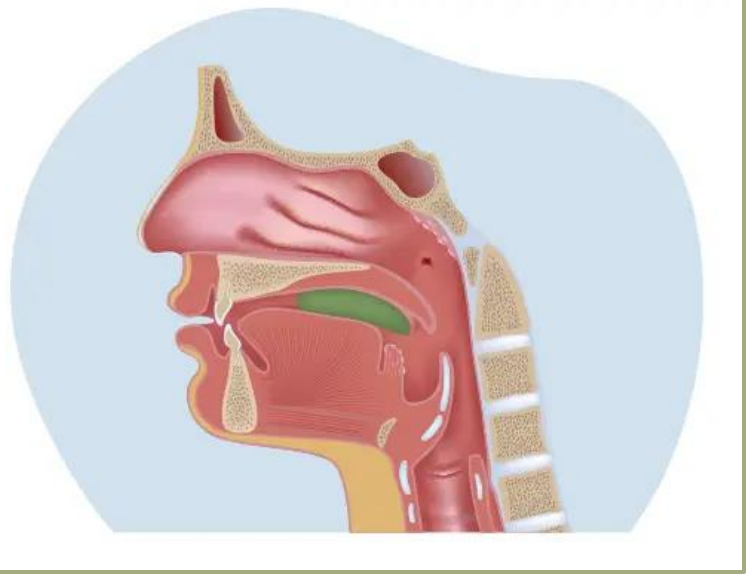
Hearth
Allied Health



DYSPHAGIA WORKSHOP

PRESENTER:

JOANNE WHITEOAK

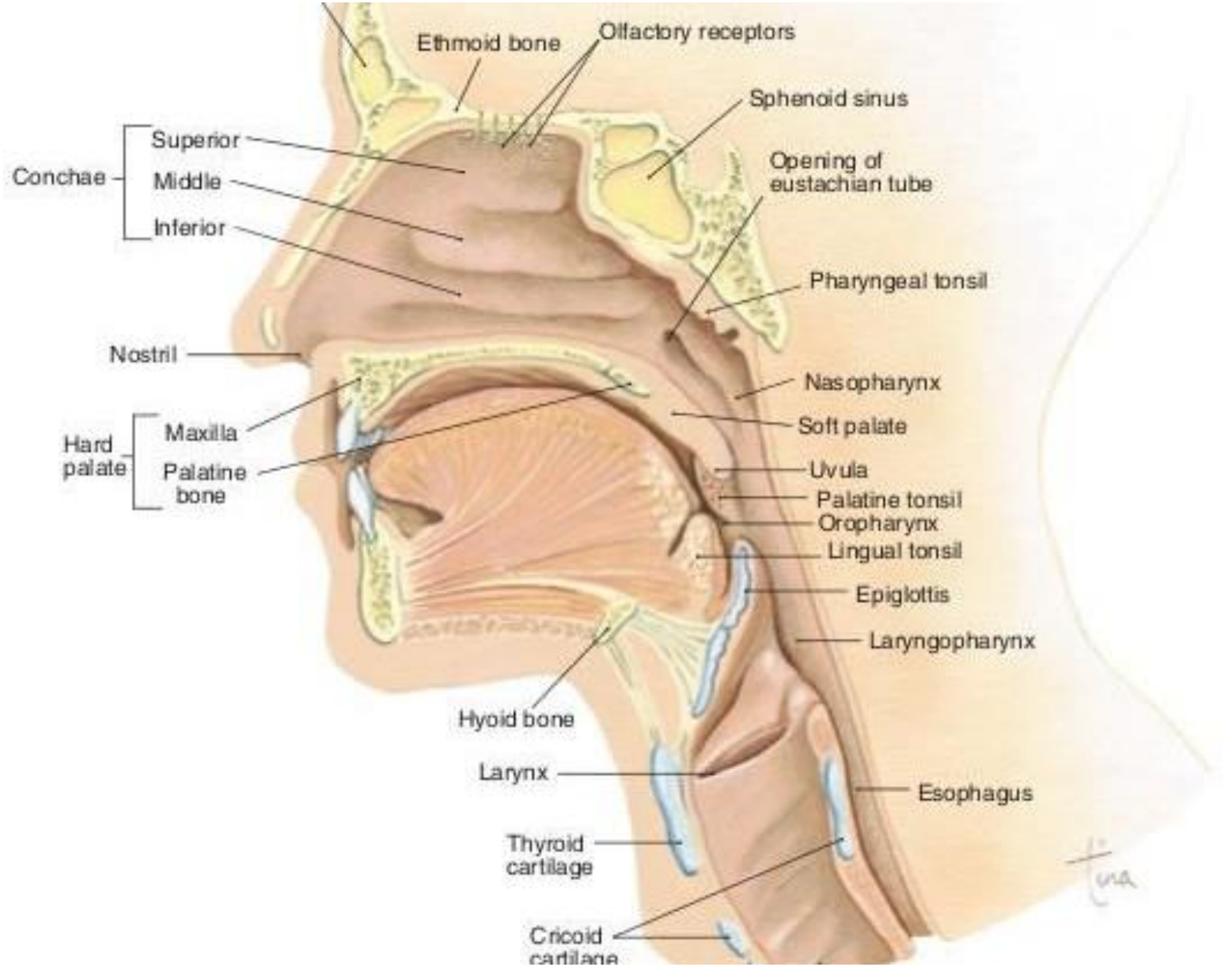
ACKNOWLEDGEMENT OF COUNTRY

- I respectfully acknowledge the Wurundjeri People of the Kulin Nation, who are the Traditional Owners of the land on which Hearth is located and pay my respects to their Elders past, present and emerging.

LEARNING OBJECTIVES

- Essential basic understanding of collaborative management of dysphagia
- Promote safety and comfort for individuals experiencing dysphagia
- Gain a basic understanding of general anatomy and physiology of swallowing
- To understand the definition of dysphagia
- To identify the common causes and conditions associated with Dysphagia
- Recognise the signs and symptoms of swallowing difficulties
- Understanding the role of the Speech Pathologist and other medical / allied health professionals
- To get an overview of treatment and recommendations in dysphagia management
- To better understand diet and fluid modification definitions using the IDDSI framework
- To understand your roles and responsibilities
- Recognise the importance of following a Mealtime management plan
- Understand individual choice and control in the context of dysphagia management. Consideration of quality of life and risk feeding.
- Know where to go for more information / useful links / resources

ANATOMY AND PHYSIOLOGY OF SWALLOWING

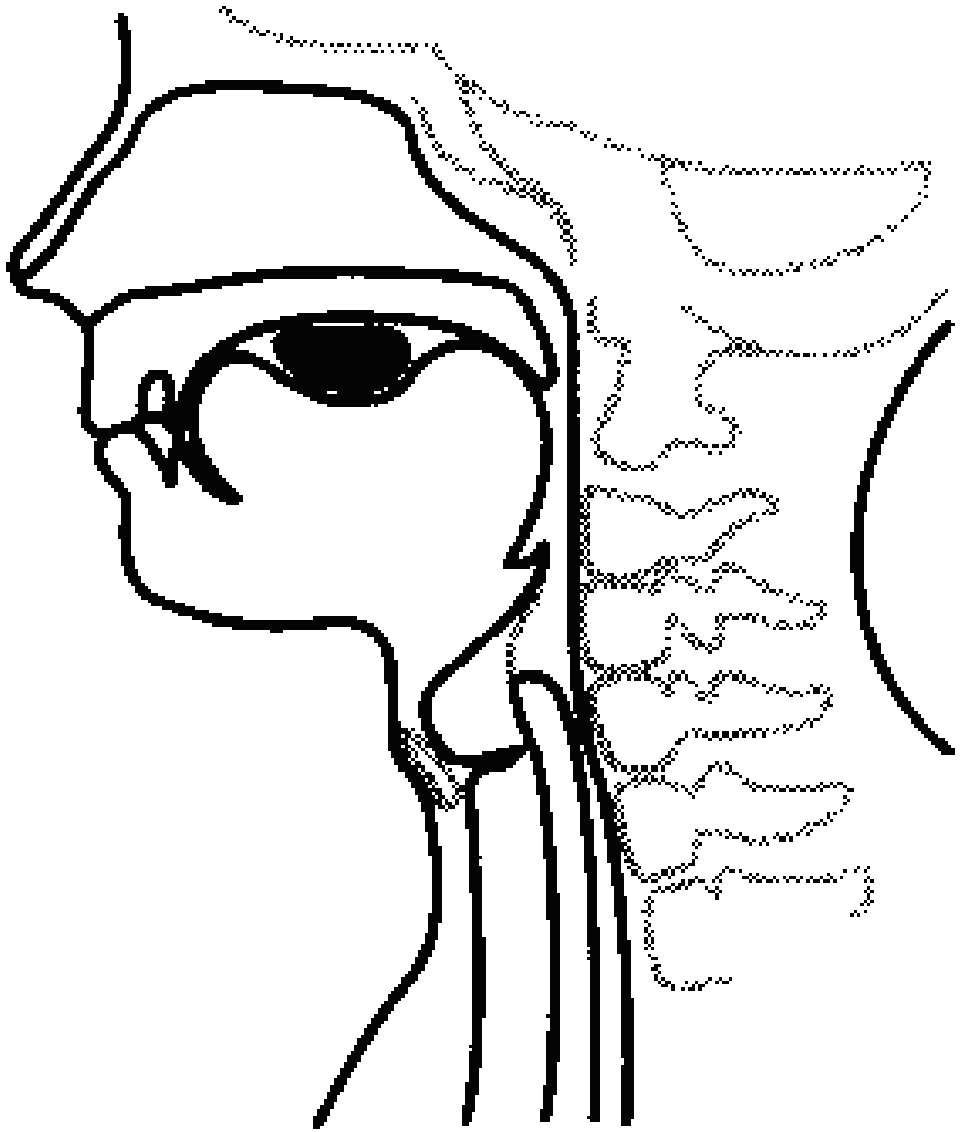


STAGES OF THE SWALLOW PROCESS
1) PRE ORAL

See and smell food / fluid – CNI **Olfactory** and CNII **Optic**

Sensory information sent to the brainstem, association cortex, frontal lobes and limbic system

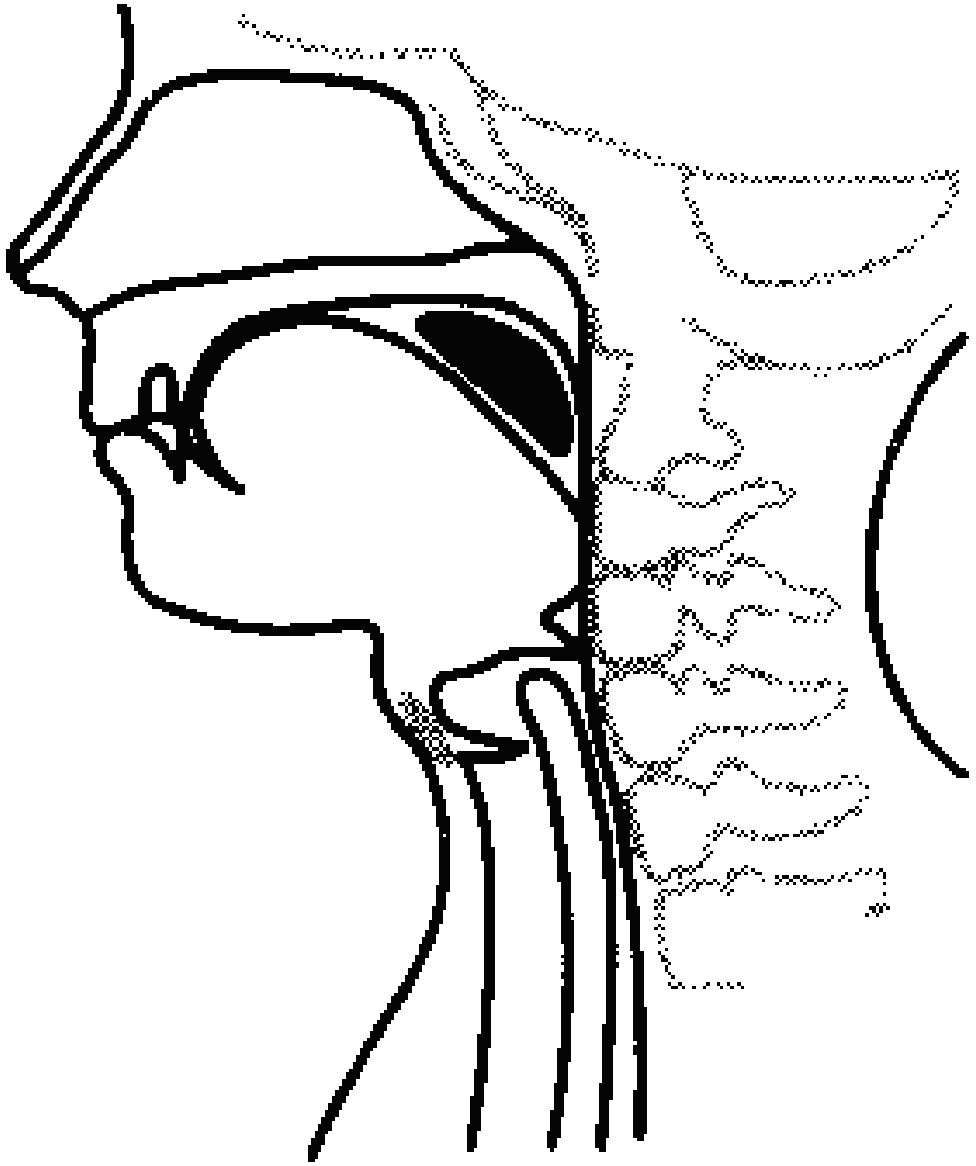
Salivary flow – **glossopharyngeal CN IX and Facial CN VII**



ORAL PHASE (VOLUNTARY)

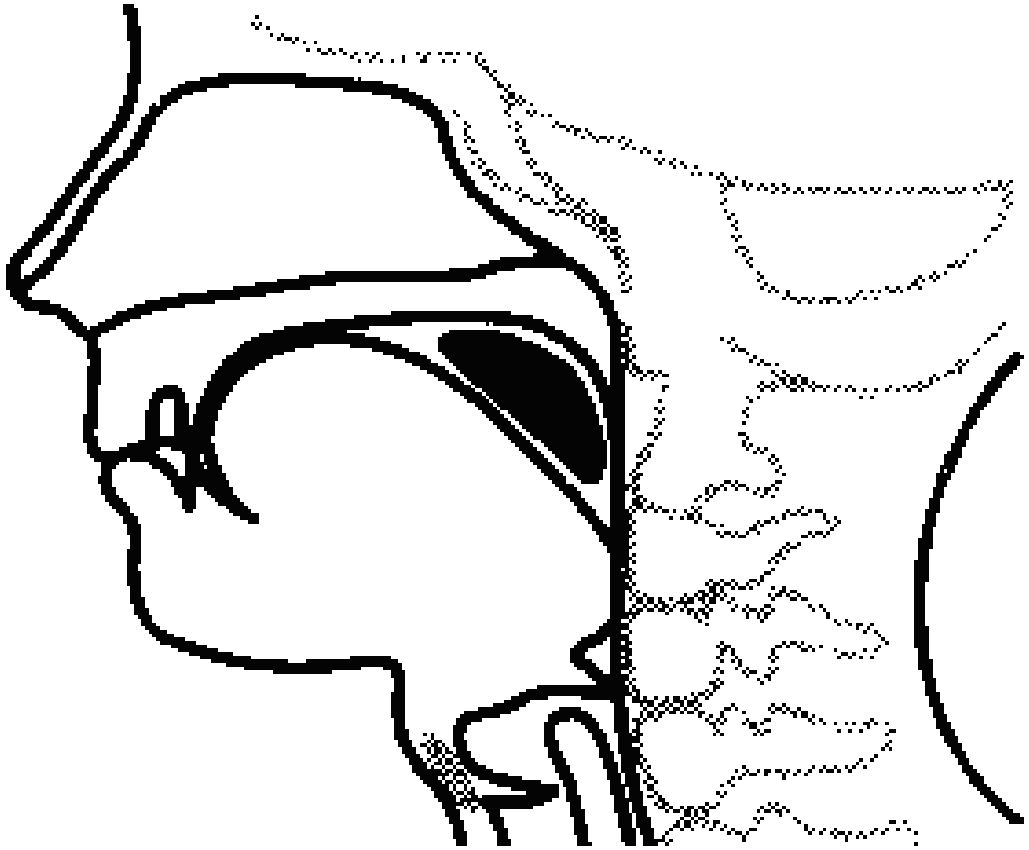
Oral preparatory: Food is bitten, chewed, mixed with saliva and formed into a bolus ready to swallow. Sensory information is sent to brainstem regarding taste, temperature and tactile info.

Oral transit: The tongue then moves the food to the back of the mouth ready to elicit a swallow reflex



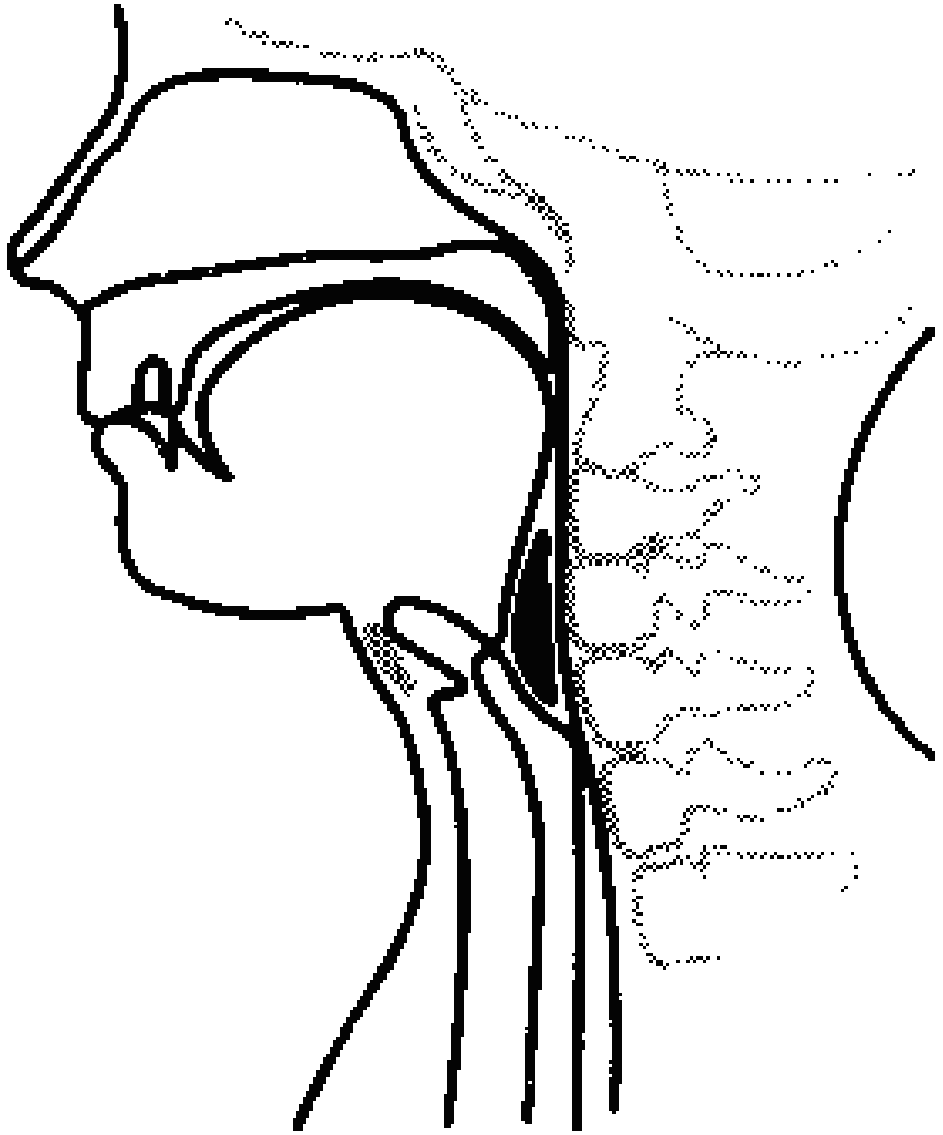
PHARYNGEAL PHASE (INVOLUNTARY)

- Swallow initiated
- Bolus passes from back of mouth to the pharynx towards the oesophagus
- Muscles of the pharynx squeeze the food mass down towards the upper part of the oesophagus. Simultaneously, the soft palate closes to prevent food and fluid entering the nasal cavity.



PHARYNGEAL PHASE CONT..

- Larynx tilts forward and upwards to prevent food from entering into the airway
- Epiglottis covers the laryngeal vestibule and vocal cords close.



OESOPHAGEAL PHASE

- Relaxation of cricopharyngeal sphincter to allow material to pass from the pharynx to the oesophagus.
- Valve between oesophagus and stomach which prevents reflux.

SWALLOWING VIDEO

WHAT IS DYSPHAGIA?

- Dysphagia is a medical term meaning difficulty with chewing, sucking, eating and or swallowing food and fluids.

- Issues can occur at any stage when transporting food, saliva or liquid between your mouth to your stomach.

WHAT IS DYSPHAGIA?

- Dysphagia can occur at any age
- Dysphagia is associated with a wide range of disabilities and health conditions
- Including but not limited to: cerebral palsy, stroke, head injury, Parkinson's disease, multiple sclerosis.
- 50.4% of people with cerebral palsy experience swallowing difficulties (*ref: Cerebral Palsy Alliance)

WHAT IS DYSPHAGIA?

- 65%* of people who have had a stroke
- 33%* of individuals with Multiple Sclerosis.
- 50% of people with Parkinson's disease
- 95% of people with Motor Neurone disease
- (* source: Speech Pathology Australia and The Royal College of SLT)
- Many people with disability are also prescribed medications on a long-term basis, which can increase risk of swallowing problems.

CONTRIBUTING FACTORS TO DYSPHAGIA

- Sensation
- Muscle weakness or Inco-ordination– oral, pharyngeal, laryngeal
- structural / anatomical consideration (congenital anomalies, tumour, injury / burns)
- Cognitive / behavioural challenges

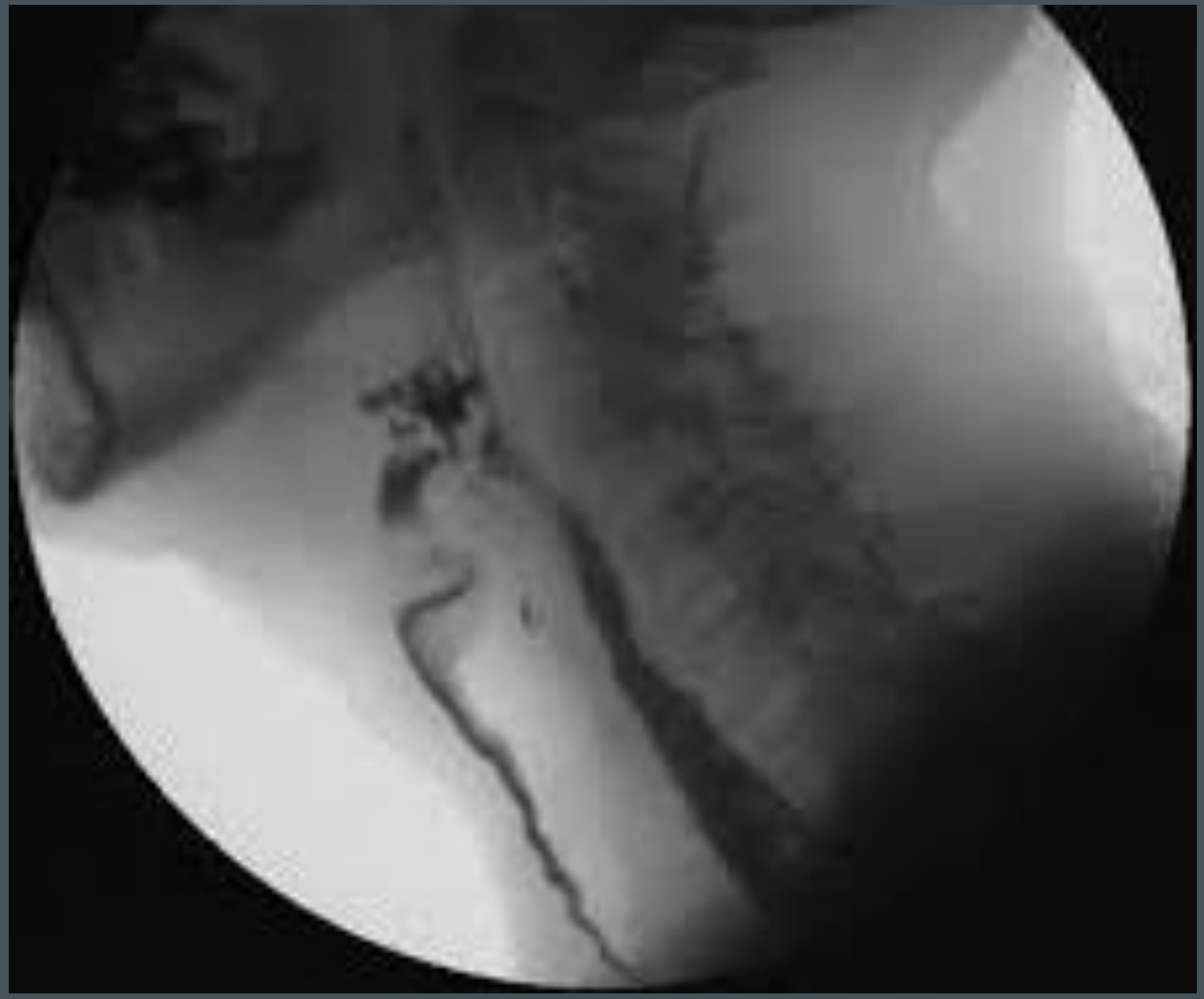
SIGNS AND SYMPTOMS TO LOOK FOR

- Difficulty chewing
- Needing several swallows to clear food
- Feeling of food sticking in throat or chest
- Difficulty swallowing tablets
- Dribbling / drooling or an inability to clear food residue from the mouth
- Frequent coughing / spluttering during or immediately after eating or drinking
- Persistent throat clearing or voice sounding ‘gurgly’ after a meal or drink
- Chest infection
- Difficulties breathing or choking associated with swallowing. Going red in the face, altered colour of lips.
- Unplanned weight loss, disinterest in food or avoidance of certain foods, distress associated with mealtime
- Pain when swallowing
- Food coming back up (regurgitation)

NDIS PRACTICE ALERT ISSUED 2020 - DYSPHAGIA

- June 2019 - permanent ruling to allow swallowing therapies for NDIS participants.
- This is a great win for people whose lives had been put at risk due to cuts to funding for their swallowing therapies.
- In 2020 NDIS Commission issued a Dysphagia Practice alert. This practice alert explains the risks associated with dysphagia, how to support NDIS participants with dysphagia, and provider obligations.
- NDIS Quality and Safeguards Commission have stated that because of high rates of dysphagia in people with disability, they have an increased risk of respiratory problems or choking as well as poor nutrition. Swallowing problems can allow food, drinks or saliva to get into lungs rather than the stomach, which can cause aspiration pneumonia.*
- Studies have found that aspiration pneumonia and choking were among the most common respiratory causes of death for people with disability in NSW, QLD and VIC. *
- The risk of accidental choking can be reduced by following expert advice from **speech pathologists** and other specialists.*
- Early identification and management of swallowing problems can minimise risks of health complications*
- *Ref: NDIS Quality and safeguards Commission

VIDEO FLUOROSCOPY EXAMPLES OF ASPIRATION



SERIOUS CONSEQUENCES OF DYSPHAGIA

Immediate

- Respiratory difficulties
- Choking
- Death

ASPIRATION

- Aspiration occurs when the material enters the larynx and falls below the level of the vocal cords.

Likely consequences of aspiration include :

- Choking
- Coughing.
- Broncho-spasm
- Infection:
- Aspiration may be silent. That is the person does not cough or show outward sign the material has entered the airway.

ASPIRATION PNEUMONIA

Aspiration pneumonia is caused by inhaling foreign materials into your lungs. These materials can be:

- Bacteria from saliva and secretions from your mouth and nose.
- Stomach contents such as digestive juices or vomit.
- Food or beverages.
- Small foreign objects.

Aspiration pneumonia symptoms may include:

- Shortness of breath or wheezing
- Coughing up phlegm or blood
- Chest pain
- Extreme tiredness

SPEECH PATHOLOGY ASSESSMENT:
WITH CLIENT CONSENT AND CENTRED ON INDIVIDUAL GOALS / WISHES

- Medical history
- Swallowing history
- Current diet and tolerance
- Alertness level
- Behaviour

SPEECH PATHOLOGY ASSESSMENT

- Positioning / physical ability
- Ability to swallow own saliva
- Respiration
- Dentition
- Oral health

ORAL HEALTH

- Poor oral care has been identified as predictor of aspiration pneumonia in clients with dysphagia.
- When there is an increased presence of oral bacteria in the mouth, you may be more likely to inhale / aspirate those pathogens and increase the risk of chest infection.
- It is important that all clients with symptoms of dysphagia be screened for oral health status

Components of an oral health screen include assessing: (eg: OHAT – Oral health assessment tool.)

- Quality and quantity of oral secretions.
- Condition of oral mucosa
- Appearance of the lips.
- Condition of dentition: Presence of dentures (and fit); Broken, missing, or decayed teeth.
- Appearance of the tongue.
- Signs of lesions, ulcers, or redness.
- Signs of infection or injury.
- Presence of any residue
- Level of dependence for performing care.

SPEECH PATHOLOGY ASSESSMENT

- Communication
- Cranial nerves / muscle function
- Protective cough
- Swallow trial
- Client's likes / dislikes / goals

RECOMMENDATIONS AND DECISION MAKING

All decision making is completed together with the participant, family and carers

- Client / family goals, quality of life, individual preferences and beliefs.
- Safety to continue with oral feeding
- Ability to meet nutritional needs with oral feeding
- Will modification of solids and / or fluids increase safety and comfort?
- Medication (check with Doctor or pharmacist)
- Safe swallowing strategies
- Supervision / assistance when eating and drinking / ensure you do not rush the person you are supporting.
- Modified crockery / cutlery
- Working with dietitians, occupational therapists, physios, PBS / psychologists, GPs and medical Specialists to optimise nutrition and hydration as well as promote safety and independence .
- Further instrumental assessment required (Videofluoroscopy, FEES)

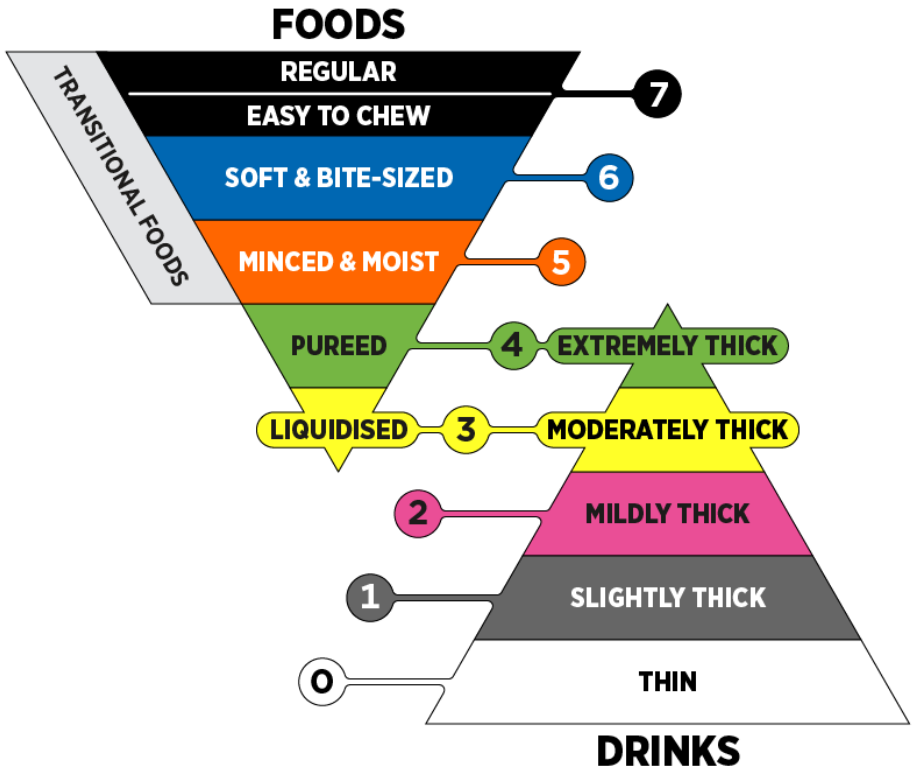
DYSPHAGIA ADAPTIVE EQUIPMENT

THE INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE.

PROVIDES DEFINITIONS / DESCRIPTIONS OF FOOD AND FLUID BY IT'S TEXTURE

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



REGULAR DIET – LEVEL 7

- Unrestricted diet
- Chewing ability is required for hard and soft food

REGULAR DIET EASY CHEW– LEVEL 7

- Normal, everyday foods of soft/tender texture
- Food piece size is not restricted in Level 7, therefore foods may be a range of sizes. Food pieces can be smaller or bigger than 1.5cm x 1.5cm
- Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones

TRANSITIONAL FOOD

- Foods that start as one texture but change into another texture when moisture like water or saliva is added or when a change in temperature occurs (for instance, when the food is heated)
- Biting is not required
- Minimal chewing is required
- Tongue pressure can be used to break these foods once the texture has been changed by moisture/saliva or temperature
- May be used to teach chewing skills

SOFT AND BITE SIZED LEVEL 6

- Soft, tender and moist, but with no thin liquid leaking/dripping from the food Ability to ‘bite off’ a piece of food is not required
- Ability to chew ‘bite-sized’ pieces so that they are safe to swallow is required
- ‘Bite-sized’ pieces no bigger than 1.5cm x 1.5cm in size
- Food can be mashed/broken down with pressure from fork A knife is not required to cut this food

MINCED MOIST DIET LEVEL 5

- Soft and moist, but with no liquid leaking/dripping from the food
- Biting is not required
- Minimal chewing required
- Lumps of 4mm in size
- Lumps can be mashed with the tongue
- Food can be easily mashed with just a little pressure from a fork

PUREED DIET / EXTREMELY THICK FLUID LEVEL 4

- Are usually eaten with a spoon
- Do not require chewing Have a smooth texture with no lumps
- Hold shape on a spoon Fall off a spoon in a single spoonful when tilted Are not sticky
- Liquid (like sauces) must not separate from solids

THIN/ REGULAR FLUID LEVEL 0

- Flow like water
- Can flow through a straw

THICKENED FLUIDS

SLIGHTLY THICK FLUID LEVEL 1

- Slightly Thick is most often used if you have swallowing problems with thin liquids.
- Slightly Thick liquids are thicker than water, but still thin enough to flow through a straw.

MILDLY THICK LEVEL 2

- Are ‘sippable’
- Pour quickly from a spoon but slower than Thin drinks and Slightly Thick drinks
- Need some effort to drink this thickness using a standard straw

MODERATELY THICK / LIQUIDISED LEVEL 3

- Can be drunk from a cup or taken with a spoon
- Need some effort to drink them through a wide diameter straw
- Have a smooth texture with no lumps, fibers or seeds

SUPPORTING PARTICIPANTS WITH DYSPHAGIA

Ensure staff know dysphagia symptoms and risks *

- Training and education for staff to support participants with dysphagia and help them to have safe and enjoyable meals. Including first aid training and to know what to do in the event of a choking episode.

Support participants with possible swallowing difficulties to be assessed for dysphagia *

- If a participant shows any sign or symptom of swallowing difficulty, you should support them to consult a GP and a speech pathologist promptly (with their consent) , so they can assess their swallowing and mealtime assistance needs as well as review their general health.
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.

Support participants with dysphagia to have a mealtime management plan *

You should support a participant with dysphagia to have a mealtime management plan written by a health professional. A speech pathologist can prescribe and recommend specific actions for a person to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed.

A dietitian may contribute to the mealtime management plan by ensuring there is enough nutrition and hydration in the recommended modified diet

(* Ref NDIS Quality and Safeguards Commission / Dysphagia Practice alert)

SUPPORTING PARTICIPANTS – MEALTIME MANAGEMENT PLAN

- Each participant should be involved in the assessment and development of their mealtime management plan. The plan identifies:

  - their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment). Ensuring choice and control.

  - how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.

  - The mealtime plan should be in a location that is easy to find and you should make sure you familiarise yourself with the content. Don't guess what is contained in it, ask questions or seek further training if you don't know what something means.

  - If you think someone's needs have changed and it requires updating, report this immediately.
  - NDIS code of conduct applies to every support worker paid with NDIS funds. Following a Mealtime management plan is a critical part of meeting your obligations under the code of conduct*. (*NDIS Quality and Safeguards Commission)

MEALTIME MANAGEMENT PLAN

RESOURCES:

Iddsi:

https://iddsi.org/

Ndis practice alerts:

- https://www.ndiscommission.gov.au/sites/default/files/2022-05/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf
- https://www.ndiscommission.gov.au/workerresources#paragraph-id-4014

Training modules ndis:

- https://www.ndiscommission.gov.au/workers/worker-training-modules-and-resources/supporting-safe-and-enjoyable-meals

- Training modules UTS: https://enjoysafemeals.com/resources/
- https://enjoysafemeals.com/on-the-plate/
- Hearth Allied Health: AHintake@hearthaustralia.com.au 1800 894 013