Company Name:

Policy No: 01-3411	Authorised:	Date:

## SERVICE USER WITH DYSPHAGIA

This Policy defines the aspects of care to be followed when the service user has dysphagia in relation to eating and swallowing food and drink. This Policy should be actioned in conjunction with Policy No: 3412 "Choking Prevention - Risk Assessment & Care Planning".

## A: BACKGROUND INFORMATION:

- 1. *Dysphagia* refers to difficulties in swallowing, and if untreated in the service user can lead to malnutrition, dehydration, choking, and a general reduction in the quality of life. Some persons have difficulty in swallowing certain foods and liquids, while some cannot swallow at all.
- 2. Dysphagia can manifest itself through the following symptoms:
  - Swallowing difficulties (see 1. above)
  - Difficulty placing food in the mouth
  - Choking or coughing when eating or drinking
  - Bringing food back up, sometimes through the nose
  - A sensation that food is stuck in the throat or chest
  - Gradual and persistent, but unexplained, weight loss
  - Unexplained repeated chest infections
- 3. There are 2 types of dysphagia:
  - High dysphagia (oropharyngeal) swallowing difficulties caused by problems with the mouth or throat.
  - Low dysphagia (oesophageal) swallowing difficulties caused by problems with the oesophagus.
- 4. Dysphagia can occur as a result of the following conditions:
  - a single medical problem, such as a stroke
  - motor processing difficulties
  - oropharyngeal structural problems
  - central nervous system disorders
  - obstruction of the oesophagus through a growth, or narrowing of the oesophageal tube
  - poor oral health
  - mental health problems
  - side effects of medication

## ASSESSMENT & TREATMENT:

B:

The service user will be assessed by specialist therapists to determine the level of dysphagia being experienced. Assessments will focus upon the following and will form the basis of an appropriate Care Plan for treatment:

- 1.1 Nutrition and hydration, with particular emphasis on a healthy, balanced diet.
- 1.2 Historical problems with swallowing and / or choking, and whether the service user has a fear of choking. In particular, instances of regurgitation of swallowed food.
- 1.3 Food texture and preferred portion sizes; i.e. the need to cut food into manageable sized portions, or whether food needs to be pureed.
- 1.4 The rate at which the service user eats / consumes food. For example, eating too quickly ("bolting" the food) can cause swallowing difficulties.
- 1.5 The need for drinks or other liquids to aid the swallowing process; i.e. "washing down" the food.