Learning Guide

Safe swallowing strategies

27468 Apply safe swallowing strategies in a health or wellbeing setting  Level 3  5 credits

Name:

Workplace:
## Contents

- Introduction ........................................................................................................... 1
- The normal swallowing mechanism ..................................................................... 2
  - What is swallowing? ............................................................................................. 3
  - How do we swallow? ............................................................................................. 5
- What is dysphagia? ................................................................................................. 9
  - Signs and symptoms of dysphagia ....................................................................... 9
  - Causes of dysphagia ............................................................................................. 9
- Impaired swallowing mechanisms ....................................................................... 10
  - Impaired swallowing ............................................................................................ 10
- Experiencing dysphagia ......................................................................................... 16
  - Impairments resulting from dysphagia ............................................................... 16
  - Diet modifications ................................................................................................ 17
  - Swallowing techniques ....................................................................................... 19
- Precautions to reduce the risks associated with dysphagia .............................. 21
- Safe swallowing strategies ..................................................................................... 22
  - What are safe swallowing strategies? ................................................................. 22
  - Knowing the strategies for the person ............................................................... 23
  - Applying safe swallowing strategies ................................................................... 25
Introduction

We take for granted the ability to eat our meals. For some people, difficulties in swallowing mean eating and drinking is a struggle. Eating may no longer be a social or pleasurable experience and they will require support.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities should be used as a general guide for learning.

This guide relates to the following unit standard:

• 27468 Apply safe swallowing strategies in a health or wellbeing setting (level 3, 5 credits).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to:

• understand the process of swallowing.
• support people with swallowing difficulties.
• identify safe swallowing strategies.
• apply safe swallowing strategies.
The normal swallowing mechanism

Every living thing needs energy to live, move and grow. One of the most important ways humans get energy is through the intake of:

- food (nutrition).
- water (hydration).

For a healthy person, food and water are taken in through the mouth and then swallowed. Swallowing is the mechanism that allows humans to ingest the food and fluid that provides nourishment.

Without effective swallowing, a person’s health status may be put at risk due to dehydration, weight loss, aspiration pneumonia (infection caused by the inhalation of foreign material) or airway obstruction (a blockage of the upper airway).

This learning guide looks at how swallowing occurs and how to support a person who has swallowing difficulties. Difficulty in swallowing is known as dysphagia. It comes from the Greek word meaning disordered eating – dys (bad) and phago (eat).

When supporting a person with safe swallowing, make sure that you know the boundaries of your role – what you are to do and what not to do. Check with your supervisor if you are unsure.
What is swallowing?

Swallowing serves the purpose of getting food and/or liquid into our bodies. Swallowing is where a soft mass of chewed food or liquid (referred to as a bolus) within the mouth is rapidly carried through the mouth, pharynx and oesophagus.

This diagram shows the process of swallowing as the food or liquid is taken into the mouth and is then moved towards the pharynx and into the oesophagus.

Media

To see an animation of the swallowing process, go to:

http://www.alilamedicalmedia.com/-/galleries/all-animations/digestive-system-videos/-/medias/33a0b908-18a4-11e3-9515-7b3bc575e561-swallowing-reflex-video-with-explanation
The three main structures involved in swallowing are the mouth, pharynx and oesophagus. At the end of the swallow, these three structures are left clear of residue from the food or liquid.

**The mouth**

The mouth is where the food and liquid are mixed with saliva and chewed to form a bolus, which is moved to the back of the tongue before entering the pharynx. The bolus is a rounded, soft mass of chewed food and saliva within the mouth.

The mouth consists of the upper and lower lip, teeth, tongue and salivary glands.

These all work together to manipulate the food into a cohesive bolus ready for digestion:

- once the food is in the mouth, the upper and lower lip close to contain the food.
- the tongue positions the food between the upper and lower teeth.
- the teeth break down the food.
- salivary glands produce saliva to moisten and mix the food and create the bolus.

**The pharynx**

The pharynx is the hollow tube (commonly called the throat) that is about five inches long and leads from the mouth and nose cavities to the top of the trachea (windpipe) and the oesophagus. Air passes through the pharynx to get to the lungs. Food and fluid pass through the pharynx to enter the oesophagus.

**The oesophagus**

The oesophagus is a tube with muscular walls that contract and release automatically. These contractions propel the food from the pharynx down to the stomach.

The oesophagus has **sphincters** (ring like muscles which close a natural orifice or passage). The oesophagus is pinched together at both the upper and lower ends by sphincters, which open to allow food and liquids to pass through to the stomach. The lower or gastro-oesophageal sphincter is especially important in preventing food or fluid leaking from the stomach back into the oesophagus (reflux). These sphincters make it possible to swallow while lying down or even upside-down.
How do we swallow?

The swallowing process consists of four phases:
1. Oral preparatory phase.
2. Oral phase.
3. Pharyngeal phase.
4. Oesophageal phase.

1: Oral preparatory phase

The sight, smell or taste of food and drink triggers the production of saliva. The production of saliva ensures that there is extra fluid to moisten the food. This softens the food and makes the process of chewing easier.

During this phase, the entry into the airway is open and a person is able to breathe through their nose.

The triggering of saliva is facilitated by a person being able to see and/or smell the food. Presentation and positioning of the food can aid in the stimulation of the senses.
2: Oral phase

This phase gets the food and or liquid ready for swallowing. This includes:

- the lips closing and sealing to contain the material in the mouth.
- solid food being chewed and mixed with saliva.
- the tongue gathering the liquid or solid material and forming it into a bolus and holding it.

The oral phase begins when the tongue starts to move the bolus towards the pharynx. It ends when the bolus starts to enter the pharynx.

With single swallows of liquid, the entire sequence lasts about a second.

With single swallows of solid foods, it may take 5–10 seconds for the bolus to reach the back of the mouth.
3: Pharyngeal phase

Once the bolus of food reaches the pharynx, the swallowing process becomes automatic. Many muscles work together in a highly coordinated manner to create the following sequence.

1. The soft palate goes up and back to prevent food and/or liquid from entering the nose.
2. The airway (at the level of the larynx) closes to prevent any food or liquid getting into the lungs.
3. The muscles in the pharynx (pharyngeal constrictor muscles), contract to apply a downward pressure on the bolus to force it down.
4. The pharyngo-oesophageal segment opens and allows the bolus to pass into the oesophagus.

The pharyngeal phase begins when the bolus enters the pharynx and ends when it passes into the oesophagus.

This swallowing reflex lasts approximately one second.
4: Oesophageal phase

The oesophagus is a tube with muscular walls that contract (tighten) then release automatically. These waves of muscular contractions (peristalsis) push the bolus downward through the lower gastro-oesophageal sphincter into the stomach.

The oesophageal phase of the swallow begins when the bolus enters the oesophagus and ends when it passes into the stomach.

An interval of 8–20 seconds may be required for contractions to drive the bolus into the stomach.

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**Write**

Draw a line to match the explanation to the correct swallowing phase.

<table>
<thead>
<tr>
<th>Explanation</th>
<th>Swallowing phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>This phase begins when the bolus enters the pharynx and ends when it passes into the oesophagus.</td>
<td>Oesophageal phase</td>
</tr>
<tr>
<td>Saliva production is triggered by the sight, smell and taste of food and fluids.</td>
<td>Oral phase</td>
</tr>
<tr>
<td>This phase begins when the bolus enters the oesophagus and ends when it passes into the stomach.</td>
<td>Pharyngeal phase</td>
</tr>
<tr>
<td>This phase begins when the tongue starts to move the bolus backward towards the pharynx. It ends when the bolus passes into the pharynx.</td>
<td>Oral preparatory phase</td>
</tr>
</tbody>
</table>
What is dysphagia?

Dysphagia is the medical term for any difficulty or discomfort that is experienced when swallowing. It is a serious condition that can have a significant impact on a person’s health status. Dysphagia can be categorised according to the swallowing phase that is affected.

Signs and symptoms of dysphagia

Some common signs and symptoms are:

- difficulty controlling food or saliva in the mouth.
- having food left over in the mouth after swallowing.
- pain on swallowing.
- sensation of something being stuck in the throat.
- unexplained weight loss.
- increased time to consume a meal.
- changes in dietary habits, for example, choosing to eat softer foods.
- unusual movements of the head or neck when swallowing.
- coughing or choking when eating or drinking.
- drooling.
- having food or fluid leak from the nose during swallowing (nasal regurgitation).
- having a wet “gurgly” voice after swallowing.
- heartburn.
- recurring episodes of pneumonia.

Causes of dysphagia

There is a wide variety of causes for dysphagia, including:

- stroke.
- cervical spinal cord injuries.
- progressive neurological diseases such as Parkinson’s disease, multiple sclerosis, dementias and motor neuron disease.
- head injury.
- cancers of the head and neck and/or effects of the radiation or surgery used in treatment.
- congenital structural abnormalities.
- congenital or inherited diseases, such as cerebral palsy or muscular dystrophy.
- oesophageal diseases, including motility disorders and reflux.
Impaired swallowing mechanisms

Impaired swallowing

To understand dysphagia and safe swallowing strategies, it is important to understand how the swallowing mechanism is impaired or different to a normal swallowing process. This section will look at impairments that can occur in each of the four phases of swallowing:

- oral preparatory.
- oral.
- pharyngeal.
- oesophageal.

Assisted feeding

Food has been pureed to be smooth and easy to swallow.
Oral preparatory (Phase 1)

Certain medications may reduce the production of saliva (xerostomia). This makes swallowing dry food extremely difficult.

Oral phase (Phase 2)

Dysphagia in this stage affects:

- chewing.
- how easily the bolus is formed.
- how well the tongue propels the bolus towards the phalanx.

Common causes of dysphagia in this phase include:

- oral structural abnormalities.
- muscular weakness.
- poor coordination of structures involved in the oral phase, for example, impaired control of the tongue.

These impairments may impair swallowing by making it more difficult to:

- hold food and/or liquid in the mouth.
- form food and/or liquid into a cohesive bolus.
- propel food and/or liquid backwards into the pharynx.

When there is a lack of control over the material in the mouth, this may result in:

- food and/or liquid spilling from the mouth.
- food and/or liquid falling over the back of the tongue prematurely, while the airway is unprotected.
- food and liquid remaining in the mouth after the swallow, where it could fall into the pharynx causing aspiration (when food or liquid enters the airway).

During eating and drinking, these impairments may mean the person has difficulty chewing solid food and initiating the swallowing process.

When drinking a liquid, a person may find it difficult to contain the liquid in the oral cavity before swallowing. This can result in the liquid entering into the pharynx and cause aspiration, where food is sucked into the respiratory tract.

When food or liquids enter the airway, a normal response would be to cough to clear it. A person who has dysphagia may have a weak or even absent cough, therefore they may not be able to remove the food or liquid by coughing or throat clearing. Food or liquid that stays in the airway may cause choking or coughing, enter the lungs and allow harmful bacteria to grow and lead to respiratory difficulties.
Impaired swallowing mechanisms in the oral phase include:

<table>
<thead>
<tr>
<th>Impaired swallowing mechanisms</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced lip closure.</td>
<td>Leakage of drink, food or saliva from the mouth through the lips.</td>
</tr>
<tr>
<td>Reduced tongue control.</td>
<td>Cannot control the movement of the bolus. Premature loss of food or liquid into the pharynx. Residue of food in the mouth.</td>
</tr>
<tr>
<td>Poor alignment of teeth.</td>
<td>Unable to chew and break down the food.</td>
</tr>
<tr>
<td>Reduced movement of the jaw.</td>
<td>Unable to chew and break down the food.</td>
</tr>
<tr>
<td>Apraxia (loss of the ability to execute or carry out known task).</td>
<td>Delayed oral onset of swallow. Searching motion or inability to organise tongue movements.</td>
</tr>
<tr>
<td>Reduced tongue elevation.</td>
<td>Unable to manipulate food.</td>
</tr>
<tr>
<td>Tongue weakness.</td>
<td>Difficulties moving the bolus back in the mouth.</td>
</tr>
</tbody>
</table>
Pharyngeal phase (Phase 3)

Dysphagia in this stage may be the result of:

- structural abnormalities.
- weakness in the pharyngeal muscles.
- poor opening of the upper oesophageal sphincter.
- lack of coordination of the pharyngeal muscles.

These impairments may interfere with:

- protection of the airway during the swallow.
- the downward propulsion of the bolus.
- the movement of the bolus into the oesophagus.

If airway protection is severely impaired, a person is at high risk of aspirating food or liquid into the lungs. This can result in choking or aspiration pneumonia.

If pharyngeal clearance is severely impaired, a person may be unable to take in sufficient amounts of food and drink to sustain life. A person may retain excessive amounts of food in the pharynx and experience aspiration after swallowing.

Impaired swallowing mechanisms in the pharyngeal phase include:

<table>
<thead>
<tr>
<th>Impaired swallowing mechanisms</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced pharyngeal contraction and reduced movement at the base of the tongue.</td>
<td>Residue left after the swallow. Coating of pharyngeal wall. Food left on the tongue base. Residue spilling into the airway after the swallow.</td>
</tr>
<tr>
<td>Reduced laryngeal elevation.</td>
<td>Reduced airway closure. Weak/incomplete swallow. Coughing or choking. Reduced oesophageal opening. Residue in the pharynx.</td>
</tr>
<tr>
<td>Reduced closure of the airway entrance (poor airway protection).</td>
<td>Laryngeal penetration (food/liquid starting to go down the wrong way). Coughing or choking. Aspiration during the swallow.</td>
</tr>
<tr>
<td>Reduced velopharyngeal closure.</td>
<td>Food or liquid going up into the nose.</td>
</tr>
<tr>
<td>Delayed pharyngeal swallow.</td>
<td>Coughing or choking. Aspiration before swallow.</td>
</tr>
</tbody>
</table>
**Oesophageal phase (Phase 4)**

Impaired oesophageal function can result in the retention of food and liquid in the oesophagus after swallowing or coming back up into the pharynx. This may be caused by:

- a mechanical obstruction.
- a motility disorder. Motility refers to a person’s ability to move food through the digestive tract. An oesophageal motility disorder is a disorder causing difficulty in swallowing, regurgitation of food and/or liquid and a spasm-type pain.
- an impairment of the lower oesophageal sphincter.
- structural abnormalities.
- muscle weakness.
- incoordination of the muscles in the oesophagus.

Impaired swallowing mechanisms in the oesophageal phase include:

<table>
<thead>
<tr>
<th>Impaired swallowing mechanisms</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oesophageal abnormality.</td>
<td>Oesophageal-to-pharyngeal backflow.</td>
</tr>
<tr>
<td></td>
<td>Regurgitation of food.</td>
</tr>
<tr>
<td></td>
<td>Coughing or choking after swallowing.</td>
</tr>
<tr>
<td>Malfunction of the lower oesophageal sphincter muscles.</td>
<td>When the lower oesophageal sphincter does not close completely, after food</td>
</tr>
<tr>
<td></td>
<td>passes into the stomach, acid can then back up into the oesophagus.</td>
</tr>
<tr>
<td>Partial or total obstruction in the oesophagus.</td>
<td>Collection of material in side pockets in the pharynx or oesophagus.</td>
</tr>
<tr>
<td></td>
<td>Aspiration after the swallow from oesophageal &quot;overflow&quot;.</td>
</tr>
<tr>
<td></td>
<td>Regurgitation of food.</td>
</tr>
<tr>
<td></td>
<td>Coughing or choking after swallowing.</td>
</tr>
</tbody>
</table>
Tick each sentence to show whether it is true or false.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food or liquid that stays in the airway may cause choking, enter the lungs causing harmful bacteria to grow, and lead to respiratory difficulties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any interference or inability to protect the airway during swallowing or with the transfer of the bolus into the oesophagus can result in aspiration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired oesophageal function will not result in the retention of food and liquid in the oesophagus after swallowing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malfunction of the lower oesophageal sphincter muscles can cause stomach acid to back up into the oesophagus and cause reflux.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoordination of the pharyngeal muscles can interfere with the protection of the airway during swallowing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Experiencing dysphagia

Impairments resulting from dysphagia

Factors affecting the normal swallow may mean that the way food and liquids are ingested must be altered. These alterations may be necessary when the person has experienced a change to their health status, such as a brain injury or progression of a medical condition that means they cannot physically eat and/or drink in the usual way.

The impairment the person experiences as a result of experiencing dysphagia can be:

- **Physiological** – an impairment involving the actual mechanism of swallowing. For example, due to cancer, the person has had a part of their oesophagus removed and no longer takes food orally.

- **Participatory** – these are the social aspects of swallowing that are impaired due to the way in which the person experiences dysphagia. For example, eating may no longer be a social or pleasurable experience due to the level of difficulty or loss of dignity.

Dysphagia can have a significant impact on a person's health and quality of life. Alterations to the way a person eats and drinks will need to be implemented and managed to ensure the safety and wellbeing of the person. Alterations include positioning and posture when eating and drinking.

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**Assisting with feeding**

The person is assisted to pick up the food and eat it.
Diet modifications

Changes to what is consumed include:

- modification of food. For example, pureed/soft meals to make the food easier to chew and swallow.
- modification of fluids. For example, thickening fluids to make the fluid move more slowly.

<table>
<thead>
<tr>
<th>Fluid</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildly thick</td>
<td>Fluid runs freely off the spoon but leaves a coating on the spoon.</td>
</tr>
<tr>
<td>Moderately thick</td>
<td>Fluid will drip off the spoon in thick dollops.</td>
</tr>
<tr>
<td>Extremely thick</td>
<td>Extremely thick fluid sits on the spoon and does not flow off it at all.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft</td>
<td>Food may be naturally soft or may be cooked or cut to alter its texture.</td>
</tr>
<tr>
<td>Minced and moist</td>
<td>Food is soft, moist and easily mashed with a fork. Lumps are smooth and rounded.</td>
</tr>
<tr>
<td>Smooth pureed</td>
<td>Food is smooth, moist and lump free. It may have a grainy quality.</td>
</tr>
</tbody>
</table>

Other modifications involve changing how food is consumed.
• Any support and/or feeding aids required to assist in safe eating and drinking. Specialist feeding equipment may be recommended by the occupational therapist.

Assistive feeding aids

• Special instructions for feeding. These may be provided by a health professional such as a speech language therapist. For example, reducing the bolus size to a teaspoon amount, drinking one sip at a time to slow the process down, stimulating saliva production.

• Postures and techniques when eating and drinking to make it easier for the person to swallow. For example, chin tuck, head turn, head tilt, double swallows and forced coughing.

• Rehabilitative strategies for safe and adequate intake. The goal of rehabilitation is to obtain better strength and mobility of the involved structures. For example, the use of adaptive equipment and/or swallowing exercises can also be given to certain people to rehabilitate their swallowing mechanism.

Other factors can also affect a person’s ability or desire to participate in eating and drinking. These include:
• cognitive influences including fatigue (level of alertness) and the person’s mood.
• the appetite of the person.
• cultural food considerations and personal preferences.
• the environment.
• hygiene, including good oral hygiene of the person, dentures fitting correctly, sterilisation of assistive devices and preparation equipment, and hand washing.

It is important to be aware of these considerations when supporting a person who experiences dysphagia.

A person experiencing dysphagia can feel frustrated at their inability to enjoy food and drink in the same way as before they experienced dysphagia. Where alterations have been made to the way they eat and drink, they may feel uncomfortable eating and drinking with others. They may feel that the adaptations they have to make can call attention to themselves, making eating and drinking with others a source of anxiety. The person may also feel they have lost their independence, especially if they need support when eating and drinking.

**Swallowing techniques**

**Chin tuck**

The chin tuck position decreases the space between the base of the tongue and the back of the pharynx and increases pressure to help move the bolus through the pharynx. The person is instructed to take a sip of liquid or a bite of food, hold it in the mouth and then bring the chin to the chest before swallowing. The food can be chewed in the chin tuck position before swallowing.

**Head turn**

The person is instructed to turn the head to the weak side, as though they are looking over their shoulder. This position blocks the bolus from travelling down the weak side of the pharynx. It also adds pressure on the damaged vocal cord and moves it towards the midline which improves airway closure.

**Head tilt**

The person is instructed to tilt the head to the strong side as if they are trying to touch their ear to their shoulder. This position directs the bolus to the stronger side of the mouth and pharynx.
Think about a person you currently support who experiences dysphagia.

What is the person’s physiological impairment?

What is the person’s participatory impairment?
Precautions to reduce the risks associated with dysphagia

Knowing and understanding the risks of dysphagia that apply to individual people allow you to take the necessary actions (precautions) that keep the client safe.

Precautions need to be taken to ensure safe and efficient oral intake. These precautions include:

- identification, diagnosis and management of dysphagia by relevant health professionals (speech language therapist, occupational therapist, doctor, dietitian, registered nurse, physiotherapist).
- multidisciplinary effort and collaboration in the management and support of dysphagia.
- adherence (compliance) to special instructions in a person’s individual personal plan (including use of assistive feeding aids, modifications to food, etc).
- educating the person and their family/whānau.
- facilitating safe swallowing strategies.
- providing an environment that enables the person to eat with dignity.
- communicating effectively with the person.

When these precautions are followed, the person will be supported to:

- receive good nutrition and prevent malnutrition and dehydration.
- reduce the risk of aspiration and associated complications such as choking and pneumonia.
- maximise the enjoyment that comes from eating and drinking as well as encourage participation in social meal times.

Multidisciplinary team members’ roles may include the following people.

- **Speech language therapist** – will perform screening assessments/evaluations to determine the area and risk of aspiration, provide education to the person and family/whānau, and train those who will be involved in supporting the person.
- **Physician/GP** – will oversee the patient’s medical care.
- **Dietitian** – will monitor the person’s nutritional status.
- **Registered nurse** – will encourage and monitor daily compliance with special instructions in the person’s plan.
- **Physiotherapist and occupational therapist** – will work on feeding, adaptive devices, sitting balance, positioning, and posture.
Safe swallowing strategies

What are safe swallowing strategies?

No two people will experience dysphagia in the same way. How they experience it depends on their health status and condition and the phase in which their swallowing difficulty occurs.

To accommodate this variety of swallowing difficulties, there are a number of safe swallowing strategies that are used.

A safe swallowing strategy is a plan, method or series of techniques that are followed to ensure the person can safely ingest food for good nutrition. A combination of strategies may need to be applied to ensure safe swallowing.

Safe swallowing strategies include:

- applying swallowing manoeuvres or techniques appropriate to the person.
- positioning the body correctly.
- providing the correct diet (that is, texture modified food and fluids) and presenting food attractively.
- providing supervision and cueing during eating and drinking.
- ensuring assistive devices the person requires are available and accessible.
- facilitating and or supporting the person with exercises (as in their personal plan) to strengthen the lips, tongue, and jaw. These may help to increase their ability to chew and control the movement of food in the mouth.
- facilitating good oral hygiene.
- providing a safe environment in which to eat and drink.
- use alternative means of feeding as required.
Knowing the strategies for the person

The strategies that need to be applied to the person will be found in their individualised personal plan. It is essential that you know what these strategies are and how to apply them. A person may also have goals around eating and drinking. These can generally include things such as to:

- get to a state where swallowing is accomplished as safely as possible (minimising the risk of choking or aspiration).
- ensure adequate nutrition and hydration.
- be able to self feed (where possible).
- participate at mealtimes in preparation and or in a social environment.
- be able to enjoy mealtimes and food without being scared of eating.
- maintain their health and wellbeing.

Each person will have their own goals around swallowing and eating. It is important that you know what these are. Make sure you know what the person’s goals are and the role you have in supporting them to meet these goals.

Supporting a person with modified food and drink

Liquid has been thickened to make swallowing safer.
Think about a person you currently support who experiences dysphagia.

What are the person’s goals around eating and drinking?

What are the safe swallowing strategies that apply to this person?

Explain your role in supporting the person in these safe swallowing strategies.
Applying safe swallowing strategies

Whenever you are supporting a client with dysphagia, you will need to apply safe swallowing strategies. These include:

- reading the instructions as provided by the delegating health professional and following them as directed.
- ensuring you are well prepared for the strategy. Have all the necessary assistive equipment/devices required for you and/or the person being supported.
- ensuring you are feeling confident applying the strategy and/or technique and ask for feedback on how you have applied a strategy and/or technique if you feel you could be doing it better or more effectively.
- keeping your communication with the client clear and concise.
- making sure you ask your supervisor before undertaking any strategy and/or technique if you are unsure about anything.

Make sure you know what your role is and the boundaries that you are to work within.

When you are supporting a specific person, you will also need to apply the safe swallowing strategies that apply to that person. Examples of specific strategies that you may need to apply include:

- eating and drinking only those foods and liquids of the recommended consistencies.
- having the correct position while the eating and drinking occurs. For example, sitting upright.
- having the appropriate pace. For example, taking small amounts at a slow rate.
- alternating mouthfuls of food and drink.
- using appropriate assistive and feeding devices. For example, a cup with a spout or a straw for drinking.
- ensuring that the mouth is clear after a swallow and at the end of a meal.
- using recommended strategies on every swallow.
- maintaining good oral hygiene.
- staying upright for 30 minutes after eating.

Remember to follow the instructions in the person’s plan at all times.

You also need to observe the person while they are eating so you can:

- assist with any difficulties they may be having.
- respond quickly to any problems or issues that occur.