



# 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 1 out of every 17 people are affected, 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 pathologist who performs swallowing evaluations and accepts the person's insurance (Note: services are usually available through outpatient services at community hospitals). Check the 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.

(continued on back)

## Mouthwash Alert



"Accidental alcohol poisoning from the use of mouthwash."

If you're buying your mouthwash in bulk, you may be saving pennies, but you may be increasing risk of alcohol poisoning due to accidental consumption. Consider the following suggestions in order to prevent this from happening:

- Select an alcohol-free brand as an alternative;
- Keep bulk containers in a locked cabinet;

- Pour a small amount (half an ounce or less) in a cup prior to use;
- Supervise use to ensure that the used portion is spit out;
- Discard the unused portion immediately.

For this information and more regarding precautions and signs of alcohol intoxication, refer to the Mouthwash Warning issued in June 2001 by John Fris, Pharmacist and Jill Morrow, Medical Director of the Pennsylvania Office of Mental Retardation.

*The information presented to you is to increase your awareness of these 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.*

*Remember!*

**MAY**

*is*

*Better Speech & Hearing Month*

## Dysphagia continued

Some tips on how to make sure an individual benefits from a swallowing evaluation:

- 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 Speech-Language Pathologist.

## 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.

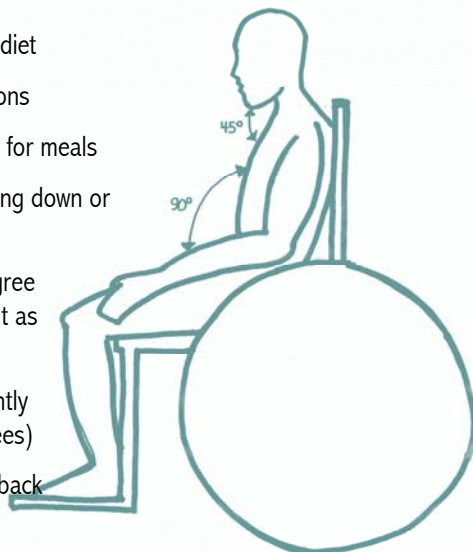
When a person has such choking/aspiration precautions, make sure they are part of his/her support/care plan and distributed to all staff members in the new home. You may even want to post or keep choking/aspiration precautions in the kitchen area for all staff to see and follow. It is everyone’s responsibility to ensure safety around mealtime.

For more information on dysphagia and resources, visit the American Speech-Language Hearing Association website at [www.asha.org](http://www.asha.org). Also, contact PCHC for a copy of the PCHC Dysphagia booklet, a copy of an Aspiration Precautions/Swallowing Guideline, or for technical assistance from a Speech-Language Pathologist.

## General Strategies

To ensure the health and safety of a person with dysphagia around mealtime, 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



- 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
- Provide oral care after meal

### **NOTE:**

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



Philadelphia Coordinated Health Care  
123 S. Broad Street, Philadelphia, PA 19109  
215-546-0300 fax 215-790-4976  
PCHC is a core program of PMHCC, Inc.