CLINICAL GUIDELINE

Eating and Drinking with Risk

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	10th May 2022
Date of Next Review:	1st December 2024
Lead Author:	Jan Stanier
Approval Group:	Board Clinical Governance Forum

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Contents **Page**

Aim

This guideline will improve consistency and decision making in the care of people of all ages who continue to eat and drink despite known risks. It will support the assessment, decision-making and documentation processes required in order to achieve person centred care for these people.

Introduction

It is recognised that people with complex needs are living longer across all age groups. As a result, it is anticipated that the need to consider complex eating and drinking decisions will continue to increase over time. This guideline is intended to standardise the approach and terminology used to document the decisions made for people of all ages who continue to eat and drink despite known risks. These risks can include aspiration of food and fluids into the airway, obstruction, choking and malnutrition.

Scope

This guideline does not seek to provide a prescriptive set of 'rules' but instead, a set of broad principles applicable to all age groups which can be adapted to meet the needs of the person in order to ensure that person centred decision making remains the primary focus.

It is relevant for all NHS Greater Glasgow and Clyde (NHSGGC) health and social care staff caring for people of all ages who continue to eat and drink despite known risks. This is applicable in Acute Hospitals/ Acute settings, relevant community settings including care homes, a person's own home and other settings such as Day Care environments.

Roles and Responsibilities

All NHSGGC health and social care staff caring for people who continue to eat and drink despite known risks are responsible for looking for signs of difficulties with eating and drinking and identifying potential risks associated with this. In addition, they must follow the recommendations made to minimise risk e.g. provision of texture modified food, thickened fluids and/ or safer swallowing strategies. Listed below are the key roles, however these are not exhaustive or exclusive and multi-disciplinary, multi-agency team working is paramount to ensure the person or carer's views are central to the decision making process.

Person with eating and drinking difficulties: Communicates their opinions and wishes around eating and drinking preferences, care and treatment.

Proxy/Carer: Represents the views of the person with eating and drinking difficulties where there are issues around capacity.

Medical Consultant and/or GP: Agrees the final decision regarding eating and drinking when a person's swallow is impaired. Assesses capacity and oversees the person's overall care and treatment.

Speech and Language Therapy (SLT): Assesses and makes recommendations on swallowing strategies and/or texture modified diet or thickened fluids to minimise risk as far as possible. May recommend the most appropriate communication support strategies for the person to engage in discussion around their care, or may contribute to discussion around capacity.

Nursing: Monitors and report back to the person's care team about any changes to their health that might indicate increased risk or deterioration. Liaises with the person and their carers to ensure that their needs and preferences are being considered and actioned.

Dietetics: Assesses the person's oral nutrition and hydration needs and makes recommendations to maximise these to maintain health as far as possible. Assesses and monitors alternative nutrition and hydration needs.

Occupational Therapy: Assesses and provides any adapted equipment that might maximise the person's function when eating and drinking, e.g. positioning, independence or ease.

Physiotherapy: Assesses and provides any physical aids to support positioning when eating and drinking. May assess and provide intervention to support optimising chest status and clearance.

Palliative Care: Provides support and advice to those with progressive conditions or life limiting illness or who are in need of end of life care. Offers education and information around care options and may provide links to other appropriate sources of support.

Social Work – Helps to identify the patient's social and psychosocial needs and links to appropriate service providers to meet the person's care needs.

Education staff/ Care Worker / Support Worker – Provides physical and practical support where required to help the person to eat and drink. This may include assisting the person with oral intake or making or preparing food or drink to the appropriate texture or consistency. Communicates back to the person's care team around any signs of deterioration or change.

Psychologist: Assesses and provides support for the person's psychological needs, e.g. wellbeing issues or support to cope with changes in health or care needs.

Eating and Drinking with Risk Guideline

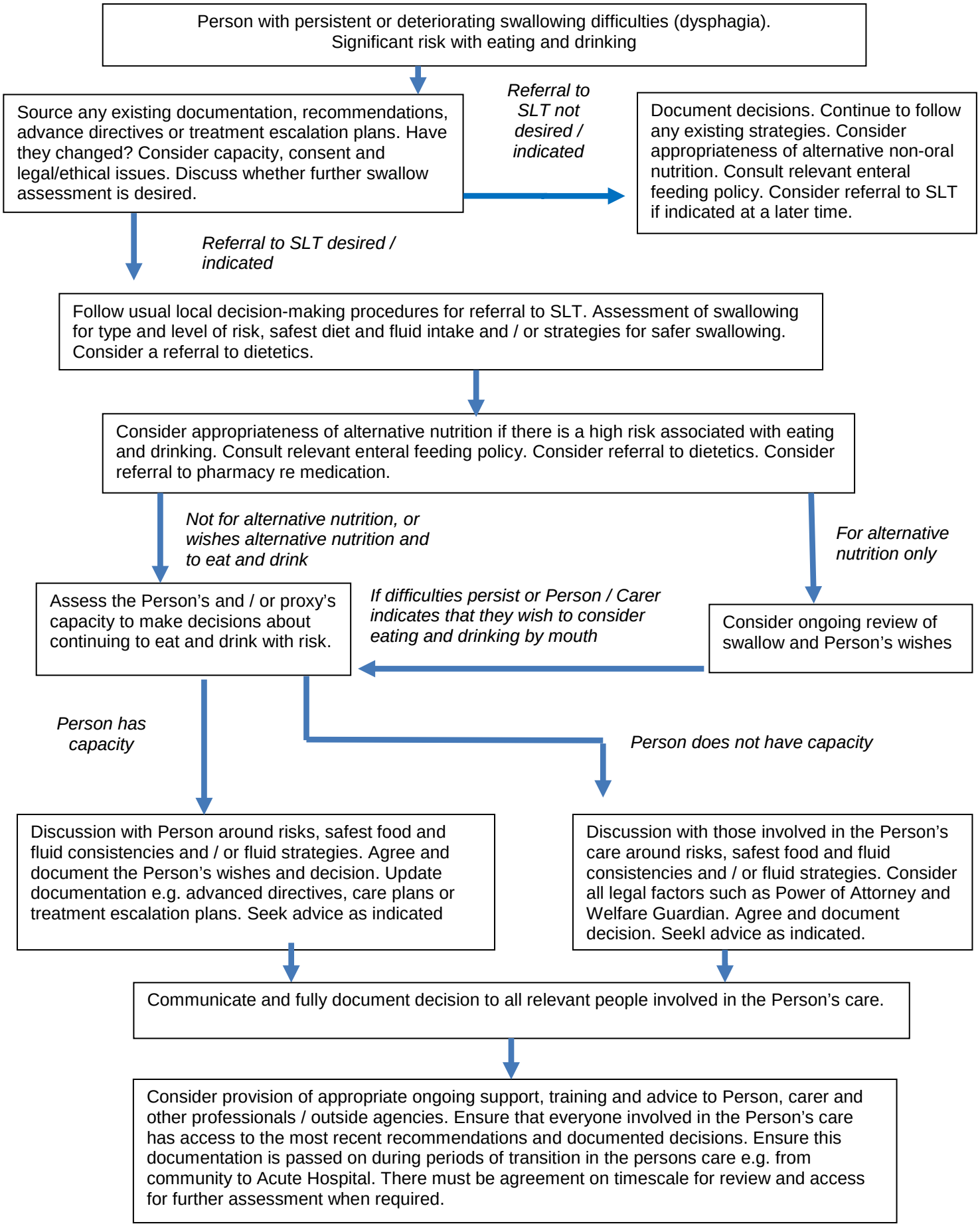
This guideline aligns with the NHSGGC 'Policy for the management of people with swallowing difficulties as a result of oropharyngeal dysphagia'. This policy outlines routine management of these swallowing difficulties and can be accessed **here**.

It is recommended that the phrase 'Eating and Drinking with Risk' be used in place of all other current variations in order to ensure that all Health and Social Care staff can develop a clear shared understanding of the term and what it means to those using it (see Appendix 1)

NHSGGC health and social care staff should consider implementing this guideline where there is known persisting or deteriorating swallowing difficulties and where the outcome of the oropharyngeal swallowing assessment may result in significant risk associated with continuing to eat and drink.

Where it has been identified that there are no viable alternative options and there is a high risk associated with swallowing, the principles within the Eating and Drinking with Risk flowchart (Page 6) should be considered. This will support the health and social care staff and the patient and / or carer to reach a person centred decision about the plan of care and this must be documented within the person's health and care record (or advanced care plan if appropriate). An example of what is required to be documented is on Page 7 of this Guideline. In addition, this care plan should be reviewed on a regular basis or if there is any further change in the patient's swallowing.

Flowchart for Eating and Drinking with Risk ('person' refers to the person whose needs are being considered)



Example of an Eating and Drinking with Risk Plan of Care

Name			
CHI			
Date			
Specify details of discussion with person and /or carer. Describe approach to reduce risk associated with eating and drinking?			
Printed			
Signature			
Designation			
Review Date			
Details of how to access SLT if indicated			

SLT Eating and Drinking with Risk Working Group - Members and Visiting Members

Grateful thanks are extended to all participants for their invaluable contribution.

Jan Stanier (chair)	Sector Lead Speech & Language Therapist, Adult Acute
Alison Bain	Principal Speech & Language Therapist, Renfrewshire HSCP
Claire Higgins	Speech & Language Therapist, Mental Health
Lindsay Marshall	Speech & Language Therapist, ALD, Partnerships
Lyndsey McAlorum	Acute Paediatric Speech and Language Therapist'
Cairstiona O'Rourke	Clinical Specialist Speech & Language Therapist, Adult Acute
Sharon Symon	Speech & Language Therapist, ALD, Partnerships
Fiona Whyte	Community Paediatric Speech and Language Therapy Manager
Susan Anderson	Speech & Language Therapist, Partnerships
Carol Nelson	Clinical Specialist Speech & Language Therapist, Adult Acute

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Appendix 1

Term	Definition
DEFINITIONS BELOW FROM **BRITISH GERIATRIC SOCIETY BEST PRACTICE DOC 2010**	
Artificial nutrition hydration	– refers to tube feeding by either; Naso-gastric tube (NGT) or Percutaneous Endoscopic Gastrostomy (PEG). **Artificial nutrition and hydration is a medical treatment that allows a person to receive nutrition and hydration when the person cannot or has insufficient oral diet and fluids. This is most commonly given enterally via nasogastric or gastrostomy tube, or parenterally if the GI tract is non-functioning**.
Aspiration	– refers to pulmonary aspiration, the entry of secretions or foreign material into the trachea and lungs which can lead to aspiration pneumonitis (Logemann 1998).
Dysphagia	– refers to oro-pharyngeal dysphagia defined as "difficulty in swallowing or impairment in the movement of swallowed material from the pharynx to the stomach" (Logemann 1998). This definition is most commonly used in the literature referring to this type of dysphagia.
Oral intake	– refers to when the main route of feeding and hydration is through the mouth, via the oesophagus, into the stomach (Logemann et al 2008).
Risk management	– describes an approach to dysphagia management where Persons continue to eat and drink, with the support of the multidisciplinary team, despite an 'unsafe swallow' and ongoing risk of aspiration, (RCP 2010). This approach is also referred to clinically as 'at risk feeding' or 'comfort feeding'.
Swallowing	– refers to the entire act of deglutition, the process whereby something is passed from the mouth to the pharynx, into the oesophagus, and to the stomach, whilst the epiglottis is shut to prevent material from falling into the airway and causing aspiration (Logemann 1998).