

# Swallow Resource Pack

## Safer Swallowing for Fluids

The following must be considered if you observe difficulties swallowing fluids and prior to introducing fluid thickeners or increasing the level of thickness already in use. All residents who are started on fluid thickener or whose thickener level is changed by the care home must be assessed by an appropriately trained dysphagia professional. There is some evidence that permanent modification of viscosity of fluids has its own risks and should be avoided unless absolutely necessary for safety.

### Cups, glasses, beakers, medicine cups

What kind of cup/ beaker/ glass are they using?

Tall, thin glasses and spouted beakers may cause the person to tilt their head back and lead to fluid flowing into the throat before they are ready to swallow.

#### Options:

- Try a short, wide-rimmed cup / glass / plastic glass
- Try a specialist cup
- Give liquid medications via spoon

### Straws

Straws can make swallowing more difficult and should be used with caution. People are often given straws to reduce spilling. Straws require strength to suck the fluids which can be difficult for some people.

Straws change the pressures in the mouth and disrupt normal swallowing. People often take multiple sips at once via straw which overload the mouth and throat, causing coughing.

#### Options:

- Avoid straws

### Resident's position

Ensure resident is positioned upright, ideally at 90 degrees, with head in neutral position / with the chin slightly down towards the chest for all drinks. If in bed, raise the bed head and use pillows to support the whole body as necessary.

#### Options:

- Seek advice from Physiotherapy or Occupational Therapy regarding positioning if necessary

## Helpers position

A significant number of care home residents are fed with the helper to the side or standing. This is known to increase the risk of aspiration pneumonia. If safe to do so, helper should be seated in front of the resident, at eye-level or below. Helper safety should be considered if the resident is known to be aggressive.

## Self-feeding

If the resident has difficulty controlling the speed and volume of the fluid taken per mouthful, supervision and support should be given. Fluids should not be thickened for convenience because supervision is not available.

## Speed and amount taken per sip

Encourage the resident to fully swallow one sip before taking the next. Coughing on fluids often occurs because the person takes too much too quickly. For most people, taking fluid one sip at a time is safer than continuous sipping or gulping.

## Taste preferences

Ensure the fluids given are as per their personal tastes.

## Fluid diaries

If you doubt that your resident is taking enough fluid, keep a fluid diary. This information will also be helpful to SLT if you decide to refer for dysphagia assessment.

## Time of day: Fatigue

You may identify that your resident has difficulty at certain times of day, e.g. in the afternoon or evening when they are fatigued.

### Options:

- Consider extra supervision at these times
- Consider little and often, rather than trying to encourage large volumes of fluid to be taken when someone is tired

## Cognition and alertness

It is dangerous for someone to take fluids or food when drowsy or distracted.

## Glasses and hearing aids

These should be worn when eating and drinking.