**Speech and Language Therapy MANAGING DYSPHAGIA CHECKLIST**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

Has the person’s swallow been assessed previously by Speech and Language Therapy. **Yes** **No** Date seen by SLT \_\_\_\_\_\_\_\_\_\_

If yes, what are the recommendations? Fluids: Normal/ IDDSI Level \_\_\_\_\_\_\_\_\_\_\_ Diet: Normal/ DDSI Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OBSERVATIONS** | **MANAGEMENT SUGGESTIONS** | **DATE MANAGEMENT PLAN STARTED BY HOME STAFF** | **DATE TO BE REVIEWED BY HOME STAFF** | **OUTCOME & DATE***Problem managed OR**Problem continues, need to refer to SLT*  |
| **Aspiration pneumonia** or recurrent chest infections | GP reviewRefer to SLT |  |  |  |
| **Breathing difficulties** associated with eating and/or drinking | Follow *Feeding Safely Routines* Try modifying food consistency to reduce chewing and effort, ensure small sips, slow rate of eating, good positioning |  |  |  |
| **Chewing difficulties,** chewing excessively or mouth holding | Check teeth, dentures and oral health. See *IDDSI website* and *FAQ*. Modify food consistency: trial lower level diet, e.g. change from normal diet to IDDSI Level 6. Follow *Advice for Managing Challenging Eating and Drinking Behaviours* |  |  |  |
| **Choking** (partial or complete obstruction of airway affecting breathing) | Was this a one- off incident? If yes, monitor oral intake closely.Ensure *Feeding Safely Routines* are followed, complete your Risk of Choking screen.Trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Continue to monitor and review. Advise GP. |  |  |  |
| **Coughing** when drinking | Follow *Feeding Safely Routines* and *Safer Swallowing for Fluids* information. Read *FAQ*. Start on thickened if indicated and refer to SLT. Complete a swallowing diary. |  |  |  |
| **Coughing** when eating  | Follow *Feeding Safely Routines*If continues to cough, trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Complete a swallowing diary.  |  |  |  |
| **Drowsiness:** unable to eat and drink safely | If it’s a new symptom, contact GP. Consider times of day when most alert and offer oral intake at those times |  |  |  |
| **Fast rate** eating/ drinking and/ or overloading  | Follow *Advice for Managing Challenging Eating and Drinking Behaviours*. |  |  |  |
| **Food residue** not cleared from mouth after swallow | Follow *Feeding Safely Routines*Trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Ensure good oral hygiene |  |  |  |
| **Improvement in swallow**: doing well on diet recommended by SLT. Resident or family is requesting an upgrade.  | Under supervision, consider modifying texture of foods. See *FAQ*.Document all changes and monitor closely.Ensure *Feeding Safely Routines* are followed. |  |  |  |
| **Medically unwell** due to infection or worsening of underlying medical condition | Contact GP for medical management or decision |  |  |  |
| **Medications:** difficulty swallowing tablets | Read *FAQ*. If resident on thickened fluids, use them when giving tablets. Request review by pharmacy or GP; may require liquid medication. |  |  |  |
| **Positioning difficulties**: unable to maintain upright position for eating and drinking, and for at least 30 minutes afterwards | Consider referral to physiotherapy or occupational therapy for positioning advice |  |  |  |
| **Refusing** to eat and drink | Follow *Advice for Managing Challenging Eating and Drinking Behaviours*.Alert GP.  |  |  |  |
| **Regurgitation** of food or drink/ symptoms of reflux | Review by GP.If resident has known gastro-oesophageal disease, see advice on *Management of Reflux and Gastro- Oesophageal Reflux Disorder*. |  |  |  |
| **Saliva management:** dry mouth/ not enough saliva | Review by GPFollow *Saliva Management Advice*.  |  |  |  |
| **Weight loss** due to significant reduction in food/ fluid intake  | Complete MUST score and discuss with GP, then refer to Dietician if indicated |  |  |  |
| **Wet voice** after eating and/ or drinking | Follow *Feeding Safely Routines*.Prompt to use further swallows to clear. |  |  |  |

**Final outcome/decision on completion of checklist: Refer to SLT: YES NO**

**Trial Modification of diet textures as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start on thickened fluids while awaiting SLT assessment: YES NO Contact GP: YES NO**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Referrals to Speech and Language Therapy must be made by contacting Single Point of Access (SPA) on 0300 300 2011. Please note: you will need to include this document at the time of referral. Referrals made without completion of this checklist will not be accepted. Information created / adapted by Solent NHS Trust Adult Speech and Language Therapy (East) 0300 123 3932