

## Speech and Language Therapy

### Feeding at Risk

#### Swallowing Difficulties (Dysphagia)

Dysphagia is the term used to describe a difficulty in swallowing. It can be caused by a variety of conditions such as stroke, neurodegenerative disorders, head injury, dementia, some types of learning disabilities and head and neck cancer.

Dysphagia can result in aspiration of food, drink or saliva. This means that food, drink or saliva may accidentally enter into your airway and possibly into your lungs. This can be uncomfortable and can lead to lots of coughing; however sometimes there may be no signs of aspiration: this is called silent aspiration. Aspiration can result in pneumonia (infection in the lungs) and may also result in malnutrition or dehydration if the person is unable to eat or drink enough comfortably to meet their needs.

Speech and Language Therapists specialise in the assessment and treatment of Dysphagia, and in many cases are able to find ways to reduce the risks of aspiration. However for some patients, even with support, aspiration remains a risk.

Sometimes feeding via a tube (through the nose or directly into the stomach) is considered when there is a risk of aspiration with eating and drinking. However, for many people tube feeding is unsuitable. The reasons for this may include:

- The risks of tube feeding outweigh the benefits;
- Tube feeding is refused by the patient;
- Tube feeding would not maintain or improve quality of life.



## Patient Information

When tube feeding is not suitable, a person with capacity (able to make a decision) or the medical team, based on the patient's best interests, may decide to continue eating and drinking despite the risk of aspiration; this is known as feeding at risk.

### Feeding at Risk

Feeding at risk may be considered if:

- The person is in the advanced stages of an illness and wishes to maintain oral intake for quality of life;
- It is felt to be the most appropriate option by the medical team;
- The person chooses to continue eating and drinking despite the risks of aspiration being explained.

The decision to 'feed at risk' should balance safety and quality of life as equally as possible and take into account the person's wishes.

When feeding at risk a person **may** experience the following:

- Recurrent chest infections;
- Choking or coughing during or after eating/drinking;
- Difficulties managing saliva;
- Build-up of residue of food or fluids in the mouth;
- A wet or gurgly voice after eating or drinking;
- Increased congestion or shortness of breath when eating or drinking;
- Weight loss and dehydration.

It is important to note that a person may also have no symptoms at all. If you do experience any of the above you may wish to take a break from eating and drinking and try again later. If your health deteriorates further, it may be necessary to discuss future plans with your GP or Speech and Language Therapist.

## Patient Information

### Oral Care

When feeding at risk, it is extremely important to keep the mouth as clean as possible in order to remove residue and reduce a build-up of bacteria.

### General guidance to reduce the risk of aspiration

- Only eat and drink when fully alert;
- Sit upright when eating or drinking;
- Take time to clear your mouth and take small mouthfuls of food and drink;
- Avoid straws/spouted cups unless otherwise instructed;
- You may find it more comfortable to eat and drink 'little and often'.

### Further Information

**If you have any questions regarding the information on this leaflet, please contact the Speech and Language Therapy team on 024 7696 5709 (Acute Care Team), or 024 7696 6449 (Macmillan Head & Neck Cancer team).**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5709 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

#### Document History

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