

Feeding Safely Routines

All health care professionals need to be able to identify dysphagia, to manage coughing and choking (including using first aid for choking) and in the principles of good practice relating to 'Feeding Safely Routines'.

It is up to you to consider all these routines when managing a resident's eating and drinking. Often all it may take is a few adjustments using these strategies to reduce the risk of coughing and/or choking.

Level of alertness

- No-one should be given food or drink if not fully alert.

Distractions

- Reduce distractions when eating and drinking.
- If your resident is easily distracted, consider moving them to a quiet place during mealtimes, reducing background noise and reducing chat.
- Re-focus them to eating and doing if they become distracted.

Time

- Do not rush mealtimes.
- Ensure adequate time to support the individual to eat and drink. If they take a long time to eat consider using insulated containers to maintain the temperature of food/ drinks.

Positioning

- Sit people fully upright (90, with head in neutral position) for all snacks, meals and drinks.
- If in bed, raise the bed head and use pillows to support an upright position.
- People should remain upright for at least 30mins after a meal to avoid reflux.

Oral Hygiene and pneumonia

- Dental plaque contains many different species of bacteria, some of which can cause pneumonia. People with eating and drinking difficulties may aspirate their oral and throat secretions and excellent oral hygiene will aid in reducing the risk of chest infections and pneumonia. Ensure the mouth is clean and free from residue at the end of the meal.
- Mouth care should be given at least twice per day.

Position yourself

- Sit at eye level and facing the person you are assisting.

Dentition

- Dentures, if worn, should fit well.
- If people have limited dentition softer foods may be indicated.

https://iddsi.org/wp-content/uploads/2016/10/FAQs_IDDSI_FOOD-CHOKING_dental-teeth_10-October_final.pdf

Utensils

- Consider if the utensils you are using are appropriate.
- Try different sized and adapted cutlery to see what is managed more easily.
- Try short, wide-rimmed normal cups / glasses first as these are more familiar than beakers with spouts.
- Straws should not be automatically given. They should only be used if they have been recommended or if there is evidence there is a real need.

Glasses and hearing aids

- Should be worn when eating and drinking.
- Ensure that you use verbal prompts to inform them food/ drink is about to be presented.

Modifying Diet

- Ensure the most appropriate diet consistency is being offered e.g. limited dentition - softer foods; spitting out lumps – smoother textures; oesophageal difficulties - soft moist diet.
- If modified diet has been recommended by a Speech and Language Therapist, ensure this is being followed.
- Food should be visually appetising and smell appealing to stimulate the appetite.

Independence

- Individuals should be encouraged to feed themselves.
- Don't assume they require full assistance; they may be able to manage a handled beaker for drinks but not a spoon/ fork or may benefit from hand over hand support or verbal prompts.

Size of mouthful

- Trial different sized mouthfuls.
- It should be sufficient to stimulate chewing and swallowing and avoid overly large mouthfuls.
- People feeding themselves may require prompting not to overload their mouths and clear each mouthful before taking the next.

Portion Size

- People who are frail or fatigue easily should be given smaller portions. If having small portions, they should be given foods and drinks more frequently to ensure adequate nutrition and hydration.

Documentation

- Food and drink charts and should be kept and weights should be recorded.
- Advice on adequate nutrition and hydration can be sought from a dietician.

Reference –
RCSLT Guidance on the Management of Dysphagia in Care Homes 1 (March, 2018)
(- 1 care homes refers to both nursing and residential homes)