



A fact sheet for aged care staff



Supporting safe and enjoyable mealtimes for people with swallowing difficulties

This fact sheet provides an overview of how you can support people with swallowing difficulties, also known as dysphagia, to have safe and enjoyable mealtimes in aged care.

This includes recognising and responding to signs of swallowing difficulties, referring for assessment, implementing a mealtime support plan and consulting with the resident about all aspects of their food, drink and required support.

Why this matters

Swallowing difficulties can impact physical and mental health. The risks can include:

- choking and, in some cases, death
- aspiration and pneumonia – food or drink ‘going down the wrong way’ and entering the airway and lungs instead of the stomach, which can sometimes cause infection
- malnourishment and dehydration
- poor mealtime experience limiting the opportunity for enjoyable social interactions
- discomfort, distress, embarrassment and loss of dignity
- reduced enjoyment of food and quality of life, including effects on mental health.



What you need to do

1 Recognise and act on signs of dysphagia

Dysphagia red flags during or after eating/drinking include:

- choking
- coughing or throat clearing
- wet sounding or gurgly breathing and voice
- increased shortness of breath
- food getting stuck in the throat
- food or drink dribbling or escaping from the mouth
- fatigue during a meal
- taking a long time to eat a full meal
- food remaining in the mouth or pocketing in the cheeks after a meal
- avoiding certain foods because they are hard to chew or swallow
- a recent history of repeated chest infections or unexplained weight loss
- avoiding social situations due to swallowing difficulties or fear of choking
- poorly fitting dentures or other barriers to effective chewing and mouth movements.





2 Refer to appropriate support

If you identify possible signs of dysphagia, speak with your manager as soon as possible. Referral to a multidisciplinary team may be needed to ensure safe and enjoyable mealtimes that meet nutritional, health and wellbeing needs.

If any dysphagia red flags exist, discuss these with the resident, and their relevant support person or decision maker where required, and with their consent:

1. refer the resident to a speech pathologist to assess individual risks and diagnose and recommend support strategies.
2. refer to an Accredited Practising Dietitian (APD), who can ensure that dietary requirements, safety requirements and food preferences and choices are still met.
3. refer to other allied health professionals such as dental experts and occupational therapists as required.

If a family would like to, or routinely, bring in food for a resident, you should ensure that they can talk to a speech pathologist or senior staff member who can provide advice about this. This will ensure that modified food and drinks are of the agreed consistency while allowing residents the pleasure of familiar and favourite home cooked foods.



Accredited Practising Dietitians (APDs)

provide expert nutrition and dietary advice.

When a person is identified with dysphagia (as assessed by a speech pathologist), an APD will work as part of a multi-disciplinary team to meet the dietary needs of the individual, taking into consideration safety factors (i.e. the prescribed texture modification), health status, usual eating patterns, food preferences and cultural considerations.

APDs help to ensure that individuals with swallowing difficulties meet their nutrition requirements in a safe and pleasurable manner, to support a good quality of life.



Speech Pathologists are qualified health professionals who assess and diagnose swallowing difficulties and can prescribe individual management strategies that may include safe swallowing strategies and/or texture modified food and drinks.

Speech pathologists work with people with dysphagia to help them swallow food and drink more easily and safely, improving their mealtime experience. They can also provide specific mealtime assistance strategies and training to carers and staff.



3 Implement the resident's mealtime support plan

Meeting the needs of people with dysphagia often requires a range of strategies including:

- individualised swallowing therapy exercises prescribed by a speech pathologist
- mealtime assistance strategies, for example a support person to ensure that the resident takes double swallows for each mouthful
- many small meals in a day may sometimes be required if a person fatigues after a few mouthfuls
- check food is swallowed before putting in the next spoonful
- texture modification to food and drink if decided upon, to make it easier and safer to swallow and reduce discomfort for the person
- nutritional strategies and supports as prescribed by a dietitian
- level of supervision and prompting required during oral intake
- talk to the person you are assisting to eat to give them the opportunity of enjoying social interaction
- explain what food the person is eating if it is a puree that may not be easy to identify
- do not mix pureed foods into a big homogenous puree, but instead allow for different flavoured mouthfuls
- note which foods are disliked or liked, using words and non verbal cues
- recognise situations of increased risk such as drowsiness or reduced amount of intake
- the person should be as upright as possible to swallow more safely. This is easiest when a person is in a chair when possible.

All of these aspects are important to consider including in a resident's mealtime support plan.

Develop the resident's mealtime support plan in consultation with the resident. The resident should provide informed consent to any management strategies and to the plan.

Make sure you record in the resident's overall care plan all referrals, assessment details and the resident's mealtime support plan including any recommendations and management strategies.

A resident may choose not to follow recommendations such as prescribed texture modifications to food and drink. If this happens, you need to follow a planned approach to supporting the resident's informed choice to eat and drink with acknowledged risk.

Refer to the fact sheet: Supporting informed choice for people eating/drinking with acknowledged risk at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers.



Texture modified food and drinks is a commonly used strategy but is often only one part of an overall plan. Refer to the fact sheet on Texture modified food at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers.



4 Review the resident's mealtime support plan

The resident's mealtime support plan should be regularly reviewed together by staff and the resident, and including the speech pathologist, dietitian and other allied health professionals as required.

Review of the resident's mealtime support plan needs to occur regularly, with review timeframes included in the plan. If a resident lets you know that they would like their mealtime support plan reviewed or would like a change in their preferences recorded, or you notice new or changed dysphagia red flags, you should act on this without delay.

Processes should be in place to prompt earlier review if dysphagia red flags and signs appear, or if the resident's condition changes.

Conditions underlying dysphagia can change suddenly or subtly over time. Proactive management requires review and assessment of needs. This can include a deterioration in skills or function, but in some instances an improvement in swallowing.



Standard 2:
Ongoing assessment and planning with consumers



Standard 3:
Personal care and clinical care

Aged Care Quality Standards 2 and 3 cover the obligation to ensure safe and effective care that optimises health and wellbeing.

Further resources

Swallowing

Additional fact sheets on swallowing are available at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers:

- Nutrition and texture modified food and drinks fact sheet
- Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR)

Please print and display the St Johns, First aid fact sheet: choking adult or child (over 1 year) at www.stjohn.org.au/first-aid-facts at your service.



Phone

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Web

agedcarequality.gov.au



Write

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