Berkshire Healthcare
NHS Foundation Trust

Interim patient management for dysphagia - of routine priority

(Please refer any high priority patients to SLT via the HUB – please see accompanying letter for high priority referral criteria)

Best Practice Guidance to support patient eating and drinking

- Ensure patient is sat up well with their head and eyes facing forward and chin is slightly tucked down, i.e. **no** neck extension
- Ensure food is appetising and well presented
- If dentures are normally worn ensure they are in and fixed/fit securely for eating. If dentures are very loose and ill- fitting remove and offer only food consistencies that require minimal or no chewing
- Allow time for a meal to be completed at the patient's own pace
- If being fed - Sit or position yourself at the same level as the patient to encourage a chin down posture when eating and drinking
- If being fed - Face the patient and offer food and fluid from the front, not sitting to one side, so that when the spoon, fork or cup is being presented, the patient's head is facing forwards and is **not** turned to one side
- If possible, encourage assisted independence by providing 'hand over hand' assistance with cutlery and cups to allow the patient some degree of participation and control over the presentation of food and fluid into their mouth, if physical support is required
- Ensure each mouthful of food and fluid given is not too big or too small and is a suitable size for each individual patient to manage
- Ensure food is swallowed and the mouth is clear before proceeding
- Ensure breathing patterns are settled and stable between each mouthful
- Ask the patient to cough or throat clear if the voice sounds 'gurgly'
- After a meal clear the mouth of any food left around the gums, teeth and cheeks
- Patient to remain sat up for 20-30 minutes after eating
- Clean teeth, tongue and dentures after every meal

X Do not stand above the client when offering food and fluid
X Avoid using straws or beaker spout lids for administering fluids unless advised by SLT or specific advice is handed over from the person's community support
X Avoid offering mixed food and fluid consistencies e.g. cornflakes (cereal and milk), tinned fruit (fruit pieces and syrup) – please see high risk food leaflet

Tips for fatigue/drowsiness at mealtimes

- Supervision during meals
- Food little and often
- Do not offer food if patient is drowsy and cannot be roused
- Prompts to keep patient alert
- Time food around best time of day re fatigue/drowsiness

Tips for reduced dentition

- Ask them/their family what they usually eat
- Is this a long-term or recent? (i.e. someone who has not had teeth for a long time may be able to manage no problem, vs someone who recently lost their dentures)
- If dentures are over-large and no longer fit, it may sometimes be safer to remove the dentures until new ones can be fitted. The dentures themselves may start to pose a risk and can create a second palate that food can get stuck on top of
- Monitor/supervision at mealtimes
- Improve dentition, refer to dentist if appropriate

Tips for cramming food (but no other concerns/dysphagia identified):

- Level 6 soft and bite-sized diet
- Supervision (observation at arms length minimum)
- Physical and verbal prompts
- Reduce food quantities given at one time
- Trial use of smaller cutlery (e.g. teaspoon)
- If any choking/high risk refer to SALT

Modifying oral intake to increase safety

Fluids

Level 0 – thin
Level 1 – slightly thick
Level 2 – mildly thick
Level 3 – moderately thick
Level 4 - extremely thick

If patient is coughing on their usual fluid consistency (but not every drink – this would constitute a high priority referral to SLT), thicken to the next fluid thickness level and continue until no further coughing on fluids.

Food

Level 3 – liquidized
Level 4 – puree
Level 5 – minced and moist
Level 6 – soft & bite-sized
Level 7- easy chew
Level 7 - regular

If the patient has difficulty chewing food or is seen to cough on their food (but not every meal – coughing every meal or choking would constitute a high priority referral to SLT), use your clinical judgement to assess the patient's clinical presentation, alertness, dentition and oral control of saliva, e.g. drooling. If these are managed appropriately and they are still struggling, downgrade diet to the next level that they can tolerate and continue until no further coughing.

Composed by Berkshire Healthcare SLTs: Sara Roberts, Rebecca Drinkall, Nicola Vasselin, Jacqueline Stockwell, Grace Fysh and Andrea Szego (encompassing guidelines from Oxford Health FT), 15.07.2020