



Health Care Alert

IN COLLABORATION WITH SOUTHEAST REGION DYSPHAGIA SUMMIT TASK FORCE COMMITTEE

What is Dysphagia?

Pronounced: (dis Fay juh or dis Fah juh).

In simple terms, dysphagia is difficulty chewing and/or swallowing. Most of us swallow 1000 or more times a day without thinking about it, however the swallowing process is quite complicated. *Approximately one in 25 people annually receive a new diagnosis of dysphagia including many people with developmental disabilities. Swallowing is a difficult, sometimes impossible, task for some people with developmental disabilities. In fact, choking and aspiration pneumonia are among the leading causes of death in adults with developmental disabilities.

Here are a few signs and symptoms of possible swallowing problems:

- More than one episode of gagging, coughing, or choking during or after eating/drinking
- Gurgley or wet voice during or after eating/drinking
- Swallowing food whole
- Frequent upper respiratory infections and/or pneumonia.

Here are some important steps to take if you suspect an individual may be experiencing swallowing difficulties:

- Gather information (signs and symptoms observed) and document them according to your agency policy (if applicable).
- Discuss suspicions/concerns with the individual's primary care practitioner (PCP) and ask for a prescription for a tableside swallowing evaluation.
- Locate a speech language pathologist (SLP) who performs swallowing evaluations and accepts the person's insurance (Note: services are usually available through outpatient services at community hospitals). Check the MCO/HMO directory or ask for a recommendation from the PCP.



- Obtain a tableside evaluation to determine if there is a swallowing problem and if further evaluation is needed.

Here are some tips on how to make sure an individual benefits from a swallowing evaluation:

- Make sure to inform the scheduler if the person uses a wheelchair.
- Provide the speech pathologist with a complete medical background/history including any previous swallowing evaluations, progress/therapy notes and mealtime plans (if applicable).
- If applicable, bring along or have available any assistive or augmentative devices that the individual uses to communicate.
- Arrange for appropriate staff to accompany the individual during the appointment.
- Ask questions about the evaluation process, results, and recommendations presented if you are unclear. Also obtain contact information in case future questions arise.
- Make sure a copy of the swallowing evaluation and/or specific feeding/swallowing guideline is received before leaving the appointment or visit.
- Send a copy of the swallowing evaluation to the PCP and obtain any diet orders.
- Assure that staff are trained on the recommended feeding/swallowing guideline specifically outlined for the individual by the speech pathologist and written as an order by the PCP. Training can be provided by a community SLP.



Choking Precautions

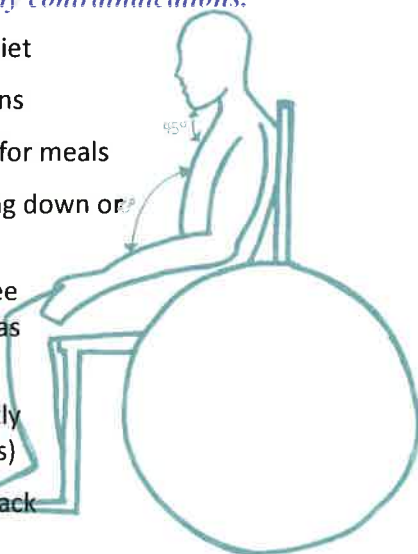
Many individuals diagnosed with Dysphagia and other swallowing difficulties have “choking/aspiration precautions” as part of their care/support plan. Precautions may include types of foods to avoid, type of diet (chopped, mechanical soft, pureed, etc.), thickening of liquids (honey, nectar, etc.), and proper positioning during meal times. All precautions are designed specifically to meet the needs of the individual who has swallowing problems.

Whatever the precautions are, they should be followed and communicated by all staff, especially when moving to another home or residential agency. Historical incidents have highlighted the importance of communicating this life-threatening information. When a person has such choking/aspiration precautions, make sure they are part of his/her support/care plan and distributed to all staff members in the new home. You may even want to post or keep choking/aspiration precautions in the kitchen area for all staff to see and follow. **It is everyone’s responsibility to ensure safety around mealtime.**

General Mealtime Strategies

To ensure the health and safety of a person with dysphagia when eating, some basic guidelines should be followed. Below you will find some general strategies, but remember: *Mealtime strategies should always be individualized and check with the individual’s doctor first for any contraindications.*

- Follow prescribed diet
- Eliminate distractions
- Allow enough time for meals
- Do not eat while lying down or leaning back
- Position at 90 degree angle or as upright as possible
- Tilt head/chin slightly forward (45 degrees)
- Avoid tilting head back



Dysphagia Resources

For more information on dysphagia and resources:

- ♦ Visit the American Speech-Language Hearing Association website at www.asha.org.
- ♦ Contact PCHC for a copy of the PCHC Dysphagia booklet.
- ♦ Download the revised *Dysphagia Resource Directory* from the PCHC website: www.pchc.org
- ♦ Contact a Speech-Language Pathologist for technical assistance.

The information presented to you is to increase your awareness of this medical conditions. It is not intended to replace medical advice. If you believe you or someone you support has this condition, please seek the advice of a physician.

*Source: https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/#collapse_1

REMEMBER: Dysphagia doesn’t disappear when the person is not home! It is important to share all information regarding someone’s prescribed diet

- If you are feeding an individual do so slowly and sit within the individual’s visual field
- Offer small amounts (1/2 to 1 teaspoon at a time)
- Let the individual catch a breath between spoonfuls and sips (at least 10 seconds)
- Let the individual remain upright at least 30 minutes following meal

NOTE:

All feeding guidelines should be individualized. It is important to be evaluated for specialized feeding strategies.



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