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Description automatically generated**Adult Speech and Language Therapy Service**

**Care Home**

**Dysphagia Management Checklist**

**This checklist does not apply to Adults with a Learning Disability (LD)**

**Please contact the LD SLT service on** [**CTALDHealthReferrals@Somersetft.nhs.uk**](mailto:CTALDHealthReferrals@Somersetft.nhs.uk)

If you are concerned that your resident has a swallowing problem, please follow this checklist before referring to Speech and Language Therapy (SLT).

Please note that you will need to provide evidence from the ***Dysphagia Management Checklist*** at the time of referral along with any swallowing diaries that have been completed. Referrals made without referencing the checklist will not be accepted. Y ou will then need to re-refer your resident with the required information.

**Please note we do not accept referrals for the following:**

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| Icon  Description automatically generated**Difficulties swallowing tablets** Please liaise with GP / Pharmacist  Icon  Description automatically generated**Individuals Who Choose Softer Options** Individuals do not need an assessment by our service if they are choosing softer foods due to personal preference / reduced dentition  Icon  Description automatically generatedIcon  Description automatically generated **Care Plan Review** We do not see patients unless there has been a clinical change in their eating and drinking pattern.   **Weight loss due to reduction in food / fluid intake with no other swallowing concerns.**  Complete MUST score and discuss with GP - refer to Dietitian if indicated | Icon  Description automatically generated**Problems with small appetite or reduced oral intake in the absence of any other signs of dysphagia** Try offering the individual a variety of food options such as puddings and regular snacks  If further concerns, please consult a Dietitian  Icon  Description automatically generated  **Vomiting after meals, coughing at night or increased mucous in the morning** This may suggest digestive issues  Please liaise with GP if concerns regarding reflux  Icon  Description automatically generated  **Saliva Management (dry mouth, excess saliva, drooling)**  Please liaise with GP / Pharmacist regarding appropriate medications |

**Text

Description automatically generated**In line with the Mental Capacity Act 2005 you must assess the resident’s capacity to consent to this checklist and gain their views about it. If the patient is accepting of the plan then you can implement the recommendations. Remember, if the person lacks capacity you must first check that others (such as family, LPA) are in agreement that it is in their best interests and document this in their care record. If the patient is objecting to, or not accepting of, the recommendations, please contact our service for further guidance.

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**Dysphagia Management Checklist**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NHS No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the resident have an Eating and Drinking Care Plan in place? **No Yes Date of Care Plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what are the recommendations? Fluids: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional advice / recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your resident has a deteriorating neurological condition (excluding Dementia) such as Huntington’s, Parkinson’s Disease, Multiple Sclerosis or Motor Neurone Disease, please telephone SLT for advice before completing the checklist.

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| **Sign / Symptom Identified** | **Management Suggestions** | **Date Management Plan Started By Staff** | **Review Outcome And Date**  *Document what has been trialled and outcome of these e.g. problem managed, problem continues, refer to SLT.* |
| 1. **Recurrent chest infections** | * GP review * Refer to SLT |  |  |
| 1. **Pain on swallowing** | * Inform GP * Consider referral to ENT if symptoms persist |  |  |
| 1. **Breathing difficulties** associated with eating and / or drinking | * Follow Eating and Drinking Safely Poster * Trial diet modification to reduce chewing and effort (e.g. IDDSI Level 6 / IDDSI Level 5) * Slow pace when eating and drinking * Make sure resident is upright and alert * Ensure head and neck are as upright as possible, even in bed |  |  |
| 1. **Oral care**   e.g. coating on tongue or dentition | * Ensure resident is wearing dentures and these are well-fitted if applicable * Ensure mouth is clean and clear before meals * Refer to dentist if concerns regarding dentures or dentition * Refer to GP if concerns regarding oral thrush |  |  |

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| 1. **Chewing difficulties**   e.g. chewing excessively or mouth holding | * Alternate food and fluids throughout the meal but avoid eating and drinking at the same time * Encourage to swallow using verbal prompts or offering an empty teaspoon to the lips - this can be a reminder that there is food in their mouth * Give small amounts at a time and do not offer more food until mouth is clear * Trial strong flavoured drinks, e.g. fruit juice along with adding strong flavours to food * If over chewing food, make sure any dentures are in place and fitting well * Check oral cavity is clean and no signs of infection * Modify food consistency: trial lower level diet (e.g. from IDDSI Level 7 to IDDSI Level 6) |  | This does not require an SLT assessment if no other signs of dysphagia. |
| 1. **Difficulty with self-feeding** e.g. holding utensils, requiring assistance | * Follow guidance on Eating and Drinking Safely Poster * Ensure head and neck are as upright as possible, even in bed * Make sure resident has glasses, hearing aids, dentures in place as needed * Trial use of utensils, e.g. plate guard, smaller cutlery to encourage self-feeding as able * If offering full assistance, ensure a slow pace, making sure mouth is clear before offering next one * Offer single sips of fluid and small mouthfuls of food * Offer verbal prompts as needed e.g. “Are you ready for another spoonful?” * Consider cutting food into smaller pieces before giving to the resident or offering finger foods |  |  |
| 1. **Food preferences**   e.g.spitting out lumps or choosing softer foods | * Trial softer foods with little to no lumps such as IDDSI Level 5 minced and moist / IDDSI Level 4 pureed * Keep record and monitor using swallowing diary * If resident is choosing softer foods, allow them to make this choice as per their preference |  | This does not require an SLT assessment if no other signs of dysphagia. |

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| 1. **Choking** | **One-off incident**   * Full supervision at all mealtimes for minimum of 2 weeks * Follow guidance on Eating and Drinking Safely Poster * Complete swallowing diary   **Recurrent choking episodes**   * Full supervision at all mealtimes and complete swallowing diary * Follow guidance on Eating and Drinking Safely Poster * Trial lower level IDDSI diet, e.g. IDDSI Level 6 from IDDSI Level 7 * Inform GP and refer to SLT |  |  |
| 1. **Coughing**   when drinking | * Follow guidance on Eating and Drinking Safely Poster * Ensure full supervision for all fluid intake * Complete fluid swallow diary for minimum of 3 days to record pattern, frequency and duration of coughing on fluids   **Follow these steps if resident coughing on fluids**   1. Trial small sips of thin fluids (IDDSI Level 0) from an open cup - avoid using beakers and straws 2. If still coughing, to trial thin fluids (Level 0) on a teaspoon to help control volume 3. If still coughing, trial thin clear fluids (water) whilst awaiting assessment as clear fluids are less damaging to lungs if aspirated 4. If there are still concerns of aspiration and / or drinking is causing distress due to level of coughing, trial IDDSI Level 1 fluids 5. All information / trials to be recorded on fluid swallow diary |  | If you have followed the above advice and there is ongoing coughing on fluids, refer to SLT. |
| 1. **Coughing**   when eating | * Follow guidance on Eating and Drinking Safely Poster and complete swallowing diary to monitor frequency of coughing when eating * Trial lower level IDDSI diet, e.g. from IDDSI Level 7 to IDDSI Level 6 |  | If you have followed the above advice and there is ongoing coughing when eating, refer to SLT. |
| 1. **Drowsiness** unable to eat and drink safely | * Contact GP * Consider times of day when resident most alert and offer oral intake if safe to do so * Follow Eating and Drinking Safely Poster guidance |  | Only refer to SLT if resident presents with swallowing difficulties when alert. |

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| 1. **Fast rate** **when eating and drinking** e.g.cramming, overfilling mouth | * Follow Eating and Drinking Safely Poster * Consider trialling a modified diet, e.g. IDDSI Level 6 soft and bite-sized * Reduce distractions at mealtimes * Full supervision for mealtimes * Provide verbal prompts to encourage slow pace * Provide physical prompts as appropriate / able, e.g. placing hand on arm in between mouthfuls. * Reduce food quantities given at a time * Trial use of smaller cutlery, e.g. teaspoon |  | Only refer to SLT if choking episodes have occurred as per choking guidance above. |
| 1. **Food residue**  e.g. not cleared from mouth after swallow | * Follow Eating and Drinking Safely Poster * Trial lower level IDDSI diet, e.g. from IDDSI Level 7 to IDDSI Level 6 * Make sure oral cavity is clean and clear before and after meals * Ensure regular oral care |  |  |
| 1. **Medically unwell**  e.g. due to infection or medical condition | * Contact GP for medical advice / management. * Monitor for signs of aspiration * Only offer oral intake is resident is alert enough to eat and drink safely * Consider modification of diet while unwell, e.g. IDDSI Level 5 minced and moist / IDDSI Level 4 pureed |  | This does not require a referral to SLT unless resident shows signs of difficulty when alert/well. |
| 1. **Positioning difficulties** e.g. unable to maintain upright position for oral intake and for at least 30 minutes afterwards | * Follow guidance of Eating and Drinking Safely Poster * Ensure resident is alert for mealtimes and their head / neck is as upright as possible, even in bed * Consider referral to physiotherapy or occupational therapy for positioning advice |  | If difficulties are just related to positioning, this does not require a referral to SLT. |
| 1. **Food refusal / reduced oral intake** | * Offer range of food and fluid options, taking into account resident’s preference * Make sure environment is calm for mealtimes * Offer food and fluid in smaller quantities, regularly throughout the day * Place spoon or cup to lips for taste / texture stimulation * Try stroking the lower lip / chin to stimulate mouth opening * Try “hand over hand” feeding technique * Give gentle encouragement and a verbal description of the food / drink * Ensure mouth is clean and check for any sign of infection * If resident is not eating, consider whether pain might be a factor - offer pain medication before mealtimes if prescribed * If sudden change in behaviour or eating patterns, check for any physical and / or mental health changes or infection. Contact GP if any concerns. |  | This does not require an SLT assessment if no other signs of dysphagia. |
| 1. **Wet voice**  e.g. after eating and / or drinking | * Follow Eating and Drinking Safely Poster * Provide verbal prompts to complete extra clearing swallows during mealtimes * Monitor for signs of aspiration |  |  |

**Final Outcome / Decision On Completion Of Checklist**

**Refer to Speech and Language Therapy: YES NO**

**Reason for referral to SLT (if not required put N/A):**

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**Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Countersigned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ensure this completed document is filed in your residents care plan along with any completed swallow diaries**

**If referring resident to the Speech and Language Therapy Service, please complete the online referral form**

**and include evidence from this checklist to support the referral**