Holy Cross Hospital

# Who we are?

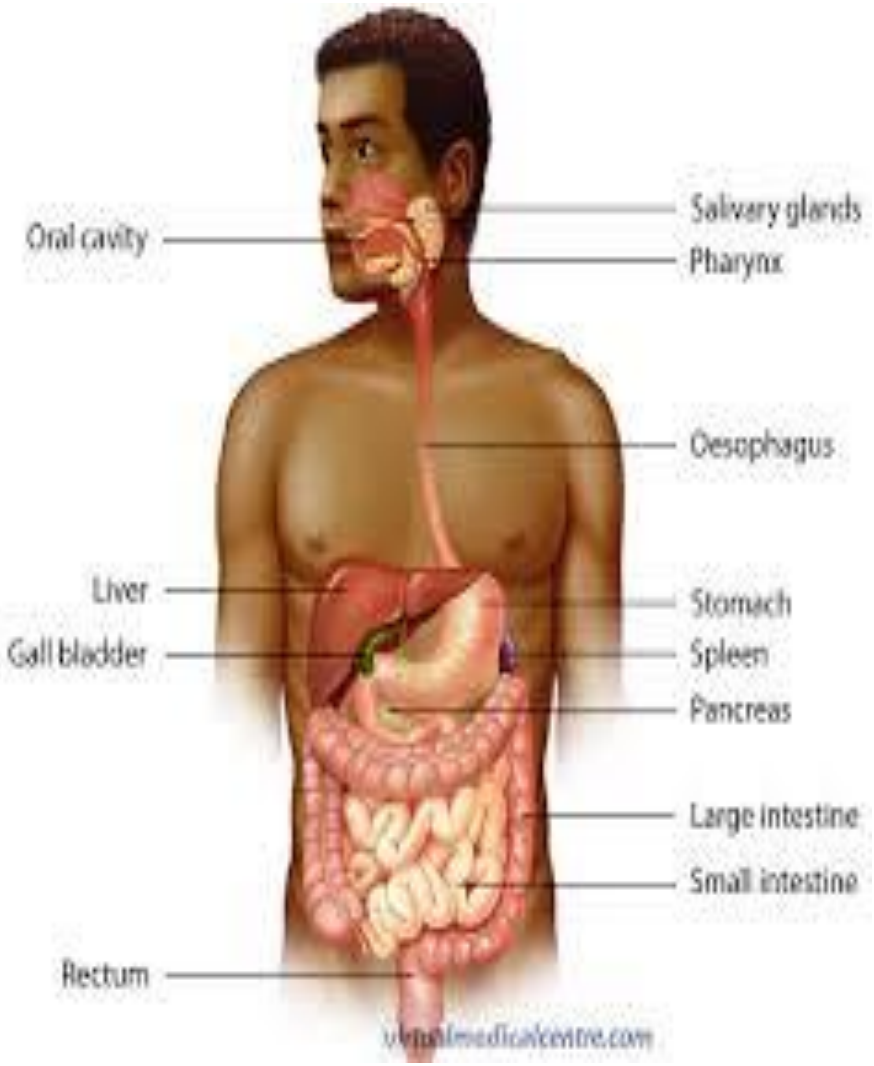
- 40 bedded hospital
- Clinical emphasis is on managing severe disability and long-term conditions
- Integrated MDT working together to provide the best possible care
- Nutritional Provision
  - PEG ONLY =19 patients
  - PEG + tastes =7
  - PEG + Dysphagia diet = 7
  - Oral Only = 5
  - 2 ?

# Introduction

- Definition of dysphagia (swallowing disorder)
- Description of the normal swallowing process
- Causes of dysphagia
- The assessment process
- Management

# Swallowing Disorders Definition

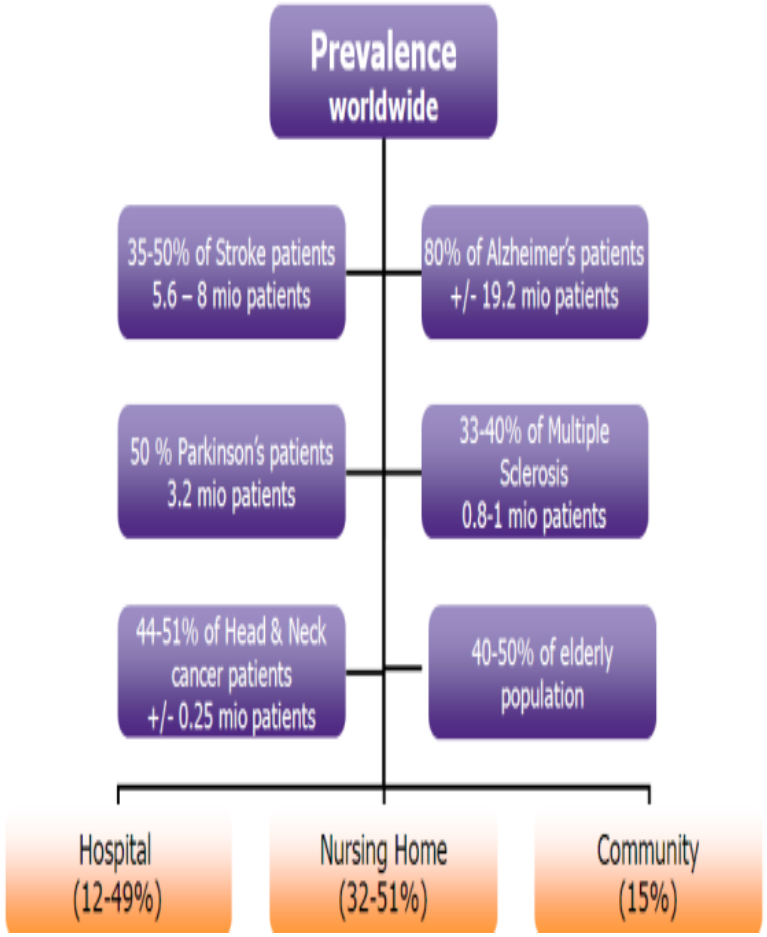
- Dysphagia is a symptom and not a disease
- Dysphagia describes difficulty chewing and swallowing food or drinking fluid (dys= difficulty, phagia = eat)
- Difficulties can arise anywhere along the alimentary tract
- Can be temporary or permanent
- Can range from mild severity to profound severity
- Recent studies demonstrate that the swallowing pattern alters with age




Principles od Deglutition -Jane Whitaker

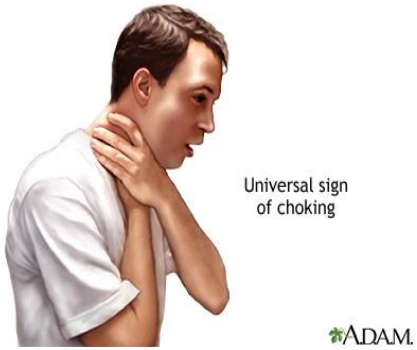
# Swallowing Disorders Causes

- Neurogenic
- Head and Neck Surgery
- Trauma
- Chemo and Radiotherapy
- Tracheostomy (+) artificial ventilation
- Medication
- Ageing



# Normal swallowing

- Is the exquisite coordination between neural commands and anatomic structures to:
  - To sequence physiological and respiratory events
  - Which minimises the risk of aspiration and risk/choking
  - Integrates normal deglutition



# Normal Swallowing – descriptive stages

1. Oral preparatory
2. Oral
3. Pharyngeal
4. Oesophageal

The swallow should be considered as one behaviour with four components acting together in an integrated manner to achieve successful swallow function"

Crary and Groher, 2003

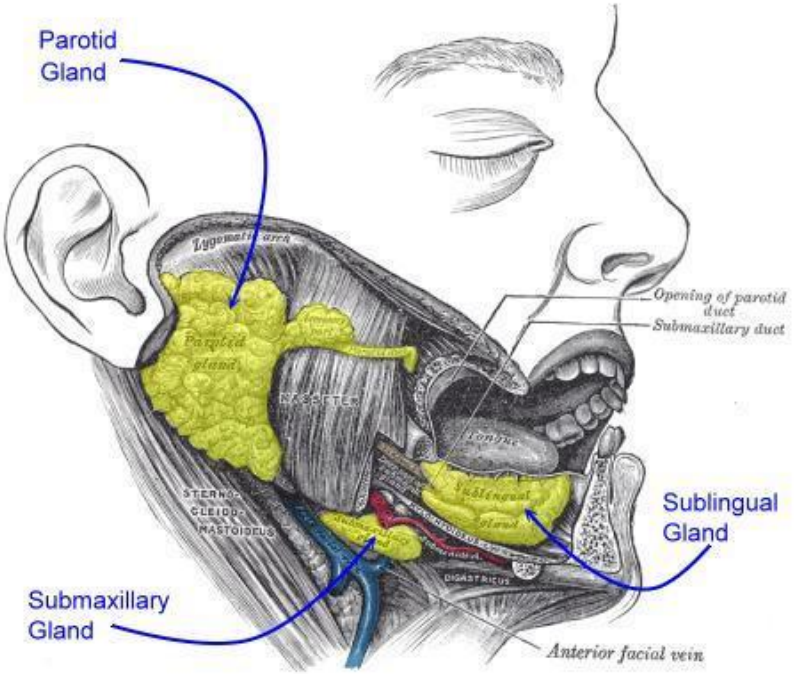
# Swallowing Disorders

## Normal Swallowing

- **Oral Preparatory Stage**
  - Biting and chewing food into a bolus
  - Needs coordination of lips, tongue and jaw movements
  - Tongue moves food onto chewing surface of teeth.
  - Chewing mixes food with saliva to form a bolus

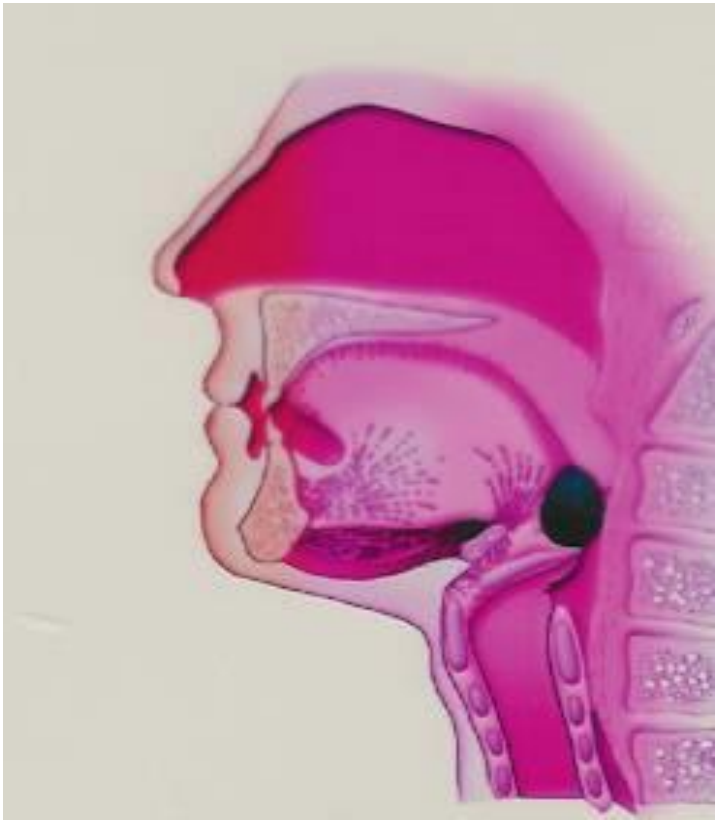
# Salivary Glands

- You need saliva to swallow
- If unable to swallow, saliva drools from the mouth or inhale them, causing chest infections or aspiration pneumonia
- Meds to dry up saliva or replace it



# Swallowing Disorders

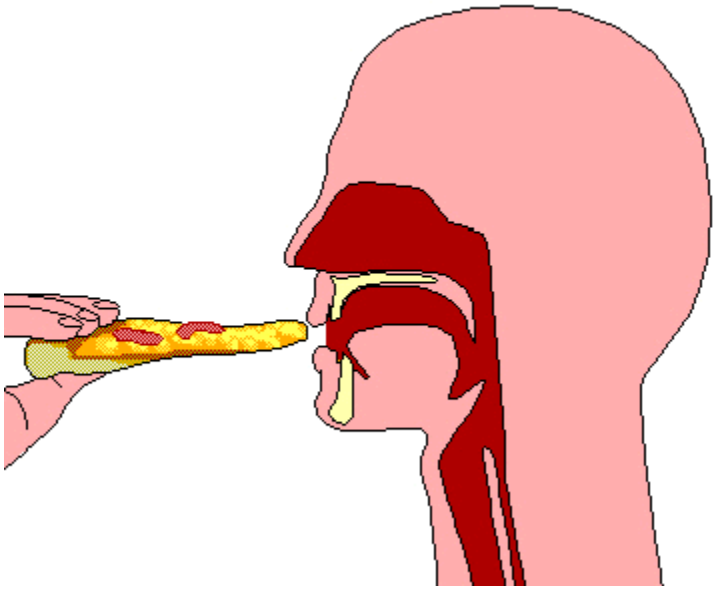
## Normal Swallowing



- **Pharyngeal Stage**
- phase of swallowing is under involuntary neuromuscular control .
  - Larynx rises/breathing stops
  - Epiglottis folds down over airway
  - False and true vocal cords close
  - Food or fluid passes into oesophagus

Principles od Deglutition -Jane Whitaker

# Normal Swallow



# Swallowing Disorders

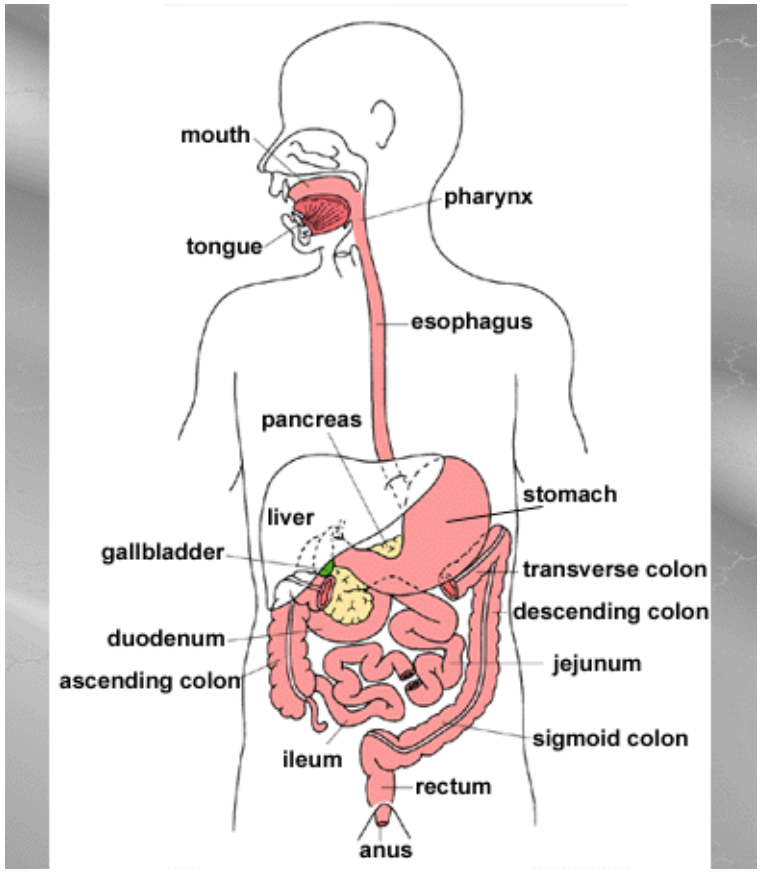
## Normal Swallowing

- An awake adult swallows once per minute (1000 times daily) irrespective of eating.
- High rate is required because 1000 -1500ml of saliva is produced daily.
- Normal rate of secretion is 0.3-0.4ml per minute
- Rises to 2ml/min, during chewing

# Swallowing Disorders

**Oesophageal**

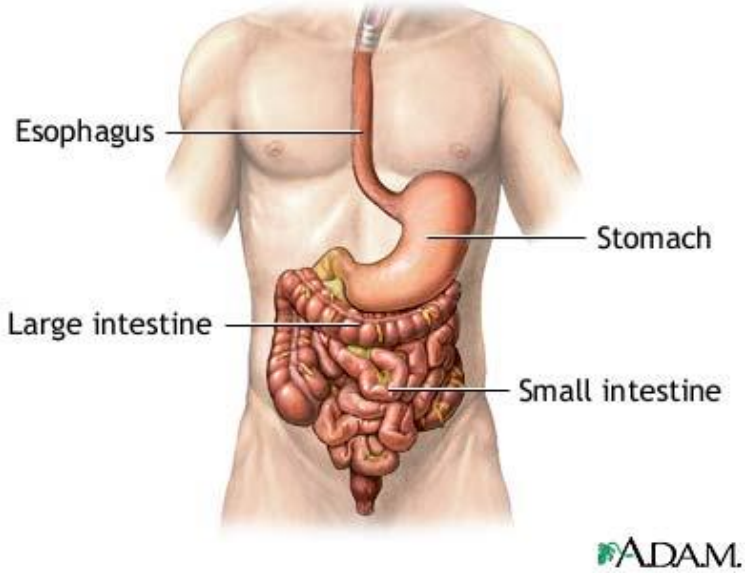
- The oesophageal phase of swallowing is under involuntary neuromuscular control .
- The upper oesophageal sphincter relaxes to let food pass into the lumen of the tube to lower oesophageal sphincter and then into the stomach



# Swallowing Disorders

## Normal Swallowing

- **Oesophageal Stage**
  - From throat to stomach



# Swallowing Disorders

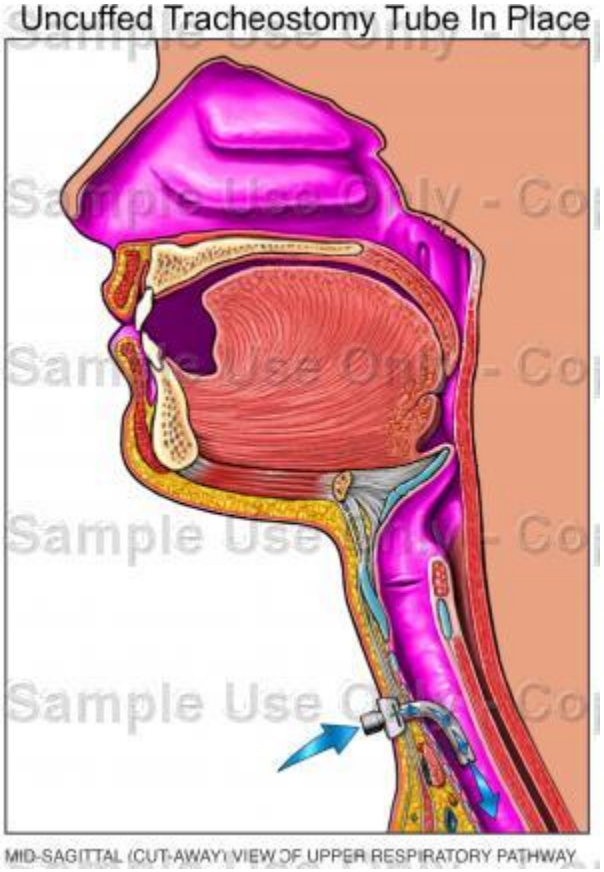
## Main Causes of neurogenic dysphagia

- 50% all stroke patients will have dysphagia during acute phase of disease
- 95% PD patients will have swallowing problems
- 70% of severe acquired brain Injury will have dysphagia
- 80% of patients with dementia will have swallowing problems.

# Deterioration in Swallowing Function (ageing)

- Ageing 65+ has a considerable impact on altering the swallowing pattern
- Anatomical
- Physiological
- Modest changes occur slowly and insidiously but may significantly reduce functional reserve, capacity and endurance, increasing vulnerability to dysphagia and airway invasion secondary to disease

# Swallowing in Patients with tracheostomy tubes




- Placement of tube may affect some of the normal sequences of swallowing such as
  - Vocal cord closure
  - Laryngeal elevation
  - Cricopharyngeus opening
  - Compress oesophagus
  - Disrupt airflow
  - -impair sensation and taste
  - Olfactory senses dulled
  - Recent research suggests main causes due to pre-morbid dysphagia and aging the more likely causes. ***Leder and Suiter 2013***

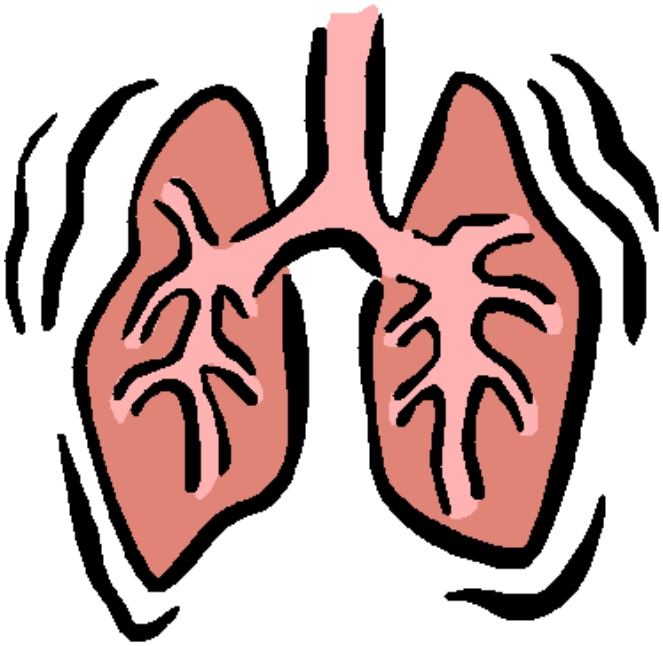
# Overview of dysphagia assessment

Four main elements involved in the swallowing examination

1. Medical history including MUST Score
2. The Patient's description of symptoms (where possible)
3. Cognitive abilities and awareness levels
4. Oro-motor examination
5. Oral trials as indicated
6. Eating and Drinking Behaviours

# Swallowing Disorders

## Why Important?



- Inadequate hydration and nutrition
- Unable to take medication
- Food and fluid enters lungs
- Chest infection
- Pneumonia
- Airway obstruction
- Increase likelihood of death
- Increase likelihood of secondary disease

# Swallowing Disorders

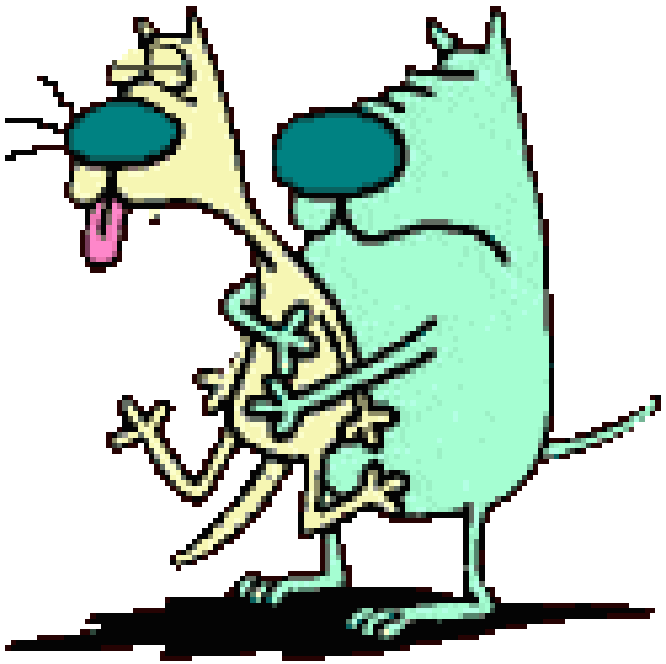
## Prevention

### Early identification

- Coughs while eating or drinking
- Leaves food
- Food left in mouth- squirreling
- Wet gurgly voice
- Choking
- Chest pain
- Chest infection
- Impetuous eating/drinking behaviours

# Swallowing Disorders

## Management



- High risk patients need to be screened with functional swallow assessment as described
- Modified diet ( IDDSI ) 1-7 levels
- A combination of both oral and enteral (PEG)
- PEG only

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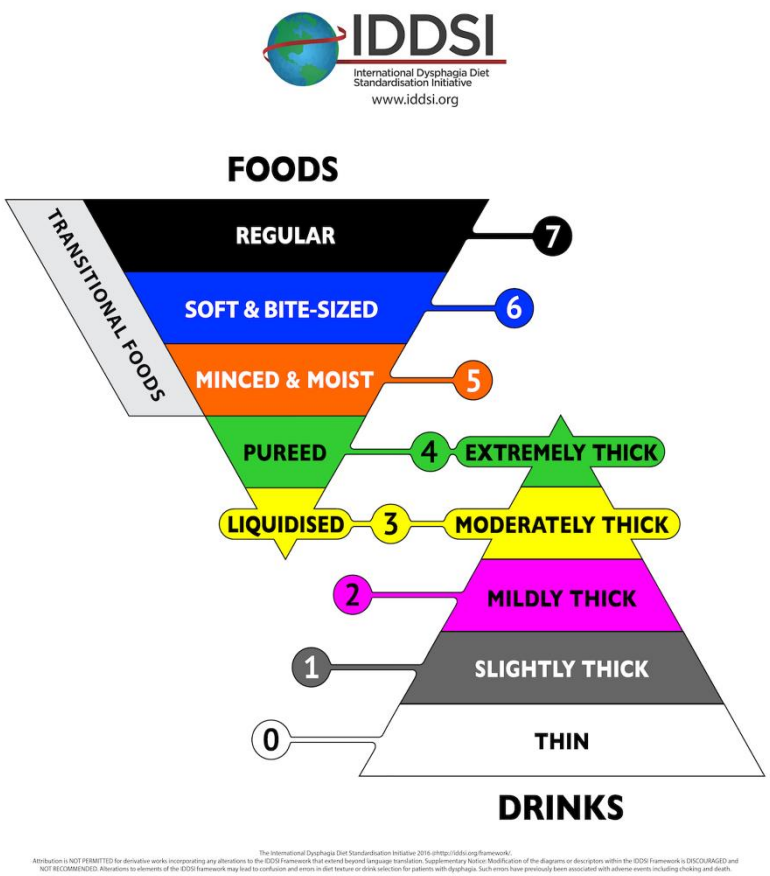
# Modified Diets

## International Dysphagia Diet Standardization Initiative




- Describes the different food textures and fluid consistencies.
- Also describe High Risk Foods which should not be offered to people with swallowing problems
- Very important to do capacity assessment around eating/drinking/swallowing

# A ABOUT THICKENED FLUIDS!

- Why are thickened fluids needed?
- Thickened liquids give you better control of the liquid in your mouth. They help slow down the flow rate of liquids, which lessens the chance of liquid going into your airway or “going down the wrong pipe.” Liquids that go into your airway end up in your lungs.

# High Risk Food

- **Dry/Stringy Meat**

- Mixed Textures(such as soup with bits)

- Hard foods (such as boiled sweets)
- Bread
- Fibrous Foods (course vegetables with stalks)

Medication!

# Getting it Right - Who's Responsibility?

- Who do you think should be responsible for ensuring the patients gets the diet that suits them and their swallowing needs?

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# Preparation before eating and drinking

- **Getting ready to assist with eating and drinking. Please check:**
  - Alertness*(look at drug regime)*
  - Levels/Anticipation
  - Mouth State (very important)
  - Environment
  - Positioning
  - Communication Strategies

# Safe Oral Feeding

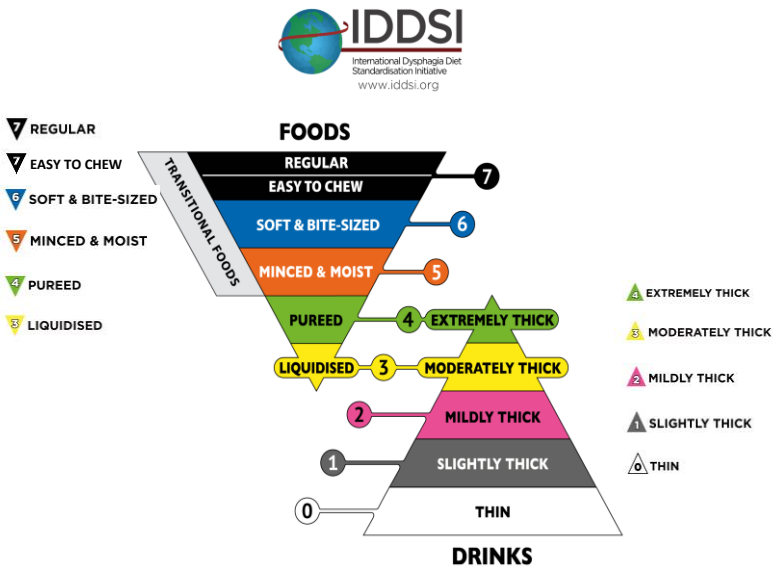
- Calm quiet environment
- Appropriate cutlery
- Small mouthfuls
- Watch for the swallow
- Ensure mouth clear before giving next mouthful
- Ask or gauge if the patient is ready for the next mouthful

# Personal Place Mat (PPM)

Optional Add photograph

**Name:** **Date:**

PPM is a summary of important information about mealtimes
Helping to make mealtimes safe, successful and pleasurable.
Easily accessible, cleaned and portable - available when needed.
Can help people who cannot easily speak for themselves




| Food level | Drink level |
|---|---|
| | |

If there are any concerns or changes to swallowing withdraw PPM immediately and refer to SLT.
Some of the clinical signs that can indicate a swallowing difficulty include coughing/choking on food or drink, wet gargly voice, recurrent chest infections, weight loss. It is the responsibility of direct support staff to review the PPM. Carla Bryson & Jane Whitaker, MRCSLT.

**Personal Place Mat**
**Name:** **Date:**
**Name of person who completed mat:**

**Swallow** This is placeholder text to replace with your own words. This section should state if you have ever had a swallowing assessment and date of your last report.

**Food.** This is placeholder text to replace with your own words. State if you are on a special diet or dysphagia diet, e.g. level 4,5 or 6. Describe how to prepare food. State any allergies. Estimate amount if important. Indicate particular likes and dislikes.

**Drink.** This is placeholder text to replace with your own words. State if on thickened drinks, e.g. level 1, 2 or 3. Describe how to give drinks, pace, amount and temperature if important. Describe likes and dislikes.

**Routine, where and when** This is placeholder text to replace with your own words. Describe important environmental factors including, noise level, position within the room, who you eat with. Describe important eating routines. Estimate frequency and timing of food and drink.

**Position** This is placeholder text to replace with your own words. Outline special seating or furniture, e.g. chair with arms, wheelchair, small table. Support needed to achieve and maintain an upright posture. It may be useful to include a photograph or refer to a postural passport.

**Equipment and protection.** This is placeholder text to replace with your own words. List all specialised equipment, e.g. scoop bowl, non-slip mat. It may be useful to insert a photograph. Detail how to protect your clothing from spillage.

**Communication** This is placeholder text to replace with your own words. Describe how you communicate, e.g. that you are hungry, thirsty, want more, had enough, in pain etc. Describe how you choose what you want to eat and drink, e.g. if you choose from a photographic menu.

**Supervision** This is placeholder text to replace with your own words. State if you require any support or supervision at mealtimes and what level of supervision.

**Risks and help I need.** Highlight any risks at mealtimes, e.g. choking, aspiration. Include any medical conditions that could impact on eating and drinking, e.g. epilepsy, diabetes. How you take medications safely. Any oral hygiene routine or how to support you to freshen up after eating.

If there are any concerns or changes to swallowing withdraw PPM immediately and refer to SLT.
Some of the clinical signs that can indicate a swallowing difficulty include coughing/choking on food or drink, wet gargly voice, recurrent chest infections, weight loss. It is the responsibility of direct support staff to review the PPM.

# Successful Spoon Placement

- Front of the mouth
- Small spoon
- Allow lips to close round spoon
- Do not wipe off excess food with the spoon on either teeth or face repetitively
- Watch for the swallow

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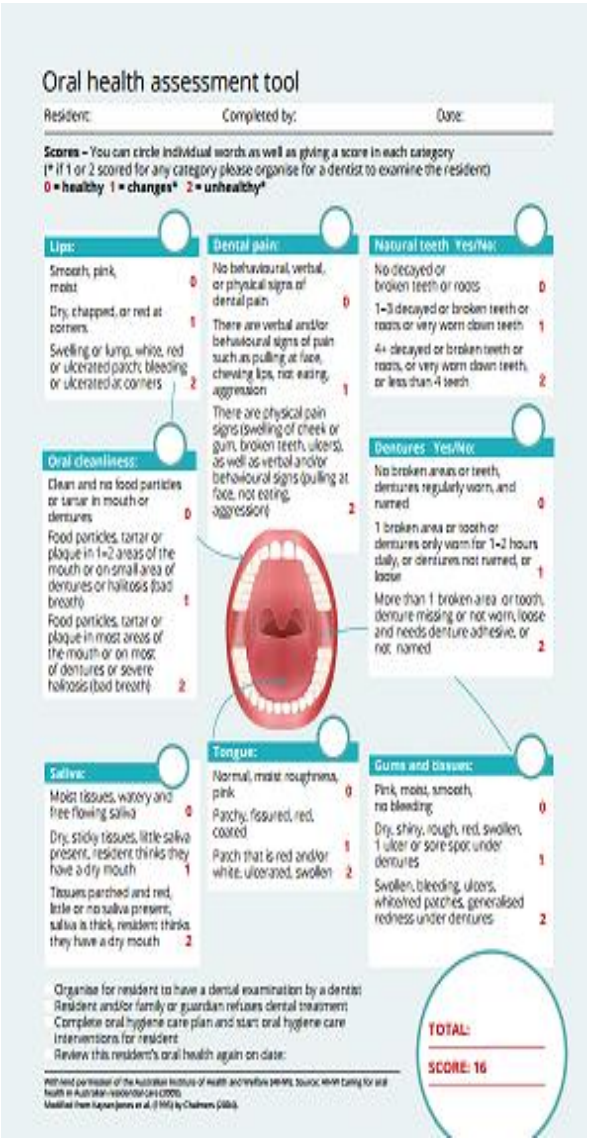
# Mealtimes – When to stop!

Remember: Don't even start assisting your patient if they are drowsy!. Check medication and rehab regime is this making them drowsy at mealtimes


- If they start to **cough** and **choke**
- If there is an **airway obstruction**
- If the patient becomes **agitated/distressed**
- If the patient becomes very **fatigued** during meal
- If the patient **refuses** to eat or drink

REMEMBER TO DOCUMENT ALL INSTANCES OF COUGHING/CHOKING OR FOOD/FLUID REFUSAL IN CARE PLAN AND NOTIFY SENIOR NURSE

Oral Health very important in preventing aspiration Pneumonia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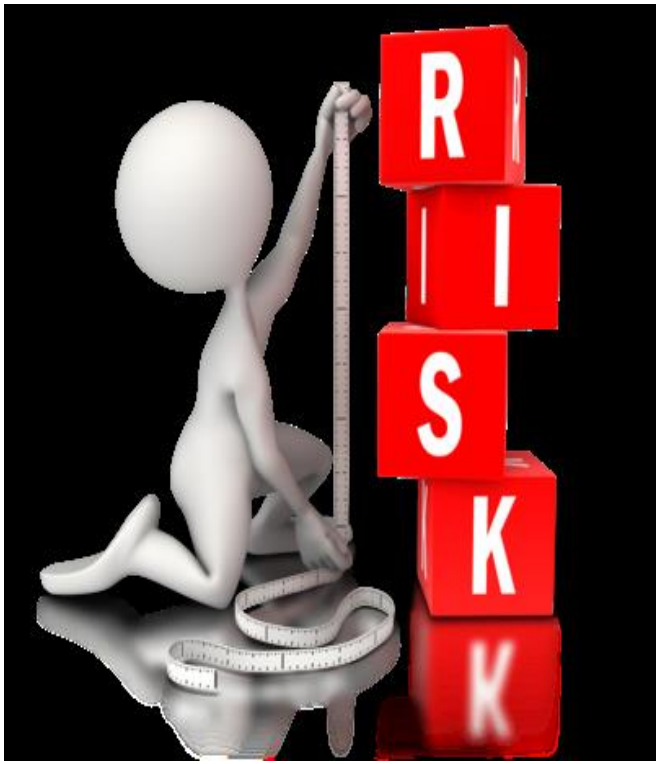
# Finally !




- Risk management policy on choking prevention
  - Standardization in daily operational standards
  - All staff to understand risks associated with impaired swallowing
  - How to record and document risks