Dysphagia Diets and How to Keep Patients Safe from Aspiration

St. James Healthcare 2012 E-Learning Module for all associates
What is Dysphagia?

- Defined as impaired chewing and/or swallowing
- A condition that
  - Can lead to aspiration and/or aspiration pneumonia
- Is evaluated and treated by Speech-language Pathologists (SLPs) or trained Occupational Therapists (OTs) also known as speech therapists
Dysphagia

To increase patient swallow safety, SLPs may recommend:

- **A change in diet textures**
- **Swallowing precautions**
- **Specific techniques** for eating, drinking and taking oral medications
- **Therapy** to improve swallow function
What is Aspiration?

Aspiration occurs when food or liquid enters the airway below the level of the vocal folds (cords) and may enter the lungs.
**Terminology**

**Silent Aspiration**
- Pt. does not cough when aspiration occurs

**Pocketing**
- Food sticks between the cheek and the teeth/gums after the swallow

**Residue**
- Some food or liquid remains in the mouth or the throat after the swallow
Signs/Symptoms of Aspiration

- **Coughing or Throat Clearing** during meal or immediately after meal
- **Feeling of choking** or that **food is stuck**
- **Difficulty breathing** during meal or immediately after meal
- **Wet, gurgly voice** when eating / drinking or immediately after meal
- **Watery eyes** can also be a symptom of silent aspiration
Dysphagia Diets

Most Restrictive to Least Restrictive

- Level 1: Dysphagia Puree
- Level 2: Mechanically Altered/Ground
- Level 3: Advanced - Mechanical Soft
- Regular
Dysphagia Diets

Level 1: Dysphagia Purees

- All foods are blended
- Examples of naturally pureed items:
  - Pudding
  - Yogurt without fruit
  - Mashed potatoes
  - Applesauce
  - Cream of Wheat

Any of these items can be ordered to supplement other pureed food options.
Dysphagia Diets

Level 1: Dysphagia Purees

Example of a Pureed Breakfast Tray

- Pureed French Toast
- Cream of Wheat
- Yogurt
Dysphagia Diets

Level 2: Mechanically Altered/Ground

- All meats are ground (exception: baked salmon with sauce is allowed)
- Soft / cooked pasta, vegetables & fruits
- Strained / blended soups
- Hot cereal
- NO bread products, rice, or
- Automatically excludes mixed consistencies
Dysphagia Diets

Level 2: Mechanically Altered/Ground

Example of a Mechanically Altered/Ground Tray

- Ground turkey
- Gravy
- Green beans
- Mashed Potato
- Tapioca
Dysphagia Diets

Level 3: Advanced - Mechanical Soft

- Ground or chopped chicken, beef, and turkey
- Other meats are whole, but can be cut with a
- Sandwiches
- Soft breads, soft soups, cooked soft vegetables, soft cereal
- Rice

Rule of thumb:
Should be soft enough to mash with a fork
Dysphagia Diets

Level 3: Advanced - Mechanical Soft

Example of a Mechanical Soft Tray

- Pasta Toss
- Soup
Other Diets

Regular (this is not a dysphagia diet)

- Normal diet with no modifications/restrictions
**Diet Restriction Options**

**NO Mixed consistency = thin liquid + solid**
- Any food that has both a thin liquid part and a solid part
- Examples:
  - Vegetable soup
    - (broth is a thin liquid, vegetable is solid)
  - Cold cereal
    - (milk is a thin liquid, cereal is solid)
- Can be an exclusion on any diet (automatically excluded in Level 2: Mechanically Altered/Ground)

**NO Straws**
- Can be an exclusion on any diet
Diet Restriction Options

NO Mixed consistency = thin liquid + solid

It is more difficult to manage thin liquids and solids at the same time.
Liquid Consistencies

Thickest to thinnest

**Honey** thick liquids
- Similar consistency to honey or thick syrup

**Nectar** thick liquids
- Similar consistency to buttermilk or tomato juice

**Thin liquids**
- “Regular” liquids.
- No modifications needed
Liquid Consistencies

Pre-thickened liquids

- Available from Nutritional Services
- Include
  - Fruit juices
  - A dairy item
- Advantages
  - No mixing required
  - They are exactly the correct thickness and do not continue to thicken as they sit
Liquid Consistencies

**Powdered thickeners**

- Available for thickening other liquids
Liquid Consistencies

Thin liquids

- In addition to beverages, other items are considered to be a Thin liquid because they become liquid at body temperature
  - Ice chips
  - Ice cream and sherbet
  - Jello

Patients on nectar or honey thick liquids should NOT receive these items.
What’s Wrong with this Picture?

On this tray, there is a nectar thick drink, as well as a soup which contains a thin liquid.

Normally, these won’t occur on the same tray. But it’s always important to double check for accuracy before feeding any patient.
Always Check the Diet Order

Always compare the items on the tray with information on the Swallowing Precautions Sign posted at the patient’s bedside on blue paper. Look specifically at liquid texture and diet texture.

Look for Service Instructions such as:

- No Straws
- Trays to Desk
- Liquids by Spoon Only
- 1:1 Feeding vs 1:1 Cueing

Items should match blue Aspiration Precautions Sign, if not tell RN.
Swallow Precautions

No Straws

- Straws make it easy to take a larger sip than is intended, which can reach the back of the throat faster than when a cup is used.

- However, for some patients, straws are actually best.

- Check posted Swallowing Precautions Sign to see what’s recommended for the patient you are helping.
Swallow Precautions

- At times you may see **Liquids by spoon only** or **No cup or straw sips** on the **Swallowing Precautions Sign** at the bedside.

- This is for patients who cannot safely swallow more than 1 tsp. sized sips of liquid without being **at high risk for aspiration**.
Recommendations For Feeding/Assisting Patients to Eat

Provide assistance / supervision as recommended on the blue sign.

- **1:1 Feeding** → Someone feeds the patient
- **1:1 Cueing** → Someone monitors and cues patient as needed to follow the posted precautions
- **Intermittent** → Ensure Oral care and set-up, intermittently check on patient

(P.O. is an abbreviation for “by mouth” in Latin)
Recommendations For Feeding/Assisting Patients to Eat

- Patient should be fully upright at or near 90 degrees.
- If in bed, the head of the bed should be fully elevated after the patient is properly positioned.
Recommendations For Feeding/Assisting Patients to Eat

Reminder: **90 degrees** is a “right angle”.

Patients always should be sitting as close to a **90 degree position** as possible any time they are eating, drinking or taking oral medications.
Recommendations For
Feeding/Assisting Patients to Eat

Before feeding any patient, complete oral care:

Why is oral care so important?

- Aspiration of pathogens from previously colonized oropharynx is the primary pathway by which bacteria gain entrance to the lungs.
- # of decayed teeth, frequency of teeth brushing, and dependency for oral care = higher predictors of aspiration pneumonia than dysphagia (Gleeson et al., 1997)
- Pts who are dependent for oral care have significantly more plaque and gingivitis than independent pts (Coleman, P., 2002)
- Effective oral care significantly reduces incidence of pneumonia (Yoneyama, 2002).
- Intensive oral care may reduce incidence of pneumonia by improving cough reflex (Watando, Ebihara, et al., 2004)
Oral Care: What, When, and How?

What?
- Pen light
- Toothbrushes
- Suction toothbrushes and sponges
- Toothpaste
- Toothettes
- Antisepetic oral rinse (SCOPE)
- Mouth Moistener
Oral Care: What, When, and How?

When?

- Most importantly **before** breakfast
- Before and after every meal
- Before water if pt is on Free Water Protocol
- Every 2-4 hours for NPO pts (including intubated/ventilated pts)
Oral Care: What, When, and How?

How?

- Upright or nearly upright position
- Visually inspect with pen light (remove dentures)
- Soft toothbrush and fluoride toothpaste
- Clean all surfaces (teeth, gums, palate, tongue)
- Rinse with antiseptic mouthwash (Scope)
- Mouth moistener if needed
Oral Care: What, When, and How?

**Special considerations:**

- **Dentures:** brush with non-abrasive gel paste. At night soak for 15 min in denture cleaning product. Rinse and store overnight in water.
- **Edentulous:** toothette with alcohol free antibacterial oral rinse. Brush tongue with toothbrush.
- **Intubated/Ventilated Pt:** oral care more important than ever! Use suction toothbrush/sponge and antibacterial oral rinse (Scope).
Oral Care: What, When, and How?

Special considerations:
• Severe aspiration risk:
  • Adequate oral control and ability to spit
    • Proceed as usual with head positioned over sink or tub to avoid swallowing
  • Inadequate oral control
    • Hang head over sink or tub
    • Suction toothbrush if available
    • Small amount of toothpaste
    • Rinse with dry toothette or gauze
    • Optimize bacterial prevention with Scope mouthwash
Oral Care No No’s

• Don’t use toothettes to clean teeth. They don’t remove plaque

• Don’t use toothettes with water only. Does nothing for bacteria

• Don’t assume the mouth is clean without looking
Recommendations For Feeding/Assisting Patients to Eat

- Know whether or not the patient wears dentures or partial dentures and if they are in place.
- Always leave dentures / partials soaking in water or cleaning solution in a labeled denture cup.
- If left dry, dentures can change shape and become unusable.

*When not in use, remove partial dentures, since they can be a choking risk!*
Recommendations For Feeding/Assisting Patients to Eat

If the patient needs supervision and / or assistance with oral intake, **NEVER leave food or drink within their reach or sight** (Don’t tempt them to try to get up, which risks a fall)
Recommendations For Feeding/Assisting Patients to Eat

Carefully observe the patient to make sure they have swallowed **before** taking the next bite or sip.

An empty mouth does NOT mean the patient has swallowed. It only means the food / liquid is no longer in the mouth.
Recommendations For Feeding/Assisting Patients to Eat

Watch to see the Adam’s apple (larynx) rise and fall.
 Unless you see up and down movement, the swallow has not occurred.

adams apple video demo (click to view)
Recommendations For Feeding/Assisting Patients to Eat

STOP feeding and inform the RN if...

- You aren’t sure if the patient is swallowing
- The patient can’t stay awake
- The patient shows signs/symptoms of aspiration
Recommendations For
Feeding/Assisting Patients to Eat

When helping patients to eat or drink, be aware of the following:

- **RATE** Go slow!
- **AMOUNT** Small bites and sips
- **SWALLOWS** Watch for Adam’s apple (larynx) to...
Remember the Signs & Symptoms of Aspiration

- **Coughing or Throat Clearing** during meal or immediately after meal
- **Feeling of choking** or that **food is stuck**
- **Difficulty breathing** during meal or immediately after meal
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The appropriate swallow techniques will be determined by the Speech Language Pathologist (SLP), according to the results of the Swallow Evaluation.

To know which techniques are best for your patient, read the blue Swallowing Precautions Sign posted at the bedside and cue patients to these techniques, as needed.
Swallow Techniques

- The following slides describe some of the most common swallow techniques that you may see on the blue Swallowing Precautions Sign at the patient’s bedside.

- You may be required to cue the patient to use these techniques during meals.
Swallow Techniques

Double Swallow

The patient swallows an extra time before taking the next bite/sip.

This technique helps clear any food and liquid residue which may remain in the throat.
Swallow Techniques

Alternate Liquids and Solids

• Cue the patient to take a bite.

• When it has been completely swallowed, next have them take a sip, and so on.

• This technique clears food residues that may be left in mouth or throat.

“Wash it down”
Swallow Techniques

Effortful Swallow

• The patient should *swallow “hard”* as if swallowing a pill or something dry.

• This technique is helpful for people who have weakened swallow muscles.
Swallow Techniques

Chin Tuck

• The patient tucks chin close to chest before the swallow and keeps chin down until finished swallowing.

• This technique reduces chance of aspiration for some patients, however…
Swallow Techniques

Chin tuck does not help all patients!

- The patient to the right aspirated more WITH the chin tuck.
- It should only be used if recommended by the SLP.
Swallow Techniques

Swallow, Cough, Swallow

May help to prevent food or liquids from going “down the wrong pipe” (trachea).
Tracheostomies

- In general, most people with new tracheostomies placed will be evaluated by speech pathology. Discuss this with the MD if you have questions/concerns.

- Patients admitted with existing trachs that have been eating and show no new problems generally do not need to be seen by speech pathology.
Summary

• If you have any concerns regarding the swallowing safety of any patient, always discuss those concerns with the RN.

• If a full swallow evaluation is needed, an order will be obtained from the MD.

• An SLP will evaluate the patient and provide recommendations and treatment.
Summary

By understanding and following the SLP recommendations regarding diet, swallow techniques, and precautions shown on the Swallowing Precautions Sign, you are…

Helping your patients stay

• Nourished
• Hydrated
• Comfortable
• Free of aspiration / pneumonia
You have completed the module

Care of the Patient with Dysphagia

Thank you!