



Northern Health
and Social Care Trust

Working with Adults who have Dysphagia/ Swallowing Difficulties

Information for Health and Social Care Staff



Revised: October 2018

Introduction

This leaflet provides information for Health and Social Care (HSC Staff) who may be required to support adults who have dysphagia (swallowing difficulties). Please note that the guidance contained does not replace direct dysphagia awareness training and this should be sought at the earliest opportunity. All staff must follow the NHSCT Dysphagia Management and Choking Risk Reduction Policy for Adult Patients/ Service users who have Dysphagia/Swallowing difficulties. This policy is available on the Policy Library on the NHSCT Intranet.

Dysphagia - What is it?

Dysphagia describes any difficulties or pain/discomfort when eating, chewing, drinking or swallowing. Dysphagia can affect a wide variety of people. Some groups may be more at risk e.g.

- People who have had a Stroke
- People with progressive conditions such as Parkinson's disease/ Motor Neurone Disease (MND)/Multiple Sclerosis (MS).
- People with head and neck cancer.
- People with dementia.
- People with cerebral palsy.
- People with learning disabilities.
- People who have had a traumatic brain injury.
- People who have some mental health conditions.
- Older people whose swallowing abilities have reduced as part of the ageing process.

Dysphagia may improve as recovery takes place, such as following a stroke. However, in other cases the condition may remain stable or deteriorate.

What are the signs of dysphagia?

Signs of dysphagia may include:

- Recurrent chest infections.
- Coughing, choking, gagging when eating or drinking.
- Shortness of breath or wheeziness when eating and/or drinking.
- Eyes watering when eating and/or drinking.
- Wet or gurgly quality to the voice or a 'rattley' chest.
- Difficulty holding food or fluid in the mouth.
- Difficulty managing own saliva.
- Person reports increased swallowing difficulties.
- Pocketing of food in the mouth.
- Prolonged chewing time.
- Spitting out food or saliva.

What are the risks of dysphagia?

The serious physical health risks and complications of dysphagia include:

- Increased risk of choking which can be fatal.
- Pulmonary aspiration (food, fluid or other material going to the lungs) which may lead to chest infections, lung damage and aspiration pneumonia which can be fatal.
- Malnutrition/dehydration and associated complications.
- Increased risk of other infections such as urinary tract infection.
- Loss of dignity, independence and the potential for social isolation.
- Increased time in hospital.

It must be noted that whilst recommendations made by Speech and Language Therapy (SLT) can help reduce the risk of choking or of food/drink going into the airway, this risk cannot be fully eliminated.

HSC staff must be aware of the actions to take in the event of the patient/service user choking.

International Dysphagia Diet Standardisation Initiative (IDDSI)

Modified foods and thickened drinks are often recommended by SLTs to reduce the risk of choking or aspiration (food or liquid going into the airway). The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework provides a system for describing texture modified foods and thickened drinks.

IDDSI provides standard terminology to be used by all health and care professionals and food providers when communicating about an individual's requirements for a texture modified diet.

The framework is shown below:



What must you do?

✓ Follow the recommendations in the SLT care plan

Staff should refer to the (SLT) Care Plan and the texture leaflet/snack list attached to the care plan for further guidance and examples of appropriate food. (These leaflets/snack lists are available on the Intranet on the Dysphagia page in the Business Area)

Staff should be aware that offering consistencies which are not recommended may put the individual at risk from aspiration/choking, both of which can have serious and possibly fatal consequences.

Where patients/service users are living at home it is the responsibility of the Named Worker to inform the Home Care Officer who will in turn advise the Home Care Workers where there is an SLT Dysphagia Care Plan in place.

HSC staff should record that the patient/service user has been provided with food and drinks appropriate to the care plan and record what the patient/service user has eaten/had to drink.

If there is any difficulty in following the care plan staff must report this straight away to their line manager. Similarly HSC Staff must let their manager know if the patient/service user or their family/carers do not appear to be adhering to the SLT recommendations.

Catering staff working in HSC facilities such as hospitals, day centres, care homes, must ensure that the texture of meal which is ordered matches the meal that is provided on the patient/service user's tray. Regenerated texture modified meals require no additional preparation and are ready to serve. Staff presenting the meal to the patient service/user and staff assisting a patient /service user at meal times must check that the meal texture matches the patient /service user's dysphagia care plan.

In hospitals, HSC day centres and care homes, staff serving beverages must inform the appropriate team member five minutes prior to service to ensure that patient/service users who require thickened beverages are having these provided on a timely basis.

What must you do?

✓ Provide assistance

Remember that eating should be a pleasurable and sociable experience. The following can help to improve both safety and enjoyment for the person who you are supporting:

- Only provide food and drink when the person is fully awake and alert. You should stop if the person becomes drowsy.
- Where possible, ensure that the person is sitting in an upright position with their head in the mid line for all eating and drinking.
- Sit in front of the person and have eye contact with them.
- Explain what the meal consists of.
- Feed with an appropriate spoon or fork – there may be guidance about utensils to be used in the care plan.
- Feed slowly and encourage the person to clear their mouth between each spoonful, a second swallow may be required.
- Meal times should be quiet and free from distraction:- ask the person to consider turning off the TV or radio and encourage the person to concentrate.
- Try and discourage talking, particularly when the person has food or drink in their mouth.
- Follow any other guidance, for example, ensuring that the person remains sitting upright for a short time after eating and drinking.
- Stop if any signs of difficulty, distress or discomfort are observed. (See Page 2)



What must you do?

✓ Report Any Difficulties or Changes in Eating, Drinking, Swallowing

You may observe eating and drinking abilities changing while you are supporting people to eat and drink. If you observe any of the signs of dysphagia listed above or if you have any concerns you must let the person in charge/your manager know immediately.

If you are supporting a patient /service user who already has a dysphagia care plan in place you may observe a deterioration in eating/drinking/ swallowing skills. If you observe a deterioration you must let the person in charge/your line manager know and a review assessment must be requested from SLT.

What must you do?

✓ Report any Risks

You may observe a service user being given, or eating and drinking food / drinks which are not recommended on the SLT Dysphagia care plan. In this case you must let the person in charge/your manager know immediately.

✓ Report Any Concerns about Appetite or Weight

Patients and service users with Dysphagia may be at risk of poor nutrition, which can increase the risk of falls and infections. If you notice a pattern of poor appetite / food refusal or any worrying weight changes you must inform the person in charge/your manager who can arrange the appropriate referral for a formal nutrition screening using MUST (Malnutrition Universal Screening Tool) i.e. ward nurse/GP/ district nurse.

Local Adult SLT Departments

Address	Tel. Number
Whiteabbey Hospital, Doagh Road, Newtownabbey	02890 552328
Antrim Area Hospital, Bush Road, Antrim	02894 424442
Ballymena Health & Care Centre, Cushendall Road, Ballymena	02825 635498
Moyle Hospital, Old Glenarm Road, Larne	02828 266133
Mid Ulster Hospital, Hospital Road, Magherafelt	02879 366970
Fort Centre, Rugby Avenue, Coleraine	02870 347859

If you would like to give feedback on
any of our services please contact:
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Telephone: 028 9442 4655



Northern Health and Social Care Trust



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services in partnership with
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