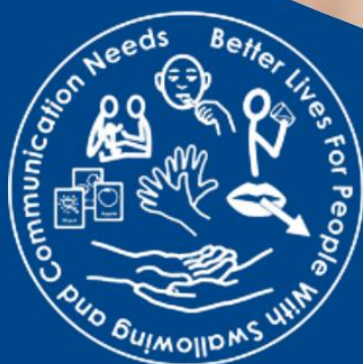




Dysphagia FAQs

This information is only for carers
or healthcare professionals supporting
adults with learning disabilities in Somerset

Speech and Language Therapy, Somerset
Learning Disabilities Specialist Health Team

www.somersetft.nhs.uk



Kindness, Respect, Teamwork
Everyone, Every day



Dysphagia FAQs

1. How do I refer someone to a Speech and Language Therapist (SLT)?

Carers can refer directly to the Learning Disability (LD) SLT Team by emailing: CTALDHealthReferrals@SomersetFT.nhs.uk Please ensure the LD health referral form is completed in full. Referrals do not have to go via the GP.

2. Who do I contact if I have a dysphagia related question or a question about someone's Eating and Drinking Care Plan?

There is a duty SLT available Monday to Friday during office hours who can respond to general dysphagia related questions. Please email your queries to:

CTALDHealthReferrals@SomersetFT.nhs.uk **Do not directly email an SLT** with general dysphagia queries or queries relating to a person who is not currently being seen by an SLT. The duty SLT can respond to your query in a more timely and thorough way. If the person is currently open to SLT, then in these circumstances you should contact the treating SLT directly. If that SLT is away from the office and the query is urgent, please email CTALDHealthReferrals@SomersetFT.nhs.uk

The image shows two overlapping forms titled "Eating and Drinking Care Plan" from NHS Somerset. The top form is for "Name: Kate" and "Date of Birth: 12/12/1978". It includes a section for "Care Plan" with a warning icon and text: "This Care Plan should be used to help Kate to eat and drink safely. It is a guide for the staff who look after her. It is not a prescription. It should be reviewed regularly. If Kate's needs change, the plan should be updated. The plan should be shared with all staff who look after her. The plan should be kept in a safe place. The plan should be used to help Kate to eat and drink safely. It is a guide for the staff who look after her. It is not a prescription. It should be reviewed regularly. If Kate's needs change, the plan should be updated. The plan should be shared with all staff who look after her. The plan should be kept in a safe place." The bottom form is for "Name: Kate" and "Date of Birth: 12/12/1978". It includes a section for "Care Plan" with a warning icon and text: "This Care Plan should be used to help Kate to eat and drink safely. It is a guide for the staff who look after her. It is not a prescription. It should be reviewed regularly. If Kate's needs change, the plan should be updated. The plan should be shared with all staff who look after her. The plan should be kept in a safe place. The plan should be used to help Kate to eat and drink safely. It is a guide for the staff who look after her. It is not a prescription. It should be reviewed regularly. If Kate's needs change, the plan should be updated. The plan should be shared with all staff who look after her. The plan should be kept in a safe place."

3. What should I do after someone has had a choking incident?

After a choking incident, please follow the LD SLT 'Choking Process Map' which has been distributed with this information sheet, to determine what action should be taken. If the choking incident required abdominal thrusts, the person should be examined by a doctor to check for injury.



4. What should I do if someone is vomiting?

SLTs manage oro-pharyngeal dysphagia (a swallowing disorder occurring in the mouth or throat). Vomiting is not a sign of oro-pharyngeal dysphagia and therefore the person should always be referred to their GP if there are concerns regarding vomiting.

5. What if I have a question about whether someone can have a specific food?

Sometimes the person is on a specific IDDSI diet and carers want to know if they can have certain foods. Carers should use their judgment to determine whether the food fits within the description of the diet level recommended by using the IDDSI testing methods which are detailed in the IDDSI information sheet provided by SLT. IDDSI also provide a useful reference card showing the different testing methods which can be found here:

[IDDSI Reference Card Folded DL Sponsors Sept 3 2020 bleed.pdf](#)

In addition, these videos created by Dorset HealthCare are a helpful resource:

IDDSI Level 3: <https://www.youtube.com/watch?v=mqCJBjtAkA>



IDDSI Level 4: <https://www.youtube.com/watch?v=5H8R6rCVNo>



IDDSI Level 5: <https://www.youtube.com/watch?v=piC6Uua97A>



IDDSI Level 6: https://www.youtube.com/watch?v=9e9AN6LkX_U



IDDSI Level 7: <https://www.youtube.com/watch?v=nZjBIXnr2tU>
(easy to chew)



If you are still not sure whether the food fits the recommended level, do not offer the food to the person and contact their treating SLT or email:

CTALDHealthReferrals@SomersetFT.nhs.uk if the person is not currently open to SLT.

6. When a person gets a new wheelchair/prescriptive seating, do they need a review?

If the person has an Eating and Drinking Care Plan in place and they get a new wheelchair/prescriptive seating which they are going to be in when eating, an SLT review is not necessary if the person is able to sit up in that chair in a stable position with feet flat on a surface. If there are concerns about the person's positioning in the new chair, then a referral should be made to SLT.



7. The person has an eating and drinking Care Plan and has a new cup/cutlery/other new piece of eating and drinking equipment. Do I need SLT to assess the person with this new equipment?

New eating and drinking equipment does not necessarily have to be individually assessed. We advise that you trial the new piece of equipment with the person and if any concerns arise, to contact SLT for advice.

8. Can the person eat and drink in bed?

If the person can maintain a stable and upright position in bed, then a review by SLT is not needed. However, if the person's health has changed resulting in more time spent in bed, carers need to be alert for signs of changes in their swallowing and if any changes are seen, they should be referred to SLT.

9. Can the person go out to eat if their Care Plan advises they would benefit from being in an environment without distraction?

If somebody does get distracted by other people/activity when eating, we usually state on the eating and drinking Care Plan: 'X would benefit from eating and drinking in an environment that is as free from distraction as possible'. In the home environment, it is usually possible for the person to eat in a quiet room, away from distractions. However, this statement says 'as free from distraction as possible' so this allows for situations where it is not possible to be free from distraction, e.g. when eating out. In these circumstances, consider the environment where they are eating, e.g. seating, how busy it is, etc to try and limit distractions as much as possible whilst still allowing the person the pleasure and enjoyment of going out to eat.

If the Care Plan states that the person must eat with no distractions at all because of the high risk that being distracted has on their eating and drinking and if this is felt to be too restrictive/affecting their quality of life, please re-refer to SLT to review this.

10. When people have teeth removed, do they need a referral to SLT?

If the person has one or two teeth removed, it is unlikely that they will need a referral to SLT, unless there has been a change in their eating skills following the extractions and recovery period. You can request guidance from the dentist about the types of food to offer them during the recovery period while their gums are healing following the procedure.

If the person is having a number of teeth removed and it is anticipated that it will affect their chewing and biting ability, an SLT referral would be needed. The referral to SLT should be made no earlier than two weeks before the procedure, unless the person's dental issues are already impacting on their eating and drinking skills and their current Eating and Drinking Care Plan is no longer meeting their needs. The SLT may provide interim advice; SLT will not come to see the person until the gums have healed.



11. The person is declining food and/or drink and losing weight and/or there are concerns about hydration. Should I refer to SLT or Dietetics?

If someone is declining food and/or drink and they are losing weight and/or there is a concern about hydration but there is no change in their eating and drinking skills or signs of a swallowing difficulty, please contact the person's GP and/or make a referral to Dietetics. Details of how to refer to Dietetics can be found here: [Referring to Community Dietetic Services - Dietetics \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk) If someone is declining food and/or drink and you notice a change in their eating/drinking skills and/or you suspect a swallowing difficulty, a referral to SLT is indicated.

12. Why should some people have drinks with their meal but some people are told not to?

Sometimes we specifically state on the Care Plan that a person should not have drinks during a meal. This is because some people with dysphagia have difficulty coping with mixed consistencies. If food residue is in the mouth and then they take a drink, coping with the different consistencies of food and liquid can be difficult and places the person at an increased risk of aspiration. These people are also likely to have difficulty with cereal and milk as well as soup with 'bits' for the same reason.

On the other hand, having a drink at intervals during the meal is sometimes recommended for a number of different reasons. This may be as a strategy to slow the person down when eating; it may be because they have a dry mouth and the drink serves to moisten the mouth; it may be to assist with the swallow if the person has reduced strength of swallow.



13. Why is oral hygiene so important? And why is it important even if someone doesn't have teeth?

Poor oral hygiene not only leads to gum disease and tooth decay but it has also been linked to a number of other medical conditions, including diabetes, cardiovascular disease, infective endocarditis and cancer. Poor oral hygiene can also cause pneumonia as a result of the aspiration of bacteria-laden oral secretions/saliva. This is why it is so important to carry out oral care, even if the person does not have any teeth. The following link provides useful guidance: [Oral Health for People with a Learning Disability 2021 \(weahsn.net\)](https://www.weahsn.net)

14. The person is still coughing when drinking, why hasn't the SLT recommended thickener?

Recent research on the use of thickener suggests that there is no convincing evidence that thickened fluids prevent chest infections and pneumonia or that they improve health or quality of life outcomes for patients. Therefore, if thickener is to be used, there needs to be a clear rationale, e.g. if someone finds it difficult to hold a thin liquid in their mouth; if the coughing is distressing to the person or if it affects their fluid intake. In the majority of cases, thickener should not be introduced or discontinued without consultation with an SLT.

It is also important to remember that coughing is a protective mechanism against aspiration and isn't always a bad thing. Sometimes someone's cough isn't strong enough to protect their airway and aspiration still occurs. However, some people tolerate a degree of aspiration without any negative health consequences (e.g. chest infections). The SLT will be carrying out a careful assessment as well as considering their medical history to ascertain the degree of risk to the person of developing a chest infection. For these people, it is essential that oral hygiene is prioritised to reduce the risk of aspirating bacteria from the mouth which can lead to a chest infection.



15. How can I ensure fluids are thickened to the correct consistency?

If the SLT has recommended thickener, it is important that drinks are thickened to the level recommended by them. It is important to follow the instructions on the tin to prepare the drink to the correct level, using the exact quantity of liquid to powder. Please be aware that some drinks take longer to achieve the desired consistency, e.g. fruit juice, tea, coffee and milky drinks. To check that the correct level has been achieved, Viscgo sticks are a useful and simple tool to test the levels of gum-based thickeners (e.g. Nutilis Clear; Thicken Up Clear) which can easily be used by carers preparing the drink - [Viscgo Shop – The Quick Easy Accurate Drink Thickness Test](#). IDDSI flow test funnels are also available: [IDDSI - Funnels](#)

16. How can I access dysphagia awareness training?

Our team have developed some free e-learning which gives carers knowledge on basic dysphagia awareness:

<https://www.youtube.com/watch?v=wqfCdlozV-s&feature=youtu.be>



We recommend that a practical training course is also completed. Please email LDTraining@SomersetFT.nhs.uk for information about upcoming training dates and e-learning options.

An additional module on Dysphagia Essentials (not specific to supporting people with a learning disability) can also be found at:

<https://www.e-lfh.org.uk/programmes/dysphagia/>

Scroll down to 'how to access', click on 'view', select 'view' then 'Dysphagia Essentials' module'.

Please note all training courses offer general information and must not be substituted for individual patient assessment and Care Plans.

It is advised that all carers are trained in Basic Life Support including the management of choking episodes. SLT do not provide this training; it should be sourced by the Care Provider.



Learning Disabilities Specialist Health Team

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