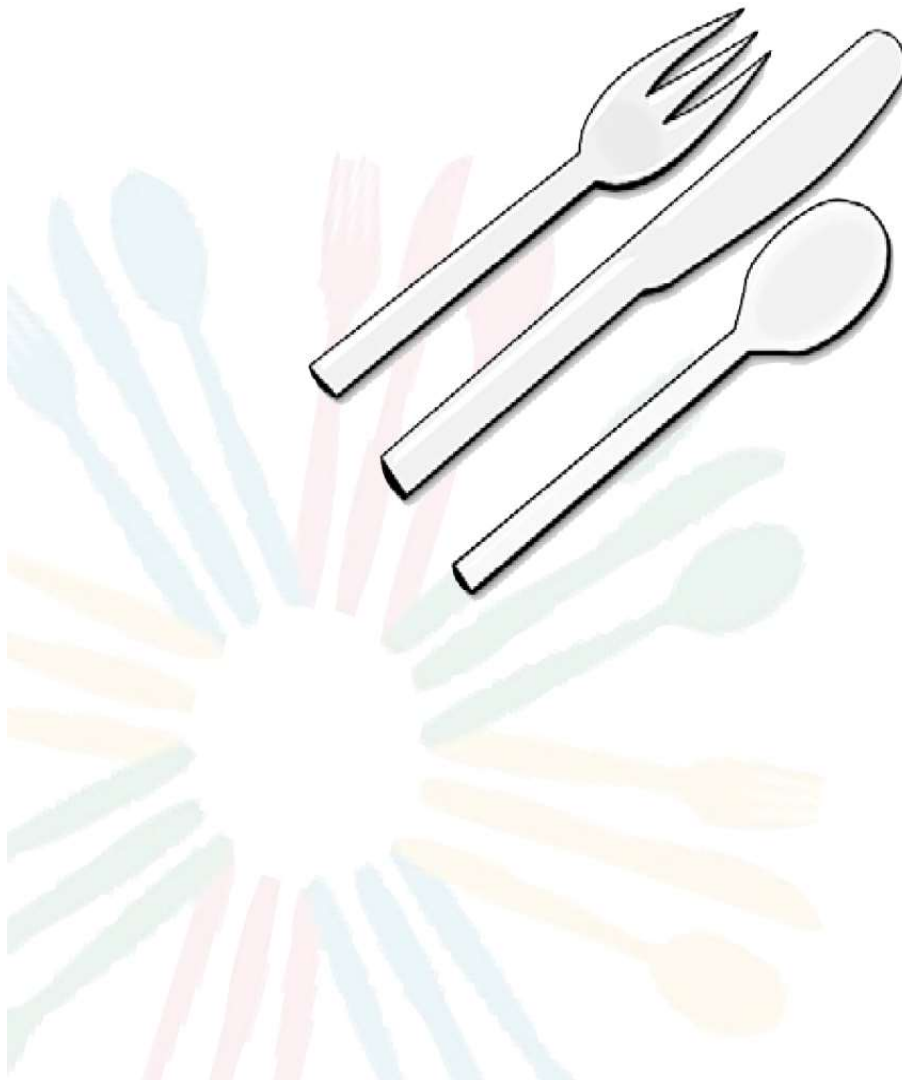


# Swallowing Matters



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## **INTRODUCTION**

Swallowing Matters has been developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in Lanarkshire.

This has been amended by NHS Highland, piloted in 2019 and launched in 2020.

It is hoped that this resource will assist care staff to identify how best to support residents with eating and drinking difficulties.

## **KEY FEATURES OF SWALLOWING MATTERS**

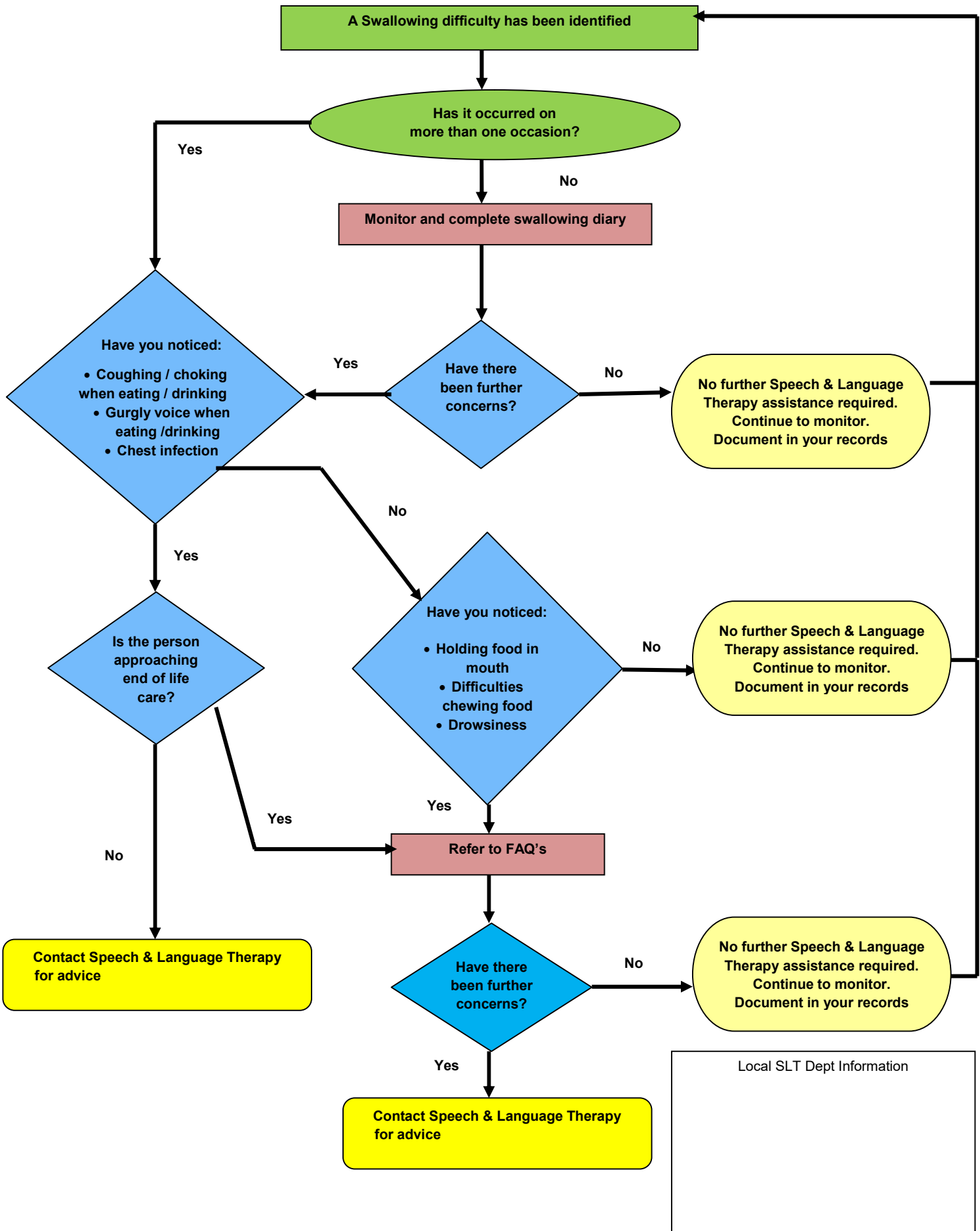
- ❖ A flow chart to aid decision making and provide guidance as to when assistance should be requested from Speech and Language Therapy.
- ❖ Practical tools which can be photocopied. An electronic version will also be made available to each service manager.
- ❖ An action plan to record outcomes for individual residents.

We would like to thank everyone who has contributed to this project.

Please contact your local Speech and Language Therapy (SLT) Department if you have any comments or questions about Swallowing Matters.

Local SLT Dept Information







# **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.

## **What should you do if:**

- 1. Q. The resident coughed with their lunch today**
  - A.** Please refer to the '**Swallowing Assessment Referral Guidance**' Flowchart
  
- 2. Q. The resident is having difficulty chewing food**
  - A.** Ensure teeth are clean and healthy. Ensure any dentures are in place, clean and well fitting. Check mouth is clean and moist with no signs of infection. Carry out oral care as required. If no concerns noted, try easier to chew foods. Consider completing '**Swallowing Diary**'.
  
- 3. Q. The resident is ....**
  - ❖ **Holding food in their mouth**
  - ❖ **Forgetting to swallow**
  - ❖ **Chewing food continuously**
  - ❖ **Spitting food out**
  - A.** These behaviours are most commonly associated with dementia and adults with a learning disability. Food or fluid modification will often not resolve this issue.  
Please refer to '**Mealtime Concerns**'  
Consider giving the '**Swallowing Advice and Information Leaflet**' to residents and carers
  
- 4. Q. The resident has infrequent / inconsistent difficulties**
  - A.** Please monitor and complete 'Swallowing Diary'.  
Please refer to the '**Swallowing Assessment Referral Guidance**' flowchart.
  
- 5. Q: The resident cannot swallow tablets/ refuses Medication**
  - A.** A general principle would be to offer 1 tablet at a time.  
SLT are unable to recommend changes in medication. Please discuss options with GP / Pharmacist, Nurse Practitioner or Community Learning Difficulties Nurse, e.g. liquid medication or medication with food etc.  
For further information see reference list: Scottish Palliative Care Guidelines
  
- 6. Q. The resident is drooling**
  - A.** Please discuss with GP or Pharmacist regarding appropriate medications
  
- 7. Q. The resident is approaching end of life care**
  - A.** Please refer to reference list: **Scottish Palliative Care Guidelines**

**8. Q. The resident is having difficulty drinking from a straw / spouted beaker.**

- A.** Has a straw or adapted beaker been recommended by the SLT Team? If so, contact the SLT Department for assistance.

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.

Monitor for further signs of swallowing difficulty.

**9. Q. The resident is falling asleep / drowsy when eating / drinking**

- A.** Please note it is not safe to offer oral intake if the resident is drowsy or has reduced consciousness levels. Try offering diet / fluids if / when the resident becomes more alert. Give the resident plenty time to wake up before a meal. Keep the resident's mouth clean. Make sure appropriate snacks are available and high calorie foods if they are not eating much.

Consider medical status and prognosis – is the resident approaching end of life?

If unsure consider discussion with GP/ Nurse Practitioner.

**10. Q. The resident is not eating / drinking enough and / or losing weight**

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

If the resident 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 resident's daily nutritional requirements are not being met, due to significant weight loss / MUST 2 or greater, please refer to Dietetic Services as per local guidelines.

**11. Q. The resident is vomiting after meals / coughing at night / has lots of mucous in the morning.**

- A.** This may suggest digestive issues.  
Concerns regarding reflux or vomiting should be directed to the GP/ Nurse Practitioner.

**12. Q. The Resident has extreme selective eating**

- A.** Try to identify specific anxieties around particular foods or eating.

Use activities and stories to talk about new foods

Plastic coated spoons can be tried

Trial other textures of foods outside meal times.



# **MEALTIME CONCERNS**

## **HOW TO USE**

This tool has been designed to help guide you in supporting mealtime challenges and recognise when a request for Speech and Language Therapy (SLT) assistance may be appropriate.

People living with Dementia and other conditions including adults with a Learning Disability, often develop eating and drinking difficulties, especially in the later stages of an illness. Although Swallowing Matters focuses on Dementia, much of the advice is applicable to anybody who is having difficulty.

People can have a variety of difficulties at mealtimes and these issues can change and evolve over time. Mealtime Concerns can help you to identify a specific concern or concerns, and then select advice / strategies to try with the person. This can be developed into a personalised plan for all staff/carers to work towards and can be included in the resident's care plan.

Some of the concerns may lead to an SLT request for assistance, and these are highlighted in bold. If you have used Mealtime Concerns prior to contacting SLT you may have essential information that could help the Speech and Language Therapist in their assessment and when making recommendations.

Mealtime Concerns may also help you monitor for changes or deterioration in eating / drinking as some conditions are progressive in nature.

If you have any questions or wish to discuss anything further, please contact your local SLT Department.



## MEALTIME CONCERNS

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

√	Concern or Issue	Advice or potential strategy	√
	Distracted from eating / Talks whilst eating	Remind the resident to eat, where they are and what they are eating. Discourage talking while eating	
		Reduce glare / reflections from windows by closing curtains and ensuring shades are on light bulbs	
		Ensure there is a contrast between chairs, floor, plates and table	
		Try using contrasting coloured crockery – remember primary colours are often recognisable for longer than pastel colours	
		Reduce background noise - switch off TV, Radio, nearby appliances. Playing soft music has been shown to help	
		Keep immediate dining area free from unnecessary visual distraction e.g. condiments, pictures, ornaments, vases	
		Use the environment to show the resident it will soon be time to eat – cutlery, apron, discuss menu, etc.	
		Find out what suits each individual e.g. sitting on their own, with others, etc.	
	Plays with food	Give verbal prompts to keep eating e.g. “You’ve still got some food there, keep going”	
		Consider finger foods	
	Refuses food and drink / not eating enough	Allow residents to finish if ¾ of the meal is taken. If less, then keep encouraging. Ensure you know the resident’s preferences	
		Give a positive description of the food / drink and flavours e.g. “There’s a lovely cream cake here, with strawberries on it, your favourite”	
		Try enhancing flavours – e.g. adding additional spices, herbs, onion, garlic, chilli, lemon juice	
		Assist the resident with feeding if felt appropriate and they will allow	
		Consider whether pain might be a factor. A person with Dementia may be unable to report their own pain. Consider giving any pain medication an hour before the meal	
	Difficulties with self - feeding	Ensure environment is ready for mealtime (reduce noise, soft music if appropriate, mealtime routine, etc.)	
		Ensure hands are clean, glasses / hearing aids / dentures in place as needed	
		Check resident’s food and drink preferences, and any prior swallow recommendations	
		Ensure head and neck are as upright as possible, even in bed	

√	Concern or Issue	Advice or potential strategy	√
	Difficulties with self – feeding (continued)	Verbal prompts as needed e.g. “are you ready to take another spoonful?”	
		Consider: appropriate implements, appropriate pace and size of mouthful	
	Resists help with meal	Consider cutting food into small pieces before giving meal	
		Consider finger foods to avoid difficulties with cutlery	
		Have a familiar member of staff offer assistance – this may help create routine and make the resident feel more at ease	
	Eats too quickly / overfilling mouth	Prompt the resident to slow down	
		Offer meals with a teaspoon rather than knife, fork, spoon	
		Offer small portions at a time only	
	Prolonged chewing without swallowing	Make sure any dentures are in place and fit well	
		Give verbal prompts to swallow e.g. “there’s food in your mouth, try to swallow”	
		Give small amounts at a time and do not offer more food until the mouth is clear	
		Make a note of problematic foods and consider avoiding	
		We recommend an upright posture for eating and drinking with head straight and chin level. Try to avoid the resident tipping their head back. Keep the resident sitting up after the meal for at least half an hour	
		<b>CONTACT SLT IF THERE SEEMS TO BE A PATTERN WITH MORE COMPLEX TEXTURES</b>	
	Spits out food	Try not to make a fuss and think about personal preference and taste	
		Offer another part of the meal, or alternative food if possible	
		Avoid bitty foods or mixed textures (biscuits, soup with bits, food with skins)	
	Refuses to open mouth	Leave the resident initially – return in a few minutes	
		Place food on spoon or cup at lips for taste / texture stimulation	
		Leave finger foods within reach if the person is able to feed themselves	
		Try stroking the lower lip down to the chin to stimulate mouth opening	
		Give gentle encouragement / verbal description of the food / drink e.g. “I’m going to give you some carrots now”	

√	Concern or Issue	Advice or potential strategy	√
	Refuses to open mouth (continued)	If resident is not eating, consider whether pain might be a factor. A person with dementia may be unable to report their own pain. Consider giving any pain medication an hour before the meal	
	Mouth sensitivity	Individuals may have problems brushing teeth, changing textures in a meal, spitting out or gagging	
		Look out for patterns in type of foods being eaten and offer meals around those preferred options	
		Trial introducing different textures gradually in a variety of different ways but separately to a meal time	
	Reduced chewing before swallowing	Given verbal prompts to keep chewing e.g. "keep chewing that biscuit"	
		Make a note of problematic foods and look out for a pattern with textures	
		<b>CONTACT SLT IF THERE ARE CONCERNS ABOUT CHOKING OR A PATTERN EMERGES</b>	
	Holds food in mouth	Encourage self feeding where possible. This may require some direct assistance initially	
		Give verbal prompts to chew and swallow e.g. "You have food in your mouth, keep chewing and try and swallow it"	
		Alternate food and fluids throughout the meal but avoid eating and drinking at the same time	
		Check that the mouth is clear between each mouthful. Do not offer more until the mouth is clear	
		Give gentle encouragement / verbal description of the food e.g. "I'm going to give you some carrots now" / "I'm going to give you a sip of your juice / tea"	
		Try placing an empty spoon against the lips. This can be a reminder that there is food in the mouth	
		We recommend an upright posture for eating and drinking with head straight and chin level. Try to avoid the resident tipping their head back. Keep the resident sitting upright after the meal for at least half an hour	
	Coughs or chokes at mealtimes	Monitor for patterns with specific foods or difficulties happening more often	
		Are there any other signs of aspiration – recurrent chest infections, weight loss?	
		Do not thicken fluids unless recommended by SLT	
		We recommend an upright posture for eating and drinking with head straight and chin level. Try to avoid the resident tipping their head back. Keep the resident sitting upright after the meal for at least half an hour	
		<b>CONTACT SLT IF DIFFICULTIES ARE HAPPENING FREQUENTLY AND / OR OTHER SIGNS OF ASPIRATION ARE PRESENT</b>	

Outcome (e.g. what strategies trialled and if success, request for assistance from SLT)	

# SWALLOWING DIARY

Resident Name: \_\_\_\_\_

Monitor swallowing difficulties by recording them in the table below.

Date	Time	What was the difficulty with? (specify food / drink)	What happened? (e.g. coughed, choked, had to clear throat, had to take a drink)	How were they feeling? (e.g. tired, unwell, needed medication)	Position (standing?, sitting?, lying in bed?)	Comments

Continued.....

Resident Name: \_\_\_\_\_

Date	Time	What was the difficulty with? (specify food / drink)	What happened? (e.g. coughed, choked, had to clear throat, had to take a drink)	How were they feeling? (e.g. tired, unwell, needed medication)	Position (standing?, sitting?, lying in bed?)	Comments

**Outcome:** (e.g. pattern when tired, only odd occasions, request for assistance from SLT)



# **SWALLOWING AND END OF LIFE CARE**

Swallowing deterioration can be part of the normal dying process. The focus of care at this time should be comfort, and it is important that we follow any eating and drinking wishes that the resident or their family may have expressed.

A direct SLT assessment is not usually indicated as the aspiration risk often cannot be reduced. However SLT can provide advice to try to maximise the comfort of residents and their families, and this can be documented within an individual's care plan.

The following advice may help you support residents with comfort, nutrition and hydration at this time:

## **What should you do if:**

### **1. Q. You are not sure if the resident is nearing end of life**

A. Contact the GP to discuss the resident's condition

### **2. Q. The resident is in the last days of their life**

A. Please refer to The Scottish Palliative Care Guidelines

### **3. Q. The resident is looking for oral intake**

A. Oral intake should be offered as the person wishes, taking their own comfort into account

### **4. Q. The resident is coughing or spluttering when eating and drinking**

A. Oral intake should be offered as the person wishes, taking their own comfort into account

### **5. Q. The resident is coughing during oral intake and is distressed**

A. Try smaller amounts via teaspoon

Stop and try again later as there may be some variability in the resident's swallow

Make sure the resident is sufficiently alert for oral intake

**6. Q. Staff and / or family are distressed by coughing during oral intake**

- A. If the resident is not distressed then offer oral intake as they wish  
Remember that swallowing deterioration can be part of the normal dying process  
The focus of care at end of life is comfort for the individual

**7. Q. The resident is drowsy or has reduced consciousness**

- A. This can be normal as someone is nearing the end of life  
Only offer oral intake when the resident is sufficiently alert  
Try at regular intervals throughout the day as alertness may be variable

**8. Q. The resident isn't eating or is eating less**

- A. A reduced need for food is part of the normal dying process  
Try offering preferred flavours  
Offer oral intake as the resident wishes  
Please refer to Reference list for useful website links

**9. Q. The resident has a dry mouth**

- A. Regular mouth care is important even in the last few days of life  
Refer to the Mouth Care section of the Scottish Palliative Care Guidelines

Please contact your local Speech and Language Therapy Department if you would like to discuss any individual case or are looking for any further advice.

# INTERNATIONAL DYSPHAGIA DIET DESCRIPTORS: QUICK GUIDE (IDDSI)

	✓	✗
<b>Level 7 (Regular Diet)</b>	<ul style="list-style-type: none"> <li>• Includes hard, tough, chewy, fibrous, stringy, dry, crunchy and crumbly foods.</li> <li>• Includes mixed textures and sticky foods</li> <li>• (e.g. cheese chunks, marshmallows) and 'floppy' foods (e.g. lettuce, cucumber)</li> </ul>	Speech and Language Therapy (SLT) may advise specific caution or to avoid high risk foods. This advice is made on an individual basis.
<b>Level 7 (Regular – Easy To Chew)</b>	<ul style="list-style-type: none"> <li>• Normal everyday soft / tender foods and textures.</li> <li>• Any method can be used to eat these foods (e.g. fork, spoon, fingers)</li> <li>• Food piece size not restricted</li> <li>• Should be able to "bite off" pieces of soft / tender food</li> <li>• Should be able to chew pieces and swallow without tiring easily</li> <li>• Tongue should be able to move food around and apply pressure until food is ready to be swallowed.</li> <li>• May include mixed thin and thick textures together but SLT should advise</li> </ul>	<p>No hard, dry tough, chewy, fibrous textures or foods which have pips / seeds, bones or gristle. No hard chunks. No crispy, crunchy or sharp / spiky foods. No sticky or gummy foods. No stringy food</p> <p>Where mealtime supervision is required this level should only be used under the strict recommendation and written guidance of a qualified health professional</p>
<b>Level 6 (Soft and Bite-sized)</b>	<ul style="list-style-type: none"> <li>• Bite-size pieces no bigger than 1.5cm x 1.5cm in size</li> <li>• Soft, tender and moist throughout with no separate thin liquid</li> <li>• Dishes may need a thick, smooth sauce or gravy</li> <li>• Can be eaten with a fork or spoon</li> <li>• Can be mashed / broken down with pressure from a fork or spoon</li> <li>• A knife is not required to cut this food</li> <li>• Chewing is required before swallowing</li> <li>• Tongue force and control is required to move the food for chewing and keep it within the mouth.</li> </ul>	No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round / long shaped food (e.g. sausages, sweets); no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatine) or 'floppy foods' (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells (e.g. peas, grapes), skins (e.g. chicken skin), Husks (e.g. bran), no sharp or spiky foods (e.g. corn chips)
<b>Bread</b>	<b>No bread unless assessed directly by SLT</b>	
<b>Level 5 (Minced and Moist)</b>	<ul style="list-style-type: none"> <li>• Soft and moist with no separate liquid (drain excess liquid)</li> <li>• Can be eaten with a fork or spoon</li> <li>• Can be scooped and shaped (e.g. into a ball shape)</li> <li>• These foods may be served or coated with thick, smooth gravy or sauce</li> <li>• Small lumps visible within the food – no bigger than 4mm lump size (distance between standard fork prongs)</li> <li>• Lumps are easy to squash with the tongue</li> <li>• Minimal chewing is required</li> <li>• Meats – if texture cannot be finely minced it should be pureed</li> </ul>	Minimal chewing is required, biting is not required; no hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round / long shaped foods (e.g. sausages, sweets); no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatine) or 'floppy foods' (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells (e.g. peas, grapes), skin (e.g. chicken skin), Husks (e.g. bran); no sharp or spiky foods (e.g. corn chips) no crispy (e.g. crackling, crispy bacon, etc.); no juicy foods where the juice separates from the solid in the mouth (e.g. water melon)

For more information: [www.iddsi.org](http://www.iddsi.org)

Continued ...

## INTERNATIONAL DYSPHAGIA DIET DESCRIPTORS: QUICK GUIDE CONTINUED

	✓	✗
<b>Level 4 (Pureed)</b>	<ul style="list-style-type: none"> <li>• Does not require chewing</li> <li>• Usually eaten with a spoon, a fork is possible</li> <li>• Can be piped, layered or moulded</li> <li>• Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate</li> <li>• No lumps</li> <li>• Not sticky</li> <li>• A food that has been pureed and sieved to remove small bits</li> <li>• Liquid must not separate from solid</li> <li>• A thickener may be added to maintain stability</li> </ul>	<p>No bits; no fluid has separated out; not sticky in mouth; does not require chewing; no crust, skin, fibres, gristle or husks; cannot be poured; does not spread out when spilled; No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round / long shaped food (e.g. sausages, sweets); no hard chunks; no sticky or gummy goods (e.g. cheese chunks, marshmallows, nut butter, edible gelatine) or 'floppy foods' (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells (e.g. peas, grapes), skin (e.g. chicken skin), Husks (e.g. bran); no sharp or spiky foods (e.g. corn chips)</p> <p>No crispy (e.g. crackling, crispy bacon, etc.); no juicy foods where the juice separates from the solid in the mouth (e.g. water melon)</p>
<b>Level 3 (Liquidised)</b>	<ul style="list-style-type: none"> <li>• Food that cannot be piped, layered or moulded on a plate and spreads out if spilled on a flat surface</li> <li>• Cannot be eaten with a fork because it drips slowly in dollops through the prongs</li> <li>• Can be eaten with a spoon</li> <li>• No chewing required</li> <li>• Smooth textures with no 'bits' (lumps, fibres, bits of shell or skin, husk, particles of gristle or bone)</li> </ul>	<p>No bits; no fluid has separated out; not sticky in mouth; does not require chewing; no crust, skin, fibres, gristle or husks; No hard, tough, chewy, fibrous, stringy, dry, crunchy or crumbly bits; no mixed textures; no loose fluid; no round / long shaped food (e.g. sausages, sweets); no hard chunks; no sticky or gummy foods (e.g. cheese chunks, marshmallows, nut butter, edible gelatine) or 'floppy foods' (e.g. lettuce, cucumber); no pips seeds or pith, no skins or outer shells; (e.g. peas, grapes), skin (e.g. chicken skin), Husks (e.g. bran) no sharp or spiky foods (e.g. corn chips), no crispy (e.g. crackling, crispy bacon etc.), no juicy foods where the juice separates from the solid in the mouth (e.g. water melon)</p>
<b>Transitional Foods</b>	<ul style="list-style-type: none"> <li>• Foods that start as one texture but change into another when moisture is added or temperature changes (e.g. ice-cream, wafer),</li> <li>• Minimal chewing is required.</li> <li>• Tongue pressure can be used to break the food down</li> <li>• A health professional may suggest they can be used with Level 5, 6, or 7</li> <li>• Care should be taken when using transitional foods</li> </ul>	

For more information: [www.iddsi.org](http://www.iddsi.org)

Continued ...

## INTERNATIONAL FLUID DESCRIPTORS: QUICK GUIDE

<b>Level 0</b> <b>(Thin fluids)</b>	No thickener required; any thin fluid	e.g. water, tea without milk, coffee without milk, diluted squash
<b>Level 1</b> <b>(Slightly Thick)</b>	Some drinks may naturally be slightly thick (like some fruit nectars and milk) Thin liquids would need thickened to the Slightly Thick level. Thicker than water but still thin enough to flow through a straw.	e.g. Some fruit nectars and milk
<b>Level 2</b> <b>(Mildly Thick)</b>	Thickener required, though some fluids may not require modification e.g. thick milkshake. Effort is required to drink this thickness through a standard bore straw (5.3mm diameter); pours quickly from a spoon but slower than thin drinks, sippable	
<b>Level 3</b> <b>(Moderately Thick)</b>	Thickener required: Can be drunk from a cup; Can be taken by a spoon. Easily pours from a spoon when tilted, does not stick to a spoon. Some effort is required to suck through a standard bore straw or wide bore straw (wide bore straw 6.9mm)	Cannot be taken with a fork because it drips through the prongs. No 'bits'
<b>Level 4</b> <b>(Extremely Thick)</b>	Thickener required: Usually eaten with a spoon. Cannot be drunk through a straw; cannot be drunk from a cup, shows some very small movement under gravity, but cannot be poured	Needs to be taken with a spoon

For more information: [www.iddsi.org](http://www.iddsi.org)

### Handy Hints

- ❖ Use a fork or shaker to thicken
- ❖ Add more fluid if the drink becomes over thick

# HIGH RISK FOODS

The following foods may be more difficult to chew and swallow. These may stick in the throat or 'go down the wrong way'. It can be beneficial to be more cautious with these foods or avoid them if they are particularly difficult.

## Mixed consistencies:

- e.g.
- Mince with thin gravy
  - Orange / grapefruit segments
  - Runny porridge with milk
  - Dunked biscuits

## Dry or crumbly foods:

- e.g.
- Biscuits
  - Pastry
  - Crisps
  - Rice
  - Toast
  - Crackers

## Fruit and vegetables with a husk or skin:

- e.g.
- Beans
  - Apples
  - Peas
  - Sweetcorn
  - Grapes
  - Tomatoes

## Leafy vegetables:

- e.g.
- Cabbage
  - Lettuce
  - Sprouts

## Very chewy foods:

- e.g.
- Meat
  - Toffee
  - Fresh fruit
  - Crispy vegetables, especially if raw
  - Boiled sweets

## Stringy, fibrous textures:

- e.g.
- Pineapple
  - Celery
  - Runner beans
  - Lettuce

## Transitional foods:

- e.g.
- Ice cream
  - Sorbet
  - Chocolate
  - Wafer biscuits
  - Cheesy puffs

If the resident is having difficulty eating or drinking and you would like further advice, please contact your local Speech and Language Therapy Department.



# Action Plan



Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

Section	Used (tick)	Outcome (e.g. success, no change, request for assistance from SLT)
Frequently Asked Questions (FAQ)		
Mealtime Concerns		
Swallowing Diary		
Swallowing and End of Life Care		
Quick Guide to Food & Fluid Consistencies		
High Risk Foods		
Final outcome:		







# Swallowing Advice And Information

This leaflet provides information about swallowing difficulties. It offers practical advice and suggestions that may help support eating and drinking.

This guide gives general advice only. For specific advice or to discuss any concerns you may have, please contact your local Speech and Language Therapy Department.

# SWALLOWING DIFFICULTIES

Eating and drinking is an integral part of our daily life. We often take for granted how automatic this process is. Some conditions (E.g. Dementia, Learning Disability, Stroke, Multiple Sclerosis etc) can interfere with the process involved in making eating, drinking and swallowing a safe and enjoyable experience.

Mealtimes can become more challenging and it may be hard to work out what is happening and why. This may be particularly difficult if the person also has communication difficulties, as they may be unable to explain what they are experiencing.

It is good to identify factors which are likely to lead to problems and adapt before complications develop.

Difficulties might include:

- ❖ Distraction
- ❖ Not recognising food or drink
- ❖ Holding food in the mouth
- ❖ Not opening the mouth
- ❖ Refusing food or drink
- ❖ Difficulties with chewing
- ❖ Coughing and choking when eating and drinking

There are many practical hints and tips to try and make the most of mealtimes. The following information will include advice on:

- ❖ Preparing for Mealtimes
- ❖ The Environment
- ❖ Identifying swallowing problems
- ❖ Assisting at mealtimes

## **PREPARING FOR MEALTIMES**

- ❖ Reduce distractions – turn the TV / Radio off, reduce clutter in the surrounding area. Playing soft background music has been shown to help.
- ❖ Make sure the person does not need the toilet and that they are comfortable.
- ❖ Make sure any pain is addressed well in advance of the mealtime.
- ❖ Ensure the person is wearing their glasses, hearing aids or dentures if required. Sight, smell, hearing and taste have a huge role in stimulating the appetite and the swallowing reflex.
- ❖ Be aware of the effect of medication on eating and plan medication accordingly.
- ❖ Ensure good mouth care to increase comfort and decrease any pain or discomfort. This can reduce chest infections in the case of people with swallowing problems.
- ❖ Ensure that visual cues are used e.g. symbols, photographs or objects.
- ❖ Ensure a mealtime routine is established in order to give as many cues as possible that the mealtime is about to happen.

## **THE ENVIRONMENT**

- ❖ Ensure the person is in a good position. For swallowing, the best position is sitting upright.
- ❖ Only put out the essentials, if having soup you only need to put out a spoon.
- ❖ If crockery is a different colour from the table or tablecloth it can increase awareness of the crockery.
- ❖ Ensure there is adequate lighting and be aware of any sensitivities.
- ❖ Make food look and smell appealing. Use different colours, textures and smells. The aroma of cooking can stimulate someone's appetite.
- ❖ Explain what the food is and encourage small amounts regularly.
- ❖ Finger foods can be easier for people who are easily distracted or who prefer to be on the move.
- ❖ Make sure the temperature of the food is right as people can lose the ability to judge the temperature.
- ❖ Provide fluids regularly. The sensation of thirst can change, so people sometimes benefit from encouragement.
- ❖ Use a clear glass so the person can see what's inside, or a brightly coloured cup to draw attention to it.

## IDENTIFYING SWALLOWING PROBLEMS

People can develop swallowing difficulties and there may be a risk of food or drink going down the wrong way. It is important to look out for the warning signs.

Everybody coughs on their food occasionally, but if there are concerns please seek medical advice and / or consult your local Speech and Language Therapy Service.

### SIGNS OF SWALLOWING DIFFICULTIES INCLUDE:

- ❖ Coughing or choking
- ❖ A gurgly or moist sounding voice during or after eating / drinking
- ❖ A change in breathing rate after eating / drinking
- ❖ Throat clearing
- ❖ Pocketing food in mouth
- ❖ Reduced chewing, particularly with textured foods. If this is noted the person may benefit from eating softer foods

### OTHER SIGNS OF SWALLOWING DIFFICULTIES CAN INCLUDE:

- ❖ Recurrent chest infections
- ❖ Avoiding / refusing food or drinks
- ❖ Dehydration
- ❖ Weight Loss
- ❖ Not coping with saliva / secretions
- ❖ Extreme selective eating

It may be helpful for you to keep a diary of any swallowing difficulties. Please see the example in the Swallowing Matters Pack, (pages 15 & 16). This may be a useful tool to help monitor any issues.

## ASSISTING AT MEALTIMES

- ❖ Encourage independence at mealtimes as much as possible.
- ❖ Try and position yourself at eye level as much as possible and be aware of personal preferences.
- ❖ Make sure you are in a comfortable position so the mealtime is relaxed.
- ❖ Tell the person what you are giving them.
- ❖ Try not to talk to anybody else whilst giving the person their food as it can be distracting.
- ❖ Keep your language simple and avoid distracting the person by talking too much
- ❖ Ensure the person is being given the appropriate consistencies of food / drink if they are on a modified diet.
- ❖ Offer sips of fluid throughout the meal but avoid eating and drinking at the same time.
- ❖ Consider what may be useful. This could be a teaspoon for someone who overfills their mouth, a smaller plate for someone who doesn't enjoy a larger portion, or their favourite cup.
- ❖ A verbal prompt to swallow may be helpful.
- ❖ Softer foods may be easier for some people to manage.
- ❖ Dry, crumbly foods can be more difficult to manage. See IDDSI.org for examples of foods that are difficult to chew and swallow.

## FURTHER INFORMATION

 Alzheimer's Scotland: [www.alzscot.org](http://www.alzscot.org)

 Alzheimer's UK: [www.alzheimers.org.uk](http://www.alzheimers.org.uk) – Eating and Drinking

 Contact your local SLT Department





# Communication Advice And Information

This leaflet provides information about communication difficulties. It offers practical advice and strategies that may make communicating easier.

This guide gives general advice only. For specific advice or to discuss any concerns you may have please contact your local Speech and Language Therapy Department.

## COMMUNICATION DIFFICULTIES

Communicating with others is vital to express our needs, wishes and feelings. It is essential to maintain our quality of life and our sense of identity.

Communication is not just talking but about how we show other people what we want to say. This might include our facial expressions, body language and gesture.

It can be very frustrating when you are trying to tell somebody something and they don't understand.

Some conditions (E.g. Dementia, Learning Disability, Stroke, Multiple Sclerosis etc.) affect the brain in a way that can interfere with the usual way of communicating – speaking, listening, reading and writing. It can be a very difficult change to adjust to and it is important to remember that it doesn't always matter **how** the message gets across but that it does.

Everyone has different experiences in their journey however difficulties might include:

- ❖ Memory problems
- ❖ Finding the right words
- ❖ Understanding what people are saying
- ❖ Repetitive themes and ideas
- ❖ Attention and concentration difficulties
- ❖ Holding a conversation
- ❖ Communicating thoughts and feelings
- ❖ Understanding symbols and photos
- ❖ Understanding the passage of time



## THE COMMUNICATION ENVIRONMENT

The environment can affect how successful our communication is. Consider the following to make life easier for yourself and the person you are communicating with:

- ❖ **Sit facing the person you are communicating with** – facial expression, body language and everyday gestures help get the meaning across.
- ❖ **Reduce distractions** – it can be harder to concentrate when there are lots of distractions. Try clearing tables and surfaces.
- ❖ **Vision** – make sure glasses are worn if needed. Some people are affected by glare, reflections, low light and / or if there isn't much contrast between objects. Windows and mirrors can be distracting.
- ❖ **Hearing** – make sure aids are worn if needed. It can be hard to tell if there are problems with hearing or understanding. Some people have both. Reducing background noise can help. Try turning down the TV or radio or going somewhere quieter.
- ❖ **Do not challenge what the person is saying** – as this can cause stress and anxiety; agreement results in positive interactions and can reduce distressed behaviour.
- ❖ **Visual communication** – It is important to use visual supports if recommended, to aid communication.
- ❖ **Verbal communication** – Keep sentences short and language simple. Try to avoid overloading with lots of details.

**A positive communication environment can make you feel calm and relaxed and facilitate communication**

## WHAT CAN AFFECT COMMUNICATION?

Changes in **memory** can be one of the most upsetting aspects of Dementia for the person and their carers.

This can seriously affect communication. Repeatedly asking about the same things or having no memory of visits / conversations can often be frustrating for everyone.

### What can you do?

- ❖ **Memory aids** – a diary, alarm, labelling, written prompts or reminders can ensure medications are taken, appointments are attended and can help in locating items around the home.
- ❖ **Visual supports** - use as much of this as possible in the environment e.g. photographs to point to, when talking about family and loved ones and pictures of symbols on door and cupboards to say what is inside etc.
- ❖ **Communication books / boards** – these can be useful to document a conversation, a visit or an important event and will often be a good memory jogger. Use visual timelines to support the persons understanding of what is happening in their day, or use books of symbols to take out with them to help understand what is happening next.
- ❖ **Life Story or Memory Books** – can be a good way of documenting information that is time and again forgotten and that they cannot pass on themselves. It can remind people where they are and who the people around them are. Many people find them familiar, reassuring and comforting. Some people enjoy photos of familiar faces.
- ❖ **Routine** – many people find routines help their memory and help their understanding of everyday events. It builds familiarity in situations. Even simple things like always keeping your keys in the same place can be helpful.
- ❖ **Keeping language simple** - Try to keep language simple. Give information in small chunks and when talking about people use their names.

## **SPEECH**

Many people report difficulty finding the right words. Sentences can become muddled and sometimes this can lead to them saying less than they normally would.

### **What can you do?**

#### **Encourage the person to:**

- ❖ **Stay calm**
- ❖ **Use another word**
- ❖ **Describe** the thing that they are thinking about
- ❖ **Use their hands** – sometimes showing people what you mean or pointing to it is enough to get your message across
- ❖ **Write or draw**
- ❖ **Give a clue** – use things around the room – calendars, photos, etc.
- ❖ **Keep it simple**
- ❖ **Clarify** – It's important to keep the conversation on the right track

## UNDERSTANDING

Understanding what people are saying can be difficult at times. This can be worse if people give a lot of information at one time, or if there are different people speaking at the same time. A noisy environment can make this even more challenging.

### What can you do?

- ❖ **Get attention** – try to ensure the person is paying attention to you by using their name and / or gently touching their arm if needed.
- ❖ **Use short simple sentences** – it is easier to process small amounts of information at a time. If there is a lot of information to convey, do it in chunks. Make sure one message is passed on at a time.
- ❖ **Emphasize key words** – this lets the brain filter the important information in a simple way. Writing or drawing key words or objects may help.
- ❖ **Non-verbal communication** – is just as important. Gesture, facial expression and tone can help you get your message across.
- ❖ **Ensure one person speaks at a time** – too much to concentrate on and process at the same time means lots of information is lost. Keep it calm and simple.
- ❖ **Objects, Photographs, Calendars and Pictures** – can be useful tools to show what you mean. They can be more instantly recognised.

## FURTHER INFORMATION

- ✚ Alzheimer's Scotland: [www.alzscot.org](http://www.alzscot.org)
- ✚ Alzheimer's UK: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)
- ✚ Mencap: [https://www.mencap.org.uk/advice-and-support?qclid=EAlalQobChMlovX2yp\\_m6QIVwevtCh1MEwj4EAAYASAAEgKNwfD\\_BwE](https://www.mencap.org.uk/advice-and-support?qclid=EAlalQobChMlovX2yp_m6QIVwevtCh1MEwj4EAAYASAAEgKNwfD_BwE)
- ✚ ENABLE: <https://www.enable.org.uk/what-is-a-learning-disability/>
- ✚ Scottish Commission for Learning Disabilities: <https://www.sclld.org.uk>
- ✚ Contact your local SLT Department

## REFERENCES & USEFUL RESOURCES

[Hub.careinspectorate.com](http://Hub.careinspectorate.com)

- Eating and drinking well in care: Good practice guidelines for older people
- Food and drink – what matters
- Eating well – supporting older people and older people with Dementia

[www.alzscot.org](http://www.alzscot.org)

[www.alzheimers.org.uk](http://www.alzheimers.org.uk) – Eating and Drinking

[www.Dementia.org](http://www.Dementia.org) – Tips for eating and drinking with Dementia

[www.Scie.org.uk](http://www.Scie.org.uk)

- Eating well
- End of Life Care – Eating and Drinking

[www.carersuk.org](http://www.carersuk.org) – Dementia and Nutrition

[www.IDDSI.org](http://www.IDDSI.org)

[www.dysphagiagame.com](http://www.dysphagiagame.com)

NES Education for Scotland – video demonstrations of food preparation to desired consistencies

Ordering a fluid controlling Dysphagia cup:

[www.Kapitex.com](http://www.Kapitex.com)

[www.Amazon.co.uk](http://www.Amazon.co.uk) – Provale Cup (5ml and 10ml)

Scottish Palliative Care Guidelines, End of Life Care (2019)

Mencap [https://www.mencap.org.uk/advice-and-support?gclid=EAlalQobChMIovX2yp\\_m6QIVwevtCh1MEwj4EAAYASAAEgKNwfDBwE](https://www.mencap.org.uk/advice-and-support?gclid=EAlalQobChMIovX2yp_m6QIVwevtCh1MEwj4EAAYASAAEgKNwfDBwE)

Scottish Commission for Learning Disabilities <https://www.sclld.org.uk>

ENABLE <https://www.enable.org.uk/what-is-a-learning-disability/>