Referrer Dysphagia Advice Leaflet

This leaflet should be used in conjunction with the SLT Referral Flowchart (appendix 1) and aims to offer practical advice for staff to help residents with dysphagia (swallowing problems).

Nualtra want to provide the best Speech and Language Therapy service by offering specialist swallowing assessments to residents in need.

By using this leaflet, you can help support your resident until they are assessed and facilitate your referrals to be seen as quickly as possible.

Safe swallowing involves the timely and coordinated transport of food, fluids and saliva from the mouth through the throat to the stomach. When dysphagia is present, there is a high risk of food, fluids and/or saliva entering the lungs (aspiration). There are instances where the resident may be not be aware that this is happening (silent aspiration). Aspiration can be dangerous as it can lead to pneumonia. The resident may also be at higher risk of choking (blockage of the airway).

Documentation

Staff caring for residents should be vigilant in identifying signs of increased aspiration risk. Appropriate steps to document the risk and the actions taken is best practice.

This should include:

- Completing a swallowing risk assessment and putting a copy in the resident's care plan
- Taking any actions to reduce risk, which may include any described in this leaflet
- Informing the resident's GP of identified risk and the actions taken
- Documenting any change to a resident's oral intake consistencies/feeding in the resident's care plan; specifying reasons for the decision, outcome and plan for ongoing review.
- Using SLT Referral Flowchart (appendix 1) to determine if a referral to Speech and Language Therapy is appropriate.

HIQA

The management expectations of dysphagia from HIQA are explicit in the HIQA National Standards. In particular themes 2.1 and 2.2 of the 'National Standards for Residential Care Settings for Older People in Ireland' (2016). This includes:

2.2.7 "Adequate numbers of staff are available to assist residents who may need help with their meals."

2.2.11 "There is a clear pathway for referral to the … speech and language services following the assessment of a resident's nutrition and hydration requirements (where necessary) and which is agreed with the resident."

2.2.14 "Each resident's ability to eat and drink is kept under review…"

2.2.16 "Staff have up-to-date knowledge and skills in managing and assisting eating and drinking techniques for residents who have swallowing difficulties, and in ensuring that instructions drawn up by appropriate health and social care professionals are adhered to."

Signs and consequences of dysphagia

Frequent coughing on food and drinks	Drooling
Gurgly or wet voice after swallowing	Weight loss
Difficulty chewing	Chest infections (aspiration pneumonia)

How can dysphagia be managed?

Altering food consistencies	**Altering fluid thickness**
• Normal diet • Texture A (soft diet) • Texture B (minced moist) • Texture C (smooth puree) • Texture D (liquidised)	• Grade 1 - Single pouring cream, olive oil, cream of tomato soup • Grade 2 - Runny honey, tomato juice, yoghurt (pouring) • Grade 3 - Mousse, thick custard, thick mayonnaise • Grade 4 - teaspoon stands upright

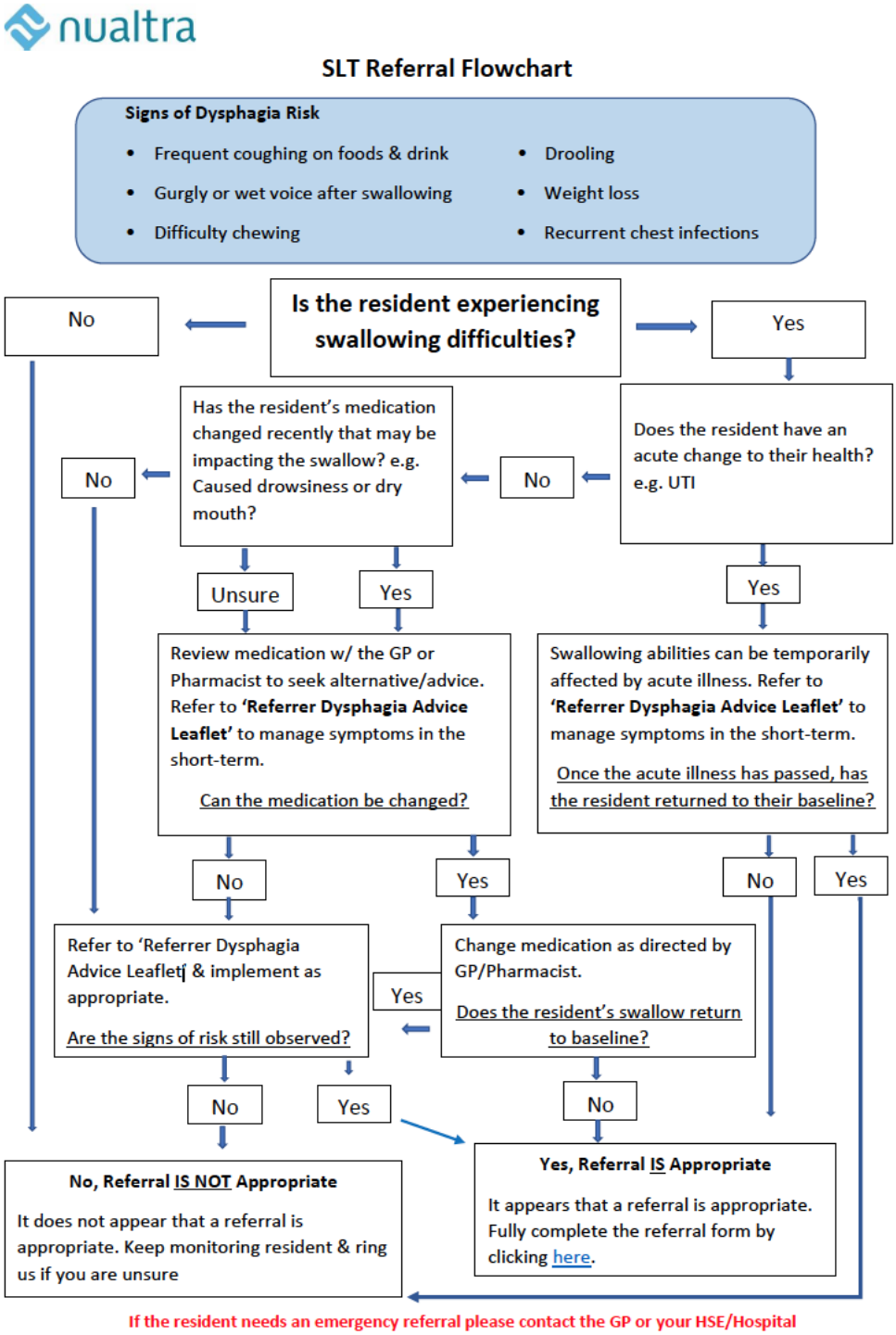
What can you try to help the swallowing difficulties?

Safe feeding techniques can significantly improve the resident's safety when eating/drinking:

- Only offer food and drink when the resident is awake and alert
- Ensure the resident is comfortable, positioned as upright as possible and well supported in bed/chair for oral intake. The head should be level with chin straight.
- Allow the resident to self-feed wherever possible
- Use hand-over-hand feeding to assist them to feed themselves
- Make the environment quiet and free from distractions
- Inform the resident what is happening while you are feeding
- Ensure they can see the food approaching
- Sit down at the same level as the resident you are feeding

- Maintain eye contact
- Be patient, do not rush
- Do not ask questions, be comfortable with silence
- Prompt the resident to chew/swallow – verbally or with gentle touch
- Make sure they have swallowed one mouthful before giving the next. Allow time for a second swallow if needed
- Give small mouthfuls using a teaspoon (not a large dessert spoon)
- Plate warmers can be helpful for slow eaters
- Different/contrasting tastes and temperatures can help with mouth holding and slow eating
- Offering small meals more frequently can suit some residents
- Finger food of a suitable texture can be offered
- Offer sips of drink between mouthfuls of food
- Use a normal cup, or if needed a lidded beaker (avoid straws)
- Check mouth is clear of residue at the end of the meal – particularly inside the jaw line and roof of the mouth
- Provide at least twice daily mouthcare (teeth, dentures, gums and mouth/tongue cleaning) – good oral hygiene is crucial in dysphagia

Appendix 1.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SLT Referral Flowchart
Signs of Dysphagia Risk
Frequent coughing on foods & drink
Gurgly or wet voice after swallowing
Difficulty chewing
Drooling
Weight loss
Recurrent chest infections
Is the resident experiencing swallowing difficulties?
No
Yes
Has the resident's medication changed recently that may be impacting the swallow? e.g. Caused drowsiness or dry mouth?
Does the resident have an acute change to their health? e.g. UTI
No
No
Unsure
Yes
Yes
Review medication w/ the GP or Pharmacist to seek alternative/advice. Refer to 'Referrer Dysphagia Advice Leaflet' to manage symptoms in the short-term.
Can the medication be changed?
Swallowing abilities can be temporarily affected by acute illness. Refer to 'Referrer Dysphagia Advice Leaflet' to manage symptoms in the short-term.
Once the acute illness has passed, has the resident returned to their baseline?
No
Yes
No
Yes
Refer to 'Referrer Dysphagia Advice Leaflet' & implement as appropriate.
Are the signs of risk still observed?
Yes
Change medication as directed by GP/Pharmacist.
Does the resident's swallow return to baseline?
No
Yes
No
Yes
No, Referral IS NOT Appropriate
It does not appear that a referral is appropriate. Keep monitoring resident & ring us if you are unsure
Yes, Referral IS Appropriate
It appears that a referral is appropriate. Fully complete the referral form by clicking here.
If the resident needs an emergency referral please contact the GP or your HSE/Hospital