# Dysphagia Pack for Nursing and Residential Homes

Kindly Provided by:

**Speech & Language Therapy**
Adult Community Health Services
Royal Surrey Foundation Trust

Includes:

- Referral process flowchart
- Referral Form and Guidance Notes
- Swallow Diary
- Leaflets for advice about managing eating, drinking and swallowing problems:
  1. Speech and Language Therapy: Swallowing and Dysphagia information (DG-26)
  2. Thickened fluids leaflet (DG-07)
  3. Oral Care (DG-12)
  4. Risks Associated with Dysphagia (DG-08)

**Please note**

**The Royal Surrey Foundation Trust community Speech and Language Therapy (SLT) service have developed this pack as guidance for Guildford and Waverley care homes managing residents with swallowing difficulties. They have kindly agreed to share this with the Surrey Safeguarding Adults Board and their partner agencies for information only. Referrers will need to follow their own local Speech and Language Therapy service guidance on making referrals in their area.**

# Table of Contents

# How to refer to Speech and Language Therapy (SLT) for a swallowing assessment

Your resident presents with symptoms which suggest a swallowing difficulty, e.g.

- Choking.
- Excessive throat clearing or regular coughing when eating or drinking.
- Gasping for breath, &/or change of colour in the face when eating/drinking.
- Food residue remaining in the mouth after eating.
- Drooling.
- Voice regularly sounding wet; unable to clear this.
- Recurrent chest infections.

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- Refer to SLT leaflet 'Swallowing and Dysphagia Information (DG-26) for strategies that should be implemented to try and reduce aspiration and choking risk.
- Refer to 'Guidance Notes for referrals to Speech and Language Therapy for Dysphagia/swallowing'.
- Complete swallow diary to monitor and record difficulties

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- Has the problem been managed by staff, with the patient and GP, through implementing the advice above?
- If yes, there is **no clinical need for a specialist swallowing assessment.**
- *Royal College of Speech and Language Therapists has advised that* ***all patients who have been prescribed a thickening product for fluids should have been assessed should by an SLT***

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- If there are still symptoms of concern, refer to SLT.
- Please contact us to discuss any referrals where you are unsure.
- Referrals can come direct from care homes and do not go through the GP.
- Complete **both sides** of the referral form.
- Please provide as much detail as possible and complete all sections.

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- Complete referrals will be clinically triaged and put on the waiting list.
- Continue to implement general advice on DG-26 leaflet and liaise with GP as required to reduce risk for the patient while waiting for assessment.

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- Please contact SLT directly if you require advice or have any concerns whilst awaiting an appointment for a patient.
- Please also advise us if an appointment is no longer required.

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- If forms are incomplete and there is not enough information to clinically triage, we will contact you for further information, which will delay the processing of the referral.

# Referral Form: Dysphagia (Care Homes)

**This form is for referrals for residents with swallowing problems from nursing or care staff only: Please complete both sides in full, otherwise you will delay your resident being seen.**

| | | | |
|---|---|---|---|
| **Patient's name:** | | **Referrer's name:** | |
| **D.O.B:** | | **Referrer's job title:** | |
| **NHS no:** | | **Date of referral:** | |
| **Name and address of care home:** | | **GP name and surgery:** | |

**Has resident consented to the referral?**

☐ Yes ☐ No ☐ Unable (does not have capacity to consent to referral).

**MEDICAL HISTORY:**

☐ Stable ☐ Improving ☐ Deteriorating ☐ End of life

**DETAILED DESCRIPTION OF SWALLOWING PROBLEM** – What are your concerns and why do you think they need assessment?

(For example: food/drink spilling from mouth, prolonged chew, holding food in mouth, effortful swallow, choking, coughing, throat clearing, multiple swallow, wet voice, chest infections)

What **POSITION** do they eat and drink in & **WHERE** are they for meals?

**SUPPORT** required?

☐ Independent with eating and drinking ☐ Need some assistance ☐ Need full help to eat and drink

**METHOD OF INTAKE?**

☐ Oral feeding/drinking only ☐ PEG/ RIG + some oral ☐ PEG/ RIG only and nil by mouth

Difficulties swallowing **MEDICATION?** ☐ Yes ☐ No

Please ask the GP / pharmacist to review and identify which can be given in a soluble / crushable form, please confirm this has been done ☐ Yes ☐ No **There is no need to refer if this has resolved the problem.**

**Has the patient lost weight?** ☐ Yes ☐ No MUST score……..

Have you? ☐Discussed with GP ☐ Discussed with Dietician ☐ Tried fortifying foods/drinks

Do they have any oral **NUTRITIONAL SUPPLEMENTS**, if so what? ……

Has the patient had any **CHEST INFECTIONS** (in the absence of a cold)? ☐ Yes ☐ No

| | | | | |
|---|---|---|---|---|
| Date:<br>Antibiotic:<br>☐ Yes ☐ No | Date:<br>Antibiotic:<br>☐ Yes ☐ No | Date:<br>Antibiotic:<br>☐ Yes ☐ No | Date:<br>Antibiotic:<br>☐ Yes ☐ No | Date:<br>Antibiotic:<br>☐ Yes ☐ No |

Do they have a history of **REFLUX**?

☐No ☐Yes What medication are they on for this?.....

**COUGHING:**

**When do they cough?** ☐ Only when eating/ drinking ☐ At other times of the day ☐ At night

| **FOOD** | **DRINKS** |
|---|---|
| **What are they coughing on?** | **What are they coughing on?** |
| ☐ Level 7 – Normal diet | ☐Level 0 – Thin fluids |
| ☐ Level 6 – Soft & bite sized | ☐ Level 1 – Mildly thick fluids |
| ☐ Level 5 – Minced & moist | ☐ Level 2 – Mildly thick fluids |
| ☐ Level 4 – Pureed food | ☐ Level 3 – Moderately thick fluids |
| | ☒ Level 4 – Extremely thick fluids |
| **How frequent is the cough?** | **How frequent is the cough?** |
| ☐ Every sip/mouthful | ☐ Every sip/mouthful |
| ☐ At some stage during every meal/drink | ☐ At some stage during every meal/drink |
| ☐ Once or twice a day | ☐ Once or twice a day |
| ☐ Every now and then | ☐ Every now and then |
| **How severe is the cough?** | **How severe is the cough?** |
| ☐ Dramatic, needs help such as back slaps | ☐ Dramatic |
| ☐ Severe but they clear it themselves | ☐ Severe |
| ☐ Moderate | ☐ Moderate |
| ☐ Mild/throat clearing | ☐ Mild/throat clearing |

**WHAT DOES THE RESIDENT EAT & DRINK NOW?**

| **FOOD** | **DRINKS** |
|---|---|
| ☐ Level 7 – Normal diet | ☐Level 0 – Thin fluids |
| ☐ Level 6 – Soft & bite sized | ☐ Level 1 – Mildly thick fluids |
| ☐ Level 5 – Minced & moist | ☐ Level 2 – Mildly thick fluids |
| ☐ Level 4 – Pureed food | ☐ Level 3 – Moderately thick fluids |
| | ☐ Level 4 – Extremely thick fluids |

If the resident is already having modified food or drinks, **who placed the patient on these recommendations**?

☐ GP ☐ Previous SLT assessment ☐ Nursing/residential staff ☐ Patient / next of kin

*If the resident has had previous SLT assessment, please **include a copy** of the last report with your referral.*

Date of any previous SLT assessment: _____

What has been **TRIED SO FAR** to manage the difficulties? E.g. texture changes, feeding techniques, positioning?

1.
2.
3.

If changes have already been made e.g. to food textures, positioning, that have reduced the symptoms of concern, then there is no need to refer to SLT. People newly having thickened fluids do require SLT assessment (even if the GP has already prescribed the thickener)

**Given these changes you have tried, what is still concerning you? How will the patient benefit from a specialist SLT assessment of swallowing?**

Does the patient have mental capacity to make decisions about their food and drink? ☐ Yes ☐ No

**Please return to:** your local Community Speech & Language Service
**Please note email only secure if sending from an nhs.net account.**

# **Guidance notes:** Referrals to Speech and Language Therapy for swallowing/dysphagia

**Before referring to SLT, read "Speech and Language Therapy, Swallowing and Dysphagia Information" leaflet (DG-26). This will give you some management options to try, aiming to decrease the risk for the patient.**

Speech and Language Therapy is not always required, or the most appropriate way to manage a patient showing signs of a possible difficulty swallowing. All leaflets referred to are available on request.

- **Mouth holding is the only symptom of concern** - This is a typical behavioural symptom of dementia, rather than a physiological swallowing problem. The member of staff who cares for the person and knows them well, is just as likely to be able to change this behaviour as the Speech and Language Therapist. Adapt the environment and feeding technique as appropriate. Refer to 'Eating and Drinking in Dementia' leaflet (DG-18).

- Person is taking a **long time to eat/drink** (in the absence of swallowing or aspiration symptoms). Consider environmental factors, level of supervision and prompting, use heated plates/plate warmers, contrasting tastes temperatures, softer foods, sips of drink; check status of mouth/oral health. Refer to GP/Dietician if impacting upon nutritional intake.

- **Refusal to eat and drink** /reduced intake (in the absence of swallowing or aspiration symptoms). Monitor whether this is selective e.g. does the person take some foods and not others? Discuss with GP about psychological support if needed. Refer to GP/dietician if there are concerns that the patient's nutrition and hydration may be compromised.

- **Infrequent symptoms**: If the person's symptoms are infrequent and are not having a significant impact upon them, there is no need to refer to SLT. For example:
  - No distress
  - No intervention required to clear the throat/mouth e.g. back slaps
  - No regular/recurrent chest infections
  - No impact on food and fluid intake or weight loss
  - No avoidance of food or drinks

- The difficulty is **only occurring when taking medications** – If the tablets can be safely taken with food (from a pharmaceutical point of view), you could try giving them to the resident with a teaspoon of yogurt. However, if this is not possible or is not successful, speak to the GP/pharmacy about prescribing medications in a form that the person is able to swallow. Refer to leaflet 'Swallowing Medications' (DG-10a).
- **Changes to food only** – There is no need to refer to SLT if:
  - You have made changes to food textures and this has improved the signs of risk that you had been concerned about,

  *and*
  - They are still meeting their nutritional requirements,

*and* either:
  - A) They have capacity and have agreed to this change

  *Or*
  - b) A decision has been made in their best interests, consulting the GP and any involved next of kin/power of attorneys

- **Pain on swallowing** - Refer to GP, dentist or ENT (Ear, Nose and Throat) as appropriate. Check for thrush and oral health. Refer to leaflet 'Oral Care' (DG-12).

- **No teeth/denture problem** – Consider soft foods if needed and refer to dentist.

- **Difficulties with self-feeding**: Refer to Occupational Therapist for positioning and adaptive cutlery advice.
- **Learning Disability** – If the swallowing problem is caused by a learning disability, please refer to the relevant learning disability team.
- The person **does not want to follow** previous recommendations / consistency changes made to their diet or fluids:
  - If they have capacity, it is their right to decline the recommendations, so long as the risks have been clearly explained to them and they understand. Document your capacity assessment and the patient's decision clearly in the patient's care plan and inform the GP.
  - If the resident does not have capacity, a best interests decision needs to be made – whether this is to continue with the recommendations or not needs to be clearly documented, along with capacity assessment, risk-reducing measures and advanced care planning if aspiration or choking occurs. This requires multidisciplinary discussion between the staff, next of kin, power of attorney and GP.
- The person is known to be **eating and drinking at risk** – This means that assessment has already shown that whatever consistency modifications the resident has been recommended, there is still a *high risk that they will continue to have swallowing difficulties* and that they may aspirate and get chest infections now and in the future.
  - There should already be clear guidelines in place for that patient from an SLT or medical professional, so refer back to these.
  - The patient (if they have capacity), GP, staff, next of kin and power of attorney should agree future management in these circumstances e.g. whether or not to admit into hospital for chest infection treatment.
  - If there has been a significant change in the person's medical status or wishes, which make the existing eating and drinking at risk guidelines no longer appropriate, refer to GP to discuss management. Referral to SLT can then be made if appropriate.
- **Capacity assessment**: All health professionals are qualified / have a duty to assess capacity; it is not a specialist SLT skill. A speech and language therapist should only be involved if the patient has a complex communication difficulty and specialist communication assessment is required to determine capacity.
- **Oesophageal dysphagia** – Speech and Language Therapists are not able to advise on swallowing difficulties solely due to oesophageal problems. These includes Barrett's oesophagus, hiatus hernia/ achalasia/ GORD/ oesophageal dysmotility or regurgitation/vomiting. These conditions should be managed by their GP and/or gastroenterology.

# Swallowing Diary

**NAME:** _____ **NHS NUMBER:** _____ **DATE COMPLETED:** _____

| Time of the day | Posture and location of the resident | How was the resident? (e.g. well, tired etc.) | Details of the food and/or drink taken (please indicate if the resident has been given thickened drinks) | Description of difficulties experienced i.e. coughing, throat clearing, vomiting, wet voice during or after food, shortness of breath, refusal of food |
|---|---|---|---|---|
| BREAKFAST | | | FOOD: | |
| | | | DRINK: | |
| MORNING SNACK | | | FOOD: | |
| | | | DRINK: | |
| LUNCH | | | FOOD: | |
| | | | DRINK: | |
| AFTERNOON SNACK | | | FOOD: | |
| | | | DRINK: | |
| EVENING MEAL | | | FOOD: | |
| | | | DRINK: | |
| EVENING SNACK | | | FOOD: | |
| | | | DRINK: | |

NAME: _____ NHS NUMBER: _____ DATE COMPLETED: _____

| Time of the day | Posture and location of the resident | How was the resident? (e.g. well, tired etc.) | Details of the food and/or drink taken (please indicate if the resident has been given thickened drinks) | Description of difficulties experienced i.e. coughing, throat clearing, vomiting, wet voice during or after food, shortness of breath, refusal of food |
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| | | | DRINK: | |
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| | | | DRINK: | |
| AFTERNOON SNACK | | | FOOD: | |
| | | | DRINK: | |
| EVENING MEAL | | | FOOD: | |
| | | | DRINK: | |
| EVENING SNACK | | | FOOD: | |
| | | | DRINK: | |

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|---|---|---|---|---|
| BREAKFAST | | | FOOD: | |
| | | | DRINK: | |
| MORNING SNACK | | | FOOD: | |
| | | | DRINK: | |
| LUNCH | | | FOOD: | |
| | | | DRINK: | |
| AFTERNOON SNACK | | | FOOD: | |
| | | | DRINK: | |
| EVENING MEAL | | | FOOD: | |
| | | | DRINK: | |
| EVENING SNACK | | | FOOD: | |
| | | | DRINK: | |

# Swallowing and Dysphagia information

## Adult Speech and Language Therapy Service

For any questions, or to discuss self-management, or whether or not to refer a patient, please contact:



Safe swallowing involves the timely and coordinated transport of food, fluids and saliva from the mouth through the throat to the stomach. When a swallowing problem (dysphagia) is present, there may be a high risk of food, fluids and saliva entering the lungs (aspiration). The person may not be aware that this is happening and may therefore not attempt to cough or throat clear (silent aspiration). Aspiration can be dangerous as it can cause pneumonia. The person may also be at higher risk of choking.

**Signs and consequences of dysphagia**

- Frequent coughing on food, drinks &/or saliva
- Gurgly or wet voice after swallowing
- Difficulty chewing
- Drooling
- Weight loss
- Chest infections (aspiration pneumonia)
- Poor oral condition

**How is dysphagia managed?**

A range of strategies may help to reduce the risk of aspiration occurring.

**Implement 'safe feeding techniques' (see opposite page) BEFORE considering altering diet and fluid consistencies.**

Food and fluid textures are now defined using IDDSI descriptors (International Dysphagia Diet Standardisation Initiative

Changing what a person eats to reduce choking risk does not always require a specialist dysphagia assessment from a Speech and Language Therapist.

Any individual needing a new prescription for thickener must be assessed by SALT, though in some instances the prescription will be provided by a GP while awaiting assessment.

If thickener is prescribed, all fluids including soups, smoothies, liquid medications, liquids used to swallow tablets, milky drinks and supplements need to be of the correct consistency.

Managing posture and positioning optimally is important to reduce risk of aspiration (of saliva, as well as food and drink), and good oral care reduces risk of the development of a chest infection

**Safe feeding techniques** can significantly improve the persons safety when eating/ drinking:

- Only offer food and drink when the person is awake and alert.
- Ensure hearing aids are in situ so the person can hear prompts
- Give all food and drink in a quiet room (TV/radio off). Talking while eating/drinking increases risk of swallowing problems.
- Make sure the person is sitting upright as possible for eating/drinking. Use cushions/pillows for support if needed. The head should be straight with chin level or slightly down.
- Feeder should sit down at the same level at the person being fed and make eye contact.
- To reduce risk of reflux the person should remain semi-upright for at least 30m minutes after eating/drinking.
- Encourage the person to feed themselves or use hand over hand feeding.
- Tell the person what you are doing and make sure they look at their food when being fed.
- Eating and drinking safely may take a long time, so plan time for this. If food /drink goes cold try using insulated cups/plates.
- Remind the person to chew/swallow (say 'swallow' or gently touch mouth/face).
- Make sure they have swallowed and cleared their mouth before having the next mouthful. Allow time for a second 'clearing' swallow if needed.
- Offer sips of drink between mouthfuls of food.
- Give small mouthfuls using a teaspoon (not a large dessert spoon).
- Food should look and smell appealing.
- Different/contrasting tastes and temperatures can help reduce mouth holding and slow eating.
- Use an open cup, or if needed a lidded beaker (avoid straws).
- Dentures (if worn) should fit well – a softer diet may be easier for those who do not wear their dentures.
- People may be able to eat more if offered small portions frequently throughout the day. Complete oral intake charts if concerned about reduced eating or weight loss.
- **Check the mouth is clear of food residue at the end of the meal – particularly inside the jaw line and roof of the mouth – mouth/teeth cleaning should be carried out at least twice a day (teeth, dentures, gums and mouth/tongue cleaning).**

## Documentation

When staff caring for a patient identify signs of increased aspiration risk, they should consider CQC regulations 4, 9 and 12. This will include:

- Complete a swallowing risk assessment and put a copy in the care plan
- Take any actions to reduce risk, which may include any described in this leaflet.
- Inform the patient's GP of identified risk and action taken.
- Document any change to a patient's oral intake consistencies / feeding in the patient's care plan, specifying reasons for the decision, outcome and plan for ongoing review.
- Refer to Speech and Language Therapy for patients where specialist dysphagia assessment and management is required, or if patient continues to shows signs of aspiration risk despite actions taken. Please complete Referral and Additional Swallowing Information Form.

There is a high demand for Speech and Language Therapy, and we have to operate a waiting list. As staff caring for a patient who has been identified as being at risk from aspiration, you will need to talk to the GP about how best to manage that patient while they are waiting to see a Speech and Language Therapist.

If, following implementation of food/fluid/feeding technique changes, the signs of risk are no longer observed, and staff and GP are no longer concerned about the safety of the person's oral intake, then Speech and Language Therapy is not necessary. Please contact us so we can remove the person from our waiting list.

**Reference: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** http://www.cqc.org.uk/content/regulations-service-providers-and-managers

# Thickened Fluids

Adult Speech and Language Therapy Service

Patient's name and NHS no: _____

Speech and Language Therapist: _____

## Why do I need thickened fluids?

- Thin fluids, such as water, tea, and squash, **flow very quickly**.
- The **muscles** in your **mouth** and **throat** may now move more slowly than they used to when you swallow.
- This can **increase** the **chance** of **drinks** going **down** the
- **wrong way**, making you **cough,** and putting you at risk of developing a **chest infection.**
- **Thicker** fluids move more **slowly**, giving the **muscles** more **time** to swallow safely, and making it less likely that drinks will go down the **wrong way**.

## How do I thicken my drinks?

➔ Your **drinks** will need to be **thickened** to a _____ **consistency**.

➔ You will be **provided** with some **thickening powder** on repeat prescription. This can be used with your **hot** or **cold drinks**.

➔ Follow the instructions on the tin to thicken your drink to this level. These will give guidance based on thickening water. More or less thickener may be required to achieve the same consistency in other drinks.

➔ Once the drink is mixed it should be checked against the descriptions and pictures overleaf to make sure it has reached the correct consistency.
Some drinks are harder to thicken than others; they may need to be shaken as well as stirred and may need to be left to stand for a short while before they reach the desired consistency.

## Hints for successful thickening

- Put thickener in first, then add fluid.
- **Milky** drinks can be **hard** to **thicken**. It can **help** to **put** the **thickener** and the **drink into** a **container** with a **lid, stirring as you do so.** Then give it a **shake** and stir as you pour it into the cup/mug. Leave it to stand for a short while.
- You can **also** try giving the **milky** drink a quick **stir before** you **add** the **powder** and keep **stirring as** you **add** the **powder gradually**.
- Bear in mind that drinks may change consistency slightly as they are heated or cool down and may continue to thicken slightly with time.
- **Fizzy** drinks have a tendency to quickly froth up so only half fill the cup with drink to avoid spillages!
- Some thickened drinks are much more palatable than others, e.g. thickened fruit juice is much more palatable than thickened water, and thickened coffee, or hot chocolate, etc. are more palatable than thickened tea. We are more used to these flavours being in a thick form and we like what we are familiar with!
- Naturally thick drinks are just as good / better than thickened drinks, so long as they are the correct consistency – check with the descriptions overleaf.

For more detailed information on consistencies described using IDDSI Levels, https://iddsi.org/Documents/IDDSIFramework-CompleteFramework.pdf

| TEXTURE | DESCRIPTION OF FLUID TEXTURE |
|---|---|
| **IDDSI Level 0**<br>**Thin 'Regular' fluid** | • Fluids that flow like water<br>• Fast rate of flow<br>• Fluids that have not had thickening powder added to them. |
| **IDDSI Level 1**<br>**Slightly Thick**<br>  | • Thicker than water<br>• Requires a little more effort to drink than thin liquids<br>• Flows through a straw or syringe |
| **IDDSI Level 2**<br>**Mildly Thick**<br>  | • Sippable from a cup.<br>• Pours quickly from a spoon, but slower than thin drinks.<br>• Effort is required to drink this thickness through a standard bore straw (standard bore straw = 0.209 inch or 5.3mm diameter). |
| **IDDSI Level 3**<br>**Moderately Thick**<br>  | • Sippable from a cup.<br>• Pours slowly from a spoon.<br>• Will not hold its shape on a spoon.<br>• Difficult to suck through a standard bore or wide bore straw (wide bore straw = 0.275 inch or 6.9mm). |
| **IDDSI Level 4**<br>**Extremely Thick**<br>  | • Cannot be sucked through a straw or drunk from a cup. Has to be spooned.<br>• Holds its shape on a spoon.<br>• Holds its shape on a fork and does not continually drip through the tines.<br>• Flows very slowly under gravity.<br>• Falls off a spoon in a single dollop when tilted and continues to hold a shape on a plate. |

# Oral Care

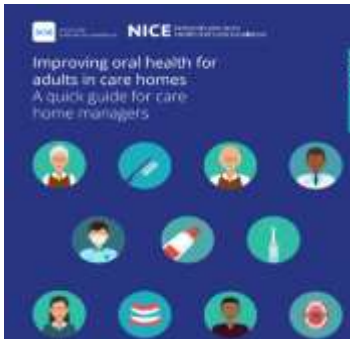
## Adult Speech and Language Therapy Service

Patient's name and NHS no: _____

Speech and Language Therapist: _____

CQC have now indicated that the quality standards issued by NICE in the document **'Improving Oral Health for Adults in Care Homes'** https://www.nice.org.uk/guidance/qs151 should be used.

The standards state that:

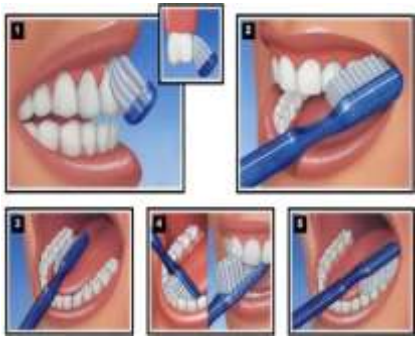



- All residents should have an oral health assessment as they enter a care home.
- The result of the assessment should be
- recorded in the personal care plan.
- As part of the assessment the Home is required to ask whether the residents are currently registered with a dentist, and if not find one and register them.
- The assessment and care plan should be regularly reviewed.
- There will be an expectation that Care Staff will have the knowledge and skills to assess the oral health of a resident and to support residents with their daily mouth care.
- The assessment and care plan should be regularly reviewed.

The care plan needs to be tailored to meet the needs of the individual, and should be supported by a (minimum) twice daily oral care chart.
The guidance provides the NICE Oral Health Assessment Tool https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes

Evidence about how the Care Home supports its residents to maintain good oral health, can be used as supporting evidence for showing their service is both effective and responsive.

# Guidelines for cleaning teeth for another person.



1. Brush at least twice daily (before breakfast and last thing at night; ideally not immediately after a meal as this can damage the teeth).
2. Use either a manual or electric toothbrush (with an oscillating or rotating head), but one that has a small head and medium soft bristles.
3. Place the head of the toothbrush against the teeth and move the brush in small circular movements across all the surfaces (outer, inner and biting surfaces) of the upper and lower teeth.
4. Gently brush the tongue and roof of the mouth if this can be tolerated.
5. Use only a pea-sized quantity of toothpaste. Do not wet the brush once the toothpaste has been applied.
6. Use a toothpaste with at least 1350ppm Fluoride.
7. For anyone who suffers from dry, sore mouth or swallowing difficulty use a toothpaste which is 'sodium lauryl sulphate' free.
8. Do not rinse the toothpaste away after brushing (it should remain on the teeth in order to protect them) but spit out any excess toothpaste or food residue.

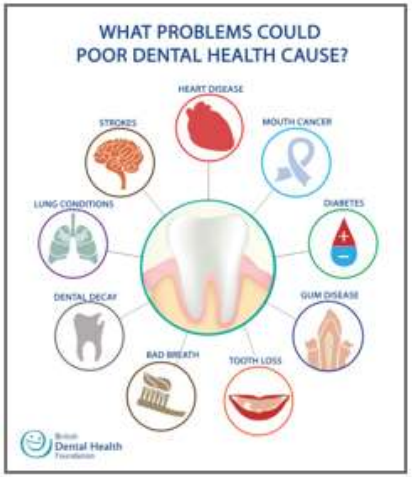
Afterwards, look in the mouth to make sure you have brushed away all plaque and food residue.

10. Rinse the brush under running water to clean it and store upright in open air (rather than a toiletry bag).
11. Change the brush every three months, but if the person has suffered from oral thrush, oral infection or mouth ulcers, change more frequently as using the same brush may be a cause of re-infection.
12. Use a high fluoride alcohol free mouthwash after meals (unless the person cannot swallow thin fluids safely, in which case this should be avoided).

http://www.nhs.uk/Livewell/dentalhealth/Pages/Teethcleaningguide.aspx

https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth

N.B. Poor oral health and periodontal disease are associated with a number of general health problems, including diabetes, pneumonia and cardiovascular disease.



# Risks Associated with Swallowing Difficulties (Dysphagia)



Adult Speech and Language Therapy Service

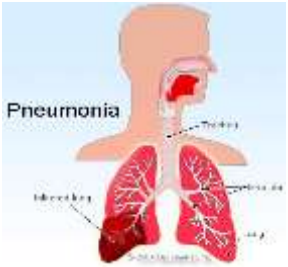
DG-08

**Airway *Penetration***

When food/drink/saliva enters the airway, this is called airway penetration. It occurs in everyone very occasionally. Usually it will result in a feeling of discomfort and leads to responses of eye watering, coughing and throat clearing. After a while this effectively clears the airway and the individual relaxes again.

**Aspiration**

If food /drink/ saliva enters the airway and is not cleared effectively, it may continue to move down the airway below the level of the vocal cords (i.e. it is aspirated), into the lungs.




**Chest Infection**

Aspiration can lead to the development of a chest infection. A chest infection may be unpleasant and make you feel unwell, so that antibiotics are needed to clear it, but it may develop into a pneumonia and pose a serious risk to health, and indeed, to life.

**Choking**

'Choking' means complete or partial blocking of the airway, leading to difficulty with, or cessation of breathing. This is an emergency situation and must be responded to immediately with appropriate first aid management, or it may lead to an immediate and traumatic death.

**Malnutrition and Dehydration**

Swallowing difficulty can lead to a person receiving inadequate nutrition and hydration. All means of ensuring the individual receives adequate nutrition and hydration in a safe manner should be explored.

**Refer to SLT leaflet DG-26 "Swallowing and Dysphagia Information Leaflet for Referrers"**

## Poor Oral health and Hygiene


Swallowing difficulty is often associated with reduced tongue movement. If the tongue is not working normally, it may not sweep around the teeth to clear away food residue and saliva. Aspirated saliva (that has gone down the wrong way – into the lungs) will be more likely to lead to the development of a chest infection if it is stale or contains food residue. It may also lead to mouth infection and this is linked to a number of general health problems.

**Ensure assessment and appropriate assistance are included in the care plan and recorded daily. Refer to SLT leaflet DG-12a "Oral Care" & NICE guideline: https://www.nice.org.uk/guidance/qs151**

## Medication Management Problems

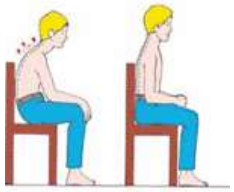
Difficulty with swallowing tablets may lead to:

- Tablets being aspirated.
- A choking incident.
- Tablets getting stuck in the mouth leading to the development of sores.
- The individual not getting the appropriate medicine for ongoing health conditions. Talk with GP to find an appropriate method of giving the medication.

## Poor Posture

If a person is sitting in a slumped position this may make swallowing, coughing and even taking a deep breath more difficult. It also increases the risk of reflux.

If a person is reclined, (i.e. not sitting upright), this will also increase risk of aspiration and reflux.



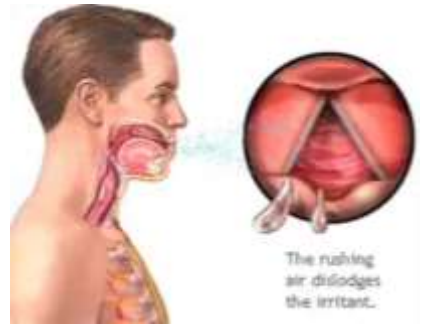
If food/drink is refluxed and comes back into the throat, it may then be aspirated. Ensuring the person is sitting upright for all eating and drinking is a fundamental part of risk management.

## Reduced responsiveness leading to residue not being cleared

Reduced responsiveness may be due to fatigue, reduced sensation or reduced movement ability.

If you can hear or feel any bubbliness in a person's throat, assist waking up and getting into a good position, encourage taking a deep breath in slowly and gently, through the nose, then coughing strongly and swallowing.

This may help to clear the throat of residue, and so reduce the likelihood of aspiration and the subsequent development of a chest infection.




## Risk Management

The Care Certificate (2017) states that there is a duty of care to act in the best interests of the individual you are caring for. There are many things you can do proactively to reduce the risks for someone who has dysphagia, and consideration of the risks described above will help you to take a holistic approach to this.

For an individual in whom dysphagia is suspected, **a risk assessment must be carried out and documented and a risk management plan put in place.** It may be appropriate to seek advice from a healthcare professional as part of your assessment. If a healthcare professional has made recommendations for risk management, these must be followed.

**If the recommendations are not acted upon, or if an appropriate risk management plan is not in place when dysphagia has been identified, then this may be seen as a safeguarding issue**.