

## Dysphagia Management Checklist: 'How to' Guide

### 1. WHAT IS IT FOR?

- This checklist is to support care home staff to identify swallowing difficulties (Dysphagia) and other difficulties with eating and drinking.
- Provide suggestions which may resolve the difficulties observed
- Provides advice on how to refer and which professionals to refer to if the difficulties are not resolved.

### 2. WHEN SHOULD IT BE USED?

- With any new care home residents
- Anyone with new signs of difficulty
- Anyone with worsening or changing difficulties

### 3. HOW DO YOU USE IT?

1. Observe the resident having a meal and taking a drink
2. Use the checklist to record any difficulties they are having by ticking in the 'seen' column. (Make notes in the Care Home observation box if helpful)
3. Try the suggested strategies in the Action column to see if the difficulty can be resolved
4. If the difficulty is not resolved, or the aim is unachievable e.g., the patient is unable to achieve upright position due to contractures, please seek advice from a relevant healthcare professional or make a referral to the appropriate service

### 3. HOW TO REFER?

Contact your local healthcare professional (i.e., GP, Nurse Practitioner, Dietitian, Enhanced Health in Care Homes team etc) to make a referral. Include a copy of this checklist within the referral form.

## **DYSPHAGIA MANAGEMENT CHECKLIST**

- Please use this checklist as you **watch the person have their usual meal.**
- Identify the areas of need by placing a tick in the 'Seen' column, if noted during the meal.
- Please use the 'Care Home notes' section at the end of the document to note your observations.
- 'Local Healthcare Professional' could be a GP, Care Home team, Advanced Nurse Practitioner, etc.
- For support completing the checklist, please refer to the guidance leaflet provided.
- **This checklist can be used as often as required but should never be used to overrule the advice of a healthcare professional.**

**If any of the problems observed persist after the actions have been completed, request a referral to your SLT team and enclose a copy of the completed checklist.**

**Alternatively, if all the observations have been resolved through the recommended actions, a referral to SLT is not required.**

**Checklist for Management of Eating, Drinking and Swallowing Difficulties**

**Name of patient:**..... **DOB:**..... **Date:**.....

**Person completing observation:** ..... **IDDSI consistencies observed:**.....

**Watch the person have a meal:** where you notice something, look on the checklist for recommended action:

Observation – time:	Seen	Aim	Action - time: date (if different):	Resolved?
Pain on swallowing			<a href="#"><u>Pain on swallowing must not be ignored. Please refer urgently via your weekly Home Round or GP.</u></a>	
Too drowsy to eat		Person is awake enough to eat/drink	<ul style="list-style-type: none"> <li>• If levels of alertness are variable, allow them to rest when tired, and encourage food and drink when alert.</li> <li>• Do ordinary strategies work (calling their name, shaking gently, orientating them, giving them something to take an interest in, little and often approach)?</li> <li>• Think as a team about why this person might be drowsy (medical factors/ill health, social issues - insufficient interest to maintain alertness, end-of-life issues, medication).</li> <li>• Consider a referral for a health review from your local healthcare professional.</li> </ul>	
Poor positioning: - head dropped down, making eating difficult - asymmetrical position (twisted or leaning to one side) - leaning back a long way, neck extended		Person can maintain the best possible sitting/head position to eat/drink	<ul style="list-style-type: none"> <li>• Consider altering their position by attention to seating/cushions.</li> <li>• Consider trialling ‘Nose Out’ cups</li> <li>• <a href="#"><u>Nose Cut Out Cup - Blue - NRS Healthcare Pro</u></a></li> <li>• <a href="#"><u>Nose Cut Out Cup (mobilitysmart.co.uk)</u></a></li> <li>• Does the positioning need specialist help? Please speak to your local healthcare professional</li> </ul>	

Observation – time:	Seen	Aim	Action - time: date (if different):	Resolved?
Difficulty holding cutlery and cups		Increase independence, client able to grasp utensils	<ul style="list-style-type: none"> <li>• Think with the team about why the person is having difficulty and what could be done?</li> <li>• Consider the need for adaptive cutlery, referral to your local healthcare professional</li> </ul>	
Putting food into the mouth too quickly – then having difficulties because of an over-full mouth		Person slows feeding rate to maximise swallow safety	<ul style="list-style-type: none"> <li>• Discuss with colleagues about managing this with verbal or physical prompts/reminders.</li> <li>• Giving a smaller spoon</li> <li>• Giving smaller mouthfuls of food/smaller sips of drinks</li> <li>• Cutting food into smaller pieces</li> <li>• Please refer to the Cramming leaflet.</li> </ul>	
Food/Drink pockets inside cheek		To ensure mouth is cleared between mouthfuls and after meal	<ul style="list-style-type: none"> <li>• Remind the person to check their cheeks during the meal and clear any residue.</li> <li>• If assisting, watch to see that a swallow has happened before giving the next mouthful e.g.: movement of Adam’s apple.</li> </ul>	
Difficulty/and or pain chewing		To make sure food is well chewed and moistened.	<ul style="list-style-type: none"> <li>• Look in the mouth for swellings, lumps, bleeding gums, ulcers, broken teeth, loose dentures and signs of infection e.g., oral thrush.</li> <li>• Ask the person (if able) if they are having any pain or discomfort chewing.</li> <li>• If any of the above are observed, wait until the resident finishes their meal and complete an oral health checklist.</li> <li>• Give food that is easier to chew remembering to check nutritional adequacy</li> </ul>	

Observation – time:	Seen	Aim	Action - time: date (if different):	Resolved?
Food/drink stays in the mouth for a long time		To make sure food does not build up in the mouth and to prevent aspiration/choking.	<ul style="list-style-type: none"> <li>• Give verbal reminders to swallow.</li> <li>• Enhance the flavour of the food and drink to stimulate and increase interest.</li> <li>• See Oral Holding leaflet.</li> </ul>	
Difficulty chewing usual diet texture		To make sure person can clear food from the mouth effectively	<ul style="list-style-type: none"> <li>• Give reminders to chew and if these are not successful give food that is easier to chew.</li> <li>• Any consideration for textures lower than Level 6 soft and bite-sized diet, <b>must</b> be referred to Speech and Language Therapy.</li> <li>• Discuss via the next weekly Home Round or with your Local Healthcare Professional</li> <li>• Refer to the leaflets provided in this checklist</li> </ul>	
Food falls from the lips		To stop food/fluid loss from mouth	<ul style="list-style-type: none"> <li>• Consider motivation for meals, food preferences and positioning.</li> </ul>	
Coughing when eating		Avoid aspiration	<ul style="list-style-type: none"> <li>• Suggest the person tries tucking chin towards the chest when swallowing.</li> <li>• Consider pacing and whether slowing the pace of eating reduces coughing</li> </ul>	

Observation – time:	Seen	Aim	Action - time: date (if different):	Resolved?
Coughing when drinking		Avoid aspiration	<ul style="list-style-type: none"> <li>• Reduce distractions and conversation.</li> <li>• Ensure positioning as upright and mid-line as comfortable.</li> <li>• Encourage small, single sips.</li> <li>• If using a spouted beaker or straw, try an open cup (with assistance if needed)</li> <li>• Try naturally thicker drinks (smoothies, tomato juice, hot chocolate made with full-fat milk) or discuss the use of thickener to slightly thick level 1 with your healthcare professional (1 scoop in 200mls)</li> </ul>	
Voice sounds gurgly after swallowing		Clear residue from throat	<ul style="list-style-type: none"> <li>• Remind the person to cough or clear their throat between mouthfuls.</li> </ul>	
Mouth is very dry – little or no saliva being made		Moisten mouth adequately to enable safe eating	<ul style="list-style-type: none"> <li>• Ensure that the person is well hydrated.</li> <li>• If the person is well hydrated and still producing little/no saliva please discuss this at your weekly Home Round.</li> </ul>	
Mouth is full of saliva that can't be managed		To reduce saliva production to a manageable level	<ul style="list-style-type: none"> <li>• Try prompting to swallow more frequently. Discuss at your weekly Home Round for consideration of cause.</li> </ul>	
Refusing food		Maintain adequate nutrition	<ul style="list-style-type: none"> <li>• If this persists for longer than expected for this individual, please escalate this urgently with your GP or at your weekly home round</li> </ul>	
Difficulty swallowing medication		To take medication safely	<ul style="list-style-type: none"> <li>• Contact your Pharmacist as soon as possible.</li> </ul>	

**General advice:**

- Thickeners are a prescription item and must be on a named patient basis only and reviewed if general health changes.
- Please ensure all fluids given with medication is given at the right consistency.
- GUM based thickener i.e., Nutilis clear, should not be used to thicken Nutritional supplements.
- Please refer to pharmacist or dietician to ensure nutritional supplements are prescribed at the correct IDDSI level.
- Please be aware that medication can have an impact on eating, drinking and swallowing difficulties as well as increase the risk of aspiration pneumonia. Please discuss any concerns with your local healthcare professional.
- An open cup is preferable to a beaker with a lid unless otherwise directed. It increases dignity and allows for a more natural pattern of drinking. Lids are generally only advised for people with movement/mobility disorders, or who are being given drinks in a compromised position. Please contact your SLT for further advice if required.

**Care Home observation notes:**

# The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.

