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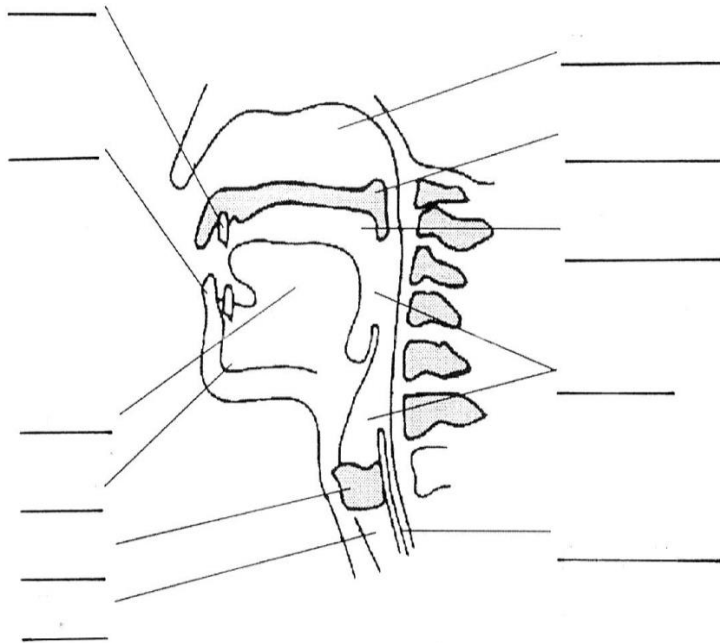
THE BRAIN, THE BODY, AND YOU: SWALLOWING, FEEDING AND ORAL CARE



Objectives

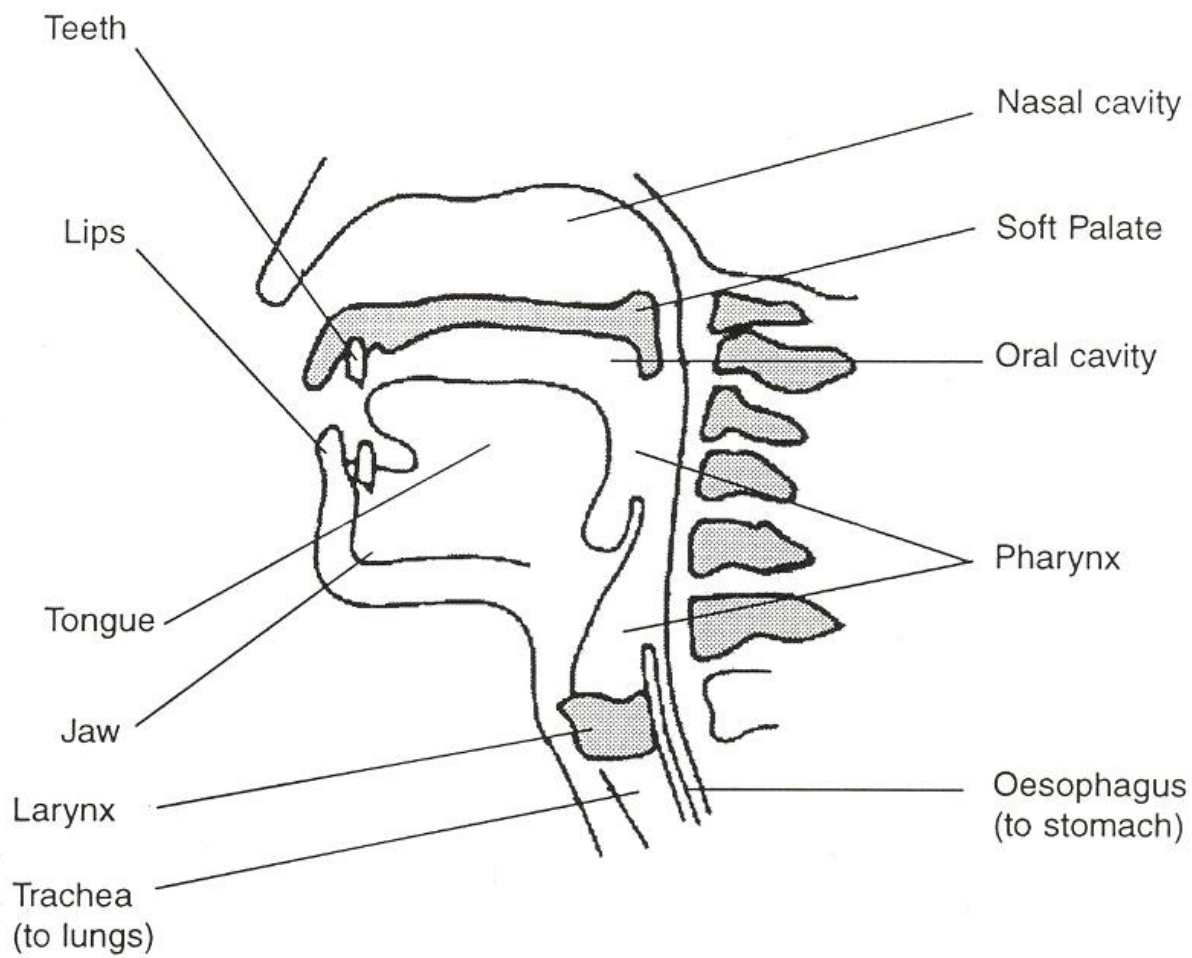
- Identify the structures used in swallowing and their functions
- Watch videos and reflect
- Understand the effect of a stroke on swallowing
- Identify professions and roles on the interprofessional team
- Learn warning signs of swallowing problems
- Be aware of common special diets and care plans
- Learn safe feeding techniques
- Understand the importance of mouth care practices

Swallowing structures and anatomy

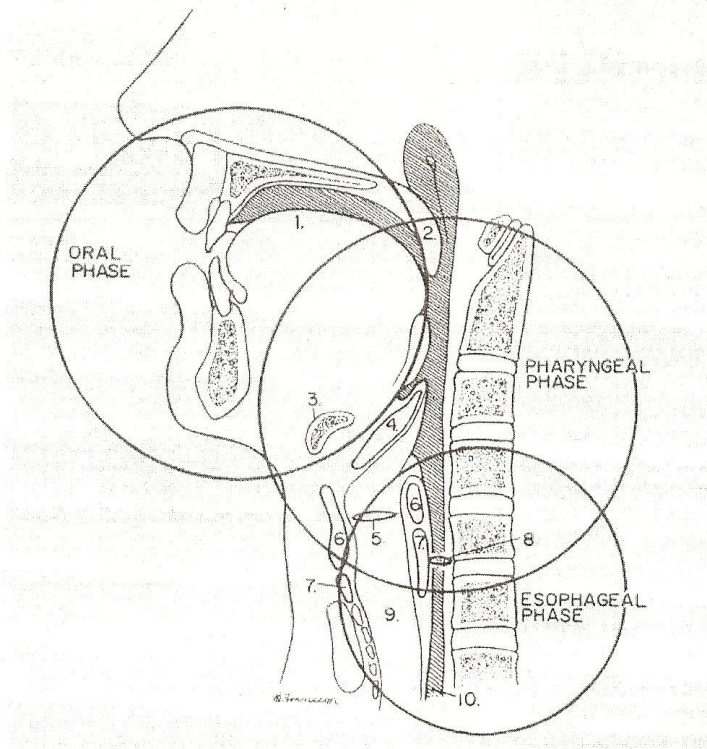


Label the following structures:

- trachea
- teeth
- oral cavity
- jaw
- esophagus
- larynx
- soft palate
- tongue
- nasal cavity
- lips
- pharynx

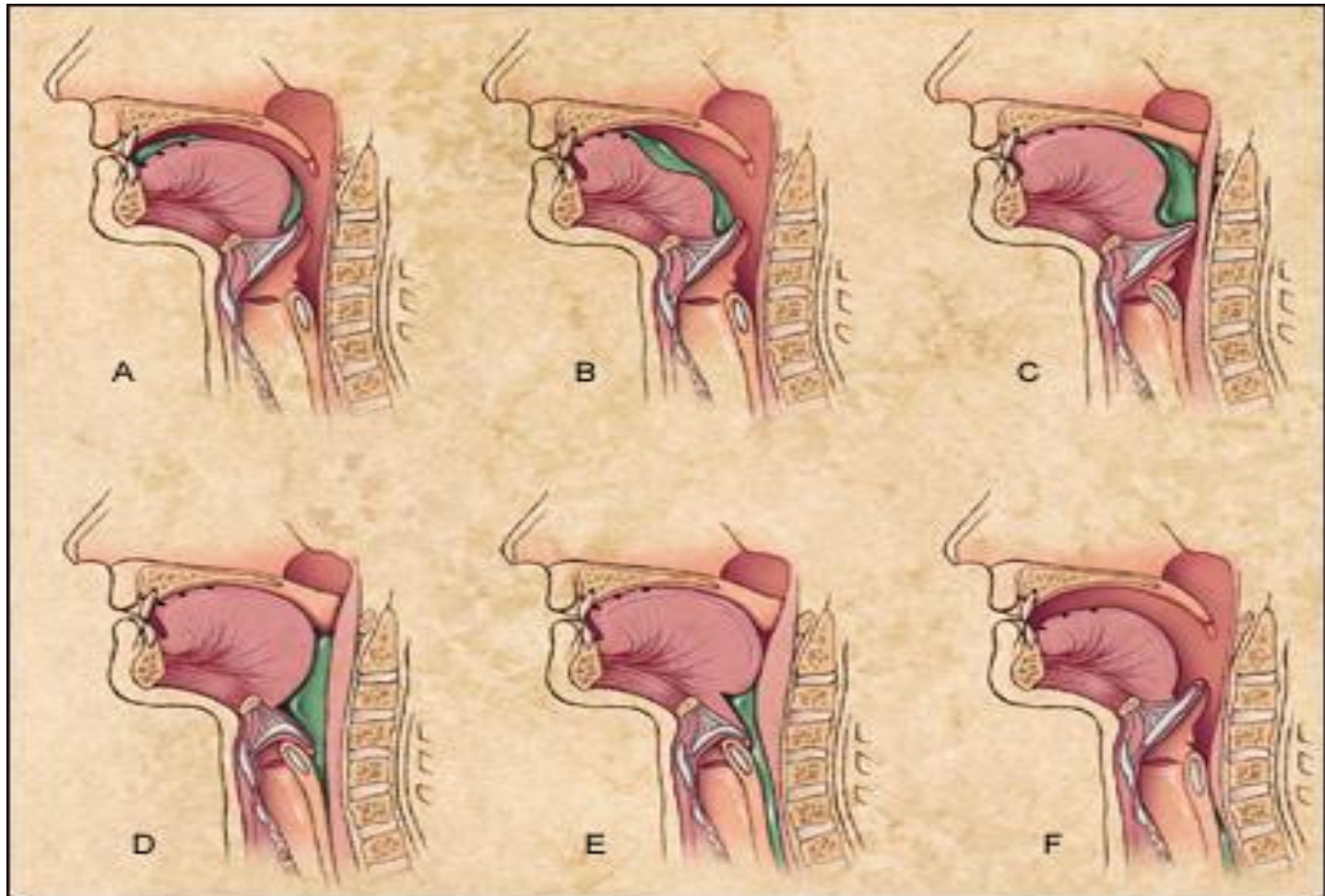


Phases of Swallowing



- Oral Phase
- Pharyngeal Phase
- Esophageal Phase

Normal Swallow



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Video of Regular Swallow

- <https://www.youtube.com/watch?v=YQm5RCz9Pxc>
 - 2min30secs
- <https://www.youtube.com/watch?v=adJHdrQ4CRM>
 - 1 min

Try this

Swallow the saliva in your mouth now

Try it again

Now do it again

How about once more?

What's happening?

Effective Swallowing

Complex neuromuscular process

Sensory input

Motor activities

- Feeding
- Swallowing

Factors Affecting Swallowing

- Motor control
- Sensory integrity
- Communication
- Cognition
- Salivary flow
- Taste and temperature sensitivity
- Respiratory status
- Level of alertness
- Appetite
- Behaviours

Dysphagia

- “dis-FAY-ja”
- dys=difficulty; phagia=to eat
- Refers to a disturbance in the normal transfer of food from the mouth to the stomach
- Affects ~50% of stroke survivors

<https://www.youtube.com/watch?v=adJHdrQ4CRM>

1 minute

3 MINUTE PAUSE 😊


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What
would it
feel like?



Swallow: A Documentary - Dysphagia
Nov. 23, 2011 NFOSD Team

<https://www.youtube.com/watch?v=MrbEUDO6S5U>

- 10 mins

Complications of Dysphagia

- Aspiration (pneumonia, choking)
- Dehydration
- Malnutrition
- Emotional/social isolation
- Changes to quality of life
- Increased length of hospital stay
- Placement decisions

Think
about it...

What are the challenges and successes YOU have faced in your workplace?

- Swallowing
- Feeding
- Oral Care

The Interprofessional Dysphagia Team

Speech-Language Pathologist

Registered Dietitian

Physician

Nursing (RN, RPN)

Personal Support Worker

Developmental Support Worker

Occupational Therapist

Stroke survivor, family and care providers

What is YOUR role

- You are KEY in identifying swallowing problems in your patients
- YOU can help actively contribute to:
 - IDENTIFICATION of swallowing problems
 - SAFE FEEDING PRACTICES
 - QUALITY OF LIFE

Dysphagia Screening

Identifies the presence or absence of dysphagia

Identifies risk of complications of dysphagia

What is your role?

- Listen
- Observe
- Listen some more...

Canadian Stroke Best Practice Recommendations

- NPO until swallowing screening completed, including medications
- Swallowing screen should occur asap using a validated screening tool
- Anyone showing signs and symptoms of difficulty swallowing should be kept npo and report to the appropriate registered staff
 - advise on swallowing management and consistency of food and liquids

Canadian Stroke Best Practice Recommendations cont.

- A patient's clinical status can change in the first hours following a stroke or TIA
- Patients should be closely monitored for changes in swallowing ability following initial screening

Warning Signs of Swallowing Problems

- Drooling
- Trouble chewing
- Long time to eat and swallow
- Several swallows for one bite
- Food residue in mouth/pill stays in the mouth
- Throat clearing
- Coughing or gagging
- Wet, “gurgly” voice
- Complaints of pain, “something sticking”

Sometimes...

...There are no signs at all!



Dysphagia Management

- Based on history, assessment findings and prognosis
- Objectives:
 - Protect airway from obstruction (choking)
 - Reduce chance of food or fluid entering the lungs (aspiration)
 - Maximize oral care, nutrition and hydration
 - Monitor medication swallowing ability
 - Maximize quality of life

Swallowing Care Plan

- Oral care and hand hygiene
- Positioning
- Food/fluid texture
- Adaptive equipment
- Communication strategies
- Behaviour management
- Compensatory strategies
- Safe feeding techniques
- After-meal care



Common Special Diets

- **Solids:**
 - Puree
 - Minced
 - Regular Soft
- **Fluids:**
 - Thickened fluids (nectar, honey, pudding)
- **Breads:**
 - No bread products
 - Crustless, buttered
- **Other:**
 - No dry particulates (cookies, pie crust)
 - No mixed consistencies
 - High moisture

Safe Feeding Strategies: Preparing for Feeding

- KNOW YOUR PATIENT
- Minimize distractions
- Eye glasses, hearing aids and dentures in place
- Get the person up and out of bed whenever possible
- Body position:
 - Upright, 90 degrees
 - Support the legs & body in bed (pillows)
 - Head in midline, slightly flexed forward
- Sit at eye-level or below
- Oral care

Mouth and Dental Care

- Oral Hygiene
 - To remove plaque from teeth, dentures, roof of mouth, tongue and cheeks
 - Especially before 1st and after last meal
 - Check for food residue, pocketing
 - Assist the client as required in care plan

Oral Care Tools

Soft or electric
toothbrush

Alcohol-free
mouthwash

Denture brush or
soaking fluid

Toothettes are
NOT effective –
plaque is the
ENEMY!

Safe Feeding Strategies

- Introduce what they are eating
- Follow recommendations
 - e.g., turn to left/right, diet modifications
- Small amounts (maximum 1 level teaspoon)
- Slow rate
- Wait and watch for swallowing before next bite
- Check mouth after pills are provided ('chaser')
- Chat between swallows not during
- Remain upright for 60 mins after meals

Video: Safe Feeding Strategies

- Guide to feeding someone with dysphagia, Nestle
 - <https://www.youtube.com/watch?v=p-8SU4xgilo>
 - 2 mins

Remember...

Be aware of your impact!

- Do not call attention to food textures that are undesirable to you



Make Feeding Safer for Residents with Dysphagia

Make Feeding Safer



Over **50%** of the residents in your home have swallowing or feeding problems. People with stroke are at increased risk of swallowing problems.

Those with swallowing problems are at risk of:

- pneumonia
- malnutrition
- dehydration
- weight loss
- social isolation



What to listen for

- Wet, gurgly or phlegmy sounding voice
- Throat-clearing
- Coughing or choking
- Resident complaining of:
 - a 'lump in my throat'
 - throat 'feels tight'
 - something 'sticking in my throat'
 - heartburn

If you notice a change in a resident's eating or swallowing, it should be reported to the team



What to look for

- Pocketing food or medication in mouth or cheek
- Spitting out food
- Drooling
- Problems chewing
- Repetitive swallowing
- Shortness of breath after meals
- Taking longer to eat
- Losing interest in food or leaving food on plate
- Feeling anxious about meal times

Keys to Successful Feeding



- Oral care before and after eating
- Minimize distractions
- Make sure resident is sitting up at 60° to 90° angle and that the resident's head is not tipped back
- Position yourself at eye level
- Get resident up in chair to eat whenever possible
- Use assistive devices when required
- One type of food at a time

- Cue to look at whole plate if food is being missed
- Give one level teaspoonful of food or fluid at a time
- Check for complete swallowing after each spoonful
- Remind resident to keep swallowing, cough to clear throat and use tongue to clear food
- Check if food is left in mouth

Food for thought



- Encourage residents to accept the food textures. Be positive. What you say does make a difference
- Special diet textures include **pureed and minced** foods
- Popsicles, ice cream, liquid supplements and milkshakes are **not considered thickened fluids**

Oral Care



A clean mouth and teeth are essential to comfort and good health. Gum disease, bacteria and particles in the mouth can lead to stroke, heart disease, pneumonia, and infections.



DO NOT USE...

- Oral swabs because they do not clean the mouth properly
- Alcohol-based mouthwashes as they dry and irritate the mouth
- Toothpaste or mouthwash if resident is at risk of aspiration

If you notice a change in a resident's eating or swallowing, it should be reported to the team

For More Information Go To: Heart & Stroke Foundation of Canada (2015) Taking Action for Optimal Community and Long Term Stroke Care (TACLS) [Link](#)

DO...

- Provide oral care **before and after meals, each morning and at bedtime**
- Provide assistance with brushing mouth, teeth and dentures
- Check for **pocketing** of food and medications
- Use a **soft toothbrush**

STROKE NETWORK of Southeastern Ontario

