

# What to do if a Resident is Coughing When Eating or Drinking

Has the resident had a coughing or choking episode on **more than one occasion**?

NO

YES

Try again when the resident is alert / no longer drowsy

Is the resident **awake / alert**?

NO

YES

Is the resident coughing on **drinks, food, or just tablets**?  
Follow the advice for as required

DRINKS

FOOD

TABLETS

Step 1: Check the person is in the best upright position. Encourage medications to be taken one at a time with a sip of water. Step 2: If the person continues to struggle discuss with **GP / Pharmacy**. **If appropriate**, the tablet could be placed in a spoon of yogurt, jam or similar in order to aid swallowing. **Check with a pharmacist first** that there are no contraindications. If this does not ease the issue or if it is not possible, the prescriber may need to consider if the medication could be given in a different form or if it needs to be stopped or continued.

Make a **SLT referral**:  
**Record** what food texture they are coughing with (e.g. dry biscuits, meat, salad), the **frequency** and **extent** of the coughing, **avoid** these foods and offer the resident a **softer / more moist** food texture whilst waiting for a SLT assessment, **consider** positioning and **reduce** distractions

Are they drinking from a **straw** or **spouted beaker**?

YES

If possible try offering drinks from an **open cup**.  
Are they **still coughing**?

Are they in an **upright midline** position (i.e. sat at a 90 degree angle) for drinking?

YES

Try assisting into an **upright midline** position. Ensure the resident's **head** is not tilted backwards. Are they **still coughing** when they drink?

YES

Make a **SLT referral**.  
Contact the Speech Therapy department directly if you are concerned or if you are unsure

Refer to supplementing documents: **Eating and drinking concerns and solutions and end of life and swallowing** for further support with managing changes with behaviour when eating and drinking and helpful tips

NO

NO

No need for SLT at this stage.  
Monitor for any **further** occurrences

## Eating and drinking concerns and solutions

Please find below common swallowing issues and concerns, along with some suggested solutions. Please refer to a resident's individual care plan if there are pre-existing suggestions.

Difficulty	Things to try
<b>Distracted from eating</b>	<ul style="list-style-type: none"> <li>• Give verbal encouragement</li> <li>• Reduce glare/reflections from windows</li> <li>• Ensure there is a contrast between chairs, floor, plates and table, try using contrasting coloured crockery – primary colours are better than pastel colours</li> <li>• Reduce background noise – switch off TV, radio, nearby appliances</li> <li>• Remove possible distractions e.g. condiments, pictures, ornaments, vases</li> </ul>
<b>Pushes food around plate</b>	<ul style="list-style-type: none"> <li>• Verbally prompt to keep eating e.g. "You've still got some food there, keep going"</li> <li>• Consider finger foods.</li> </ul>
<b>Refusing to eat and/or drink</b> or <b>Refusing to open mouth</b>	<ul style="list-style-type: none"> <li>• <u>Have a break from the meal</u> – return in a few minutes</li> <li>• Give verbal encouragement</li> <li>• Describe the food/drink and flavours e.g. "There's a lovely cream cake here, with strawberries on it, your favourite" 'here's a sip of tea'</li> <li>• Enhance flavours e.g. add additional spices, herbs, onion, garlic, chilli, lemon</li> <li>• Assist the resident with feeding if felt appropriate</li> <li>• Place food on spoon or cup at lips for taste/texture stimulation</li> <li>• Leave finger foods within reach if the person is able to feed themselves and they are able to manage that texture</li> <li>• Have a familiar member of staff offer assistance – this may help create routine and make the resident feel more at ease</li> <li>• Consider positioning – inside/outside the dining room</li> <li>• If concerned their reduced oral intake and possible weight loss, refer to dietetics</li> </ul>
<b>Eating too quickly</b> Or <b>Not chewing food enough before swallowing</b>	<ul style="list-style-type: none"> <li>• Offer small portions at a time only</li> <li>• Offer smaller cutlery to encourage smaller mouthfuls</li> <li>• Reduce distractions</li> <li>• Give verbal prompts to keep chewing e.g. 'keep chewing that biscuit'</li> <li>• Make a note of problematic foods and look out for a pattern with texture</li> <li>• <b><u>Contact SLT if there are concerns about coughing or choking</u></b></li> </ul>
<b>Prolonged chewing without swallowing</b>	<ul style="list-style-type: none"> <li>• Make sure any dentures are in place and fit well</li> <li>• Give verbal prompts to swallow e.g. "there's food in your mouth, try to swallow"</li> <li>• Give small amounts at a time and do not offer more food until the mouth is clear</li> <li>• Make a note of problematic foods and consider avoiding</li> <li>• Ensure there are no un-swallowed residues in the mouth at the end of the meal</li> <li>• <b><u>Contact SLT if there seems to be a pattern with more textured foods or / and any coughing or choking</u></b></li> </ul>
<b>Spitting out food</b>	<ul style="list-style-type: none"> <li>• Try not to draw attention, think about personal preference and taste</li> <li>• Offer another part of the meal, or alternative food if possible</li> <li>• Avoid bitty foods or mixed textures (biscuits, soup with bits, and food with skins) offer softer foods requiring less chewing</li> </ul>
<b>Holding food in mouth</b>	<ul style="list-style-type: none"> <li>• Encourage self-feeding if possible, this may require some direct assistance initially</li> <li>• Alternate food and fluids during the meal but avoid eating and drinking at the same time</li> <li>• Check that the mouth is clear between each mouthful, don't offer more until the mouth is clear, try placing an empty spoon against the lips; this can be a reminder that there is food in the mouth</li> </ul>
<b>Falling asleep or being drowsy when eating /drinking</b>	<ul style="list-style-type: none"> <li>• It is NOT safe to offer oral intake if they are drowsy</li> <li>• Try offering diet / fluids if the resident becomes more alert. Remember you may need to consider re-heating or replacing the meal if it goes cold</li> <li>• Consider medical status and prognosis – is the resident approaching end of life care? If unsure consider discussion with GP. Please refer to EoL info if appropriate</li> </ul>
<b>Coughing or choking at mealtimes</b>	<ul style="list-style-type: none"> <li>• Monitor for patterns with specific foods or difficulties happening more often</li> <li>• Do not thicken fluids unless recommended by SLT</li> <li>• <b><u>Follow 'flowchart' and contact SLT if difficulties continue</u></b></li> </ul>
<b>Vomiting after meals</b>	<ul style="list-style-type: none"> <li>• Concerns regarding reflux or vomiting should be directed to the GP</li> </ul>



## End of life and swallowing – What you can do to help

This information is to help staff caring for people **approaching the end of their lives but wishing to eat and drink**.

Someone approaching the end of their life may **need your help and support** if they find it **increasingly difficult to chew and swallow** food and/or drinks, as they become increasingly frail and fatigued. An **assessment by a Speech and Language Therapist is not usually required** and this information should help guide you in how to help keep the person comfortable.

As someone approaches their **last days or hours of life**, it is normal for them to **not eat and drink**. This is because

- The process of eating and drinking is **too tiring** for the person
- The body is **slowing down** and needs **less energy**
- The person **may not desire food or drink**

### Oral Hygiene

- If the **person is unconscious or their fluid intake is poor**, attempt to provide **oral care every hour**
- Use a **very soft, small children's toothbrush**
- **Moisten** the brush with either an **artificial saliva, water or a small amount of toothpaste** (but don't allow it to become too wet), and **gently brush the soft tissues of the mouth, lip tongue and hard palate** to clean it and remove any thick secretions
- After use, **clean the toothbrush, dry thoroughly** and store in a clean, dry place
- If their mouth is **very dry** due to reduced oral intake or mouth breathing, the person **may benefit from an artificial saliva product** i.e. BioXtra® gel

### If attempting oral intake:

If the person is as **alert and awake as possible** and says they want to eat or drink:

- Attempt to help **increase their level of alertness** and **prime their swallowing muscles** by **gently wiping their face and neck with a soft, dampened, warm face cloth**
- If the person is **needing assistance**, **sit next to the person** so they are able to see you and the food or drink coming

- Some are **unable to digest** and process food and/or drinks at this stage
- Some may be **too sleepy and weak** to swallow

If you notice that **food and/or drink is sitting in the person's mouth for more than 10 seconds**, they may **not be gaining any pleasure or benefit** from what they are having.

### How to help

- Refer to the person's **Advanced Care Plan** if one available to establish their wishes
- Make sure the **person is comfortable**, and that **their mouth is clean and moist** through **good and regular oral care**
- **Take the person's lead**, whether they are **communicating verbally or non-verbally**, regarding their wish to try oral intake or their wish to freshen their mouth

## End of life continued

- Try **offering smaller amounts at a slow rate**, allowing them time to swallow
- **Stop if there are signs of discomfort** or the person is struggling to swallow and/or they are **coughing**
- **Colder items** can help **stimulate a stronger swallow** and be **more refreshing**, i.e., ice-llollies can be made into favourite flavours

### If attempting drinks

- If the person is able to **drink from a cup**, try to use one with a **wide brim or a cut away** edge so the person is **not having to tip their head back**
- If **struggling** with the rate or amount of the drink, **provide it off a teaspoon**
- Allow time for a second swallow.
- **Encourage small single sips** and **pause** between mouthfuls to allow a rest and a breath
- If the person is continuing to **cough and is distressed**, **slightly thicker drinks** may be easier
- Try out drinks that are **naturally thicker** than tea or water i.e., thicker fruit juices

- Adding a **thickener** to drinks may **reduce the person's coughing** and they may find it easier to swallow **BUT** some find the taste of the **thickener unpleasant**. The goal should be to **ensure the person is comfortable** and **gaining pleasure** from what they are having

### If attempting food

- **Chewing** and swallowing food may be **tiring and difficult**
- If the person is **very weak**, **pureed**, or **liquidised foods** maybe easier
- If the person is **having very little intake** – try to provide foods or tastes **the person enjoys most** – this may be ice cream or sorbet – **things that they like and will feel refreshing**

#### **Further information links:**

- [Nutrition and hydration | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)
- [Key lines of enquiry for adult social care services | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)
- [https://www.cqc.org.uk/sites/default/files/20190624\\_smiling\\_matters\\_full\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf)
- <https://iddsi.org/>
- [Mouth-Care-Assessment-and-Recording-form-April-2018.pdf \(hee.nhs.uk\)](https://www.hee.nhs.uk) – Mouth care assessment

If you would like any further information or guidance please contact:

Adult Community Speech and Language Therapy  
 Scarborough, Ryedale, Whitby and Pocklington 01653 609609

