

**WRHA LONG TERM CARE SLP SERVICES**



Winnipeg Regional Health Authority  
Caring for Health

Office régional de la santé de Winnipeg  
À l'écoute de notre santé

# Welcome!

## Annual LTC Education on Feeding/Swallowing Management of Residents in LTC

November 25, 2024

Education coordinated by WRHA LTC Speech-Language Pathology services

## LIVE WEBINAR 3-PART TRAINING Today



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- 1. Feeding/Swallowing Management**  
Monique Piatt, SLP  
Speech-Language Pathologist WRHA SLP LTC services
- 2. Diet Order Training - diet textures and fluid viscosity**  
Connie Dimen, RD  
Clinical Dietitian at Deer Lodge Centre
- 3. Management of Obstructed Airway**  
Sheila Smith RN, BN  
WRHA Regional Educator for LTC program

## Notes about today's presentations:

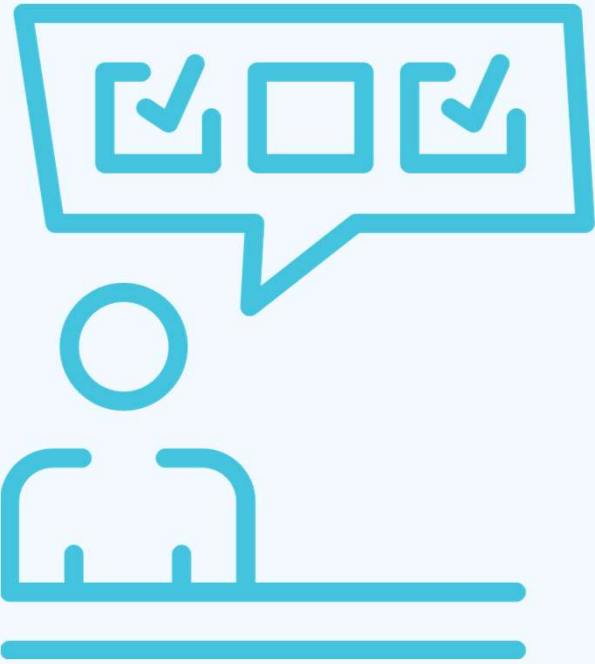


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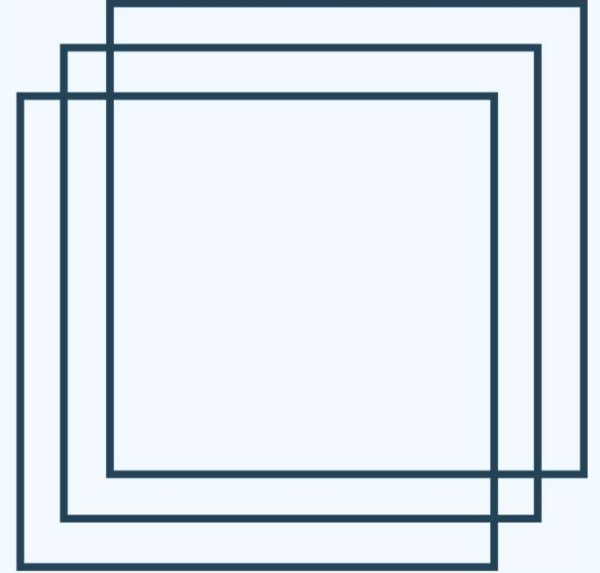
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- There will be 5 minute breaks between each session.
- Please keep your microphone on mute during the presentations.
- Keep your video OFF during the presentations.
- There will be opportunities for questions and discussions during the presentations and at the end of each section. Please feel free to UNMUTE/turn VIDEO ON and ask your question!
- Live polling and quiz questions added during the presentations!
- Use the chat box to write any questions during the presentations.
- All training materials are available on the Deer Lodge Centre Speech Language Pathology website:  
<https://deerlodge.mb.ca/clinics-at-dlc/speech-language-pathology/>





# POLL QUESTIONS





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## **PART 1 - FEEDING/SWALLOWING**

### **WRHA LONG TERM CARE RESOURCES:**

- **Dysphagia Management Staff Training (DMST)**
- **Mealtime Assistant Training (MAT) for volunteers/families**
- **8 Standard Feeding Procedures**

# PRESENTATION OUTLINE

## TOPICS TO BE COVERED

- Regional policy overview
- Meal Observation Screening Form
- LTC dysphagia management process
- How swallowing works
- 8 Standard Feeding Procedures
- Aspiration pneumonia
- Thickened fluids



# Online Training Resources:

## DEER LODGE WEBSITE

Deer Lodge Centre

- Clinics at DLC
  - Speech Language Pathology
    - Services
      - WRHA LTC
        - Education

The screenshot shows the Deer Lodge Centre website. The header includes the logo and tagline 'Making lives better', and a navigation menu with options like 'About', 'Clinics at DLC', 'Short Stays at DLC', 'Living at DLC', and 'Working at DLC'. The main content area is titled 'WRHA Long-Term Care Speech-Language Pathology Services' and includes sections for 'WHOM do we service?', 'WHAT services do we provide for residents, facilities and families?', and 'WHAT does a SWALLOWING CONSULTATION include?'. A sidebar on the right contains a search bar and a list of clinic categories, with 'Speech-La' selected. A 'Tweets' section is visible at the bottom right.

### ANNUAL TRAINING

#### FEEDING/SWALLOWING MANAGEMENT of RESIDENTS in LONG TERM CARE

- Regional policy 110.130.010

#### Training Resources:

- Mealtime Assistant Training (MAT) for Volunteers & Families ([video](#)) ([pdf](#))
- Diet Order Training ([video](#)) ([pdf](#))
- Dysphagia Management Staff Training (DMST) ([video](#)) ([pdf](#))
- Management of Obstructed Airway Training (ask your LTC site educator for specific training)
- Safe Feeding & Swallowing management Quiz ([pdf](#))





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POLICY: 110.130.010

# Feeding and Swallowing Management of Residents in Long Term Care

## POLICY: EDUCATION LTC PROGRAM RESPONSIBILITIES

3.6 Under the coordination of the LTC SLP service, the WRHA LTC program shall provide education related to feeding/swallowing and management of obstructed airway to the **Designated Leaders** on an **annual** basis.

3.7 All **staff** responsible for assisting, coaching or supervising residents with oral intake shall receive appropriate education in **orientation** and then at **minimum of every three years** from a **Designated Leader**.



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**POLICY: 110.130.010**

# Feeding and Swallowing Management of Residents in Long Term Care

## POLICY: EDUCATION LTC FACILITY RESPONSIBILITIES

### 4.6.1

Each LTC facility shall assign a **minimum of one Designated Leader** to attend the **annual** WRHA feeding and swallowing education sessions.

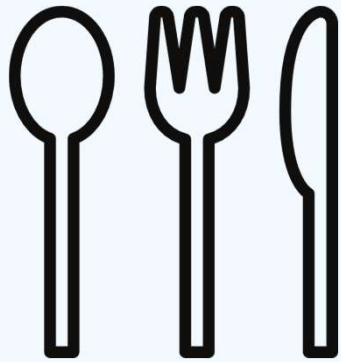
### 4.6.2

Designated leaders shall coordinate the delivery of education and training to new and current staff responsible for assisting, coaching or supervising residents with oral intake.

### 4.6.3

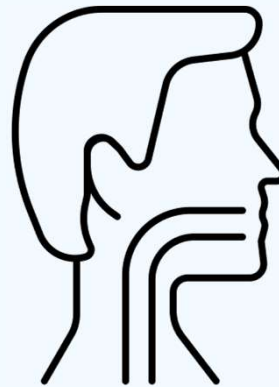
Each facility shall ensure that every staff member receives education on feeding and swallowing at orientation and at a minimum of every three years.

## KEY DEFINITIONS



Eating

Includes both feeding and swallowing. An experience that involves physical, social, emotional and psychological aspects.



Swallowing

Process that takes food, liquid and saliva from the mouth to the stomach.



Feeding

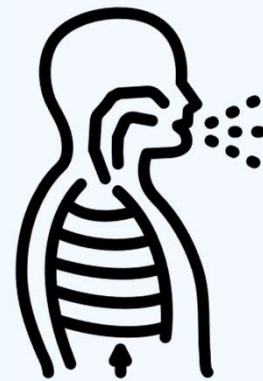
The placement of food in the mouth.

## KEY DEFINITIONS CONTINUED...



Dysphagia

Medical term for problems with chewing or swallowing. It can be caused by many things like weak muscles, changes in the brain, and forgetting how to chew/swallow.



Aspiration

Food and/or liquid "going down the wrong way" and into the lungs.



Choking

The airway is blocked off and no air can come in or out.

# MEAL OBSERVATION SCREENING FORM (MOSF)



## What is it?

- Screening tool for feeding and swallowing difficulty
- Prompts for further assessment
- Part of the medical record

## When to use it?


- All new residents - screened within 72 hours
- Annual review
- Any time there are concerns or a change in resident swallow ability



# MEAL OBSERVATION SCREENING FORM (MOSF)

- Completed by any trained staff (HCA, nurses, etc...)
- write meal, diet texture and fluid consistency
- Reviewed by nursing
- Minimum 1 meal
- Check off 'yes/no' for indicators in section I & II
- SLP, OT & RD to complete bottom section




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### Meal Observation Screening (MOS)

Initial Screen   
  Re-Screen   
  Annual Review

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**Instructions:**

- Observe a minimum of one meal and record observations.
- Observation should occur with the resident's current diet order
- Circle one: B = Breakfast, L = Lunch, S = Supper
- Write down the food texture and liquid thickness
- Dentures/glasses/hearing aids should be worn
- Observe the entire meal

OBSERVATION 1	OBSERVATION 2	OBSERVATION 3
B L S	B L S	B L S
Food texture:	Food texture:	Food texture:
Liquid thickness:	Liquid thickness:	Liquid thickness:
Date: D M M M Y Y Y Y	Date: D M M M Y Y Y Y	Date: D M M M Y Y Y Y
Initials:	Initials:	Initials:

---

Section I: Indicators of Swallowing Difficulties	Yes	No	Yes	No	Yes	No
1. Cough or clear the throat frequently while eating/drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sound gurgly or wet after swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hold food or liquid in the mouth for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have difficulty chewing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Spill or drool food/liquid from the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Complain of pain when swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have food remaining in the mouth after swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cough frequently after a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Eat quickly/have impulsive eating behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any "YES" checked, refer to Clinical Dietitian & Speech-Language Pathology

Section II: Indicators of Feeding Difficulties	Yes	No	Yes	No	Yes	No
10. Difficulty using a utensil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Difficulty holding head upright for the whole meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Difficulty sitting upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any "YES" checked, refer to Clinical Dietitian & Occupational Therapy

Comments

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Referral(s) sent to:	Yes	No	Date Referred: D M M M Y Y Y Y
Speech-Language Pathology	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewed by Nursing (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date:  
D M M M Y Y Y Y

FORM # W-00578 02/23     
 RETAIN IN FACILITY HEALTH RECORD     
 Page 1 of 1



## Meal Observation Screening (MOS)

Initial Screen  
  Re-Screen  
  Annual Review

<b>Instructions:</b> • Observe a minimum of one meal and record observations. • Observation should occur with the resident's current diet order • Circle one: B = Breakfast, L = Lunch, S = Supper • Write down the food texture and liquid thickness • Dentures/glasses/hearing aids should be worn • Observe the entire meal	<b>OBSERVATION 1</b>	<b>OBSERVATION 2</b>	<b>OBSERVATION 3</b>
	B L S	B L S	B L S
	Food texture:	Food texture:	Food texture:
	Liquid thickness:	Liquid thickness:	Liquid thickness:
Date:	Date:	Date:	
DDMMYYYY	DDMMYYYY	DDMMYYYY	
Initials:	Initials:	Initials:	

<b>Section I: Indicators of Swallowing Difficulties</b>		Yes	No	Yes	No	Yes	No
1.	Cough or clear the throat frequently while eating/drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sound gurgly or wet after swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hold food or liquid in the mouth for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have difficulty chewing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Spill or drool food/liquid from the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Complain of pain when swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have food remaining in the mouth after swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Cough frequently after a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Eat quickly/have impulsive eating behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any "YES" checked, refer to Clinical Dietitian & Speech-Language Pathology

<b>Section II: Indicators of Feeding Difficulties</b>		Yes	No	Yes	No	Yes	No
10.	Difficulty using a utensil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Difficulty holding head upright for the whole meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Difficulty sitting upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any "YES" checked, refer to Clinical Dietitian & Occupational Therapy

Comments

Referral(s) sent to:	Yes	No	Date Referred:
Speech-Language Pathology	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYYYY
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYYYY
Clinical Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYYYY
Reviewed by Nursing (Print name):	Signature:		Date:
			DDMMYYYY

Include the diet texture and liquids thickness observed. This may be different at different meals.

Circle one: B = Breakfast, L = Lunch, S = Supper

- Write down the food texture and liquid thickness
- Dentures/glasses/hearing aids should be worn
- Observe the entire meal

Liquid thickness:

Liquid thickness:

Liquid thickness:

Date:

DDMMYYYY

Date:

DDMMYYYY

Date:

DDMMYYYY

Initials:

Initials:

Initials:

**Section I: Indicators of Swallowing Difficulties**

	Yes	No	Yes	No	Yes	No
1. Cough or clear the throat frequently while eating/drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sound gurgly or wet after swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hold food or liquid in the mouth for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Cough frequently after a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Eat quickly/have impulsive eating behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any "YES" checked, refer to Clinical Dietitian & Speech-Language Pathology

**Section II: Indicators of Feeding Difficulties**

	Yes	No	Yes	No	Yes	No
10. Difficulty using a utensil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Difficulty holding head upright for the whole meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Difficulty sitting upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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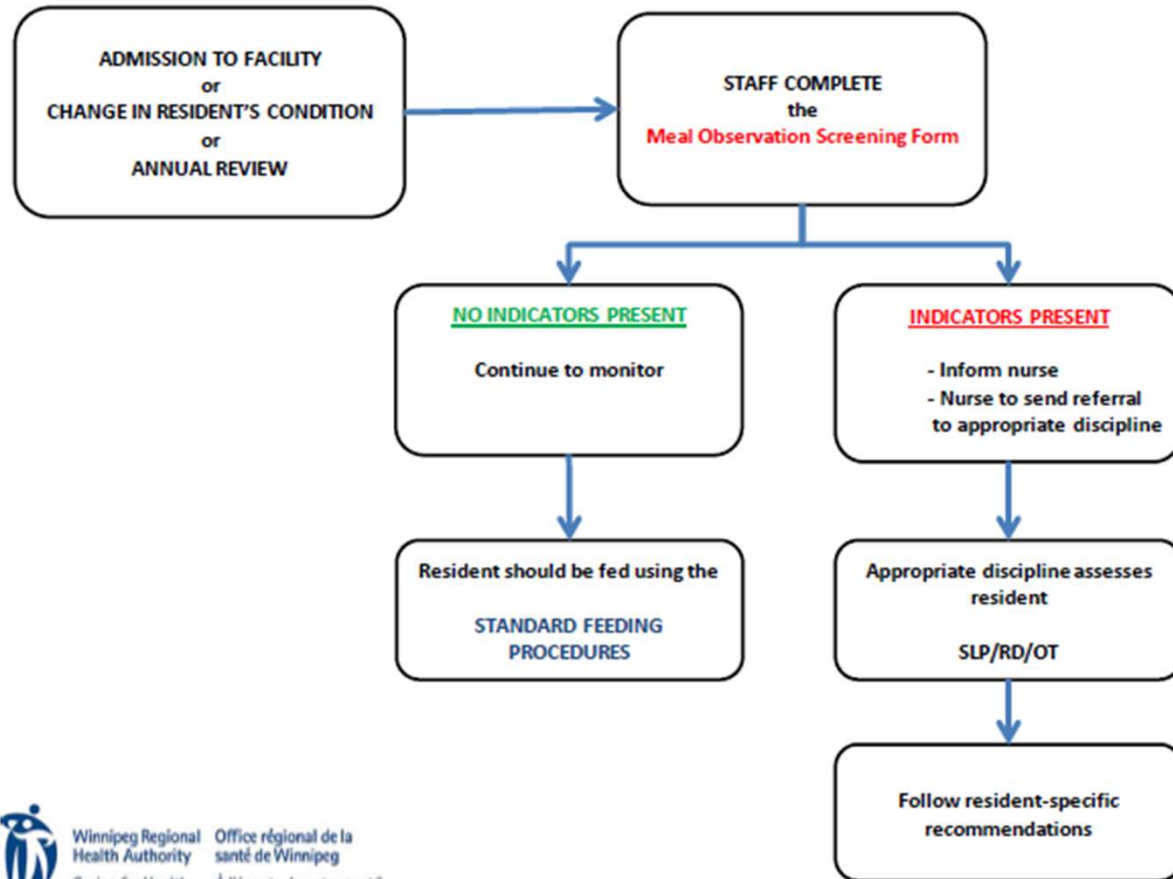
Comments

Date Referred:



11. Difficulty holding head upright for the whole meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12. Difficulty sitting upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
If any "YES" checked, refer to Clinical Dietitian & Occupational Therapy												
Comments												
Referral(s) sent to:	Yes	No	Date Referred:									
Speech-Language Pathology	<input type="checkbox"/>	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y		
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>										
Clinical Dietitian	<input type="checkbox"/>	<input type="checkbox"/>										
Reviewed by Nursing (Print name):	Signature:				Date:							
					D	D	M	M	Y	Y	Y	Y

# LONG TERM CARE DYSPHAGIA MANAGEMENT PROCESS



# REFERRALS FOR FURTHER ASSESSMENT



**Occupational Therapy (OT)**

Consult OT for feeding and positioning concerns.



**Speech-Language Pathology (SLP)**

Consult SLP for all swallowing related concerns.



**Registered Dietitian (RD)**

Consult for all nutrition related concerns.




**Tip:**

Make sure to notify the RD that an SLP referral is made so they can follow up on any nutrition concerns related to swallowing.

# SLP Referral Form

- Use for **SWALLOWING** concerns AND/OR **COMMUNICATION** concerns
- Fill out the patient Manitoba Health number so we can find the patient
- Urgent referrals
- Reasons for referral:
  - tube feed
  - return from hospital
  - resident/family request
  - admission on most restrictive texture
  - pleasure/comfort feeding
  - upgrades in diet
  - baseline swallow assessment
  - indicators on MOS


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### Long Term Care Speech-Language Pathology Referral

Resident Name:		MHSC #:
Primary Diagnosis:	Facility:	Room:
Family Contact Name:	Contact Phone:	Is Resident/Family agreeable to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for referral:

<input type="checkbox"/> <b>Swallowing Assessment Referral</b> Diet Texture: _____ Fluid Consistency: _____ <input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> Recent choking event Date: _____ <input type="checkbox"/> Recent pneumonia Date: _____ <input type="checkbox"/> Recent change in neurological status (please comment below) <input type="checkbox"/> Resident is recently NPO <input type="checkbox"/> Tube feed - request for assessment for oral feeding <input type="checkbox"/> Return from hospital requiring follow-up <input type="checkbox"/> Admitted on most restrictive diet texture (i.e., pureed/thickened fluid) <input type="checkbox"/> Pleasure/comfort feeding assessment/discussion <input type="checkbox"/> Assessment for upgrade of food/fluid <input type="checkbox"/> Resident/family request <input type="checkbox"/> Baseline swallowing assessment for those with a progressive neuromuscular disorder <input type="checkbox"/> Indicators of swallowing difficulty (Attach Meal Observation Screening if applicable)	<input type="checkbox"/> <b>Communication Assessment Referral</b> <input type="checkbox"/> Sudden change in ability to communicate <input type="checkbox"/> Dementia - functional communication assessment <input type="checkbox"/> Family and/or staff education re: communication <input type="checkbox"/> Communication device request e.g., Alternative Augmentative Communication (AAC) system <input type="checkbox"/> Resident/Family request <input type="checkbox"/> Other (please comment below)
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Comments:

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
PRINTED NAME AND DESIGNATION  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Completed referral to Speech-Language Pathology Service at 204-831-2953


# SLP Referral Form

## URGENT Referrals

- SLP will respond within 2 working days when marked urgent

- Reasons:

- Recent choking event requiring abdominal thrusts
- Recent pneumonia
- Recent change in neurological status
- NPO (nothing by mouth)
  - Returned from hospital NPO, nursing questioning whether resident should be NPO, family having difficulty with resident not eating at the end of life


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### Long Term Care Speech-Language Pathology Referral

Resident Name:		MHSC #:
Primary Diagnosis:	Facility:	Room:
Family Contact Name:	Contact Phone:	Is Resident/Family agreeable to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for referral:

<input type="checkbox"/> <b>Swallowing Assessment Referral</b> Diet Texture: _____ Fluid Consistency: _____ <input checked="" type="checkbox"/> <b>Urgent</b> ← <input type="checkbox"/> Recent choking event Date: _____ <input type="checkbox"/> Recent pneumonia Date: _____ <input type="checkbox"/> Recent change in neurological status (please comment below) <input type="checkbox"/> Resident is recently NPO <input type="checkbox"/> Tube feed - request for assessment for oral feeding <input type="checkbox"/> Return from hospital requiring follow-up <input type="checkbox"/> Admitted on most restrictive diet texture (i.e., pureed/thickened fluid) <input type="checkbox"/> Pleasure/comfort feeding assessment/discussion <input type="checkbox"/> Assessment for upgrade of food/fluid <input type="checkbox"/> Resident/family request <input type="checkbox"/> Baseline swallowing assessment for those with a progressive neuromuscular disorder <input type="checkbox"/> Indicators of swallowing difficulty (Attach Meal Observation Screening if applicable)	<input type="checkbox"/> <b>Communication Assessment Referral</b> <input type="checkbox"/> Sudden change in ability to communicate <input type="checkbox"/> Dementia - functional communication assessment <input type="checkbox"/> Family and/or staff education re: communication <input type="checkbox"/> Communication device request e.g., Alternative Augmentative Communication (AAC) system <input type="checkbox"/> Resident/Family request <input type="checkbox"/> Other (please comment below)
--	--

Comments:


Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
PRINTED NAME AND DESIGNATION  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Completed referral to Speech-Language Pathology Service at 204-831-2953

# SLP Referral form

## TUBE FEEDING Referrals:

- Consider the resident/family's goal with respect to oral intake, which may be:
  - Tube feed only - nothing by mouth?
  - Pleasure feeds - combination of tube feed for nutrition and oral intake for pleasure?
  - Return to full oral intake?
- SLP should be involved BEFORE oral feeding begins for recommended textures.
- Use the SLP referral form.
- SLP and RD will collaborate.


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### Long Term Care Speech-Language Pathology Referral

Resident Name:		MHSC #:
Primary Diagnosis:	Facility:	Room:
Family Contact Name:	Contact Phone:	Is Resident/Family agreeable to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for referral:

<input type="checkbox"/> <b>Swallowing Assessment Referral</b> Diet Texture: _____ Fluid Consistency: _____ <input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> Recent choking event Date: _____ <input type="checkbox"/> Recent pneumonia Date: _____ <input type="checkbox"/> Recent change in neurological status (please comment below) <input type="checkbox"/> Resident is recently NPO <input type="checkbox"/> Tube feed - request for assessment for oral feeding <input type="checkbox"/> Return from hospital requiring follow-up <input type="checkbox"/> Admitted on most restrictive diet texture (i.e., pureed/thickened fluid) <input type="checkbox"/> Pleasure/comfort feeding assessment/discussion <input type="checkbox"/> Assessment for upgrade of food/fluid <input type="checkbox"/> Resident/family request <input type="checkbox"/> Baseline swallowing assessment for those with a progressive neuromuscular disorder <input type="checkbox"/> Indicators of swallowing difficulty (Attach Meal Observation Screening if applicable)	<input type="checkbox"/> <b>Communication Assessment Referral</b> <input type="checkbox"/> Sudden change in ability to communicate <input type="checkbox"/> Dementia - functional communication assessment <input type="checkbox"/> Family and/or staff education re: communication <input type="checkbox"/> Communication device request e.g., Alternative Augmentative Communication (AAC) system <input type="checkbox"/> Resident/Family request <input type="checkbox"/> Other (please comment below)
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Comments:

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
PRINTED NAME AND DESIGNATION  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

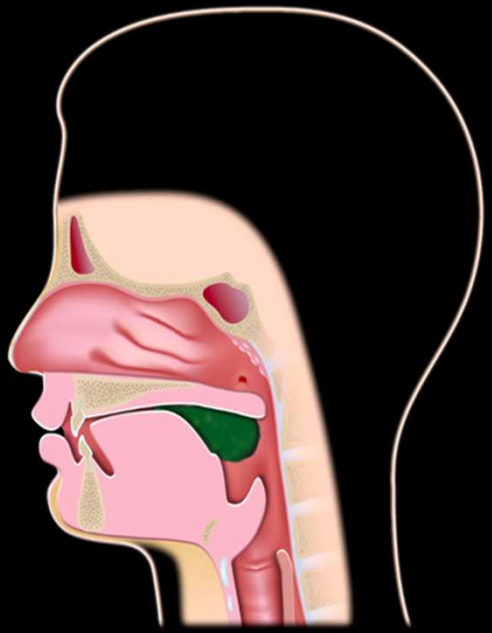
Fax Completed referral to Speech-Language Pathology Service at 204-831-2953



ANY QUESTIONS ABOUT FORMS OR POLICY?

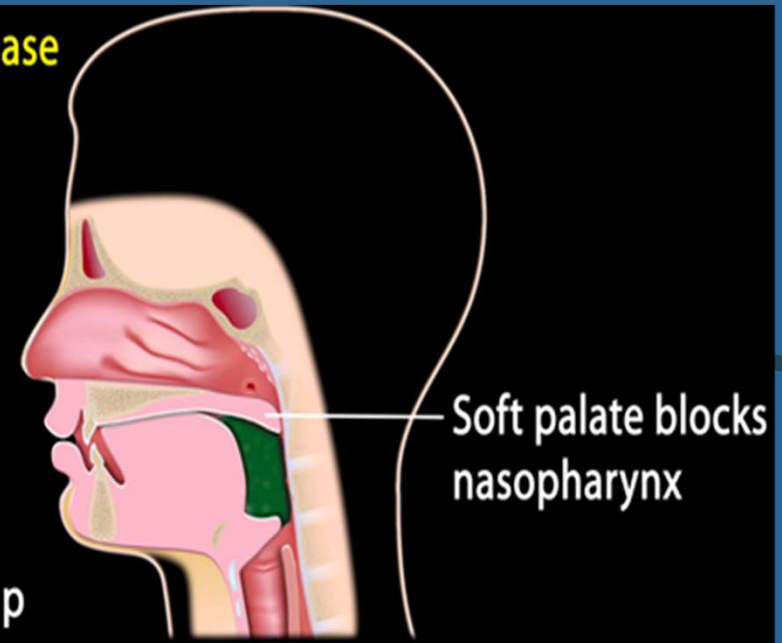
# How Swallowing works

## Oral phase



Tongue pushes  
bolus backward

## Pharyngeal phase



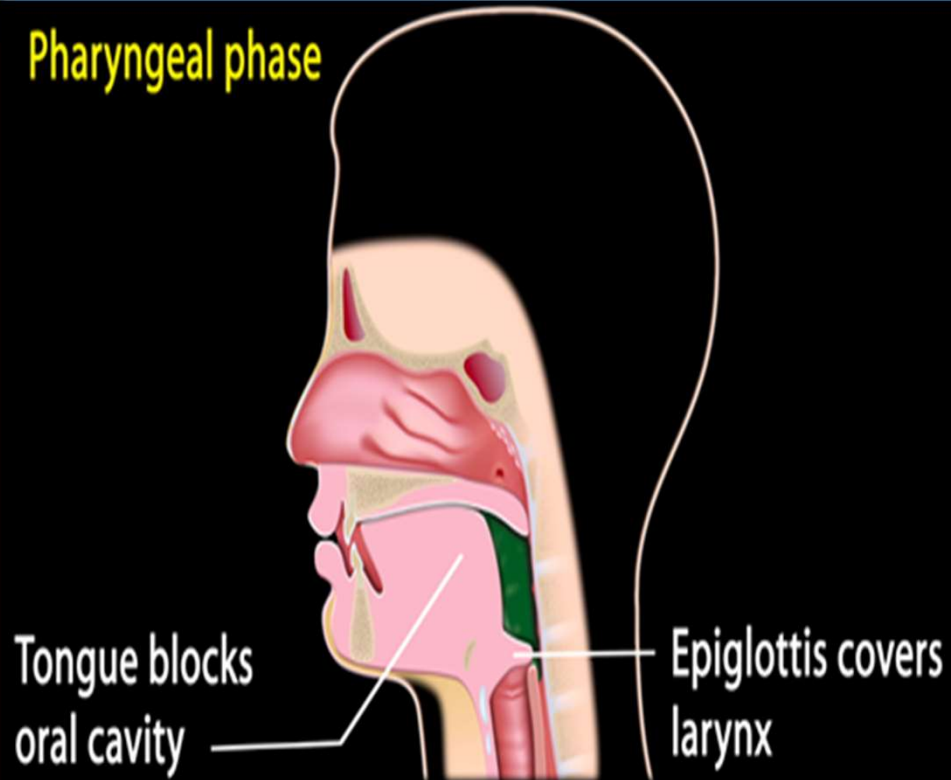
Larynx moves up

Soft palate blocks  
nasopharynx

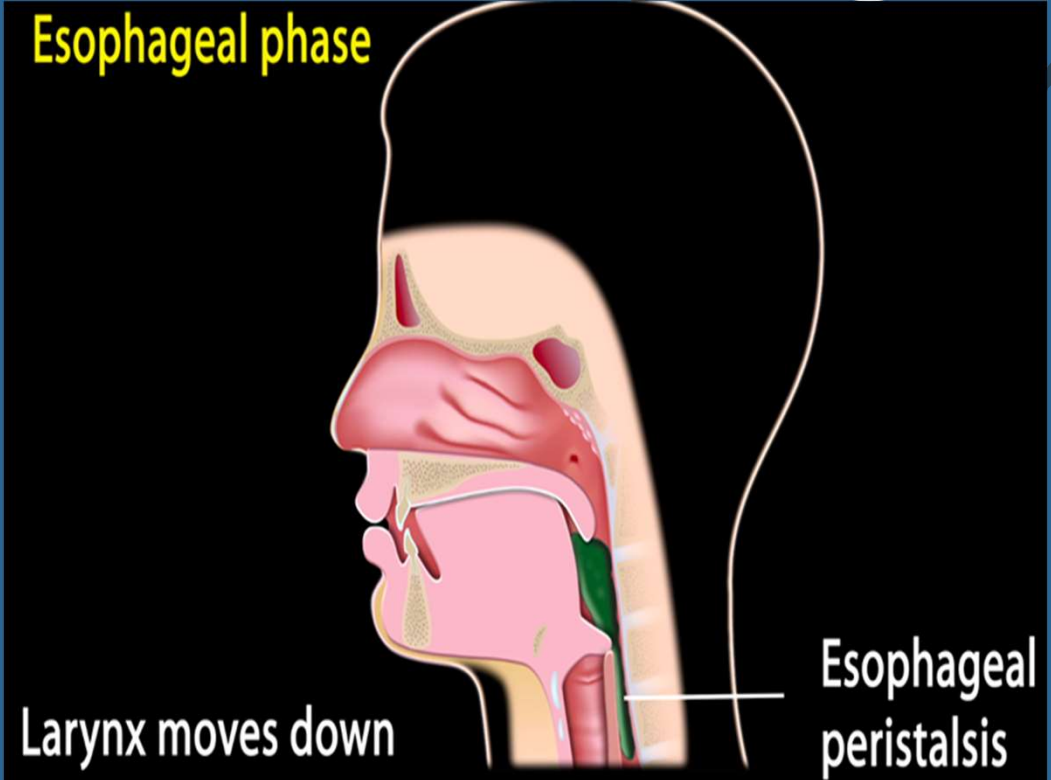


# How Swallowing works

## Pharyngeal phase



## Esophageal phase



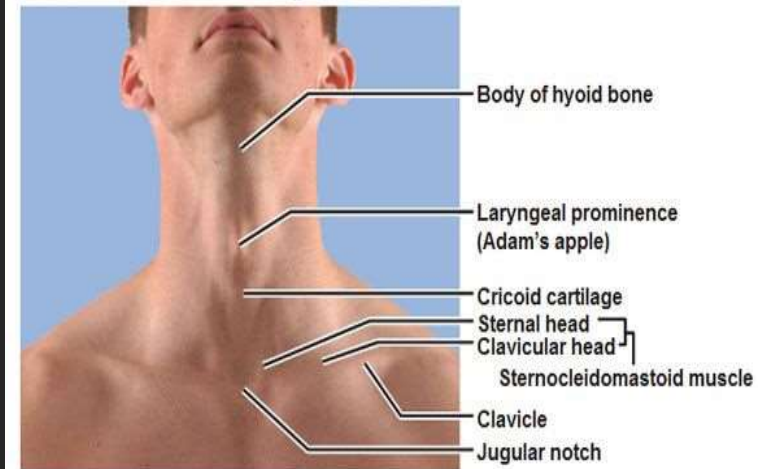
# TRY THIS!

- FEEL YOUR OWN SWALLOW.

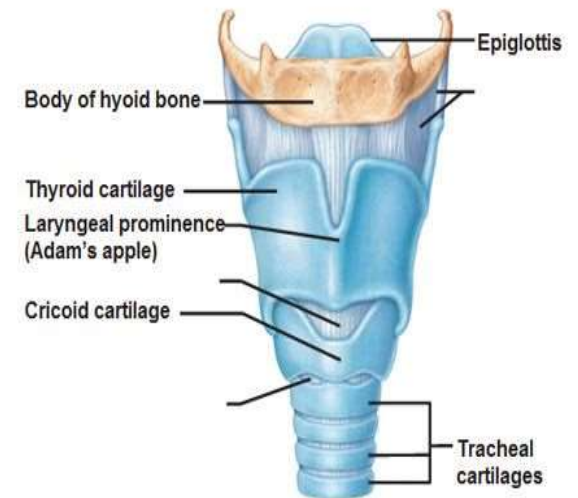
Place your fingers on your Adam's apple, then swallow.

- TRY TO SWALLOW WITH YOUR MOUTH OPEN.

## Larynx = Voice Box



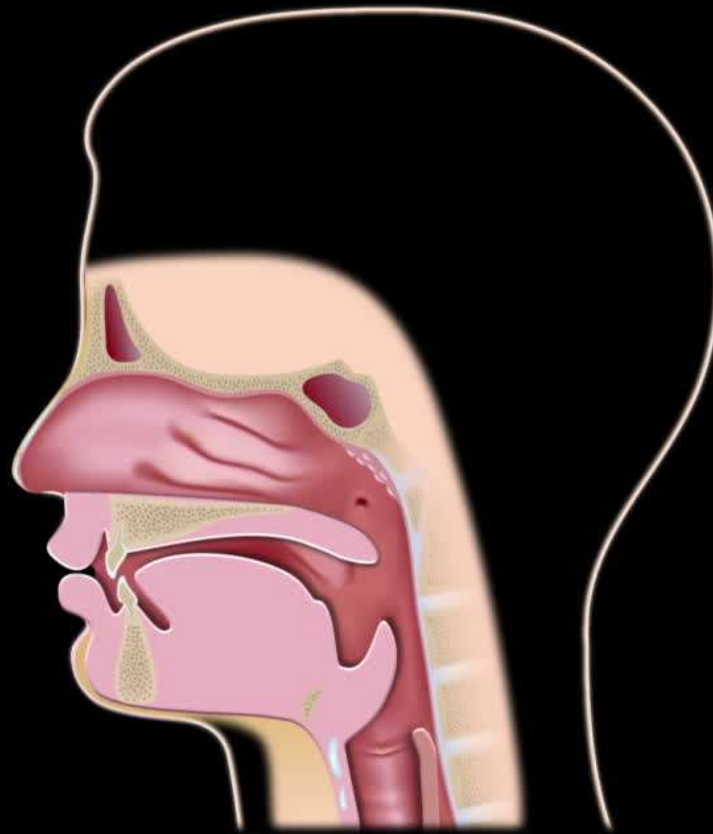
(a) Surface view



(b) Anterior view

# The Three Phases of Swallowing VIDEO

Swallowing



\*No audio

# Standard Feeding Procedures

<p><b>#1 Care plan</b></p> <p>A. Check diet order</p> <p>B. Check for safe swallowing and feeding guidelines</p>	<p><b>#2 Mealtime position</b></p> 	<p><b>#3 Diet order</b></p> <p>Does food/liquid on tray match diet order?</p> 	<p><b>#4 Feeding position</b></p> <p>Sit beside and at eye level with resident</p> <p>View from above</p> 
<p><b>#5 Safe feeding</b></p> <p>A. Use general and/or resident-specific safe swallowing and feeding strategies</p> <p>B. Know what to watch for</p> 	<p><b>#6 Clean mouth</b></p> <p>Clean mouth at least twice per day (morning and evening)</p> 	<p><b>#7 30 minutes</b></p> <p>Stay upright for at least 30 minutes after meals</p> 	<p><b>#8 Report problems</b></p> <p>Report problems to nurse</p> 

APRIL, 2020 WRHA LTC SLP SERVICE

adapted from: Riverview Health Centre Dysphagia Team

## WHO?

Anyone who assists a person with feeding must follow the 8 Standard Feeding Procedures pictured here.

It is your job to know what to do for each step.

## WHY?

Training for staff, volunteers and families is required as part of the WRHA regional policy for Feeding and Swallowing management of Residents in Long Term Care. This increases resident safety while eating.

## WHEN?

The standard feeding procedures can be grouped in three stages: What to do BEFORE the meal; What to do while feeding someone DURING the meal; What to do AFTER the resident has completed the meal.

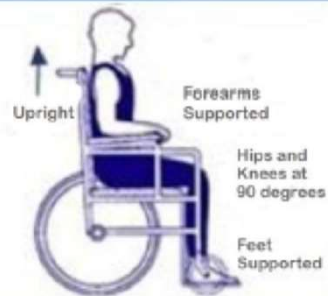
# BEFORE THE MEAL

## #1 Care plan

- A. Check diet order
- B. Check for safe swallowing and feeding guidelines

- Locate the resident's care plan.
- Take note of details such as what diet they should receive.
- Take note of any specific feeding and swallowing strategies.

## #2 Mealtime position



- Make sure the resident is seated in a good position for eating.

## #3 Diet order

Does food/liquid on tray match diet order?



- Check the diet order listed in the resident care plan and compare to what is listed on the food tray received.

# #1

## CHECK THE CARE PLAN

### STANDARD FEEDING PROCEDURE

- Know all the recommendations BEFORE you sit down with the person including:
  - diet texture, whether liquids need to be thickened (if so, how thick?), resident-specific feeding recommendations, helpful cues, needs for set-up of tray, etc..
- Make sure the resident has dentures, hearing aids and glasses on.
- Some residents need a special cup, plate or cutlery.
- Reduce distractions in the room.

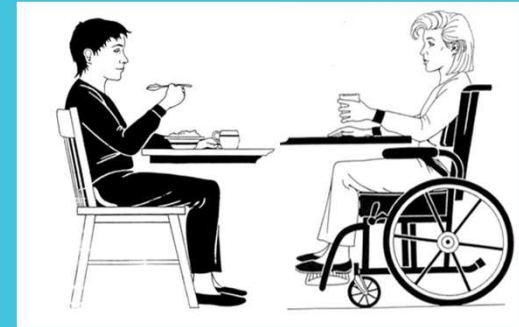
**#1 Care plan**

**A. Check diet order**

**B. Check for safe swallowing and feeding guidelines**

# # 2

## RESIDENT MEALTIME POSITIONING



### STANDARD FEEDING PROCEDURE

- The resident should be seated comfortably in a chair during mealtime.
- Hips and knees should be at a 90 degree angle, with arms, legs, and body supported.
- Avoid standing when feeding someone. This helps the resident not tilt their head back/up to accept a bite of food.
- Encourage the resident to have a nice neutral head and chin position to easily accept food or drinks into the mouth.

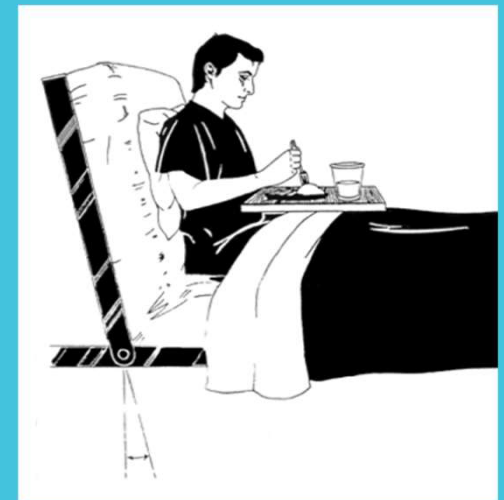


## #2 (con't)

# RESIDENT MEALTIME POSITIONING

### STANDARD FEEDING PROCEDURE

- The resident should NOT eat/drink in bed without direction from the nurse.
- If required to feed in bed, staff may need to boost the resident so they are sitting as upright as possible. Use bed adjustments and pillows (behind the upper back, not the neck and under the knees) to get the right position.





# #3

## DIET ORDER

### STANDARD FEEDING PROCEDURE

- Check that the food and liquid that has been served on the meal-tray matches the diet texture and liquid consistency order.
- Tell a nurse if any items brought on a tray do not match with the order.
- DO NOT give residents items that do not match the diet order.



## DURING THE MEAL

### #4 Feeding position

Sit beside and at eye level with resident

View from above



- Put yourself in the ideal feeding position.

### #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



- Use safe feeding strategies while assisting the resident with their meal.

# #4

## IDEAL POSITION for FEEDING

### STANDARD FEEDING PROCEDURE

- This is YOUR position!
- Sit BESIDE and at EYE-LEVEL with the resident you are helping.
  - This allows you to watch the resident easily.
  - This enhances any conversation and interaction.
- Focus on feeding the resident safely.

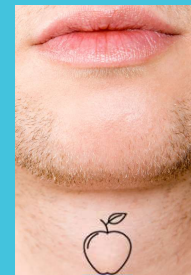


# #5

## A. SAFE FEEDING STRATEGIES

### GENERAL STRATEGIES FOR EVERYONE:


- Ensure the resident is alert and able to participate in the meal.
- Adjust the tray/plate position, as necessary.
- Avoid mixing foods together (unless requested by the resident).
- Use a teaspoon to give small bites. Give small sips of fluids.
- Feed at the resident's pace or slow down if needed.
- Wait and watch for the swallow. You can see this with movement of the Adam's apple.
- There are many other safe feeding and swallowing strategies that may be recommended by the Speech-Language Pathologist (SLP) for a particular resident. Find these in the resident care plan.



**#5 Safe feeding**

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# #5



*Start with a few sips of liquids to help moisten the mouth before giving solid foods.*

## A. SAFE FEEDING STRATEGIES

### RESIDENT SPECIFIC EXAMPLES:

- Alternating sips of fluids after each bite of solids.
- Add extra moisture/gravy to foods so that they are more slippery.
- Place food on stronger side. This would usually be for someone who has had a stroke and has a weak side of the face.
- "Empty spoon technique" which means giving a 'fake' spoonful with NO food on the spoon in order to help cue someone to swallow what is already in their mouth.
- Small sip of fluid to help a person start the swallow reflex when holding food in their mouth.
- NO straws or USE straws as listed in the care plan for the person.
- Set up the tray with items off to one side: This is for someone who experiences difficulty seeing items on one side of their body, or isn't able to see items on one side of the meal tray.
- Swallow with chin down or chin tuck posture.
- Allow sips of thin fluids between meals.
- Cue resident to swallow 2 times per bite.
- Look in mouth at the end of the meal to make sure all is clear.



## THINGS YOU CAN DO:


- Take an interest; talk to the resident.
- Tell them what they are eating: describe the meal/bite that you are giving them.
- Allow the resident to enjoy the different tastes of the foods.
- Involve the resident in conversation.
- Offer choices.
- Avoid negative comments about the food/drinks.
- Do not rush

*enjoy every moment.*

## MAKING THE DINING EXPERIENCE PLEASANT

It is helpful to know the menu items of the day so that you can describe the meal and give choices to the resident you are helping.





Food/liquid  
coming out  
of the  
mouth

Poorly  
chewed  
food or  
difficulty  
chewing


Pocketing  
of food in  
cheeks or  
mouth

Residue on  
the tongue  
or roof of  
mouth

**#5 Safe feeding**

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for




## #5B. WHAT TO WATCH FOR

**IF YOU SEE ANY OF THE FOLLOWING SIGNS OF DIFFICULTY, TELL THE NURSE!**

Pocketing: keeping food in cheeks or other area of mouth and not swallowing it.

Residue: food particles scattered throughout the mouth like on tongue, teeth and roof of mouth.



Coughing or  
throat  
clearing  
while eating  
or drinking

wet  
sounding  
"gurgly"  
voice or  
breathing

Resident  
saying  
something  
"sticking in  
the throat"

Resident  
saying  
something  
"went down  
the wrong  
way"

## #5B. WHAT TO WATCH FOR CONTINUED...

**IF YOU SEE ANY OF THE FOLLOWING  
SIGNS OF DIFFICULTY,  
STOP AND TELL THE NURSE!**





## #5B. WHAT TO WATCH FOR CONTINUED...

### CHOKING

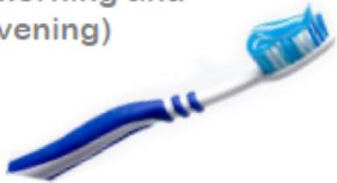
- Look of panic
- Gaspings
- Difficulty breathing
- Lips turning blue
- Hands move to the throat area

**Stop feeding immediately and  
call the nurse!**

## AFTER THE MEAL

### #6 Clean mouth

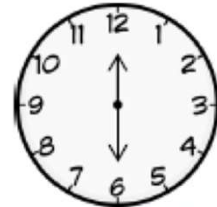
Clean mouth at least twice per day (morning and evening)



- Encourage or help the resident clean their mouth after the meal is done.

### #7 30 minutes

Stay upright for at least 30 minutes after meals



- Keep resident in the upright seated position for 30 minutes.

### #8 Report problems

Report problems to nurse



- Report any problems or concerns to the nurse.

# #6

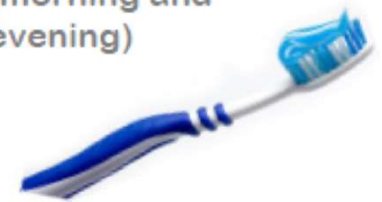
## CLEAN MOUTH

### STANDARD FEEDING PROCEDURE

- Check to make sure the resident's mouth is clear at the end of the meal.
- If there is food or food residue give cues to encourage the resident to empty the mouth.
- If unable to clear the mouth, tell the nurse.

### #6 Clean mouth

Clean mouth at least twice per day (morning and evening)

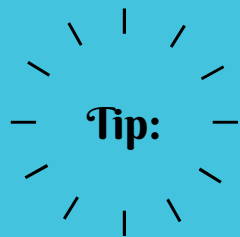


# #7

## 30 MINUTES

### STANDARD FEEDING PROCEDURE

- Keep the resident in an upright position for at least 30 minutes after eating.
- This helps reduce the risk of aspiration from reflux (heartburn) or food/fluid that may remain in the throat.
- This helps in digestion, especially for those who have reflux.



**Tip:**

*Aspiration refers to food/fluids/saliva entering the "wrong" tube and goes into the lungs.*

**#7 30 minutes**

Stay upright for at least 30 minutes after meals

A clock face with the hour hand pointing to 12 and the minute hand pointing to 6, indicating 30 minutes past the hour.

# # 8

## REPORT PROBLEMS

### STANDARD FEEDING PROCEDURE

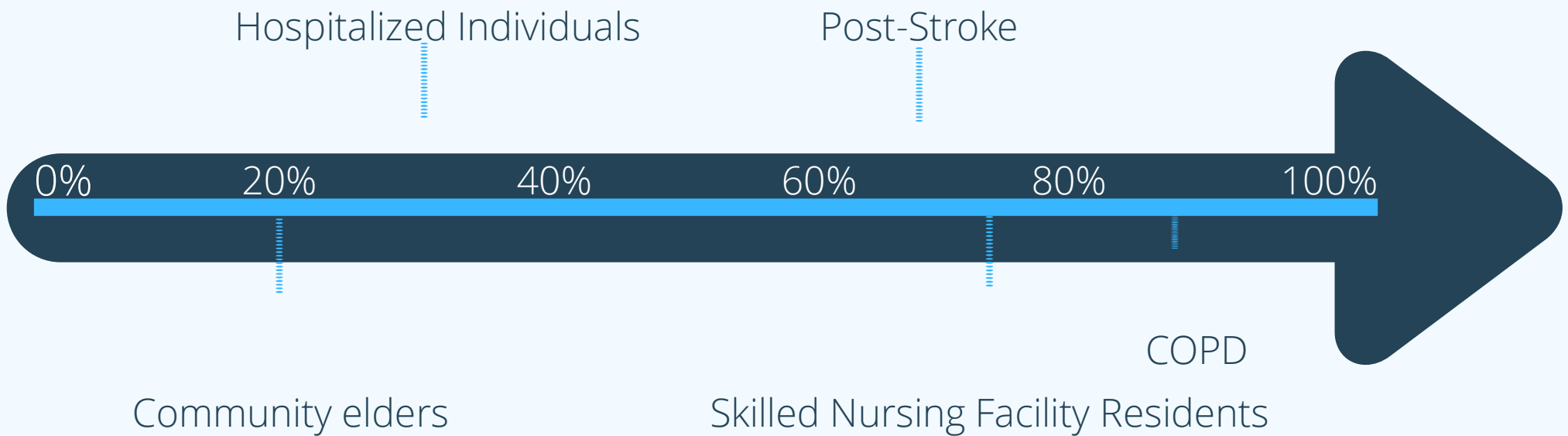
- Tell the nurse if you notice the following:
  - That the diet texture served does not match the care plan.
  - That the resident is positioned poorly.
  - Any signs that the resident is having difficulty managing food or liquids.
  - That the resident's mouth is not clear at the end of the meal.





ANY QUESTIONS ABOUT THE 8 STANDARD  
FEEDING PROCEDURES?

# PREVALENCE OF DYSPHAGIA



Sura et al., 2012  
Cichero, 2013  
Garcia-Peris, 2007  
Good-Fratturelli et al., 2000  
Bhattacharyya N, 2014

Source: adapted from presentation by Lisa Evangelista ,  
June 2020 Stanford Swallowing Disorders awareness virtual symposium.

# ASPIRATION AND PNEUMONIA



*Aspiration* : the act of inhaling fluid or a foreign body into the bronchi and lungs.

*Pneumonia*: an acute disease of the lungs, caused by **bacterium**.\*

*Aspiration pneumonia* : an infectious **process** caused by the inhalation of oropharyngeal secretions (food, liquid, or gastric contents) that are colonized by pathogenic bacteria (Marik, 2001)



# Risk factors for aspiration pneumonia

## Poll Question

# PNEUMONIA RISK FACTORS

Langmore et al., 1998



*Dysphagia is an important risk factor but may not be sufficient to cause pneumonia without other factors (Langmore, 2002)*

## Medical Status

- COPD
- GI disease
- multiple diagnosis
- polypharmacy

## Functional Status

- Dependence for oral care
- Dependence for feeding

## Dental Status

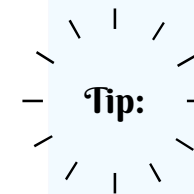
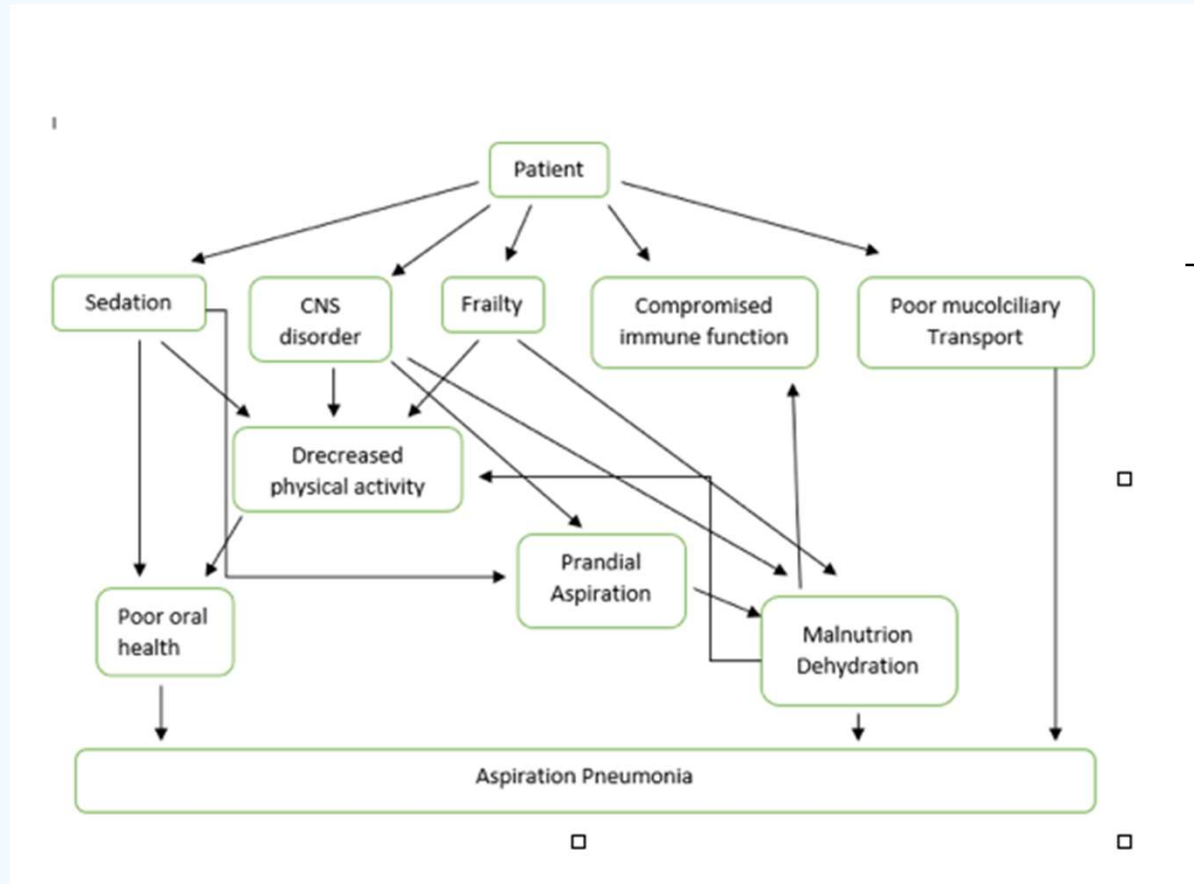
- Decayed teeth
- Edentulous
- Oral hygiene

## Swallowing Status

- Feeding tube
- Dysphagia

Source: adapted from presentation by Lisa Evangelista, June 2020 Stanford Swallowing Disorders awareness virtual symposium.

# ASPIRATION PNEUMONIA - NOT A DIRECT PROCESS!

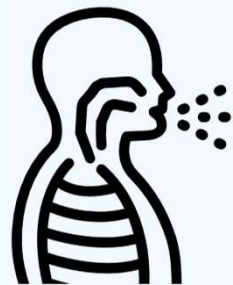


*A SLP specializes in assessing complex factors and risk of aspiration through clinical and instrumental swallow assessments.*

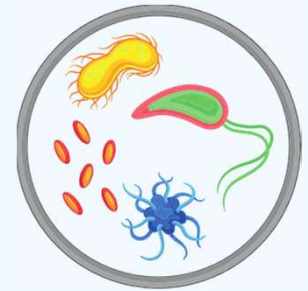
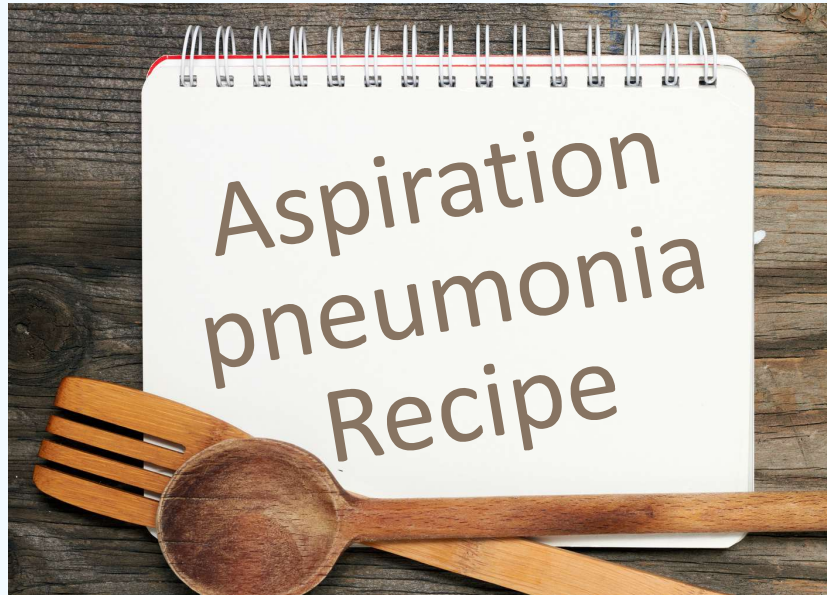
Image from "Aspiration Pneumonia: The more we learn the less we know" , Dysphagia Cafe, Sept 17, 2020 author Ed Bice



1 cup  
compromized  
host resistance



dash of  
aspiration of  
food/fluids or  
saliva



$\frac{1}{2}$  cup altered  
oral microbiome  
- dry mouth,  
- poor mouth  
care  
- decayed teeth



# WHAT CAN YOU DO TO REDUCE ASPIRATION RISK?



✓ improve oral care



✓ refer for further assessment



✓ reflux management



✓ optimal positioning



✓ standard safe feeding practices

# BENEFITS THICKENED FLUIDS

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## Benefits

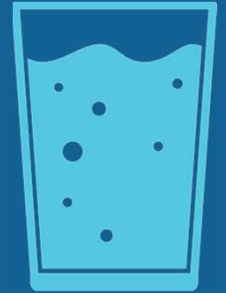
- Thick fluids DO reduce risk of aspiration in some cases
- Thick fluids may be easier to swallow and to take by some residents
- Can improve quality of life in situations such as at end of life

# RISKS OF THICKENED FLUIDS

- may not prevent aspiration
- may increase risk of aspiration
- increase pharyngeal residue
- increase risk of pneumonia
- increase severity of illness
- may damage lungs
- increase risk of dehydration
- reduce quality of life



# Decision making



Comprehensive assessments

Consider all interventions

Weigh risks/benefits of each intervention option

Informed decision making

Resident specific care planning



# COVID AND DYSPHAGIA

HEALTH | News

## The speech pathologists helping COVID-19 patients learn how to swallow and speak again

 Alexandra Mae Jones CTVNews.ca writer  
@AlexandraMaeJ | Contact

Published Monday, February 22, 2021 4:24PM EST



Avital Winer, a speech-language pathologist, is pictured in this handout photo at work in a hospital in Ottawa.

SHARE:       

TORONTO — One of the main tools used in hospitals during the pandemic has been the ventilator, a machine that supports the breathing of those battling a severe case of COVID-19 — but after weeks or months on a ventilator, recovering patients can struggle to swallow, eat, drink or even to speak.

That's where speech-language pathologists come in, fulfilling an essential, but little-known role in the frontline response to this pandemic.

Avital Winer is a speech-language pathologist who works with The Ottawa Hospital, and has firsthand experience supporting COVID-19 patients in their recovery process, walking them through simple processes like drinking water again without a tube in their throat.

"Eating and drinking is so fundamental to who we are as social creatures," she told CTVNews.ca by email. "It can be hard to imagine what it's like not to be able to swallow a

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HEALTH VIDEOS



Families want answers on mysterious brain disease in N.S.



*"The experiences of long-haulers [people with long Covid] underscore the importance of SLPs' work helping patients with cognitive, communication, and swallowing concerns" - Tami Altschuler, SLP*

Cutter, M. (2021, March 5). COVID Long-Haulers: An End in Sight? ASHA. <https://leader.pubs.asha.org/doi/10.1044/leader.FTR1.26032021.42/full/>

Sheehy, L. M. (2020). Considerations for Postacute Rehabilitation for Survivors of COVID-19. *JMIR Public Health and Surveillance*, 6(2). <https://doi.org/10.2196/19462>

# DYSPHAGIA MANAGEMENT IS COMPLICATED



## Team collaboration

- Every member of the care team (SLP, OT, RD, Nursing, HCA) including the resident and family give valuable input.



## Balance of risks and benefits

- Aspiration/choking risk
- Nutrition/dehydration risk
- Quality of life



## **THANK YOU!**

You are an important part of the resident's life and play an important role in helping them enjoy their meal safely and helping them manage their dysphagia!

# Contact the SLP team

## **WRHA LONG TERM CARE SLP SERVICES**

Deer Lodge Centre

## **SECRETARY PHONE NUMBER**

204-833-1849

## **CONTACT YOUR SLP DIRECTLY!**

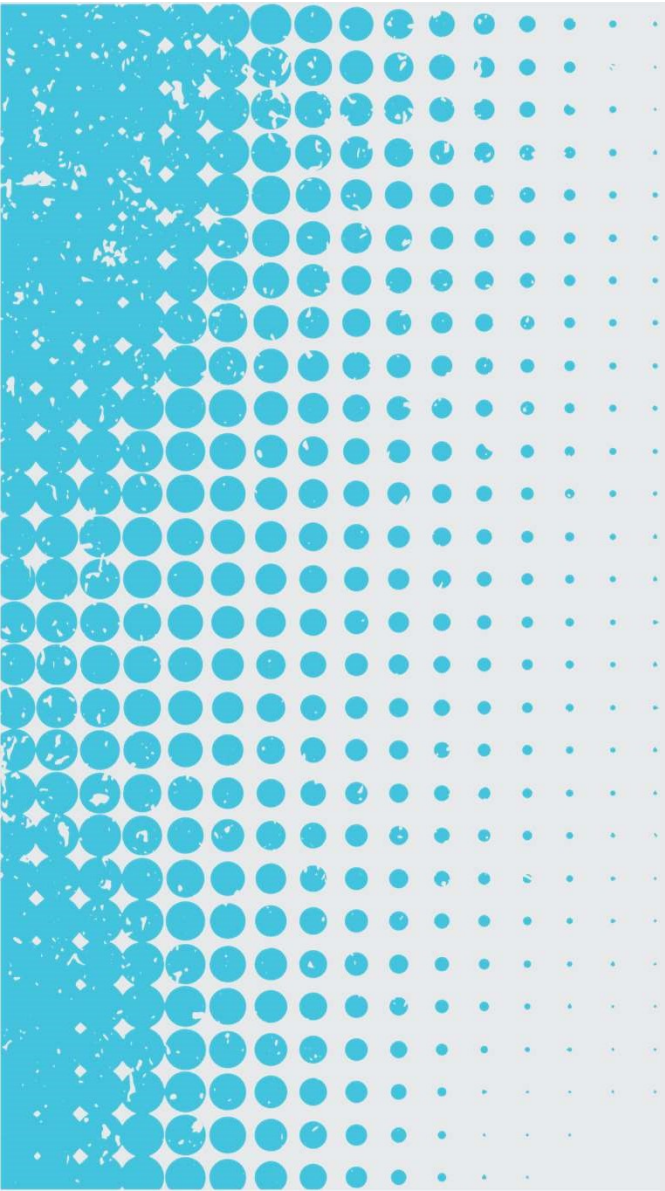
Sydney Pahl 204-797-5250

Monique Piatt 204-771-7694

Lexa Ramsey-Bergmann 204-806-6459

Kelly Tye-Vallis 204-771-0141





**BREAK TIME**  
**BREAK TIME**  
**BREAK TIME**  
**BREAK TIME**  
**BREAK TIME**  
**5 MIN**



**TEST YOUR  
LEARNING**

**QUIZ QUESTIONS**