Conservative Management Tool for Adults with Dysphagia
Context

It is recognised that early assessment, ongoing monitoring and interprofessional management of dysphagia is essential if the patient is to receive the care and nutrition that evidence based management dictates.

Need for early detection and appropriate management of dysphagia in both hospital and primary care settings to manage the serious risks associated with dysphagia
Background

- Swallow Screen NI Tool 2004

- Audit was conducted re: effectiveness of this training in 2008 which resulted in review and development of new models for training
This revised model for training for nurses agreed across NI

Level 1  Awareness Training

Level 2  Yale - New Haven swallow screening tool

Level 3  Conservative Management Tool for Adults with Dysphagia
Level 1 Awareness

- Basic knowledge of the normal swallow mechanism
- Awareness of signs and symptoms of dysphagia
- Knowledge of the actions to be taken to report potential problems and who to refer to
Level 2 Nurse swallow screening

Enables nurses to screen for presence or absence of dysphagia and if appropriate refer onward to SLT.
Level 3 Conservative Management Tool

Allows TRAINED nurses to safely manage appropriate dysphagic patients, using a structured tool, prior to SLT triage/assessment/management.
Evidence of successful trans disciplinary working

Since 1997 Speech and Language Therapists (SLT) in Derbyshire have been training nurses (DTN) to screen for and conservatively manage dysphagia.

Audits - Dysphagia Trained Nurse scheme has reduced the number of Nil by Mouth days and improved patient care resulting in shorter waiting times and earlier detection of dysphagia. It also resulted in closer and more regular monitoring of the patient. (Froud 2003)

Gateshead have Dysphagia clinical nurse specialists and areas running similar schemes include Winchester and Sheffield.
CONSERVATIVE MANAGEMENT TOOL FOR ADULTS WITH DYSPHAGIA
Conservative Management
What is it?

Conservative Management allows TRAINED nurses to carry out a basic screening assessment and if dysphagia is identified, by following a step by step Pathway they can start an interim feeding regime and monitor the patients’ progress prior to SLT triage/assessment/management.
Aims of the CMT

- Reduce the wait for initial assessment
- Facilitate timely management of patients with swallowing problems
- Increase nurse understanding of dysphagia and its management
- Improve appropriacy of referrals to SLT
- Improve compliance with SLT recommendations
- Maximise SLT resources
It is not to be used for patients who...

- Have a history of head and neck cancer
- Are currently under the active care of SLT
- Are on PEG feeds/NG feeds
- Have tracheostomy
- Have fluctuating medical status
The management options that allow for oral intake were determined by the safe swallowing of a particular consistency i.e. absence of any clinical determinants of aspiration with that consistency.

<table>
<thead>
<tr>
<th>OPTION</th>
<th>FLUID</th>
<th>FOOD</th>
<th>MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Stage III Pudding consistency fluids teaspoons</td>
<td>Texture C Puree</td>
<td>After commencing patients on a puree diet please continue to monitor closely. Observe for fatigue and discontinue if signs of aspiration. Refer to SLT and contact Doctor. Complete documentation.</td>
</tr>
<tr>
<td>B</td>
<td>Stage II Custard consistency fluids teaspoons/sips</td>
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<tr>
<td>C</td>
<td>Stage I Syrup consistency fluids teaspoons/sips</td>
<td></td>
<td></td>
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<tr>
<td>D</td>
<td>Normal fluids teaspoons/sips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Normal fluid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>N/A</td>
<td>N/A</td>
<td><strong>HOSPITAL</strong> – Place patient nil by mouth. Contact Doctor. Refer to SLT. Complete documentation.</td>
</tr>
<tr>
<td>G</td>
<td>*</td>
<td>*</td>
<td><strong>COMMUNITY</strong> – *Discuss management with Doctor. Complete documentation.</td>
</tr>
<tr>
<td>H</td>
<td>Normal fluid</td>
<td>Texture D moist mashed/fork mashable</td>
<td>After commencing patients on Texture D diet please continue to monitor closely. Observe for fatigue and discontinue if signs of difficulty/aspiration. Refer to SLT and contact Doctor. Complete documentation on reverse.</td>
</tr>
</tbody>
</table>
Conservative Management Tool for Adults with Dysphagia

Yes
- Is the patient alert and sitting upright?
  - No: Contact Doctor. Reassess in 24 hours

**BASE LINE CHECK**
1. Patient reporting difficulties
2. Cough
3. Normal voice quality
4. Normal breathing pattern

**OBSERVE AND RECORD:**
- Yes
  - 5. Coughing with saliva
  - 6. Satisfactory oral hygiene
  - 7. Observe for a swallow
  - 8. Other

**If Patient previously on thickened fluid PUDDING consistency** OPTION A
- Yes
  - Try with thickened fluid PUDDING consistency. Is there a satisfactory swallow (may be slow/effortful but functional) for a minimum of 5 teaspoons? □

**Patient previously on thickened fluid custard consistency** OPTION B
- Yes
  - Try with thickened fluid CUSTARD consistency. Is there a satisfactory swallow (may be slow/effortful but functional) for a minimum of 5 teaspoons? □

**Try with thickened fluid SYRUP consistency**
- Yes
  - Is there a satisfactory swallow for a minimum of 5 teaspoons? □

**Try with NORMAL fluid**
- Yes
  - Is there a satisfactory swallow with a minimum of 5 teaspoons? □

**Try with NORMAL fluid via CONTINUOUS drinking**
- Yes
  - Is there a satisfactory swallow?

**OPTION F**
- Hospital

**OPTION G**
- Community
CMT APPENDIX
Level 3 Dysphagia Training

Patient managing normal fluids and puree as recorded on CMT pathway

Try with MASHED FOOD. Is there a satisfactory swallow with 10 fluids?

Yes

CHECK
Is the mouth fully clear of residue? Yes/No
Is patient reporting food sticking in the throat? Yes/No/NA

NO

OPTION E
Normal Fluids
Puree Food

OPTION H
Start with a MASHED diet and NORMAL fluids and monitor
Referral to SLT

OBSEVE WITH A
MASHED MEAL AND
NORMAL FLUIDS
Is there a satisfactory swallow?

Yes

OPTION E
Normal Fluids
Puree Food

Record signs of Aspiration/Dysphagia observed
(See cover sheet)

NO

Record signs of Aspiration/Dysphagia observed
(See above)

SIGNs Of DYSPhAGIA / SIGNS Of Aspiration

Tick if noted

Tick if noted

1. Poor oral control e.g. drooling/residue
6. Wet, grisy voice post swallow.
2. Effortful or delayed swallow (plus other signs)
7. Breathlessness after swallow.
3. Incomplete laryngeal elevation
4. Coughing pre, during or post swallow.
5. Choking
11. Unable to clear own saliva/ manage secretions.
Service User Benefits

- Promotes timely and appropriate management of patients with potential swallowing problems
- Minimise unnecessary NBM orders
- Minimise the wait for SLT initial assessment
- Promotes earlier management of food and fluid intake
- Improved clinical outcomes for patients
- SLT to provide therapy for dysphagic patients
Service Benefits

- Reduced length of stay in hospital
- Reduced hospital admissions
- Consistent approach between professionals in acute and community settings
Nursing Benefits

- Knowledge and skills
- Increase nurse understanding of dysphagia
- Increase nurse confidence in the management of people with swallowing difficulties
- Improved governance
- Protocol based decisions
- Risk reduction
SLT Benefits

- SLT resources are concentrated on more complex, severe and unstable cases for dysphagia management
Educational Framework

Protocol guided Conservative management will be undertaken by staff who have completed the training programme, which includes both theoretical and competence based components.
Course Description

Nurses of Band 5 and above working with dysphagic patients are eligible for the training.

Time commitment to attend training and complete practical and written assessment and CPD days
The training is divided into two components.
Knowledge

- The first is theory based and delivered by a suitably qualified Speech & Language Therapist, and taught through a range of Lectures/workshops/video presentations addressing the following issues:
  - Anatomy and Physiology of normal swallowing
  - Pathophysiology of altered swallowing
  - Consequences of Dysphagia
  - Food textures/ National descriptors
  - Oral Health
  - Medication
  - The Conservative management tool - Administering the Tool
  - Documentation
  - Onward referral
  - Professional Issues/Role of SLT
- Knowledge is tested by a written exam.
Competence

- The second part of the training is competency based with the trainee demonstrating competency by managing at least three patients under the supervision of a Speech & Language Therapist.
- *Participants are expected to keep a reflective learning log for review*
- Only those who have completed the training programme will be deemed competent to conservatively manage dysphagia
- **Cascading of knowledge and skills is not acceptable**
Into the West!
Conservative Management of Non Complex Dysphagia – Guidelines for Training of Nursing Staff

June 2013
South West Acute hospital

November 2013

13 participants

6 SWAH - 2 stroke unit 4 COE 5/6 have completed practical competencies

2 TCH- Stroke unit practical competencies not completed

2 SLTs on rotation in adult services

1 Stroke Liaison nurse practical completed and using

2 NH nurses 1 completed practicals 1 deemed unsuitable
December 2013

4 Nurses 3 stroke and COE Wards 2 have completed competencies
1 has 2/3 completed
1 sub-acute rehab is to contact SLT

? If this will happen

2 SLTs on rotation in adult services
Feedback - Nurses

Training - ‘very thorough and interesting I knew a bit about swallowing but learnt a lot especially about the process of swallowing and what can go wrong’

Competencies – ‘hated being watched but the process was straightforward’

CMT - ‘like the structure feel that it’s easy to use, but if in doubt I would always refer on’

‘great to have a recognised structure to work with, in community we were changing people onto softer food anyway until seen by SLT but now can clearly demonstrate why RQIA also happy.’
Feedback - SLT

- Positive that nurses are happy to have skills recognised in a formal way
- Nurses not only using the tool on their own wards also on others on request
- Stroke Consultants in SWAH very positive they want all the staff nurses trained in order to meet the stroke strategy criteria
- Gap between Texture D consistencies and normal and some therapists would like to see Nurses being able to completely manage non complex patients, with SLT in a consultative role
- Stroke liaison nurse using it in her clinics as well as on the ward
- Not being used as positively on AAH site
Main Issues

Nursing staff being released for training and being released for the completion of competencies

Follow up information for patients discharged from acute setting before having been assessed by SLT

Lay out of the flow chart
Western Health and Social Care Trust

This patient ______________________ has had their swallowing ability investigated on ___/___/___ by Staff Nurse __________________ from Ward ________.

The following consistencies were felt to be safe and appropriate for the patient at the time of assessment by the above trained nurse. **These consistencies should be continued until full assessment by Speech and Language Therapy (SLT) Department is carried out.**

Referral made to SLT

**Foods**

<table>
<thead>
<tr>
<th>Texture B</th>
<th>Food is smooth, moist with no lumps. It should be the consistency of smooth yoghurt. It should fall off a spoon easily.</th>
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</thead>
<tbody>
<tr>
<td>Thin puree</td>
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</table>

<table>
<thead>
<tr>
<th>Texture C</th>
<th>Food is smooth &amp; moist with no lumps. It is made in a blender/food processor. It is thick enough to hold its own shape. Can be eaten with a fork. It cannot be poured. It does not require chewing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thick puree</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Texture D</th>
<th>Food is soft, tender &amp; moist &amp; needs very little chewing. It has been mashed before serving. Thick gravy/sauce is needed. Holds it shape when served on a plate. For example, cottage pie.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-mashed</td>
<td>[ ]</td>
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</table>

**Liquids**

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Syrup Thick</th>
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<table>
<thead>
<tr>
<th>Stage 2</th>
<th>Custard Thick</th>
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<table>
<thead>
<tr>
<th>Stage 3</th>
<th>Pudding Thick</th>
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</table>

If the patient is discharged from hospital before the SLT assessment takes place, you will be contacted in due course by SLT to arrange an appointment. If necessary, staff on the ward will provide you with a tub of thickening powder for going home. If you require it, you should order further thickening powder via the GP on prescription until the swallowing ability has been re-assessed by SLT.

If you have any queries please contact the ward on ex ________
THE FUTURE

Expression of interest from Nursing Homes in the Southern Sector of the WHSCT – 100% response

Follow up day in 6 months to discuss outstanding issues/ discuss practicalities/ CPD/support

The Regional subgroup will meet again to discuss the pilot

Need to review the layout of the flow chart as still quite cumbersome

Need to look at different methods of delivering the training e.g. E-learning

Audit