

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

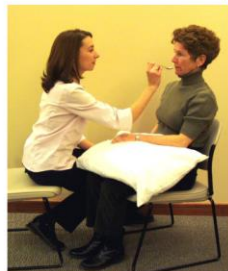
If you notice a change in a resident's eating or swallowing, it should be reported to the team



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: www.strokenetworkseo.ca



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



For more information and resources on stroke best practices, please contact:
 Kayla Purdon, Regional Community & LTC Coordinator, Stroke Network of Southeastern Ontario
 (613) 549-6666 x 6867 email: kayla.purdon@kingstonhsc.ca

