

**Royal College of Speech and Language Therapy**

**Guidance on the Management of Dysphagia in Care Homes**

**Feeding Safely Routines**



***Conscious Level*** – no-one should be given food or drink if unconscious or semiconscious. Alternative nutritional and hydration options should be discussed with the responsible clinician.

***Distraction*** - reduce distractions at mealtimes to facilitate concentration and awareness. This should include reducing chat and the patient/client should not be encouraged to talk/respond when eating or drinking. The reason for this should be explained to the client.

***Time*** - allow adequate time to support the individual to eat and drink. Consider the use of insulated containers to maintain the temperature of food for those people whose mealtimes may be prolonged.

***Positioning*** – people should sit upright for all snacks, meals and drinks. People should remain sitting upright for at least 30 minutes after a meal to avoid reflux.

***Oral Hygiene*** - it is of key importance to note that people with eating and drinking difficulty often have poor oral hygiene which can lead to a greater incidence of chest infections. Ensure the mouth is clean and free from residue at the end of the meal. Encourage a ‘clearing swallow’ or ‘saliva swallow’ to assist in clearing residue from the mouth. Cleaning teeth and the mouth at intervals during the day is advocated.

***Position yourself*** *–* at eye level so that you may observe signs of aspiration as well as being able to provide verbal prompts and encouragement. Positioning yourself above eye level or sitting at the side of individuals to assist with eating and drinking may have a negative impact on the individual’s ability to swallow safely as they may change their posture.

***Utensils*** *–* ensure you have the correct utensils identified for the individual to facilitate a safer swallow and to improve sensory awareness.

***Glasses and hearing aids*** *–* Swallowing requires multisensory stimulation. Food should be visually appetising in its presentation and smell appealing in order to stimulate the appetite (and thus salivary flow) as well as increasing the amount taken. Ensuring that the individual can hear the guidance and advice being given e.g. when prompted to slow down. Similarly an individual’s swallowing will be affected by hearing the crackle and crunch of different food consistencies. Therefore, hearing aids and glasses need to be available and fit comfortably.

***Dentition*** – dentures, if worn, should fit well. Be aware that some individuals prefer to eat without their dentures and softening the diet may help.

***Modifying Diet*** *–* Ensure the correct consistencies of food and drink are prescribed for the individual with dysphagia. The International Dysphagia Diet Standardisation Initiative (IDDSI) (Cichero et al., 2012) has been adopted by the Royal College of Speech and Language Therapists. It recommends a hierarchy of eight textures according to need. These are defined by colour, number and name. Snacks as well as meals should be available in the appropriate consistency to assist in the provision of nutrition and hydration outside of mealtimes. (See point below relating to portion size). Resources and information on the implementation of IDDSI are available from the RCSLT website and the IDDSI website.

***Independence*** *–* Individuals should be encouraged to feed and drink themselves to encourage and maintain functional independence. Vary the amount of assistance according to individual need (e.g. verbal prompts, loading spoon, hand over hand feeding etc).

***Portion size*** - people who are frail or lack stamina should be given small portions which require less energy to eat (e.g. softer and/or more moist foods). These small portions of food or drink should be given at more frequent intervals in the day. Oral intake charts should be completed to ensure theperson receives adequate nutrition and hydration. The Dietician should be asked to advise if a patient/client is losing weight.

***Size of mouthful*** - experimenting with the preferred size of mouthful is important. It should be sufficient to stimulate chewing and swallowing but it is important to avoid overlarge mouthfuls.

***Documentation*** –The amount of food and drink that has been consumed should be noted in order to monitor adequate nutrition and hydration. Advice on adequate nutrition and hydration can be sought from the dietician.

***Other professionals*** - the roles of the **physiotherapist** in managing any associated respiratory condition, the **dietitian** in managing nutritional and hydration support, the **occupational therapist** in postural and feeding equipment, the **nurse** in overseeing safe feeding practice, the **dentist** in denture fitting, and the **medical staff** in monitoring and managing general health all need to be stipulated and agreed in local care plans for dysphagia management.