

FRAMEWORK TO OPTIMISE SAFER EATING AND DRINKING

Some people may have difficulties with eating and drinking which **may not** be due to a swallowing difficulty. This framework will help you identify these people, and provide strategies which may help them to eat and drink more easily or more comfortably.

Complete this framework if someone is having one or more of the following **eating and drinking difficulties** –

- Not always alert to eat and drink
- Struggles to sit upright
- Problems with teeth / dentition
- Mouth is not clean
- Gets distracted
- Cognitively impaired and has reduced appetite, is refusing food, skills or behaviour are impacting on eating and drinking
- Cognitively impaired and holds food or drink in the mouth because of this
- Spits out lumps or pieces of food
- Chews for a long time without swallowing
- Eats slowly or very quickly
- May need assistance with eating and drinking
- Uses hearing aids and/or glasses

If you are concerned that someone is not **swallowing safely** please see page 8 of this document.

	<i>Questions to ask</i>	<i>Yes/No</i>	<i>If No, implement these actions</i>	<i>✓/x</i>	<i>Results of actions</i>
<p>Level of alertness</p> <p>No one should be given food or drink if unconscious or semiconscious</p> <p>If person has reduced level of alertness discuss with their GP.</p>	<p>Is the person reliably alert when food/drink is being offered?</p>	<p>Yes <input type="checkbox"/></p>	<p>Only feed when the person is alert. If the person becomes drowsy during meals/drinks, stop. Consider giving food/drinks on a “little and often” basis.</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Offer food/drink at different times of day or when you know the person is most alert. Make a note of any patterns of alertness to support planning of meal times.</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
			<p>If the person is consistently too drowsy to eat/drink, the person may not be able to meet their nutritional needs. Consider referral to dietitian to optimise oral intake. Consider discussion with GP about whether or not alternative nutrition/hydration would be appropriate</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
			<p>Consider requesting GP review of medicines in case this is a contributory factor to their fatigue</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
			<p>If the person is consistently too drowsy to eat/drink, discuss with GP as this may be an indication of deterioration and need for end of life care</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
<p>It is not appropriate to refer to Speech & Language Therapy if the eating/drinking difficulties relate only to level of consciousness as therapeutic input will not be effective. There is nothing SALT can do to make the swallow reflex safe if the person is simply not alert enough to eat and drink.</p>					
<p>Dentition</p>	<p>Does the person always wear comfortable, well-fitting dentures or Has the person told you they prefer to eat without their dentures (this should be documented)</p>	<p>Yes <input type="checkbox"/></p>	<p>If the person has dentures and prefers to use these when eating, make sure they are clean and fit comfortably and securely.</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Consider referral to the community dental service if dentures are ill-fitting and/or the person seems to have toothache</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>
			<p>Check that mouth and gums are clean as this may affect ability to fit dentures</p>	<input type="checkbox"/>	<p>Click here to enter text.</p>

NB Some people prefer not to wear dentures when eating, and as a result may also prefer softer food options . People who express a preference for softer foods do not need to be referred to Speech & Language Therapy if they have no other swallowing (dysphagia) symptoms.

Distraction	Is the person able to focus on eating and drinking safely at mealtimes?	Yes <input type="checkbox"/>	Reduce distractions if these are affecting the person’s ability to focus on their eating or drinking. For example: turn off the radio, music, TV; avoid additional people entering and moving around in the environment at mealtimes; avoid situations where other people are chatty around the person at mealtimes. Consider whether the person could sit in a quieter area for meals or drinks.	<input type="checkbox"/>	Click here to enter text.		
		No <input type="checkbox"/>		If the person talks while eating, encourage them not to do this. Explain that you are doing this to help them concentrate on eating and drinking safely.		<input type="checkbox"/>	Click here to enter text.
				Use verbal/non-verbal prompts when supervising/assisting the person to eat, but do not engage the person in conversation. Do not speak with others while supporting the person as this is also distracting.		<input type="checkbox"/>	Click here to enter text.
Time Be aware that people may need extra time/support at meals, but may also need help to slow down their rate of eating/drinking	Is the person able to eat and drink at a “normal” rate, in keeping with other people who do not have problems with eating and drinking?	Yes <input type="checkbox"/>	Do NOT rush the person – make sure you have allowed enough time for them to eat and drink at a rate that is comfortable for them. Make sure that staff who need to provide support also have the time to do so.	<input type="checkbox"/>	Click here to enter text.		
		No <input type="checkbox"/>		Consider the use of insulated containers to maintain the temperature of food for those whose mealtimes may be prolonged.		<input type="checkbox"/>	Click here to enter text.
				Consider offering smaller meals/regular snacks more frequently across the day.		<input type="checkbox"/>	Click here to enter text.

			If the person eats too quickly, use techniques to slow down the pace of eating – eg verbal prompts to slow down; use a teaspoon to reduce bolus size; put little amounts on a small plate/in a cup, and refill as required.	<input type="checkbox"/>	Click here to enter text.
Positioning	Does the person sit upright whenever they are eating or drinking?	Yes <input type="checkbox"/>	Make sure the person is sitting as upright as possible – 90 degrees - <i>every time</i> they have something to eat or drink.	<input type="checkbox"/>	Click here to enter text.
		No <input type="checkbox"/>	Ideally people should not lie down/go to bed, within 3 hours of eating a meal, especially if they are known to have reflux. This reduces risk of reflux.	<input type="checkbox"/>	Click here to enter text.
			Consider referral to physiotherapy or occupational therapy if the person is struggling to maintain good positioning.	<input type="checkbox"/>	Click here to enter text.
Oral Hygiene People with swallowing problems and poor oral hygiene are at increased risk of developing chest infections Information and resources are available via http://www.mouthcarematters.hee.nhs.uk	Does the person have a clean mouth both <i>before</i> and <i>after</i> eating and drinking? Is the person having their teeth / mouth cleaned at least twice a day?	Yes <input type="checkbox"/>	Ensure there is a regular mouth care regime in place	<input type="checkbox"/>	Click here to enter text.
		No <input type="checkbox"/>	Check the person’s mouth is clean at the start of every meal/snack and provide mouth care before eating/drinking if necessary.	<input type="checkbox"/>	Click here to enter text.
			Ensure the mouth is clean and free from residue at the end of the meal/snack. Encouraging the person to take an extra swallow with food or drink, or taking a sip of fluid, may help with this.	<input type="checkbox"/>	Click here to enter text.
Position of person assisting the person	Is the person helping with the meal sitting at eye level and opposite to the person?	Yes <input type="checkbox"/>	The staff member assisting should sit at eye level and opposite the person. This helps maintain the person’s posture and ensures they can see what they are eating, and can see the food approaching their mouth.	<input type="checkbox"/>	Click here to enter text.
		No <input type="checkbox"/>	The staff member assisting the person can more clearly notice any signs of a swallowing difficulty and document these findings.	<input type="checkbox"/>	Click here to enter text.

<p>Glasses and Hearing Aids The swallow reflex is primed by seeing and smelling food, before we put anything in our mouths</p>	<p>Is the person wearing their glasses and/or hearing aids for meals/snacks</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Make sure the person wears their glasses/hearing aid and that these are fitting comfortably.</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
<p>Independence People are more likely to eat and drink safely when they eat and drink as independently as possible. People who are dependent on other to fully support them are at an increased risk of developing chest infections if not supported well.</p>	<p>Is the person supported / encouraged to eat as independently as possible?</p>	<p>Yes <input type="checkbox"/></p>	<p>Do finger foods promote safe, independent eating?</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Consider whether modified cutlery will enable the person to be independent when eating. Refer to Occupational Therapy for advice if necessary.</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>If a person needs help, do not immediately take over completely: does verbal prompting help? Can they manage if you load the spoon for them? Are they helped by "hand over hand" support?</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Make sure everyone who is helping the person to eat and drink knows which strategies the person finds most helpful</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
<p>Portion size People who are frail or who fatigue may have reduced oral intake. Some people may be deterred by portion sizes that they perceive as too large</p>	<p>Is the person able to eat a full portion at each meal time?</p>	<p>Yes <input type="checkbox"/></p>	<p>Offer smaller meals at more frequent intervals.</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Keep an oral intake chart to ensure the person is receiving adequate nutrition and hydration.</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
		<p>No <input type="checkbox"/></p>	<p>Consider referral to the dietitians.</p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
<p>Holding food/fluid in the mouth People with dementia or other conditions that affect cognition may not always be aware of food in their mouths. Sense of taste and smell can also change which can affect chewing.</p>	<p>Does the person manage each mouthful of food comfortably?</p>	<p>Yes <input type="checkbox"/></p>	<p>Use strategies to help the person clear their mouth before giving them another mouthful of food. Any or all of the following may help:</p> <ul style="list-style-type: none"> - try stronger flavours or sweet or sour flavours - use verbal prompts - encourage independence - give drinks from a cup rather than spouted beaker or a straw - alternative sips of chilled fluids with food; - offer an empty ("dummy") spoonful 	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>
<p>No <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Click here to enter text.</p>			



			- make sure the food looks and smells appetising and is placed where the person can see it.		
			If you are helping the person, do not over-fill the spoon – consider using a teaspoon or just use the tip of the dessert spoon.	<input type="checkbox"/>	Click here to enter text.
Spitting out lumps or pieces of food	Does the person spit out lumps or bits of food?	Yes <input type="checkbox"/>	Avoid textures that they are more likely to spit out, often these are skins, or dry bitty foods	<input type="checkbox"/>	Click here to enter text.
		No <input type="checkbox"/>	Add extra sauce such as gravy or custard	<input type="checkbox"/>	Click here to enter text.
			Give verbal prompts when eating and encourage them to be as independent as possible or try with finger foods	<input type="checkbox"/>	Click here to enter text.
Current recommendations for diet consistency modification Community SALT send a copy of their dysphagia recommendations to the person and Care Home. The Hospital Discharge summary includes SALT recommendations during any inpatient stay	Are current SALT recommendations being implemented?	Yes <input type="checkbox"/>	Check records to see if any SALT recommendations are in place and implement these.	<input type="checkbox"/>	Click here to enter text.
		No <input type="checkbox"/>	Make sure all staff know the SALT recommendations and understand how to implement the advice from SALT about safe eating and drinking (e.g. positioning, pacing, prompting etc.)	<input type="checkbox"/>	Click here to enter text.
			Not applicable <input type="checkbox"/>	Make sure the food/fluid being offered matches the SALT recommendations and are in line with IDDSI descriptors	<input type="checkbox"/>



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Page **7** of **12**

NHS No. [Click here to enter text.](#)

Summary of actions taken

[Click here to enter text.](#)

Any further concerns

[Click here to enter text.](#)

Next steps

[Click here to enter text.](#)

Date [Click here to enter text.](#)

Signature [Click here to enter text.](#)

Name [Click here to enter text.](#)

DOB

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Referring to Speech and Language Therapy

Swallowing problems - what to look for:

If someone has a swallowing problem, they may present with one or more of the following signs when eating and drinking, or immediately afterwards:

- Coughing/choking
- Wet-sounding voice
- Eyes watering when eating or drinking
- **Repeated**, unexplained chest infections – sometimes there may be no signs of a swallowing problem until the person develops a chest infection

- Multiple swallows per mouthful
- Drooling of food/drink
- Food/drink left in the mouth after swallowing
- Increased time taken to eat

Check and follow previous SALT swallow recommendations.

- **Community SALT send a copy of their dysphagia recommendations to the person and Care Home. The Hospital Discharge summary includes SALT recommendations during any inpatient stay**

Complete coughing chart to monitor pattern and frequency of coughing

Submit coughing chart with referral to SALT

Monitor for coughing or signs of worsening swallow

If the main difficulties are vomiting and regurgitation please ask the GP to review

When to refer immediately to Speech & Language Therapy

Please submit referral as soon as possible if any/all of the following are noted:

- Sudden changes in swallowing
- Coughing/choking with every meal and/or drink
- Recurrent chest infections where aspiration is being considered as a possible cause

The Adult Speech & Language Therapy referral form is available by calling Care Coordination Center
03001232425

If you have completed this Framework and still feel you need to refer to SALT, please attach the Framework and coughing chart to the referral

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NHS No.

Concerns raised that person is having difficulty with eating and drinking

Swallowing difficulty

Eating and drinking difficulty

- Sudden changes in swallowing
- Coughing/choking with every meal or drink
- Recurrent chest infections where aspiration is being considered as a possible cause

Use Safer Eating & Drinking Framework to identify and manage possible problem
Complete coughing chart to monitor frequency and any patterns to coughing

Refer directly to Speech and Language Therapy

Problem not resolved – repeat Framework to see if other Safer Eating & Drinking Actions now help

Problem resolved – record any actions in notes / care plan

Person may need detailed assessment by SALT. Continue using Safer Eating & Drinking Actions and refer to SALT. Include a copy of the Framework and coughing chart with your referral to assist with prioritisation.

MENTAL CAPACITY AND INFORMED CHOICES:

It is crucial to know whether the person has capacity to make an informed choice to eat and drink when there is a risk of choking or aspiration.

- It is important to respect the decision of people who *do* have capacity to choose to eat and drink foods/fluids which have been assessed as “risky”, despite the risk.
- Check for any advanced decision-making
- Please also remember that some people may choose to eat modified consistencies out of preference rather than need.



EAST SUFFOLK Adult Speech and Language Therapy Chart to monitor swallowing difficulties when eating and/or drinking (additional information)

Please complete this chart to track any episodes of swallowing difficulty you observe over a two week period.

Chart completed from: _____ to: _____

Name of resident: _____

Date of birth: _____

NHS number: _____

Dates of any antibiotic treated chest infections within the last 6 months:

If no swallowing difficulties are observed over this fortnight, please tick here

Please still return this form as this is important information.

Please return to Speech & Language Therapy via the Care Co-ordination Centre:

- by secure email Suffolk.ccc@esneft.nhs.uk

by post: **Care Coordination Centre** Constantine House 5 Constantine Road Ipswich IP1 2DH

You should return the form even if no difficulties are noted over the monitoring period



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