

Swallow Awareness Session

NISCC

20th May 2025

Presenters:

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Learning outcomes



By the end of this session you should:

- Understand what dysphagia is, and the associated health and wellbeing implications.
- Understand how to support someone at risk of, or with, a diagnosis of dysphagia.
- Learn how to embed best practice to support people with dysphagia.
- Learn from scenarios.



Dysphagia is everybody's responsibility

We all play a part in helping to promote safety and enjoyment when providing drinks, snacks and meals as well as providing supervision and assistance, when necessary, for people to eat and drink.



What is dysphagia?

- Because the food (digestive) and breathing (respiratory) pipes are so close together there is always a risk of food and drinks going into the airway when we eat or drink.
- Dysphagia can occur when the **muscles** that allow us to chew and swallow become **weak** or are **uncoordinated**.
- Some people with dysphagia have a **reduced** or **absent cough** reflex and so they are not able to protect their airway in the same way.

Is coughing a good sign?

Yes - because an effective cough protects us from aspirating and choking when we are eating and drinking. It is also a warning sign if someone is having difficulty swallowing safely.

No - because it can be a very unpleasant experience. Any coughing episode can be frightening or embarrassing, and can significantly impact on the pleasure associated with eating and drinking.

Choking and aspiration

- There is an increased risk of **choking** if food enters and blocks the airway making it difficult to breathe.
- If food or fluids go “**down the wrong way**” into the lungs, this can result in a potentially **life threatening** medical condition called aspiration pneumonia.

Medical conditions

- Dysphagia is always secondary to a **primary neurological, physical or psychological** condition, such as (this list is not exhaustive):
- Cerebral palsy, Duchenne muscular dystrophy, chromosomal abnormalities, Learning Disability or physical disability.
- Progressive and neurological conditions such as; Multiple Sclerosis, Parkinson's disease, Motor Neurone Disease, stroke, dementia and head injury.
- Some cancers - affecting the head, mouth, neck or digestive tract.
- Respiratory conditions such as COPD.

Impact on nutrition, hydration and overall health

People with dysphagia may **refuse** food or drinks if they find eating, drinking or swallowing tiring or unpleasant.

Consequently, they can become **dehydrated** from drinking less and this can put them at **increased risk of infections** such as urinary infections.

Poor nutrition from eating less may:

- affect **cognition** and **concentration**
- lead to **weight loss** and **malnutrition**
- increase the **risk of falls**
- affect **wound healing**
- increase susceptibility to **ill health**, and even **death**

Oral Health

For people with swallowing difficulties, **inadequate mouth care** can **increase the risk** of chest infections and aspiration pneumonia.

- Brush teeth **twice daily** for two minutes.
- Clean the whole mouth using a **low foaming** toothpaste.
- Spit out toothpaste, **do not rinse**.

Dentures:

- If worn for eating and drinking, should be **well fitting**.
- Should be **regularly** removed and rinsed to remove food debris.
- Should be **cleaned daily** with a denture cleaner and brush to remove residue.

Link to mouth care education resource





Wellbeing and quality of life

Mealtimes can become a frightening or embarrassing experience, rather than a pleasurable and social one. Some may experience less enjoyment of family or social occasions due to the need for modified food and or drinks.

Dysphagia can result in **loss of dignity**, a loss of **independence**, a **low mood**, and can potentially lead to **social isolation**.





Deterioration

Dysphagia can be very **serious** leading to **hospital admissions**, or an **increased length of stay** for some.

People with dysphagia may **deteriorate** for different reasons.

It can sometimes manifest as **repeat chest infections** which have no obvious cause.

Deterioration can be **acute** or **gradual**, and even **life threatening**, if not **recognised** and **help sought promptly**.



Stages of swallowing

Swallowing is a complex process, which involves the movement of food and fluids from the mouth to the stomach, in a series of different stages, all the while protecting the airway.

There are 4 stages of swallow:

- 1 Pre-oral
- 2 Oral (mouth)
- 3 Pharyngeal (throat)
- 4 Oesophageal (stomach)

Dysphagia can affect **some** or **all** of the swallowing stages.



1. Preoral stage



In the first stage, the Preparatory stage, the individual will:-

- Feel hungry or thirsty.
- Smell food even when it is cooking.
- Decide if the food looks appetising and something they want to eat.
- Decide which utensils they will use to eat the food.
- Typically experience the flow of saliva as food or drink is brought to the mouth.

It is essential to support the individual with any sensory, cognitive or perceptive difficulties.



Oral (mouth) stage

- In the mouth or oral stage, the food or drink is taken in to the mouth and the tongue moves food around the mouth.
- Saliva helps to moisten and soften the food.
- The jaw, cheeks, palate and teeth help break down and chew the food.
- A ball-like mixture of food, fluids and saliva called a 'bolus,' is moved to the back of the mouth ready to be swallowed.

Pharyngeal (throat) stage

- As food moves into the throat, the muscles in the base of the tongue and throat (pharynx) squeeze together, to move food down the back of the throat.
- The voice box (larynx) lifts in your throat. A flap of tissue called the epiglottis closes the airway and **stops food going into the lungs**. The gullet (oesophagus) then opens to allow food to pass to the stomach.



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Oesophageal (stomach) stage

Muscles in the oesophagus (gullet) squeeze and relax, pushing food down towards the stomach.



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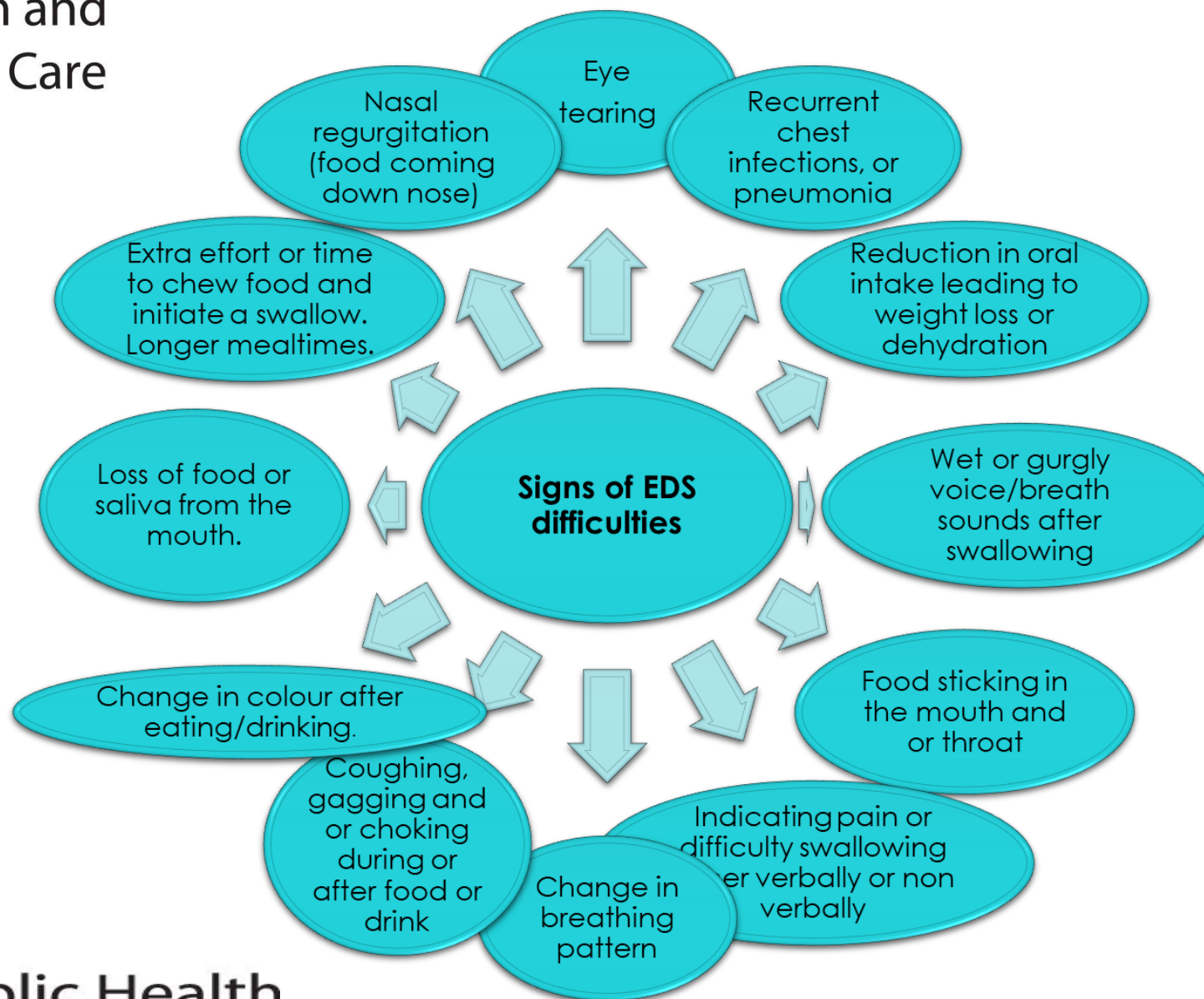
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Signs of dysphagia

Dysphagia is **not always obvious**, so it is important to **be aware** of **any** changes in a persons ability to eat, drink and swallow and to **respond promptly** if you notice any of these signs.







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Record

Observational Checklist



Observations	Yes	No	Comments
Coughing during or after meals or drinks			
Choking during or after meals or drinks			
Recurrent or regular chest infections - not accompanied by symptoms of the cold			
Change in voice quality during or after eating and drinking - e.g. "gurgly" or wet voice when speaking			
Change in breathing when eating and drinking e.g. wheezy, shortness of breath or gasping for air			
Change of colour in the face when eating or drinking			
Pieces of food found inside of the person's mouth after eating			
High risk behaviours when eating and drinking - e.g. cramming food in the mouth, not chewing food, holding food in the mouth, eating or drinking very quickly			



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Report & refer



If you notice any of these signs, please speak to a healthcare professional e.g. Nursing staff, Speech & Language Therapist, Medical staff or Dietitian.

A referral to speech and language therapy can be made using your local processes.





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What is REDS?



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Important notes in relation to REDS

- REDS should be recorded in **patient notes/electronic record** and should be **visible** within the person's environment.
- Ensure the needs of people with eating, drinking and swallowing difficulties are communicated to **all** relevant staff at **all times** particularly when they **move facilities**, are **discharged** or **go out** in the care of others.
- Robust communication and mealtime systems must be in place to ensure that the REDS are **communicated** and **implemented** effectively.



Eating and Drinking with Acknowledged Risks (EDAR)

Eating and drinking despite the associated risks from having dysphagia. These risks may refer to aspiration, malnutrition, dehydration and choking (RCSLT 2023) EDAR may previously have been referred to as “Risk Feeding” or “Feeding at Risk” however both these terms are now redundant (Murray 2019; Sommerville 2019)

Who eats and drinks with acknowledged risks?

- Eating and drinking with acknowledged risks can be applicable to various scenarios. Outlined below are some examples of instances where an individual may eat and drink with acknowledged risks:
- No safe Eating, Drinking and Swallowing (EDS) recommendations identified.
- An individual with capacity who understands the risks of partially following or not following SLT recommendations made in relation to eating, drinking and swallowing.
- For an individual who lacks capacity, a best interest decision is made to either partially follow or not follow SLT recommendations made in relation to eating, drinking and swallowing.
- An individual who is nearing the end of their life where the focus is on quality of life.
- An individual who has capacity and declines Clinically Assisted Nutrition and Hydration (CANH).
- An individual who is meeting their nutritional requirements via CANH and chooses to eat and drink with acknowledged risks for pleasure.
- The risks associated with CANH outweigh the benefits or CANH is not clinically indicated.



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What is IDDSI and how do I use it?



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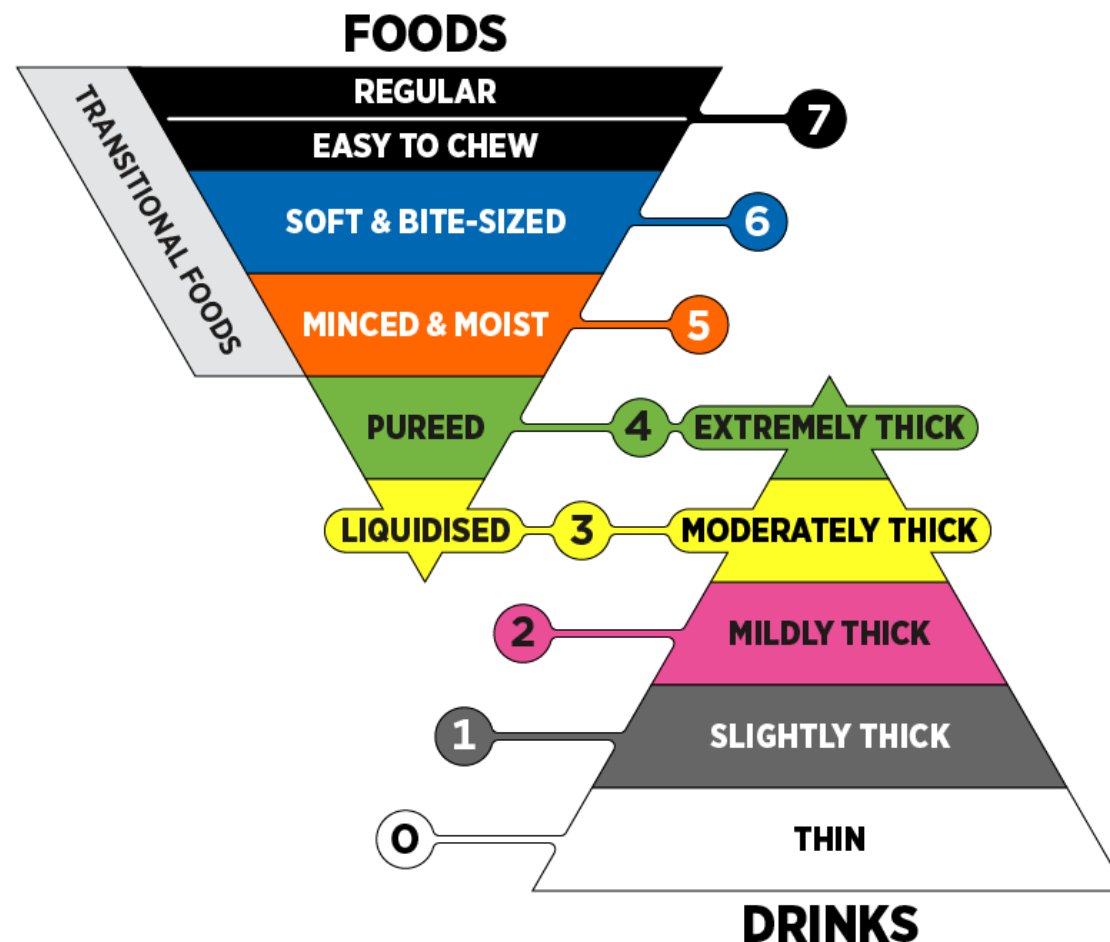
- IDDSI: This is the shortened form for the International Dysphagia Diet Standardisation Initiative
- The speech and language therapist will use the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology on the REDS to recommend the level of food and drink advised.
- IDDSI is a global standard with terminology, definitions, numbers , colours and tests to describe texture modified foods and thickened liquids, used for individuals with dysphagia of all ages, in all care settings and for all cultures (IDDSI, 2016).
- In Northern Ireland IDDSI terminology is used exclusively to detail recommendations for people requiring modified food and drinks.



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The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



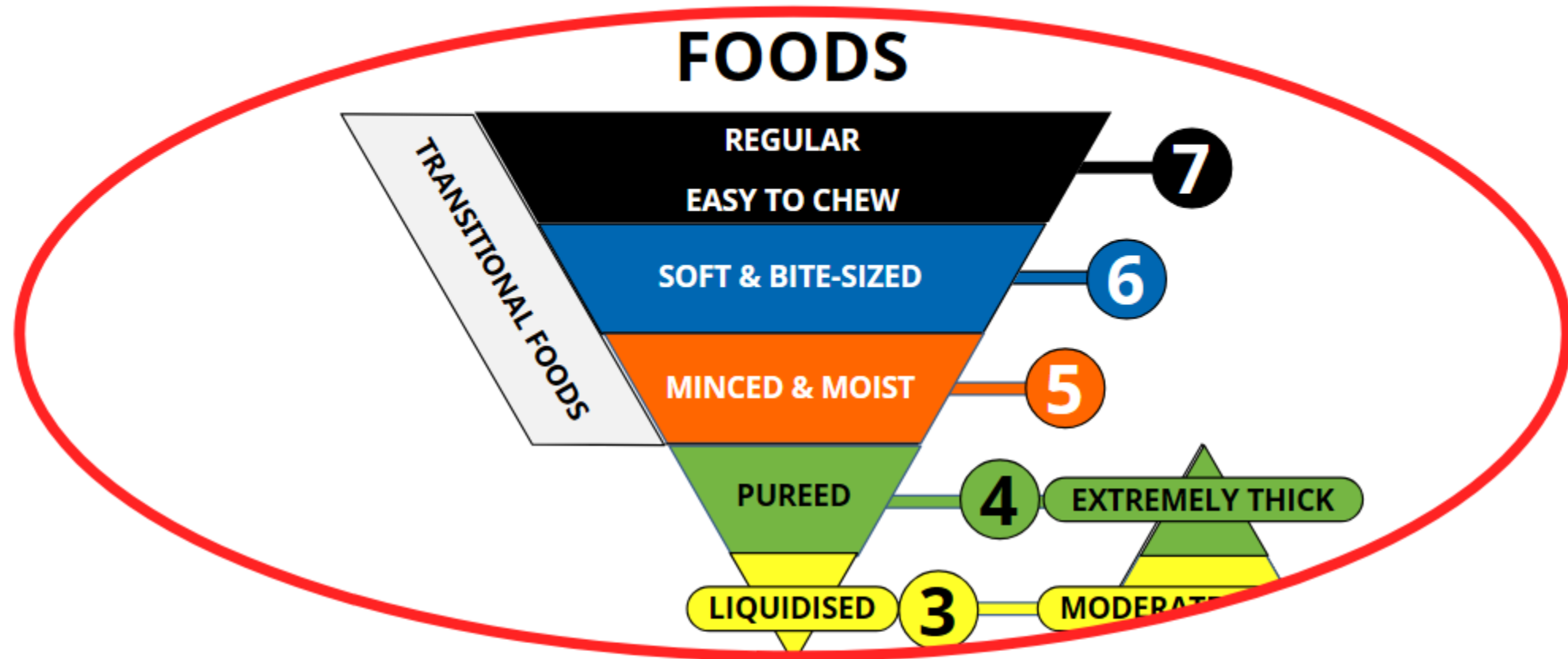
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© The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework/>
Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.
Derivative works extending beyond language translation are NOT PERMITTED.

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Levels 0-4 relate to drinks.





Levels 3-7 relate to food including transitional foods from level 5 to level 7. Transitional foods should only be used when advised by the Speech and Language Therapist and documented on the REDS.

It is your responsibility to ensure the correct IDDSI levels for safe snacks, meals and drinks are provided.

Thickened drinks

Information for service users and carers:

1. **Thickeners** are powders that are added to drinks to make them thicker. Thickeners must be **prescribed** for individual use.
2. Adding **thickener** can sometimes make swallowing **drinks** easier because it causes drinks to **move more slowly** down the throat, giving more **time to co-ordinate a swallow**.
3. Thickened drinks are **not always helpful**; they can cause chest infections for some people. This is because thickener can be **effortful** to clear from the throat, which can result in some getting into the lungs. **Always** follow the **REDS**.
4. Thickener may make swallowing drinks easier for **some** people but **may not be helpful** for others - **always follow the REDS** for specific instructions.
5. Staff should refer to the **IDDSI** on the reverse of the **REDS**.

There are currently no IDDSI compatible thickeners available for use with children under 3 years old. Refer to your local guidelines, policies and procedures.

How to check you have the right consistency: *Drinks and Liquids:*

To thicken a drink

1. Follow manufacturer's mixing instructions to prepare drinks to IDDSI level in keeping with SLT REDS
2. **Measure** the drink
3. Use only the **scoop** provided in the tin
4. Add the **correct number of scoops** as recommended and mix until powder is dissolved
5. **Wait** for the drink to reach the correct consistency
6. **Check** the consistency before serving

Store thickener securely and use as directed. Thickening powder can cause harm if accidentally ingested

To check a drink

Use the IDDSI flow test

[Flow Test - Videos - IDDSI](#)



Additional tips for thickeners

Thickeners can be used to thicken all drinks such as fruit juice, coffee, tea, alcoholic drinks, milk based drinks, meat stock, soups or any other liquid.

Some drinks need special attention as they behave/react differently when mixing and thickening:

For fizzy drinks, stir for 15 seconds to release some of the bubbles before mixing with the powder.

Milk based drinks take longer to mix, and may require 10 – 12 minutes standing time to reach the desired consistency.

Pure apple/orange juice may take longer to mix and reach the desired consistency.

If thickening tea or coffee, always add the milk and sugar to the drink before mixing with the powder.

Oral Nutritional Supplement drinks should not be thickened, as pre-thickened products are available and the correct IDDSI level should be ordered for an individual's needs.





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IDDSI Testing Methods



Flow Testing Technique (with syringe/funnel)

Step 1



Remove plunger.

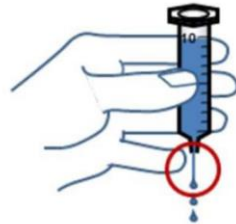
Check the nozzle is completely clear before use.

Step 2



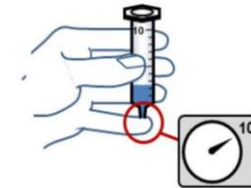
Cover nozzle with finger and fill 10 ml.

Step 3



Release nozzle and start timer.

Step 4



Stop at 10 seconds.



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Drinks Framework



Level 0 Thin Drinks

- Flows like water. Fast flow.
- Can be drunk through any type of teat, nipple, cup or straw as appropriate for age and skills.
- Suitable for those with ability to safely manage liquids of all types.



Level 1 Slightly Thick drinks

- Spoon pouring slightly thick liquid
- Thicker than water.
- Requires a little more effort to drink than thin liquids.
- Can be drunk through a straw, syringe, teat or nipple.
- Leaves a coating on a spoon or empty glass.
- Used in populations where thin drinks flow too fast to be controlled safely. Slightly thick liquids will flow at a slightly slower rate.



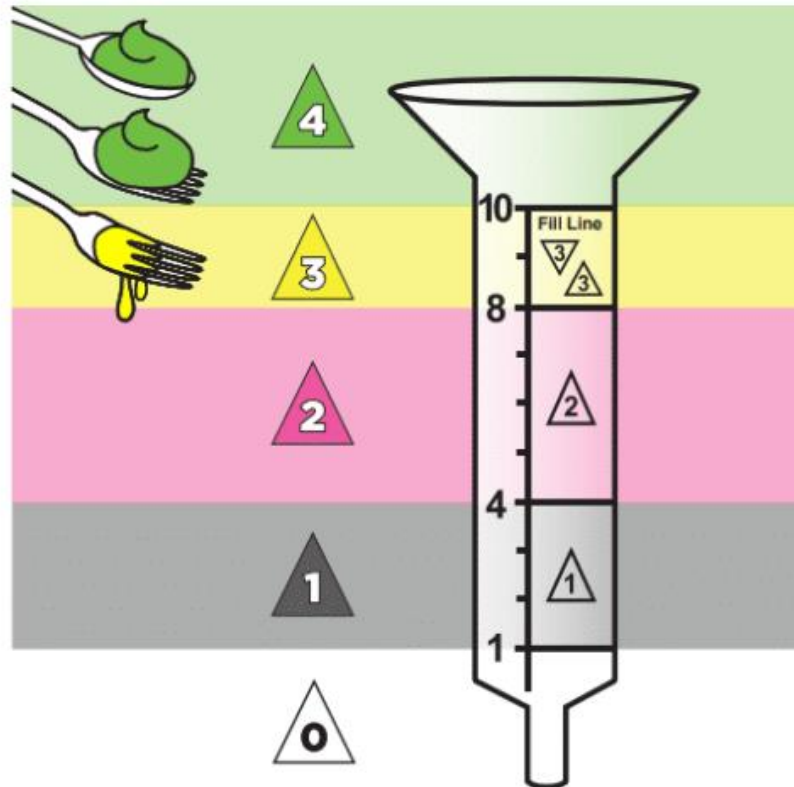


Level 2 Mildly thick drinks

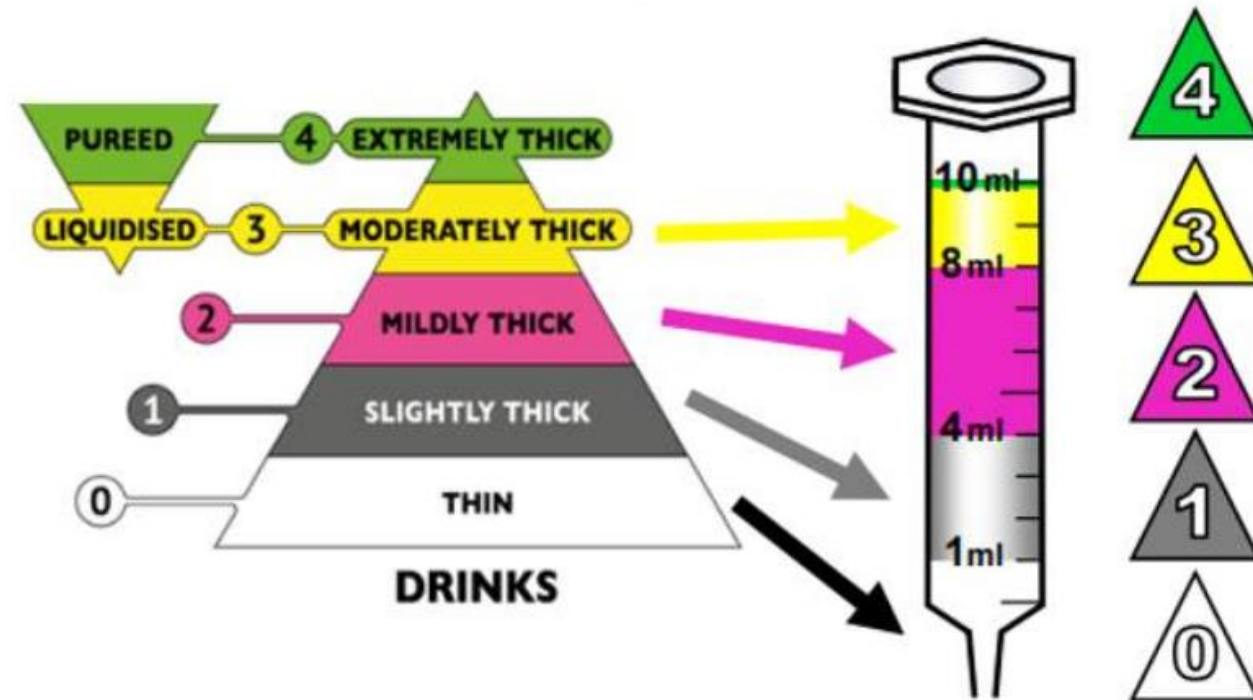
- Flows quickly off a spoon, but slower than thin drinks.
- Mild effort is required to drink this through a standard bore straw.
- Can be sipped from a cup.
- If thin drinks flow too fast to be controlled safely, Mildly Thick liquids will flow at a slightly slower rate.
- May be suitable if tongue control is slightly reduced



IDDSI Funnel Testing Method



IDDSI Syringe Testing Method





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Level 3 Moderately thick fluids



- Can be drunk from a cup.
- Moderate effort is required to suck this through a standard or wide straw.
- Cannot be piped, layered or moulded on a plate because it will not retain its shape.
- Cannot be eaten with a fork because it drips slowly through the prongs.
- Can be eaten with a spoon.
- No oral processing or chewing required – can be swallowed directly.
- Smooth texture with no 'bits' (lumps, fibres, bits of shell or skin, husk, particles of gristle or bone).
- Allows more time for oral control. Needs some tongue propulsion effort.



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IDDSI Testing Method



The simplest IDDSI test for level 3 drinks is the Fork Drip Test.

Drips slowly or in dollops/strands through the prongs of a fork.



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Level 4 Very thick fluids



- Usually eaten with a spoon (a fork is possible).
- Cannot be drunk from a cup because it does not flow easily.
- Cannot be sucked through a straw.
- Does not require chewing. Can be piped, layered or moulded because it retains its shape, but should not require chewing if presented in this form.
- No lumps. Not sticky. Liquid must not separate from solid.
- Cannot be poured. If tongue control is significantly reduced, this category may be easiest to control.
- No biting or chewing is required. Increased oral and/or pharyngeal residue is a risk if it is too sticky.



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IDDSI Testing Method



Spoon Tilt-Test

Falls off a spoon when tilted and continues to hold shape on a plate.



Recommendations for Eating, Drinking and Swallowing (REDS)

Speech and Language Therapy
Recommendations for eating,
drinking and swallowing (REDS)

Swallow Aware

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Patient name: _____ Health and Care Number: _____ Date of Plan: _____

(1) Food: _____

(2) Drink: _____

(3) Bread: Yes ☐ No ☐ Supervision: _____

Medications: People with dysphagia may also have difficulties swallowing prescribed medications. If you notice this at any time you should seek immediate advice from your Doctor or Pharmacist.

Important Additional Information:

Contact your Speech and Language Therapist if you experience:

- Coughing and/or choking after eating and drinking.
- Frequent chest infections (always contact your GP if these).
- Difficulty swallowing the food or drink you have been advised to have.
- Your voice sounds hoarse after meals or drinks.

Speech & Language Therapist: _____

Supplementary Information Given:

Sign and PRINT name: _____ Discussed / shared with: _____

Contact Number and Trust: _____

Recommendations for Eating, Drinking and Swallowing difficulties (REDS) document on Vimeo

Diet modification: The food framework:

- The modification of diet, drinks or both, is needed to enable a person to swallow more safely and will depend on their particular pattern of dysphagia. Changes to the size of food pieces is based on the persons ability to chew
- The REDS document based on the IDDSI framework, for diet, snack and fluid modification, should be followed at all times.

Patient handouts are available on the www.iddsi.org website

Level 3 Liquidised Food

Level 3- Liquidised foods may be used if there is a difficulty or trouble moving the tongue.

The thicker consistency gives more time for the tongue to “hold and move” the liquidised food but does not require much tongue strength to move to the back of the mouth for swallowing

It is easiest to eat liquidised food with a spoon.





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Fork Drip Test



Using the IDDSI Fork Test the liquid drips slowly in dollops through the prongs of a fork.



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Level 4 Pureed Food

May be used if not able to bite or chew food or if the tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

It's important that puree foods are not too sticky because this may cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat.

Pureed foods are best eaten using a spoon and:

- Do not require chewing
- Have a smooth texture with no lumps
- Hold shape on a spoon
- Fall off a spoon in a single spoonful when tilted
- Are not sticky
- Liquid (like sauces) must not separate from solid



Level 4 Pureed Food





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How to test Level 4 Puree?



It is safest to test Pureed Food using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test and Pureed food must pass both tests.

IDDSI Fork Drip Test Liquid does not dollop, or drip continuously through the fork prongs.



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Spoon Tilt Test



IDDSI Spoon Tilt Test Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked. Sample should not be firm or sticky.



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Level 5 Minced & Moist Food



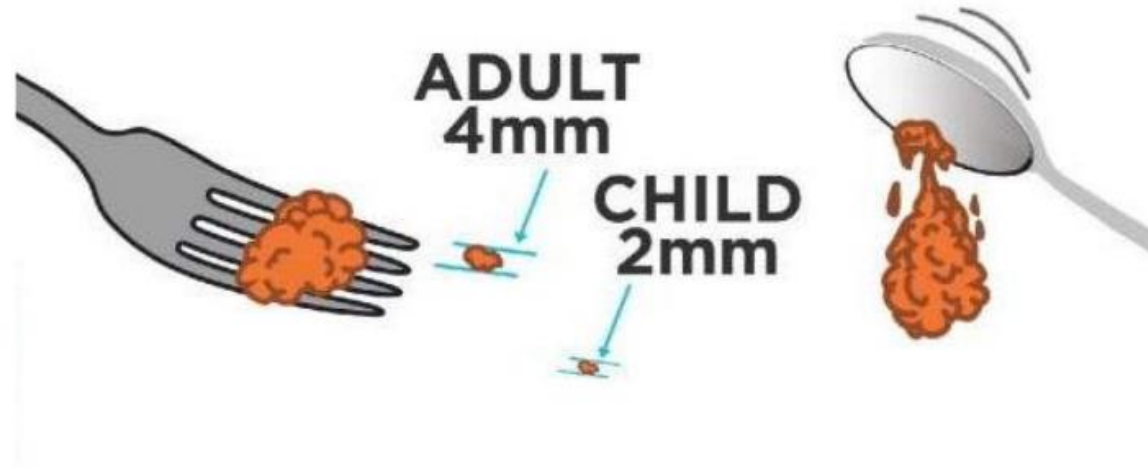
- Level 5 Minced & Moist food may be used if someone is unable to safely bite off pieces of food, but has some basic chewing ability.
- Some people may be able to bite off a large piece of food, but unable to chew it down into little pieces that are safe to swallow. At this level:
- Soft and moist, but with no liquid leaking/dripping from the food.
- Biting is not required but minimal chewing required.
- In adults, lumps of 4mm in size that can be mashed by the tongue.
- In children, lumps of 2mm in size that can be mashed by the tongue.
- Food that can be easily mashed with just a little pressure from a fork.
- Should be able to scoop food onto a fork, with no liquid dripping and no crumbs falling off the fork.

Level 5 Minced & Moist Food





IDDSI Fork Test and IDDSI Spoon Tilt Test



IDDSI Fork Test For **adults**, the lump size is **4mm**, which is about the gap between the prongs of a standard dinner fork.

IDDSI Fork Test For **children** the lump size is **2mm**, which is about half the gap between the prongs of a standard dinner fork.

IDDSI Spoon Tilt Test. Food holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked. Sample should not be firm or sticky.



Level 6 Soft & Bite-Sized



- May be used if someone is unable to bite off pieces of food safely, but are able to chew bite-sized pieces down into little pieces that are safe to swallow.
- This level is soft, tender and moist, but with no thin liquid leaking/dripping from the food.
- Ability to 'bite off' a piece of food is not required.
- The ability to chew bite-sized pieces so that they are safe to swallow is required.
- Adult Bite-sized pieces no bigger than 1.5cm x 1.5cm in size.
- Child Bite-sized pieces no bigger than 8mm x 8mm in size.
- Food can be mashed/broken down with pressure from a fork.
- A knife is not required to cut this food.

IDDSI Level 6 Soft & Bite-Sized





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How to test food to make sure it is Level 6 Soft & Bite-Sized?



To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape.



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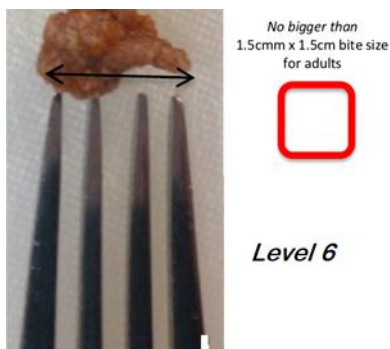
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For adults, the lump size is no bigger than 1.5cm x 1.5cm, which is about the width of a standard dinner fork.

For children, the lump size is no bigger than 8mm x 8mm, which is about half of the width of a standard dinner fork.

Soft and bite-sized food must pass both size and softness tests!



**Useful tip for adult
bitesize – should equal
no bigger than across
the prongs of a fork**



IDDSI Level 7 Easy to Chew



- Normal, everyday foods of soft/tender texture.
- Any method may be used to eat these foods (e.g. fingers, fork, spoon, chopsticks etc.)
- Food piece size is not restricted in Level 7, therefore foods may be a range of sizes.
- Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle.
- This level should be able to 'bite off' pieces of soft and tender food and choose bite-sizes that are safe to chew and swallow
- Should be able to chew pieces of soft and tender food, and are safe to swallow without tiring easily. The tongue should be able to move food for chewing and apply pressure until the food is soft and moist enough to be easily swallowed.
- Should be able to remove bone, gristle or other hard pieces that cannot be swallowed safely from your mouth without help or direction from others.
- May include 'mixed thin and thick texture' food and liquids together, follow the REDS.

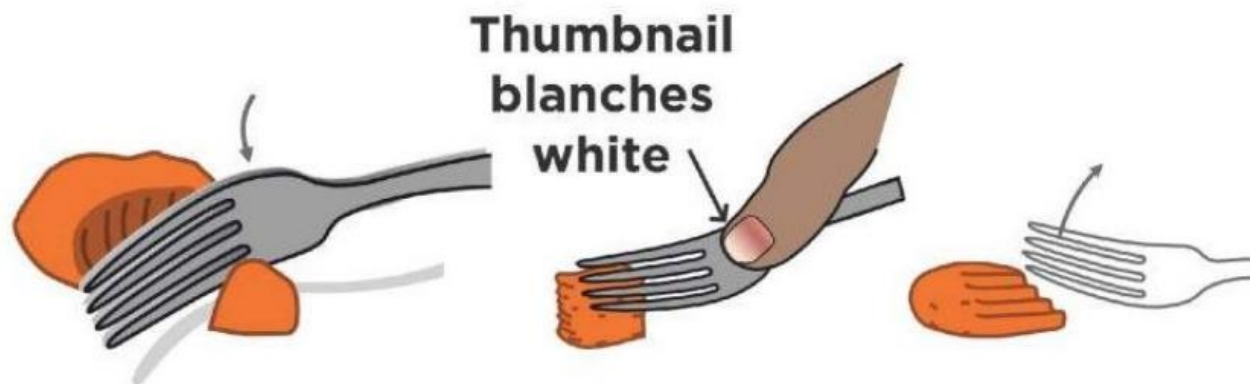
IDDSI Level 7 Easy to Chew





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How to test food to make sure it is Level 7 Regular Easy to Chew.



Easy to Chew foods must break apart easily and pass the Fork Pressure Test.

Foods should be able to be cut or broken apart with the side of a fork or spoon.

IDDSI Fork Pressure Test

To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape.



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Level 7 Regular

Level 7 – Regular food may be used if there are no problems with chewing or swallowing that would increase the risk for choking.

Food can be served as normal without restriction on the size of the pieces or the texture of the food.

There are no specific tests for level 7 Regular Food.

Level 7 Regular





TRANSITIONAL FOODS

- Transitional foods start as one texture but change into another texture when moisture, like water or saliva, is added or when a change in temperature occurs (for instance, when the food is heated).
- Biting is not required.
- Minimal chewing is required.
- Tongue pressure can be used to break these foods down once the texture has been changed by moisture/saliva or temperature.
- Transitional foods should only be used when specified on the REDS.



High risk foods

Certain foods can present a higher risk of choking and may therefore need to be modified or avoided by people with Dysphagia.

Follow the REDS for specific information regarding high risk foods. Some examples of high risk foods are outlined in the poster





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A word about bread.....

Bread is a difficult texture to manage as it requires both biting and chewing skills.



Bread comes in many varieties :

- from doughy bread to crumbly flaky bread as well as hard and crusty bread. Care should also be taken with pancakes
- pastries and baked items such as cakes, buns, scones,
- croissants and doughnuts.

Bread should only be given if it is specified on the persons REDS



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Quiz



Food Safety Quiz 1



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Supervision for Eating , Drinking and Swallowing

- Supervision increases safety as much as changing a diet or thickening a drink
- A safety strategy often recommended by SLT during meals, drinks and snack times- will be specified on the REDS if required. Always check the REDS before serving/ assisting
- Understanding SLT supervision levels will allow you to play your part in assuring safety.
- SLT use 3 different levels of EDS supervision: **General, Direct and One-to-one**
- Supervision for EDS safety is an active process which may include e.g. physical or verbal prompts- these will often be listed on the REDS
- Alert your manager/person in charge immediately if you are unable to provide the required supervision level.

Practical support or assistance provided to enable a successful eating and drinking experience, e.g., "help with cutting up food or opening packaging", or needing hand over hand or spoon feeding due to physical or cognitive difficulties is not the same as SLT EDS Supervision.

Safety Strategies

The PATH to safer swallowing

The PATH to safe swallowing at meal times



Adapted with permission from a poster developed by the BHSC. Produced by the Public Health Agency www.publichealth.hscni.net

- **Position:** The person should be in an upright supported position to eat and drink, ideally in a chair. If the person is eating & drinking in bed they should also be in an upright supported position.
- The person may need to be re-positioned during eating and drinking.
- The person should remain in an upright position for 20-30 minutes after eating or drinking.
- **Alert:** Ensure the person is awake and alert prior to and during eating and drinking.
- Person may benefit from stimulation prior to eating & drinking e.g. re-positioning.
- Remove food from the mouth if person has fallen asleep
- Be aware that certain types of medication may have an impact on how alert a person is at certain times of the day.
- Familiarise yourself (where possible) with the person's alertness pattern. If, for example, the person is more alert earlier in the day, a larger meal can be offered at that time.
- **Textures:** Any IDDSI modifications needed: this information will be clearly documented on the REDS which must be communicated and implemented fully.
- **Help:** It is important to promote the independence of the person. However, they may require supervision for safe swallowing which will be specified on the REDS.
- In addition it may be necessary to assist someone to eat and drink. Consider loading the spoon or offering hand over hand support as required. Any physical or verbal support with preparing for eating and drinking such as open packaging or cutting up food (remember this assistance is not included in the SLT supervision levels but may also be needed)

Medications

- People with dysphagia may also have difficulties swallowing prescribed medications.
- If you notice this at any time you should seek immediate advice from the Doctor or Pharmacist.
- If someone is prescribed a liquid formulation medication please ensure this is at the correct IDDSI level before administering. If you are unsure please seek advice from the doctor or pharmacist as an alternative medication may be available

Vision and hearing

- Glasses, where required, can help the person locate their food easily and should be worn.
- Any hearing aids should be worn and fitted correctly, so the person can hear your prompts and to hear about the snack, meal or drink they have chosen.

Mouth care

- A clean mouth can minimise the risk of aspirating harmful bacteria from the mouth which may cause aspiration pneumonia.
- Brush teeth twice daily for two minutes.
- Clean the whole mouth using a low foaming toothpaste.
- Spit out toothpaste, do not rinse.
- Ensure dentures are cleaned twice daily.
- Oral care is still required, especially if the person is Nil by Mouth.

Environment

- The environment in which a person eats or drinks is important.
- The person may benefit from a quieter environment with fewer distractions or noise.
- Fewer people at a table.
- Ensure high risk foods, snacks and drinks are not accessible.



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Recognising and responding when someone is choking.

- Choking is the introduction of a foreign object into a person's airway which reduces or completely obstructs the airflow to the lungs.
- Choking is an emergency and RIDDOR reportable (Reporting of Injuries Diseases and Dangerous Occurrences Regulation 2013)
- Anyone can experience a choking episode, however, people with eating, drinking and swallowing difficulties have a higher risk of choking and the consequences can be fatal

Suspect choking if someone is eating, drinking or swallowing and is suddenly

- Unable to speak or talk
- Coughs incessantly
- Experiences colour change around the face lips or nails
- Becomes anxious, may clutch their throat

Call for help if someone is choking.

Follow your organisation's training requirements and keep your basic life support (BLS) skills up to date if indicated.



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Recognising Choking



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**A Regional
Programme**



**Everyone's
responsibility**



**Safety, quality &
experience
always matter**



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Food & Drink “Safety Pause”



BEFORE FOOD & DRINK. STOP & THINK!

Before serving EVERY meal, drink or snack, all relevant Staff must participate in a “Safety Pause” by asking each other:

“What service user safety issues for meal, drink or snack times do we need to be aware of today?”

During the “Safety Pause”, the following mealtime safety concerns must be considered and shared with the whole team:

- ▶ Has the **PERSON** and the **ENVIRONMENT** been prepared for the meal and/or beverage service?
- ▶ Is the Person in a comfortable, upright **POSITION** for eating and drinking?
- ▶ Does the Person **need SUPERVISION** and/or **ASSISTANCE** with food and drinks?
- ▶ Have you considered medical needs, e.g. Oxygen requirements?



- ▶ Does the Person have **RECOMMENDATIONS** for **EATING, DRINKING AND SWALLOWING (REDS)** in place for food, snacks and / or drinks?
- ▶ What **LEVEL OF SUPERVISION** and / or **ASSISTANCE** is recommended?
- ▶ Is the correct meal / food / drink **CONSISTENCY AVAILABLE**?



- ▶ Does the person have any **FOOD ALLERGIES / INTOLERANCES**?
- ▶ Is an **ALLERGEN FREE** meal / food / drink available?



- ▶ Is the Person at risk of **MALNUTRITION** and / or **DEHYDRATION**?
- ▶ **Have you identified those who require:**
 - Extra helpings?
 - Extra snacks?
 - Fortified food and drinks?
- ▶ **Does the person:**
 - Finish their meals?
 - Take enough to drink?
 - Appear to have lost weight?
- ▶ Is a **FOOD** and/or **Fluid balance CHART** available to monitor?
- ▶ If able to eat & drink independently, is a drink or meal available & within their reach?



If you have any CONCERNS have you alerted your Mealtime Coordinator?



Mealtimes Matter
Putting People First at Mealtimes



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Recommended eating, drinking and swallowing plan (REDS)



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Food Allergies and intolerances.





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Is the person at risk of malnutrition and/or dehydration?



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Regional Mealtimes Matter Video - Information for Staff



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The 7 Rights

- 1 Right patient
- 2 Right to recommendation for eating, drinking and swallowing care plan
- 3 Right position or posture
- 4 Right support
- 5 Right food consistency
- 6 Right liquids
- 7 Right rate of feeding



Remember we all have a duty to report any concerns...

- Encourage the person with new or altered eating, drinking and swallowing difficulties, to **tell you or to speak to a health professional as soon as possible**.
- **Let the person know** if you have any **concerns**, and **report these with their knowledge**, so that they can get any help and support they might need.
- If after using the **Swallow Difficulties Observational Checklist** you are **unsure** about whether to **refer** for a Specialist Swallowing Assessment or not, speak to a speech and language therapist, and do **not assume** someone else has already done so.





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Adverse Incident Reporting



- Record and report any swallow related incidents or "near misses" using the local risk management systems, for example: DATIX
- All choking incidents **must** be reported



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Poor nutrition from eating less may:

- affect **cognition** and **concentration**
- lead to **weight loss** and **malnutrition**
- increase the **risk of falls**
- affect **wound healing**
- increase susceptibility to **ill health**, and even **death**

Nutritional Action Plan



**51% of people
with dysphagia
are at risk of
malnutrition**

*Ref: Managing
Adult Malnutrition in the Community –
Dysphagia A HEALTHCARE
PROFESSIONAL FACTSHEET
(malnutritionpathway.co.uk)*



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People with dysphagia may **refuse** food or drinks if they find eating, drinking or swallowing tiring or unpleasant.

Consequently, they can become **dehydrated** from drinking less and this can put them at **increased risk of infections** such as urinary infections.

Ref: British Nutrition Foundation (2019) Dysphagia – Hard to Swallow?

[Dysphagia - Hard to swallow? - British Nutrition Foundation](#)



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58 – 75% of dysphagia patients suffer from dehydration

Ref: Managing Adult Malnutrition in the Community – Dysphagia A HEALTHCARE PROFESSIONAL FACTSHEET (malnutritionpathway.co.uk)

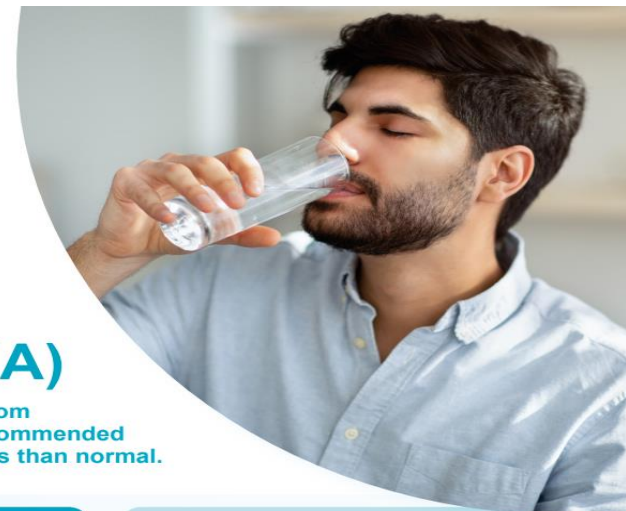
Individuals required to drink thickened fluids are less likely to meet their daily fluid requirements

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STAYING HYDRATED WITH EATING, DRINKING AND SWALLOWING DIFFICULTIES (DYSPHAGIA)

Up to ¾ of people with swallowing difficulties (dysphagia) suffer from dehydration. If your Speech and Language Therapist (SLT) has recommended you add thickener to drinks, you may find that you are drinking less than normal.



Dehydration can cause:

- Clots and heart attacks
- Urinary tract infections
- Pressure sores
- Adverse drug interactions
- Hospital admission
- Increased risk of death
- Acute kidney injury

Being hydrated can help with:

- Low blood pressure
- Dizziness and falls
- Incontinence
- Tiredness
- Headaches
- Dry mouth
- Constipation
- Memory
- Concentration and reaction time

Aim to drink 8 glasses or cups (around 2 litres) daily to stay hydrated:



Thank you



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