Concerns in Dementia prior to contacting SLT you may have essential information that could help the speech and language therapist in their assessment and when making recommendations.

As dementia is progressive in nature, Mealtime Concerns in Dementia may also help you monitor for changes or deterioration in eating/drinking.

If you have any questions or wish to discuss anything further, please contact your local SLT department.

Mealtime Concerns in Dementia **Resident name:_____** **CHI:_____**

√	Concern or Issue	Advice or potential strategy	√
	Distracted from eating	Remind the resident to eat, where they are and what they are eating	
		Reduce glare /reflections from windows by closing curtains and ensuring shades are on light bulbs	
		Ensure there is a contrast between chairs, floor, plates and table	
		Try using contrasting coloured crockery – remember primary colours are often recognisable for longer than pastel colours	
		Reduce background noise – switch off TV, radio, nearby appliances	
		Keep immediate dining area free from unnecessary visual distractions e.g. condiments, pictures, ornaments, vases	
	Plays with food	Give verbal prompts to keep eating e.g. “You’ve still got some food there, keep going”	
		Consider finger foods	
	Refusal of food and drink	Allow the resident to finish if ¾ of the meal is taken. If less then keep encouraging	
		Give verbal description of the food/drink and the flavours e.g. “There’s a lovely cream cake here, with strawberries on it, your favourite”	
		Try enhancing flavours e.g. additional spices, herbs, onion, garlic, chilli, lemon juice	
		Assist the resident with feeding if felt appropriate and they will allow	
	Resists help with meal	Consider cutting food into small pieces before giving meal	
		Consider finger foods to avoid difficulty with cutlery	
		Have a familiar member of staff offer assistance – this may help create routine and make the resident feel more at ease	

Mealtime Concerns in Dementia **Resident name:_____** **CHI:_____**

√	Concern or Issue	Advice or potential strategy	√
	Eats too quickly	Prompt the resident to slow down	
		offer meals with a teaspoon rather than a knife, fork, spoon	
		Offer small portions at a time only	
	Prolonged chewing without swallowing	Make sure any dentures are in place and fit well	
		Give verbal prompts to swallow e.g. “there’s food in your mouth, try to swallow”	
		Give small amounts at a time and do not offer more food until the mouth is clear	
		Make a note of problematic foods and consider avoiding	
		Contact SLT if there seems to be a pattern with more textures foods	
	Spits out food	Try not to make a fuss and think about personal preference and taste	
		Offer another part of the meal, or alternative food if possible	
		Avoid bitty foods or mixed textures (biscuits, soup with bits, food with skins)	
	Refuses to open mouth	Leave the resident initially – return in a few minutes	
		Place food on spoon or cup at lips for taste/texture stimulation	
		Leave finger foods within reach if the person is still able to feed themselves	
		Try stroking the lower lip down to the chin to stimulate mouth opening	
		Give gentle encouragement / verbal description of the food/drink e.g. “I’m going to give you some carrots now” / “I’m going to give you a sip of your juice/tea”	

Mealtime Concerns in Dementia **Resident name:_____** **CHI:_____**

√	Concern or Issue	Advice or potential strategy	√
	Reduced chewing before swallowing	Give verbal prompts to keep chewing e.g. “keep chewing that biscuit”	
		Make a note of problematic foods and look out for a pattern with textures	
		Contact SLT if there are concerns about choking or a pattern emerges	
	Holds food in mouth	Encourage self-feeding where possible. This may require some direct assistance initially	
		Give verbal prompts to chew and swallow e.g. “You have food in your mouth, keep chewing and try to swallow it”	
		Alternate food and fluids throughout the meal but avoid eating and drinking at the same time	
		Check that the mouth is clear between each mouthful. Do not offer more until the mouth is clear	
		Give gentle encouragement / verbal description of the food e.g. “I’m going to give you some carrots now” / “I’m going to give you a sip of your juice/tea”	
		Try placing an empty spoon against the lips. This can be a reminder that there is food in the mouth.	
	Coughing or choking at mealtimes	Monitor for patterns with specific foods or difficulties happening more often	
		Are there any other signs of aspiration – recurrent chest infections, weight loss	
		Do not thicken fluids unless recommended by SLT	
		Contact SLT if difficulties are happening frequently and / or other signs of aspiration are present	

Swallow Diary

Resident name:_____ **CHI:**_____

Date	**Time**	**What was difficulty with?** (drink?, food?)	**What happened?** (Cough?, cleared throat? Required drink?)	**How were they feeling?** (Tired, unwell, post-procedure / gym)	**Position?** (Standing?, Sitting?, lying in bed?)

Outcome/Recommendations:

Eating and drinking at the end of life

The primary goal of nutrition and hydration in end of life care is to optimise comfort and improve quality of life by offering appropriate food and fluids. The RCP (2010) recommend that at the end of life, even if deemed to have an 'unsafe swallow', a risk management approach may offer the patient the best quality of life. Nil by mouth' should be a last resort, not the initial default option"

Full discussion between the multi-disciplinary team, the individual and their family should be undertaken. The patient's capacity to enter into these discussions should also be documented. The individual's ability to take food and fluids will change over time and can be highly variable due to increasing fatigue and other factors. Refusal to take oral diet or fluids, or an inability to manage on one occasion, should not result in withdrawal of comfort eating. Further offers may be made.

Good mouth care is essential to enjoyment of eating and drinking, and can lessen the risk of aspiration pneumonia.

If patient shows willingness to eat and drink:

Consistency

- Offer tastes of diet and fluids, but do not force or worry about volume of intake.
- Offer consistencies of diet that will not increase choking risk, e.g. smooth, soft/moist textures, which can be easily broken down with a fork, extra sauce.
- Offer normal fluids. If ++ coughing or discomfort, offer thickened fluids.
- Offer different temperatures of food, e.g. teaspoons of smooth soup followed by pudding.
- Offer a variety of tastes, e.g. teaspoons of thickened juice of different flavours can be offered for pleasure.

Positioning

- Ensure patient is in a safe position for eating and drinking and can remain so for half an hour after, whilst ensuring limited discomfort.
- If patient is unable to sit up to at least 45° or remain alert for intake, oral hygiene may be all that can be offered.

Monitor

- Monitor for breathlessness, coughing, or increased clearing of respiratory secretions.
- Stop if patient is in discomfort.

Oral Hygiene

- Keep mouth moist – Regular oral hygiene
- Include lip care.

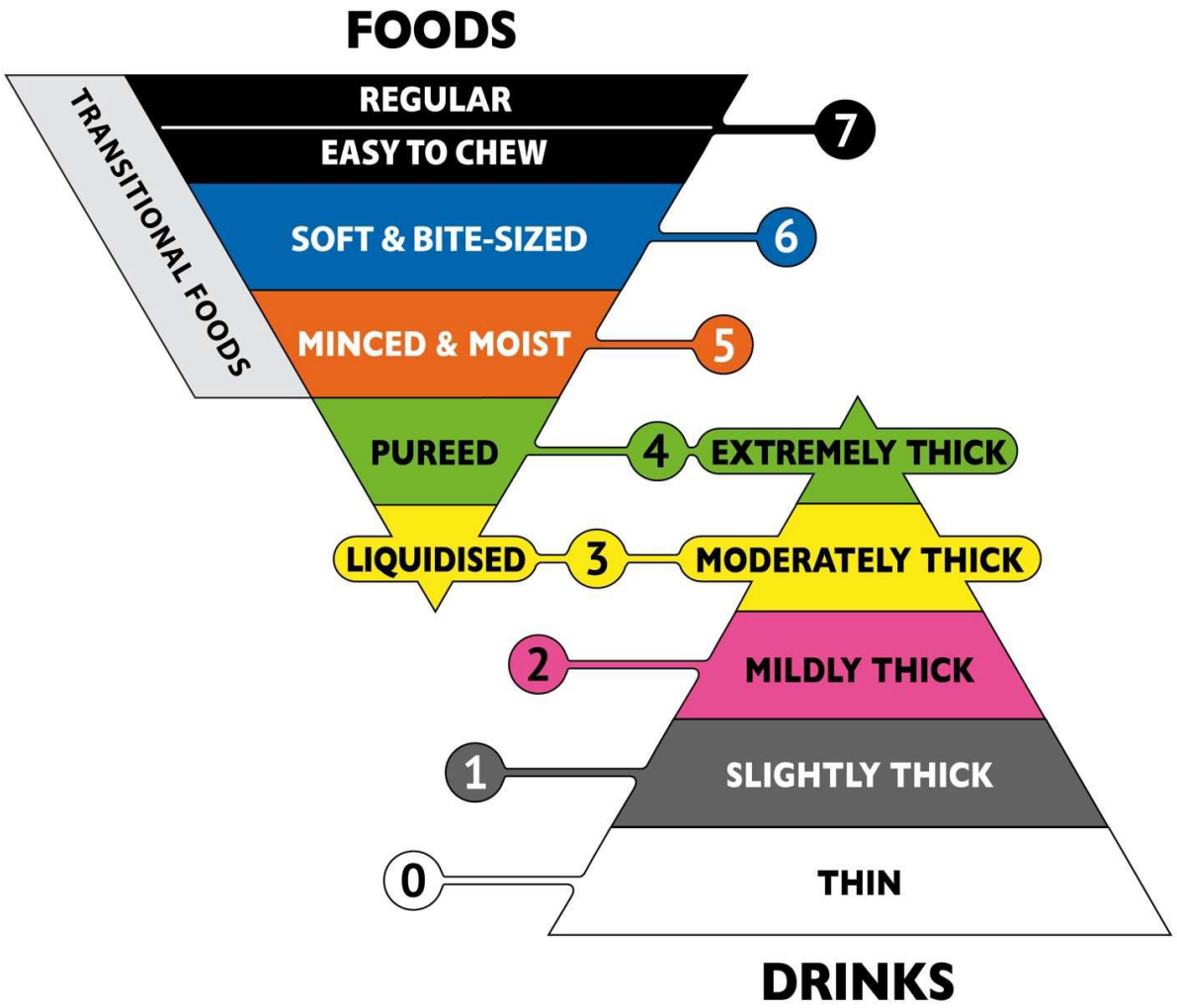
Families

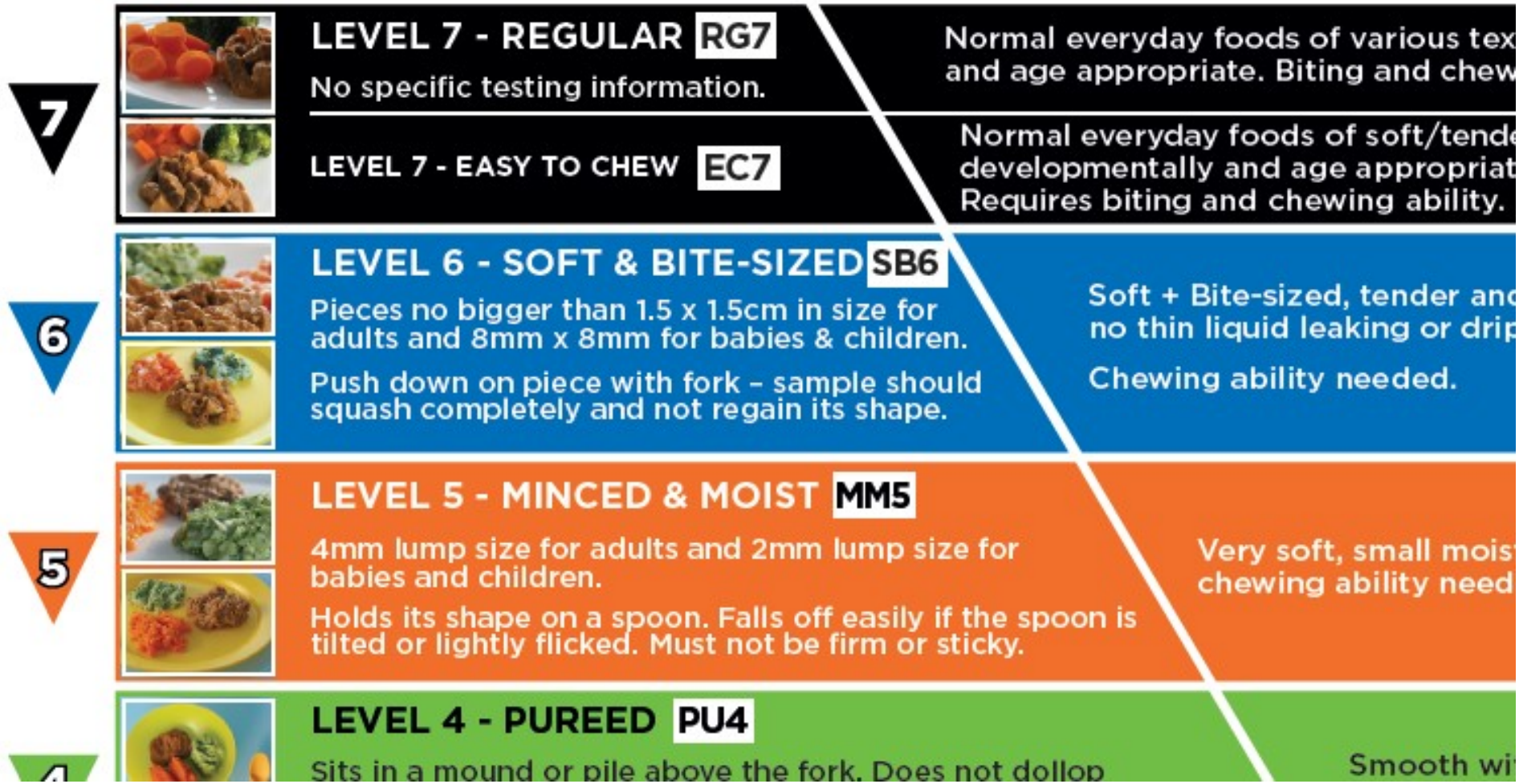
- Families may want to assist with mouth care and comfort feeding.
- Allowing families to observe good practice and providing direct instruction, supports families to become more involved in care.

Adapted by NHS Forth Valley Dietitian and Speech and Language Therapists from www.stroketraining.org and http://www.bgs.org.uk/index.php/topresources/publicationfind/goodpractice/2328-bpgdysphagia

Reference: ROYAL COLLEGE OF PHYSICIANS (2010) Oral Feeding Difficulties and Dilemmas: particularly towards the end of life. Royal College of Physicians & British Society of Gastroenterology, London.

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

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LEVEL 7 - REGULAR RG7
No specific testing information.
Normal everyday foods of various tex
and age appropriate. Biting and chew
LEVEL 7 - EASY TO CHEW EC7
Normal everyday foods of soft/tend
developmentally and age appropriat
Requires biting and chewing ability.
6
LEVEL 6 - SOFT & BITE-SIZED SB6
Pieces no bigger than 1.5 x 1.5cm in size for adults and 8mm x 8mm for babies & children.
Push down on piece with fork – sample should squash completely and not regain its shape.
Soft + Bite-sized, tender and
no thin liquid leaking or drip
Chewing ability needed.
5
LEVEL 5 - MINCED & MOIST MM5
4mm lump size for adults and 2mm lump size for babies and children.
Holds its shape on a spoon. Falls off easily if the spoon is tilted or lightly flicked. Must not be firm or sticky.
Very soft, small mois
chewing ability need
LEVEL 4 - PUREED PU4
Sits in a mound or pile above the fork. Does not dollop
Smooth wi

ADULT SPEECH AND LANGUAGE THERAPY REQUEST FOR ASSISTANCE

Please complete as fully as possible to prevent unnecessary delays

Date and time request received into service:		
Name of person processing request:		
Name of individual: Male / Female		Person making request:
DOB/CHI:		Designation:
Address:		Contact address for person making request: Telephone number:
Next of Kin:		GP Name: Address:
Does the person live alone?		Postcode:
Home Phone: Mobile No: Alt Contact No:		**Urgency: Will our response to this request potentially prevent admission to hospital** **YES/NO**

If taking requests please use this script for consistency ***It is important that we have enough information to get the right assistance for this person and it would be helpful if we could get the answers to a few questions.***	
What are the main concerns about the person that you think SLT can help with at the moment?	
How is this currently affecting them?	
Is this a recent change?	
Who is most concerned? Individual, family, staff etc Is anyone else concerned? e.g. family member, carer	
Is the individual receiving additional support from any other services? (involvement of other agencies)	

Do you know if they have received any previous support from Speech and Language Therapy? Include approx dates seen and therapist if known	
Has anything been tried to help the situation so far? Has anything made a difference? e.g. strategies and/or equipment	
How are you hoping Speech and Language Therapy can assist at this time?	
Other relevant Information: • relevant medical history • any diagnoses or investigations • occupation • package of care • mobility • ability to attend a clinic	

Has the individual named consented to this request:	**YES /NO**

Please detail any advice provided over the phone including any actions to be tried	

Actions	
Discuss concern with seniors	
Allocate concern for urgent response	
Allocate for next steps at Tuesday meeting	

FV.slt-referrals-requests@nhs.scot

Action Plan

Resident name:_____ **CHI:**_____

Section	Used (√)	Outcome (e.g success, no change, request for assistance from SLT)
Frequently Asked Questions (FAQ)		
Mealtime Concerns in Dementia		
Swallowing Diary		
Eating and Drinking at the End of Life		
IDDSI Diet Descriptors		
Request for Assistance		
Final Outcome:		