Jefferson County Care Transitions Coalition

2015 Initiative

Safe Swallowing

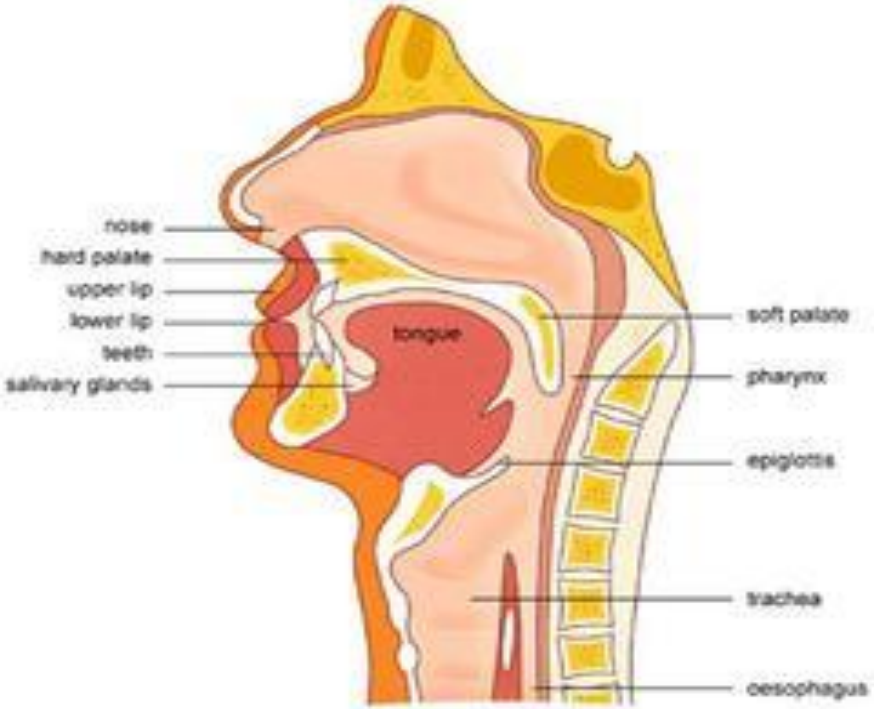
To avoid aspiration pneumonia

What we will Review

- What is Dysphagia
- Steps for Safe feeding
- Red Flags for Swallowing Difficulty
- Special Diets and Restrictions

Dysphagia (pronounced dis - fay - ja)

- is the medical term that means **swallowing difficulty**. Someone with Dysphagia has a hard time swallowing foods and/or liquids without having them "go down the wrong pipe".



Normal swallowing versus aspiration

- Swallowing – YouTube
- Intra swallow aspiration - YouTube

Common reasons why someone might develop Dysphagia:

- Mouth or throat cancer
- Having a stroke
- Nerve disorders (like Parkinson's multiple sclerosis, ALS, etc.)
- Dementia
- Alzheimer's(forgetting how to swallow)
- Loose fitting dentures
- Missing teeth

Normal Swallowing

- In a normal swallow, the food or liquid is transferred from the mouth to the esophagus in 0-2 seconds
- A person free from problems is able to eat a complete meal in 30-45 minutes without choking or spilling food or liquids
- If solids or liquids happen to be swallowed wrong or go down "the wrong pipe," the *healthy* person is able to produce a strong cough to expel the food or drink
- If food gets stuck, normally a person can cough or gag to dislodge the food.

Role of the Caregiver

You often provide direct 1-on-1 care for the resident with dysphagia, including:

- feeding
- offering of fluids
- medication administration

You are the eyes and ears of the facility

You have the opportunity in each of these situations to see how each resident reacts to the food, liquid, or medication given

Throughout this presentation, we will be discussing dysphagia and feeding as it relates to you and the residents you serve

Levels of Feeding Assistance

Independent self feeders may need set up or supervision.

Dependent feeders are unable to feed themselves due to physical or cognitive limitations

- People who are unable to feed themselves have a 50% incidence of malnutrition and dehydration
- The staff should be aware of all the techniques and precautions each feeder requires.
- *Dependent feeders are most likely to aspirate and develop pneumonia!*

STEPS FOR SAFE FEEDING

Before the meal

- Check the food for the correct diet.
- Have the resident sit fully upright – 90 degrees
- Residents must be awake, alert.
- Dentures fit well, glasses on, hearing aids working.
- Check for individual swallowing recommendations in care plan (i.e. Use of chin tuck or no straws)

DURING THE MEAL

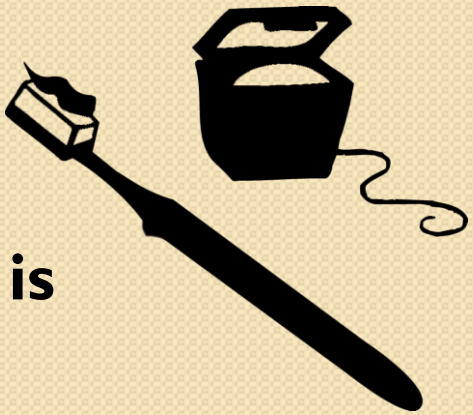
Feeding and eating

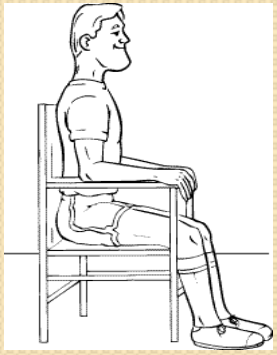
- Assist with special utensils or plates/cups as needed.
- Insert the food into the stronger side of the mouth
- Alternate small bites with sips.
- Feed slowly and allow 5 – 10 seconds per bite/sip
- Watch for Red Flags 🚩 swallowing problems
- Sit at eye level with resident and coach as needed
- Keep the dining area pleasant and calm.

AFTER THE MEAL

- ✓ Check for holding food in the mouth and cheeks

- ✓ People who aspirate are more likely to get pneumonia if their secretions are not cleared. Therefore after-meal mouth care is essential



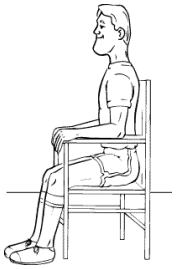


- ✓ Sit upright for 3o minutes.

S T O P & W A T C H

Red Flags for Swallowing Difficulty

STOP……. If your resident or family member



- Cannot sit **upright**
- Is not **awake** enough to accept food
- Has **teeth or dentures** missing or not fitting
- Gets distracted while eating
- needs to be reminded there is food in his mouth

WATCH……does he/she

- Complain of **pain or discomfort** when eating
- **Not chew** or chews very slowly
- Have pieces of food fall out of mouth
- Have food in mouth after swallowing
- Have liquids dribble out of mouth
- **Cough or gag?** Encourage strong cough
- Have wet or hoarse voice after the swallow

REPORT to _____

Name of resident

Your name

Observation reported to

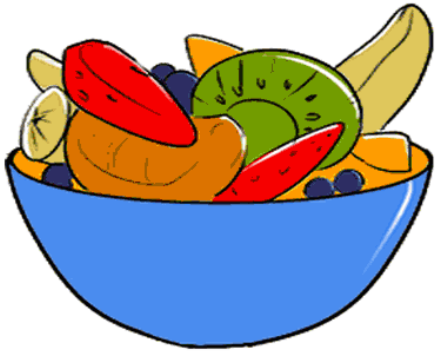
Date/time

Staff document in resident's file

Each facility to determine staff use/action with this tool

A Dysphagia Diet-what is it?

- A Dysphagia Diet is one that has **different textures** of foods to help people with chewing and swallowing difficulties.
- Following the diet makes it **easier to chew and move food** in the mouth.
- It **reduces the risk** of food going into the "windpipe" and into the lungs.



Level 1 Dysphagia Pureed

Foods that are pureed, “**pudding-like**” (*not* jello-like).

Need to be **smooth** with no lumps, chunks, pulp or seeds.

Level 2 Dysphagia

Mechanically Altered

Foods that are **moist, soft textures**, ground or minced. **Small pieces** no larger than ¼ inch or mashed. Easy to chew. Also referred to as “lumpy pureed”.

Level 3

Dysphagia

Mechanically Soft

Foods that are **soft-solid.** Easy to cut up, but not hard, crunchy or very dry foods**.** Requires more chewing ability.

Liquid Consistencies

- Thin

- Honey

- Nectar

shutterstock - 124145833

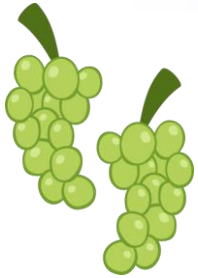
- Pudding

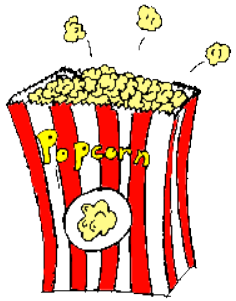
- Increased thickening requires more amount of fluids to avoid dehydration
- The thicker the liquid, the more of it you need to maintain your hydration

No…

No…

No!!




Popcorn

Nueces de Brasil
Anacardos
Almendras
Pistachos
Avellanas
Nueces
Piñones

PEANUT
BUTTER

Selecting the right foods

How would you adjust each of the following meals to comply with a Dysphagia Level 1, 2, or 3 diet.

2011 foodhoe's foraging

Resources:

- Understanding and Implementing Dysphagia Diets
- National Dysphagia Diet Level 1-Pureed
- National Dysphagia Diet Level 2-Mechanical Altered
- Liquid Consistencies