NHS Fife

Fife Health & Social Care Partnership

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Guidance for accessing support for clients with learning disability and eating, drinking and swallowing difficulties

Fife Speech & Language Therapy Service

INTRODUCTION

This resource is based on and adapted from 'Swallowing Matters' which was developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in both North and South Lanarkshire. This resource has been developed by Speech & Language Therapy in consultation with colleagues from Nutrition and Dietetics, Occupational Therapy and Physiotherapy.

Dysphagia is the medical term for swallowing difficulties.

Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.

Other signs of dysphagia include:

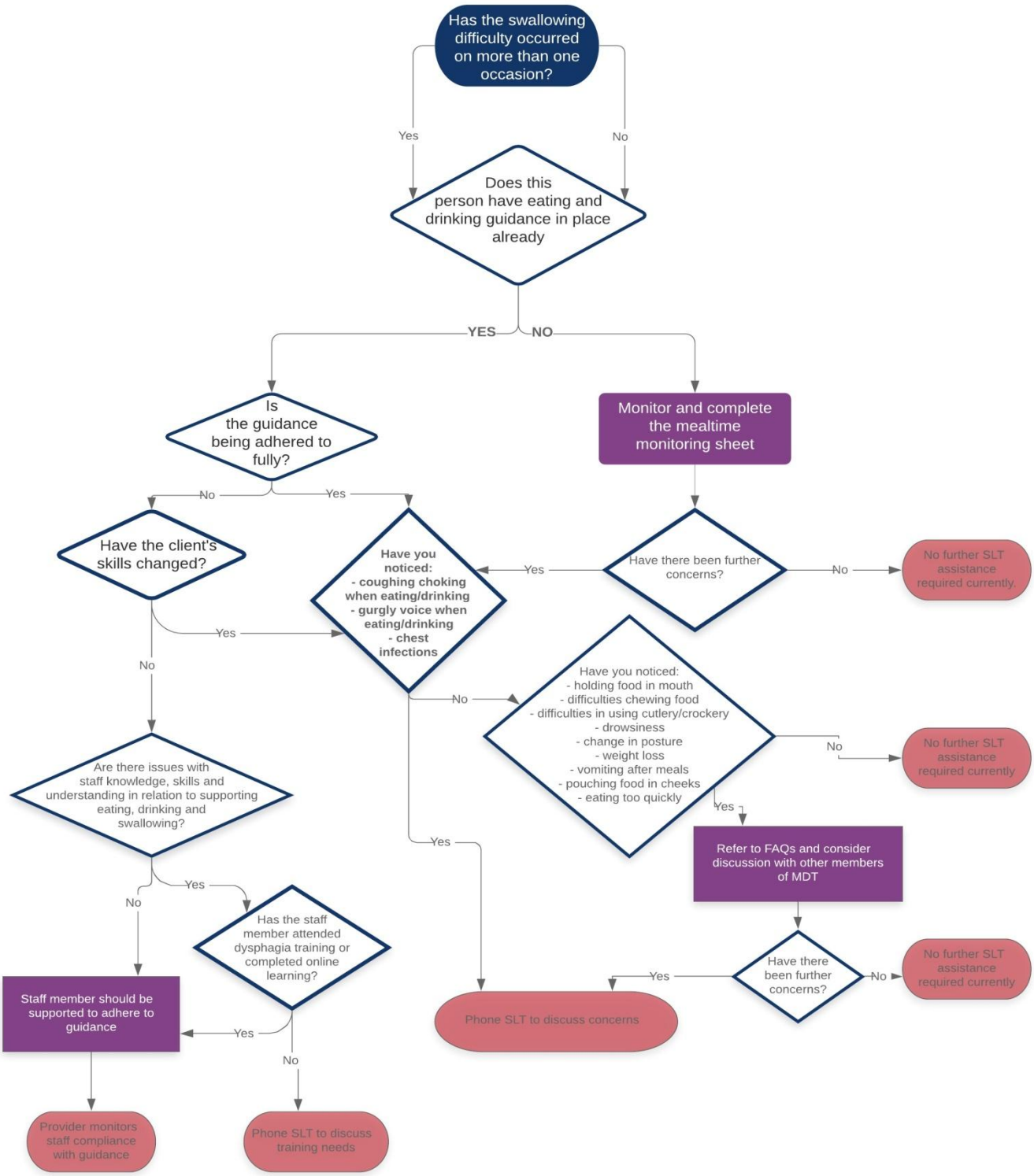
- coughing or choking when eating or drinking
- bringing food back up, sometimes through the nose
- a sensation that food is stuck in your throat or chest
- persistent drooling of saliva

Over time, dysphagia can also cause symptoms such as weight loss and repeated chest infections.

There can be many reasons for dysphagia including developmental conditions including cerebral palsy, learning disability and dementia. Other causes can include neurological conditions including strokes and progressive conditions like MND. Difficulties with eating, drinking and swallowing can also get worse as people get older due to muscle weakening.

A multi-disciplinary team is essential in assessing and managing dysphagia. Clients, their families and carers are essential members of the team to contribute to the assessment of dysphagia and to support the day-to-day management of the person's difficulties. The members of the team have different roles and may be involved at different times.

Swallowing Assessment Referral Guidance



FREQUENTLY ASKED QUESTIONS

Listed below are some questions commonly asked of the Speech and Language Therapy (SLT) service. The answers may provide you with a solution or signpost you to the most appropriate profession if SLT is not appropriate.

What should you do if:

1. Q. The client has infrequent/inconsistent difficulties

A. Please monitor and complete 'Mealtime monitoring sheet.'

Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart on Page 3.

2. Q. The client cannot swallow tablets

A. SLTs are unable to recommend changes in medication. Please discuss options with GP or Pharmacist.

3. Q. The client is not eating/drinking enough and/or losing weight

A. If the client is eating/drinking small amounts but managing to swallow this safely, a swallow assessment is not required.

If the client is not eating/drinking enough due to suspected swallowing problems please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

If there are concerns that the client's daily nutritional requirements are not being met, please refer to the Dietetic service on 01383 565 355.

4. Q. The client is having difficulty chewing food with no coughing/choking evident

A. Check there are no issues with oral hygiene/dentition. Ensure any dentures are in place. If concerned about oral hygiene/dentition please speak to the dentist.

If no concerns noted, try softer foods, add sauces, cut food into bite sized pieces.

Consider completing **'Mealtime monitoring sheets.'**

5. Q. The client is slouched over their meal

A. Has the client been known to physiotherapy? If so, call your physio department on 01383 565 253 to discuss your concerns. If not, consider medical status and whether discussion with a GP is required.

6. Q. The client is falling asleep/drowsy when eating/drinking

A. Please note it is not safe to offer oral intake if the client is drowsy or has reduced consciousness levels. Try offering food/fluids if the client becomes more alert.

Has there been a recent medication review? Consult GP or pharmacist to discuss this.

Consider medical status and prognosis.

If unsure consider discussion with GP.

7. Q. The client is having difficulty drinking from a straw/spouted beaker

A. Has a straw or adapted beaker been recommended by the SLT team? If so, call the SLT department to discuss your concern.

Otherwise, drinking from an open cup with assistance, if required, is recommended. Try teaspoons of fluids if there are difficulties drinking from an open cup. Administering fluids with a syringe is **not** recommended.

Monitor for further signs of swallowing difficulty.

8. Q. The client coughed with their lunch today

A. Please refer to the **'Swallowing Assessment Referral Guidance'** flowchart.

9. Q. The client is vomiting after meals

A. Concerns regarding reflux or vomiting should be directed to the GP.

10. Q. The client is pouching food between cheeks/gums

A. Encourage self-feeding where possible, this may require some assistance. Give verbal prompts to chew and swallow. Alternate food and fluids throughout the meal but avoid eating and drinking at the same time. Check the mouth is clear between each mouthful. Do not offer more until the mouth is clear. Give gentle encouragement and describe the food. Try placing an empty spoon against their lips, this can be a reminder that there is food in the mouth.

11. Q. The client is eating quickly

A. Ensure there's plenty of time set aside for each meal. Encourage the client to go to the toilet before their meal. Give prompts to slow down. Eat with the client to demonstrate appropriate pace. Encourage the client to chew and swallow. Don't have dessert on view.

12. Q. The client is struggling to use their normal cutlery/plate/bowl.

A. Any concerns regarding equipment can be discussed with Occupational Therapy. Please contact the OT department on 01383 565 223.

Daily Mealtime Monitoring Sheets

Name: **Date:** **Completed By:**

Please complete this form after every meal/snack/drink. This will be used to identify any possible patterns or causes for the mealtime difficulties, and will inform mealtime recommendations and guidelines.

***The Sheet Below Provides Examples of How to Complete Daily Mealtime Monitoring Sheet ***

Time of Meal	Description of Food and Drink Given (Please put a circle round any food/drink that seems to cause problems)	Time Taken and Amount of Food/Drink Intake	Any Coughing or Choking?	Any Other Difficulties Including Person's Mood or Behaviour	Person's Mealtime Rating Good/Enjoyable or Not Good/Poor
For Example: *03/03/2020, 12:30pm (Lunch)*	***For Example:*** *Tuna mayo* *Baked potato skin removed and potato mashed up with a fork* *Diluting Juice*	***For Example:*** *20 minutes for lunch Only managed ½ of meal* *15 minutes taken to drink glass of juice*	***For Example:*** *Coughed after eating spoonful of baked potato mashed with tuna mayo.*	***For Example:*** *Appeared tired before even starting meal* *Positioning in chair poor- slumped over to side as meal continued*	***For Example:*** • *Ask service user to rate the meal by either :* • *Giving the meal a thumbs up or down* • *Choosing a symbol for either a happy or sad face* • *Asking her if she enjoyed the meal and to say "Yes" or" No"*
03/03/2020 3.30pm Afternoon Cuppa	*Cup of tea and a yoghurt*	*Took 15 minutes to eat yoghurt and finish tea*	*No problems seen today*	*In good spirits today*	

Please complete this form after every meal/snack/drink If there are any changes to the person's eating and drinking skills, or if you have any questions or concerns, please contact Speech & Language Therapy on 01383 565259

Daily Mealtime Monitoring Sheets

Name: Date: Completed By:

Time of Meal	Type of Food (Please put a circle round any food/drink that seems to cause problems)	Time Taken and Amount of Food/Drink Intake	Any Coughing or Choking?	Any Other Difficulties Including Person's Mood or Behaviour	Person's Mealtime Rating Good/Enjoyable Or Not Good/Poor
Breakfast					
Lunch					
Tea					
Any Snacks Today?					

Please complete this form after every meal/snack/drink If there are any changes to the person's eating and drinking skills, or if you have any questions or concerns, please contact Speech & Language Therapy on 01383 565259

Dysphagia Management

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International Dysphagia Diet Standardisation Initiative (IDDSI) Classifications

Level	Level name	Description of fluid texture	Fluid examples
4	Extremely Thick	Cannot be sucked through a straw or drunk from a cup Usually eaten with a spoon, although a fork is also possible	
3	Moderately Thick	Effort is required to drink through standard or wide bore straw Can be drunk from a cup Can be eaten with a spoon but not a fork	
2	Mildly Thick	Effort is required to drink through a standard bore straw Flows off a spoon, but slower than thin drinks	
1	Slightly Thick	Flows through a straw or teat Requires a little more effort to drink than thin liquids	 Milk Tea/coffee with milk Cream liqueurs
0	Thin	Can be drunk through a straw or teat Flows like water	Water Tea/coffee without milk Spirits/wine

More information is available from https://iddsi.org/Documents/IDDSIFramework-CompleteFramework.pdf

Designed by Health Promotion Service, Fife Health and Social Care Partnership and produced by Nutrition and Dietetic Department, NHS Fife.
January 2019, based on the Complete IDDSI Framework Detailed Definitions from March 2017

Level	Level name	Description of texture	Consistency to aim for
7	Regular	Normal everyday foods of various textures	Can include foods from 'High Risk Foods' group
6	Soft & Bite Sized No bread unless directly assessed by SLT	Can be eaten with a fork or spoon Can be cut with pressure from the side of a fork or spoon Contains 'bite-sized' pieces (paediatric 8mm pieces, adults 15mm pieces)	Casserole/curry in a thick sauce Plain sponge and custard
5	Minced & Moist	Can be eaten with a fork or spoon Soft and moist with no separate thin liquid Small lumps within food (paediatric 2mm lump size, adults 4mm lump size)	Finely minced or chopped mince Finely mashed fish in a thick sauce Fully softened, smooth cereal 
4	Pureed	A grainy texture that does not contain lumps or require chewing Usually eaten with a spoon, however a fork can be used Can be piped, layered or moulded on a plate	Creamed potato Mousse Custard 
3	Liquidised	Smooth texture with no 'bits' Can be eaten with a spoon, but not a fork Cannot be piped, layered or moulded on a plate	Sauces and gravies Fruit syrup Tinned tomato soup 

High Risk Foods

The following foods are only suitable for patients on a level 7 (regular) diet:	
Stringy, fibrous food	Pineapple, celery, lettuce, onions, pickled vegetables, sausages, stringy cheese.
Vegetable and fruits with skins and pith	Beans, black-eyed peas, orange segments, grapes, tomatoes, potato skins.
Mixed consistency foods	Cereals that don't blend with milk (e.g. museli), mince with thin gravy, soup with lumps.
Crunchy foods	Toast, flaky pastry, dry biscuits, crisps.
Crumbly foods	Bread crusts, pie crusts, crumble, dry biscuits.
Hard foods	Boiled and chewy sweets and toffees, nuts and seeds.
Husks	Sweet corn, granary bread.