



**Public – To be published on the Trust external website**

# **Title: Dysphagia Procedure**

**Ref: CLIN-0016-v5**

**Status: Approved**

**Document type: Procedure**

**Overarching policy: Physical Health & Wellbeing Policy**

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## 1 Introduction

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This procedure is needed in order to describe to staff how to identify patients who have physical difficulties with eating and drinking (dysphagia) and to make sure they are able to access high quality, person centred support when they need it. Early and accurate identification and co-created treatment of dysphagia will support our aim to provide a great experience for our patients, carers and families. Equipping staff with the knowledge, skills and tools to identify patients who need support, and working together with them to achieve this will support our aim to create a great experience for colleagues, being involved in work that is meaningful. Working together with our patients and their communities we will ensure that the support they need for their eating and drinking difficulties continues within communities supporting our aim to be a great partner.

## 2 Purpose

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Following this procedure will help the Trust to ensure that staff have:-

- an awareness of the signs, symptoms, risks and consequences of dysphagia.
- information about who to ask for help
- tools to make referrals in partnership with or on behalf of service users

## 3 Who this procedure applies to

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- This procedure applies to all staff working in clinical areas, where patients may present with eating and drinking difficulties (dysphagia)

## 4 Related documents

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This procedure describes what you need to do to implement the Physical Health Assessment and Ongoing Monitoring section of the Physical Health and Wellbeing Policy CLIN-0084-v3.



The Physical Health and Wellbeing Policy CLIN-0084-v3 Policy defines ongoing monitoring for physical health and wellbeing which you must read and understand before carrying out the procedures described in this document.

This procedure also relates to:-

- ✓ Procedure for Using the National Early Warning Score (NEWS) 2 for the Early Detection and Management of the Deteriorating Patient in Adults (aged 16 and above)
- ✓ Malnutrition CLiP

- ✓ End of Life Care Provision and Care After Death Policy
- ✓ Dementia pathways
- ✓ Enteral Feeding (PEG) Procedure (Adults)
- ✓ Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adult and Children
- ✓ Nasogastric Insertion & Management for Adult Eating Disorders (In-Patients)
- ✓ Consent to Treat policy

## 5 Objectives

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The objectives of this procedure are to ensure service users with dysphagia:

- Have their needs identified by trust staff
- Receive the right assessment and treatment for dysphagia, at the right time.

## 6 Scope

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- To ensure the health and safety of patients who have dysphagia.
- This policy applies to all clinical staff within the Trust.

## 7 What is Dysphagia?

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Dysphagia is the medical term for an eating, drinking or swallowing problem (14).

### 7.1 What are the signs and symptoms of dysphagia?



If the signs and symptoms of dysphagia are placing the patient at significant risk, ie. choking or coughing at every mealtime, refer to the Trust [Incident Reporting procedure](#).

- ✓ Dysphagia signs and symptoms may include (1,2,4,6,7,8) :
  - ✓ coughing on food or drink
  - ✓ recurrent chest infections or pneumonia
  - ✓ unexplained weight loss
  - ✓ difficulties chewing
  - ✓ choking
  - ✓ breathing difficulties at mealtimes
  - ✓ absence of a swallow
  - ✓ dehydration
  - ✓ malnutrition
  - ✓ difficulty taking medication
- ✓ Other signs which may be of concern:

- ✓ rushing food
- ✓ long mealtimes
- ✓ food refusal
- ✓ food falling from mouth



Refer to the trust Dysphagia Screening form (appendix 3)

## 7.2 Dysphagia health risks



Health risks associated with dysphagia can be severe chronic and may result in death (1,2,4,5,7,8).

- ✓ Chest infections and pneumonia
- ✓ Choking
- ✓ Dehydration
- ✓ Severe weight loss and malnutrition



Poor oral hygiene can mean that the consequences of dysphagia are much more severe because the lungs can be infiltrated with harmful bacteria that develop in the mouth (3).

- ✓ It is very important to make sure people's teeth are clean

Dysphagia may also be distressing to patients and their families and have a significant impact on quality of life and wellbeing. It may also be distressing for other service users who witness distress of individuals with dysphagia. All individuals should be offered support as appropriate/

## 8 Referral

If you are concerned your patient may have dysphagia, discuss referral with the individual and/or their family or carers, and with agreement, refer to speech and language therapy team for an assessment of their swallowing (6).

Is dysphagia related to a mental health presentation or a learning disability?

- ✓ Refer the patient to a Trust speech and language therapist team (see appendix 2).

Is the patient's mental health presentation currently stable?

- ✓ Refer to the patients GP or their local community speech and language therapist team (usually based within the local acute hospital, or children's centres)

Is dysphagia related to another cause, eg; stroke?

- ✓ Refer to the patients GP or their local community speech and language therapist team (usually based within the local acute hospital, or children's centres)

An individual may also refer themselves for an assessment by contacting a Trust speech & language therapist direct

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## 9 Assessment

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Assessment will take place in partnership with the patient, in settings that they are familiar with and comfortable in, wherever possible. All assessment and intervention should take in to account the privacy and dignity needs of the individual. Individual involvement with their assessment and intervention should be clearly documented within casenotes. It may comprise of observations of people and eating and drinking (8), and may include trials of different food and drink (4). It sometimes includes instrumental assessment, such as videofluoroscopy x-ray (an x-ray taken while the person eats and drinks different food and drink mixed with a radio opaque substance) (4,8). Assessment often also requires the involvement families, care staff and multidisciplinary team and partner organisations(6).

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## 10 Intervention

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Patients with dysphagia related to their mental health or learning disability are usually managed by using techniques such as (4):

- Changes to positioning to help develop a safer swallow
- Changing food or fluid textures
- Changing support at mealtimes, e.g. advice to support staff who are feeding patients
- Adapting the environment
- Adapting utensils
- In severe or complex cases, the provision of non-oral nutrition and/or hydration

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## 11 Discharge

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### 11.1 In-patient discharge

In cases where a patient is being discharged from a unit within the Trust, and requires ongoing intervention for dysphagia, the named nurse in collaboration with the care coordinator will document this intervention in the discharge plan. If their dysphagia is related to their mental health presentation or learning disability, a needs led assessment will take place as to the most appropriate maintenance of their care in their community setting.

### 11.2 Patient discharge from speech & language therapy

Once a patient's dysphagia intervention is complete, the speech & language therapist will discharge them from their caseload. This will be done after discussion with the patient, family, carers and multidisciplinary team.

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## 12 Audit and monitoring

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Routine audits/monitoring are part of normal operational management responsibilities.

## 13 Definitions

Term	Definition
Dysphagia	<ul style="list-style-type: none"> <li>An eating, drinking or swallowing problem</li> </ul>
Dehydration	<ul style="list-style-type: none"> <li>The loss of water and salts essential for normal body function [18]</li> </ul>
Malnutrition	<ul style="list-style-type: none"> <li>When the body does not get the right amount of the vitamins, minerals, and other nutrients it needs to maintain healthy tissues and organ function [18]</li> </ul>
Utensils	<ul style="list-style-type: none"> <li>A tool used for eating or drinking, such as knife, fork, spoon or cup.</li> </ul>

## 14 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

### 14.1 Training needs analysis

Although there is no training required to implement this specific Guideline, staff are expected to undertake appropriate training and education pertinent to their role. This training is identified as part of:

**Physical Health Core Skills Training:** whereby clinical staff are expected to participate and undertake knowledge and skills training programmes appropriate to their clinical role. Training is available for staff to access by contacting Coursebookings.

**NEWS and the Early Detection and Management of the Deteriorating Patient age 16 and above:** whereby all clinical staff who undertake, document, report and respond to any interventions outlined as part of NEWS, complete the required training as standard, with an aim of ensuring patient safety by recognising physical health deterioration and acute illness.

**Resuscitation Policy:** whereby resuscitation training is monitored on the Electronic Staff Record (ESR) System by the Education and Training Department.

## 15 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Procedure visible on trust intranet	Yearly/Professional Head of SLT	Physical Health Governance Routes TBC
2			
3			

## 16 References

1. National Patient Safety Agency (2004) Understanding the patient safety issues for people with learning disabilities
2. Regan J, Sowman R & Walsh I Prevalence of Dysphagia in Acute and Community Mental health Settings Dysphagia 2006: 65-101
3. Langmore SE, Terpenning MS, Schork A, Chen Y, Murray JT, Lopatin D & Loesche WJ Predictors of aspiration pneumonia: how important is dysphagia? Dysphagia 13 p69-81, 1998
4. Logemann, J (1998) Evaluation and Treatment of Swallowing Disorders Pro-ed publishing
5. <http://medical-dictionary.thefreedictionary.com>
6. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition, Clinical Guideline 32 (National Institute for health and Care Excellence (NICE), 2020)
7. Hampshire Safeguarding Adults Board (2012) Reducing the risk of choking for people with a learning disability: A Multi-agency review in Hampshire
8. Public Health England (2016) Making reasonable adjustments to dysphagia services for people with learning disabilities



## 17 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	07 September 2021	
Next review date:	28 February 2025	
This document replaces:	Dysphagia Protocol CLIN-0016-v4	
This document was approved by:	Name of committee/group	Date
	IPC/Physical Health (tactical group/cell)	07 September 2021
This document was ratified by:	Name of committee/group	Date
	n/a	
An equality analysis was completed on this document on:	06 October 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

### Change record

Version	Date	Amendment details	Status
5	07/09/2021	Changes to wording in sections throughout document. Additional sections added throughout document. Updated hyperlinks throughout document and updated cross-referenced documents. Additional reference documents added. Transferred to new template.	Approved
5	Oct 2024	Review date extended to 28 Feb 2025	Approved

## Appendix - 1

### SPEECH & LANGUAGE THERAPY (SLT) - DYSPHAGIA REFERRAL GUIDANCE

BASIC INFORMATION			
Name:	DOB:	Diagnosis:	
NHS No.:	PARIS ID no:	Current care pathway:	
Address & Tel. No.:			
Description of eating, drinking or swallowing difficulties and any previous SLT involvement (including whether this is a new problem):			
Please comment on any problems with teeth, mouth or oral hygiene:			
Please comment on any digestive problems, reflux or non-oral feeding:			
Service user consent to referral:	Yes	No	Comments:

### DYSPHAGIA INDICATORS

KEY INDICATORS	Yes/No	CONTRIBUTING FACTORS	Yes/No
Current chest infection		Food refusal	
Recurrent chest infections		Poor position while eating or drinking	
Choking episodes		Fast eating or cramming	
Coughing during meal or drink times		Weight loss – sudden or gradual	
Oral problems with chewing, storing food, or food loss from mouth		and / or Very low weight - BMI if known	

YOUR DETAILS	
Name:	Signature:
Job role:	Date:
Contact details:	

Name and contact details for key people we need to contact to make appointments:

## Appendix 2 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance				
Policy (document/service) name	Dysphagia Procedure				
Is the area being assessed a...	Policy/Strategy		Service/Business plan		Project
	Procedure/Guidance			✓	Code of practice
	Other – Please state				
Geographical area covered	Trustwide				
Aims and objectives	<p>To standardise practice for all clinical staff for the identification and management of Dysphagia.</p> <p>To ensure that patients with Dysphagia receive safe, effective and appropriate care that is supported by current national guidance and best practice.</p> <p>To reduce the clinical risk(s) associated with inappropriately managed long term chronic condition(s).</p>				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	11/05/21				
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	6/10/21				

You must contact the EDHR team if you identify a negative impact - email [tevw.eandd@nhs.net](mailto:tevw.eandd@nhs.net)

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
The procedure benefits service users by standardising the processes/interventions required by staff for the management of Dysphagia. Similarly, the information within the procedure will help facilitate early detection and timely management of any clinical deterioration of patients with Dysphagia and will ensure that patients receive safe, effective and appropriate interventions that are supported by current national guidance and best practice.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Sex</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No
<b>No</b> The Guideline will not impact negatively on any of the protected characteristic groups. The positive impacts of the guidance are: Patients with Dysphagia receive safe, effective and appropriate care that is supported by current national guidance and best practice.					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	Yes	✓	No	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>No</b> – Given that this Trust procedure has been updated in accordance with the advice contained within 'Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition', Clinical Guideline 32 (National Institute for Health and Care Excellence (NICE), 2020) there has been no consultation with service users/stakeholders in terms of the updated review of this actual document/guideline. The said procedure is therefore an approach that enables clinical staff working within TEWV NHS Foundation Trust to adhere to national, recommended best practice and guidance</p>				
<p></p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
<b>No</b>	There are no specific training needs identified for this specific guideline. However, some of the required interventions within the guideline may be cross-referenced as training needs specific to other guidelines, policies and procedures.				
A training need has been identified for;					
Trust staff	No – please see Q5	Service users	No	Contractors or other outside agencies	No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					

## Appendix 3 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Y	
	Are training needs included in the document?	no	Although there is no training required to implement this

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
			specific Guideline, staff are expected to undertake appropriate training and education pertinent to their role. This training is identified in section 14.1.
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Y	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	y	
<b>10.</b>	<b>Publication</b>		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	