Essex Partnership University
NHS Foundation Trust

DYSPHAGIA CLINICAL GUIDELINE

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AUTHOR:	Associate Director, Practice Development
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POLICY SUMMARY
This policy aims to guide clinical practice in the management of dysphagia
The Trust monitors the implementation of and compliance with this policy in the following ways:
The Executive Nurse will ensure that this clinical guideline is reviewed every three years. The review will be carried out in collaboration with clinical policy and compliance leads and will include: • Reviewing new editions of the Manual to identify if any Trust approved policies/procedures will be superseded by the Manual; • Identifying where use of the Manual is not adequate and it may be necessary to develop Trust approved policy/procedure to supersede it.

SCOPE

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this policy is the Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MANAGEMENT OF DYSPAGIA CLINICAL GUIDELINE

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MANAGEMENT OF DYSPHAGIA CLINICAL GUIDELINE

1. INTRODUCTION

EPUT is committed to providing a high standard of care to all patients. As part of that care, procedures must be in place for the identification, assessment and management of patients at risk of dysphagia (eating, drinking and swallowing difficulties) whether this is on an emergency basis or part of a long term problem.

Disruption of swallowing can have serious medical implications, increasing risk of malnutrition, dehydration, weight loss, pulmonary aspiration and choking. It is associated with increased morbidity, mortality and a reduced quality of life due to the emotional, psychological and social issues that occur as a consequence of not being able to eat normally.

Swallowing problems (dysphagia) are seen in people with a variety of diagnoses, for example dementia, stroke or progressive neurological conditions such as Huntington's Chorea, Parkinson's Disease or Progressive Supra-nuclear Palsy. People with Learning Disabilities experience a higher incidence of health problems than the general population (NICE 2018) and dysphagia is an important area of risk for people with Learning Disabilities, with increased likelihood of dysphagia occurring with increasing severity of cognitive impairment (Robertson et al, 2017; Chadwick and Joliffe, 2009). The management of dysphagia is therefore an important health intervention for people with learning disabilities.

Dysphagia may also present in other patient populations, such as people with head and neck cancer, organic swallow problems, or those with Ear Nose and Throat conditions involving vocal cord palsy. Patients experiencing anxiety may also present with dysphagia.

In some patients where swallow physiology is normal, there may be cognitive and/or behavioural problems which may result in disorganised feeding or drinking; this may manifest as eating too much or too quickly without attention to safety; spitting out foods/fluids, prolonged chewing and holding food/fluid in the mouth.

Some patients may also have an increased risk of swallowing difficulties due to the long-term side effects of some medications, such as benzodiazepines, that might alter neuromuscular function. Antipsychotic/ neuroleptic medications may affect swallowing due to dry mouth and/or movement disorders which may affect he muscles of the face and tongue.

A holistic approach to patient care, considering the patient's physical needs as well as mental health is essential to improve the safety of individuals with swallowing difficulties. Individualised care management will help to ensure the safety of individuals with eating, drinking and swallowing difficulties and therefore reduce the risk of ill health associated with dysphagia.

It is important that patients with known swallowing difficulties or those with behaviours that could affect the safety of the swallowing process receive the correct treatment plan is followed – this may include:

- advice, or treatment/management plan
- risk feeding plan
- recommended modified diet/fluid consistency to reduce the possible risk of aspiration and choking.

2. PURPOSE

The purpose of this policy is to assist staff in identifying patients with Dysphagia and associated risks and ensuring appropriate management. It applies to all clinical areas and has been compiled to reflect the changes brought by the International Dysphagia Diet Standardisation Initiative (IDDSI) which the trust has fully adopted. Further information is available at https://improvement.nhs.uk/resources/transition-to-iddsi-framework/

The International Dysphagia Diet Standardisation Initiative (IDDSI) was introduced in 2013 with the aim of developing new global standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.

The final framework consists of a continuum of 8 levels (0-7). Levels are identified by numbers, text labels and colour codes (see Appendix 1). Drinks are measured levels 0 - 4, and food measured levels 3 - 7.

IDDSI will eliminate variation in the terminology used to describe the thickness of modified food/fluids for patients with dysphagia, as well as other patients requiring a modified food texture diet.

A review of National Reporting and Learning System (NRLS) highlighted seven occasions where patients appear to have come to significant harm due to confusion about the meaning of the imprecise term 'soft diet'. These incidents ranged from coughing to choking with support being required from an emergency team and aspiration pneumonia. (Patient safety alert June 2018)

2.1 DEFINITIONS/EXPLANATION OF TERMS USED

- Dysphagia is the medical term used to describe eating and drinking disorders. Difficulties may occur in the oral, pharyngeal or oesophageal stages of the swallow. Dysphagia can result in weight loss, malnutrition, dehydration, choking, aspiration pneumonia and a reduced quality of life

- Aspiration is defined as the inhalation of food/drink particles into the lungs. This can be either acute or chronic in presentation. Aspiration can cause serious pulmonary complications including aspiration pneumonia

- Choking is defined as the accidental introduction of a foreign object into the airway, which becomes lodged in the airway and reduces or obstructs the air flow into the lungs. This can be a consequence of dysphagia

The ability to swallow normally can be influenced by a number of factors which can include coordination and strength of the musculature, posture, bolus size, texture of bolus, and disuse of swallow due to pain, illness, change in taste, nausea, ageing, cognition, respiratory, and cardiac problems.

3. SCOPE

This policy applies to Trust staff involved in caring for all patients in both community and in-patient settings.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 The Trust Board is responsible for ensuring:

- That the principles of this clinical guideline and other associated policies are implemented across the organisation;

4.2 The Executive Nurse will ensure that:

- This clinical guideline is embedded within clinical practice;
- This reviewed and updated regularly, in accordance with recommended best practice and national guidance.

4.3 Managers are responsible for the following:

• Ensuring that staff within their areas of responsibility have an awareness of recognising and managing patients who are at risk of dysphagia
• Reporting choking incidents using the Trust's Safeguard Incident Reporting System and investigating such incidents, involving the multidisciplinary team

4.4 Clinical staff are responsible for the following:

- To be aware of patients who may be at risk of dysphagia by completing a risk assessment and following the recommended action to reduce the risk of aspiration and choking whilst meeting the nutritional and hydration needs of the individual
- To be aware of the safe use and storage of thickening agents
- Reporting of choking incidents and contributing to the investigation of such incidents.

4.5 Speech and Language Therapists

The Speech and Language Therapist will, when required:

- Complete a comprehensive assessment of an individual's eating, drinking and swallowing skills and advise staff on the individual's requirements and safe swallowing management.
- Assess the risk from any cognitive factors that could compromise the safety of the swallowing process.
- The assessment and management will also take into account an individual's preferences and beliefs as well as best interest and quality of life issues.

4.6 Dietitians

The Dietitian will advise on the individual's diet, taking in to consideration the person's swallowing difficulties and IDDSI recommendations**,** whilst ensuring they meet their nutrition and hydration needs.

5. PROCEDURE/IMPLEMENTATION

5.1 Identifying Dysphagia

A risk assessment must be completed by all Adult Learning Disabilities (ALD) and Older People's Mental Health (OPMH) inpatient areas on admission. For other inpatient areas the risk assessment is to be completed if there is a history of/reports of behaviours surrounding food and/or known difficulties swallowing.

A Nutritional Screening Assessment e.g. MUST, can be completed as referred to in the Trust's Nutrition Policy and referral to a Dietitian where appropriate.

Staff need to ensure that any food brought into the ward/care home or other settings by carer's and relatives are appropriate for the consistency recommended for the individual patient

The same applies for fluids. It is also essential that the recommendations be adhered to if the patient leaves the ward/setting at any time.

All staff and carers need to be aware of the patient's individual requirements in order to maintain their nutritional needs and to minimise the risk of aspiration and choking.
The following are signs and symptoms that staff may notice which are indicative of a possible dysphagia:

- Individual's inability to recognise food
- Prolonged chewing time/taking a long time to finish meals
- Pooling of food, or food residue remaining in the patient's mouth
- Difficulties with chewing and manipulating food in the mouth
- Poor lip closure/difficulties in controlling fluid or saliva in the mouth
- Dribbling or drooling after eating
- Gurgling sound (wet voice) after liquids
- Inability to cough or a weak ineffective cough when eating
- Coughing during or immediately after eating or drinking
- History of chest infections
- Regurgitation of food/nasal regurgitation
- Poor oral hygiene
- Watery eyes
- Slurred speech and/or facial weakness

The following are examples of possible behaviours that may cause disorganised feeding and drinking and thus increase the risk of aspiration and choking:

• Lack of interest or attention to food and drink and the feeding environment
• Cramming/overloading of food into mouth
• Will overload their mouth having taken food from others or from fruit bowls
• Holding food/drink in the mouth
• Will accept or put any item into the mouth
• Swallows without chewing
• Has issues around eating with others
• Speed of eating
• Pacing and agitation whilst eating
• Mood levels
• Levels of alertness

Difficulties with swallowing means that if food and drink penetrates the patient's airway or enters the lungs this will manifest itself acutely as choking, coughing, wheezing and respiratory distress. A serious and possible fatal lung infection such as aspiration pneumonia may result. In some patients who have no cough reflex there may be no sign of aspiration (silent aspiration) or if this is a slow, on-going problem, as opposed to an acute one, the patient may have chronic symptoms. Please refer to the Trust life support training for management of a choking episode.

Signs of acute aspiration	**Signs of chronic aspiration**
Pyrexia	Loss of weight
Coughing and choking	Repeated chest infections
Change of colour	Hunger
Sounds of respiratory distress	Excess/changes in oral secretions
Loss of voice or changes in voice quality	Respiratory problems
Gasping	Coughing and choking history
Rapid heart rate	Refusal to eat

5.2 Referring to Speech and Language Therapy

Referral information regarding EPUT Speech and Language Therapy Teams is contained within Appendix 2

5.3 Managing Dysphagia

Nursing presence at mealtimes is a good time to build on relationships with patients and to observe and assess for any difficulties highlighted above. If recording of food and/or fluid intake is required, the nurse is the health professional best situated to perform this task. There must be robust procedures in place to ensure that all staff are aware that a patient is on a modified diet consistency and this must be communicated to all staff involved in that patient's care on a daily basis. Patients on a recognised modified texture diet consistency must be given ONLY the correct diet consistency and this includes snacks/foods given outside meal times and across all settings.

Staff should ensure that food and any fluids are well presented, served at the right temperature, and at the right consistency recommended for any patient who has been assessed by a Speech and Language Therapist. The Dietitian and Speech and Language Therapist can provide advice regarding individual's needs, and all requirements should be accurately documented in care plans. Contact details for Speech and Language Therapy are attached (see Appendix 2).

Dehydration and malnutrition can also result from dysphagia. Clinical staff must assess patients for possible signs of these and devise an appropriate care plan.

When prescribing for patients with dysphagia, the following points should be considered:

- The patient's medication should be reviewed and unnecessary medicines stopped. It is important to consider whether continuation of all medicines is imperative. If the dysphagic state is likely to be temporary, then short-term discontinuation of some medicines may be more appropriate
- For all medicines that need to be continued an alternative delivery route should be considered, such as patches or suppositories.
- Where an alternative route is not available, alternative dose forms may be available e.g. dispersible tablets or liquid preparation

- In exceptional circumstances crushing a tablet or opening a capsule may be the appropriate option (ensure informed patient consent is obtained and that adequate documentation of this is made)

Advice should be sought from the pharmacy department regarding suitable alternatives.

5.4 Dysphagia Risk Assessment

Any choking incidents must be reported via the Datix Incident Reporting System. If the patient has a change in their level of need, a re-assessment must be undertaken in particular if their eating and drinking patterns have changed. Appendix 3 outlines the safe administration of medicines for adults with dysphagia.

5.5 Choking Action

Please refer to the Trust life support training sessions and policy for recognition and emergency actions to take if a patient is choking.

https://www.resus.org.uk/library/additional-guidance/guidance-choking

6. TRAINING IMPLICATIONS

Staff should receive basic Dysphagia Awareness training where appropriate e.g. if required in relation to their working environment. Texture modified diet and fluid consistency sheets are available from all the Speech and Language Therapy departments. Choking/risks hand outs are included in Life support training which is mandatory for all clinical staff. This can be accessed via "E-learning for Health" (https://portal.e-lfh.org.uk/)

7. MONITORING ARRANGEMENTS

Matrons and ward managers will monitor the implementation and compliance of this guideline.

8. REFERENCES

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NHS improvement (2015) Patient safety alert: Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder
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Patient Safety Alert,(2018) Resources to support safer modification of food and drink, NHS improvement
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