

**DYSPHAGIA and NUTRITIONAL SUPPORT POLICY
 FOR THE MANAGEMENT OF IN-PATIENTS IN
 COMMUNITY HOSPITALS AND MENTAL HEALTH UNITS**

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Relevant Staff Group/s:	All clinical staff working with in-patients in Community Hospitals and Mental Health Units, including Hotel services and prison staff

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DOCUMENT CONTROL

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Committee / Group Consulted: Community Hospital best practise group, nutrition steering group, dietetics service, Speech and Language Therapy Service, Hotel Services, Somerset Primary Care Dental Service, Medicines Management Service			
Monitoring arrangements and indicators: Clinical audits, complaints monitoring incident reports and investigations.			
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1. INTRODUCTION

- 1.1 This policy details the process involved in gathering, evaluating and documenting information to identify individuals who are admitted to community hospitals and mental health units and who are identified as having swallowing difficulties. These individuals may be at risk of choking and are at risk of developing malnutrition. They may also require nutritional support.
- 1.2 Adherence to the policy will ensure that all community hospital and mental health unit in-patients receive the correct management of their dysphagia and nutritional needs from admission through to discharge. It outlines the procedures that must be followed, details the responsibilities and duty of care of staff and the training and competencies required. The policy promotes 'best practice' and adherence to this policy is expected by staff at all times.

2. PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to provide clinical guidelines for the safe and effective management of community hospital and mental health in-patients with dysphagia and nutritional support needs.
- 2.2 The policy aims to ensure the correct procedures are followed in the management of community hospital and mental health unit in-patients referred for a dysphagia assessment and for nutritional support.
- 2.3 The policy aims to ensure that all appropriate staff are informed and involved as a multidisciplinary approach is essential to ensure the optimum level of care required to manage these patients is given.
- 2.4 The policy aims to ensure that family and carers are appropriately involved and informed about the patient's swallowing difficulties and associated nutritional support needs.

3. LEGAL REQUIREMENTS

Consent and Capacity

- 3.1 Patients have a legal and ethical right to determine what happens to them. The main purpose of seeking consent is to protect and respect the patients' autonomy and individual rights, whilst ensuring medical accountability, involving the patients and carers in all aspects of their care. Every reasonable adjustment will be made to enable this to happen.
- 3.2 The Somerset Partnership Consent and Capacity to Consent to treatment policy sets out standards and procedures that define 'consent' between patients and health professionals providing treatment.
- 3.3 Consent may be indicated non-verbally, orally or in writing. For consent to be valid the patient must:
 - Have capacity to make a decision

- Have received sufficient information to enable him / her to make an informed choice, given in accessible format. This may include professional translation and interpreting.
 - To be free from duress when making decisions.
- 3.4 It is essential that all healthcare professionals clearly document assessments, patient's wishes and preferences and the decisions made.
- 3.5 If the patient is identified as lacking capacity, service providers have a duty to support them so that they can make their own decisions about the care they receive. People needing such support may include people with severe and enduring mental illness, dementia, people with learning disabilities and people at the end of a terminal condition (Mental Capacity Act 2005).
- 3.6 A person is assumed to have capacity unless it is proved otherwise.
- 3.7 If there is any doubt about an individual's capacity the Consent and Capacity to Consent policy / procedure must be followed.

4. DUTIES AND RESPONSIBILITIES

Trust Responsibilities

- 4.1 The Trust **Chief Executive** has overall accountability for the effective and safe operation of the Trust, ensuring the safety and well-being of service users and others are taken fully into account at all times.
- 4.2 Trust **managers** are responsible for ensuring all their staff are fully aware of this policy and for making sure they follow it at all times.
- 4.3 The **Nutrition Best Practice Group** will receive a report from the Adult Speech & Language Therapy Service detailing audit results and Trust compliance.
- 4.4 Recommendations from the **Best Practice Group** will be discussed at the **Clinical and Social Care Effectiveness Group** and any areas of concern will be escalated to the **Clinical Governance Group**.
- 4.5 The following details the duties and responsibilities expected from the multidisciplinary team. The team will be involved in the management of community hospital and mental health unit in-patients referred for dysphagia assessment and for nutritional support. The team has a collective responsibility to work together to identify the patient's specific needs and to develop a plan of care to meet those needs.
- 4.6 **All staff** have the responsibility to ensure that in-patients with dysphagia are treated safely using best practise and to follow the procedures set out in this policy. They have a duty to report immediately any adverse events in relation to patients with dysphagia e.g. the provision of the incorrect texture modified meal or fluid.

Registered Nurse Responsibilities

- 4.7 The registered nurse admitting the patient to the ward must ensure a full assessment is completed and recorded in the patient's multidisciplinary health record. The multi-disciplinary assessment record includes assessments from the health care professionals who may be involved in the patients care. Any care needs identified must be recorded in the care plan. If this identifies the patient has swallowing problems (dysphagia), they will require immediate referral to the Speech and Language Therapy Service, clearly outlining the care needs identified. All registered nurses have a responsibility to ensure that the Speech and Language Therapy referral is written, placed on the patient's health records, and telephoned through to the Speech and Language Therapy Service. The in-patient referral form is attached (see Appendix 1).
- 4.8 All registered nurses have a responsibility to carry out patient care for a patient with dysphagia as advised by the Speech and Language Therapy assessment, and identified in the bedside swallowing advice poster.
- 4.9 Where a supervision need has been identified all registered nurses have a responsibility to ensure patient care is carried out in accordance with that advice. When a patient has been assessed as requiring thickened fluids to enable safe drinking and the patient is identified as requiring supervision, they should not be left with un-thickened drinks within reach.
- 4.10 If care is delegated to a health care assistant, the registered nurse must ensure they are capable and competent to carry out that delegated duty.
- 4.11 All care given to the patient must be clearly documented in the multi-disciplinary evaluation record.

Ward Sister/Ward Manager Responsibilities

- 4.12 Ward Sisters/Managers must ensure all ward staff are trained in dysphagia awareness and understand the principles of managing patients with dysphagia.
- 4.13 Ward Sisters/Managers must ensure that the dysphagia resource information folder and poster is accessible to all staff and that it is included in new staff induction onto a ward in community hospitals and mental health units.

Community Hospital/Mental Health Unit Matron/Ward Manager Responsibilities

- 4.14 The community hospital matron and mental health unit ward manager have a responsibility to ensure that the wards and nursing teams have in place the necessary systems and processes required to ensure the safe management of in-patients diagnosed with dysphagia.
- 4.15 They will ensure that any new advice or update to policy, procedure and change to operational policy is cascaded and implemented immediately.

Speech and Language Therapy Responsibilities

- 4.16 Receipt of a referral the Speech and Language Therapy Service will contact the referring ward to discuss the referral, to prioritise and to confirm when the patient will be seen. Referrals will usually be seen within two working days.
- 4.17 Before working with dysphagic patients, Speech and Language Therapists will have provided evidence to their line manager of completion of specific dysphagia competencies, as indicated by their professional body, Royal College of Speech and Language Therapists.
- 4.18 As with all interventions provided by the Speech and Language Therapy service, staff must hold appropriate, recognised qualifications and be considered competent to deliver the service safely.
- 4.19 The Speech and Language Therapist will assess dysphagia within their scope of professional practice, if they decide the patient has a complex dysphagia, they will contact a specialist Speech and Language Therapist to agree an urgent assessment of the patient's swallowing problems.
- 4.20 If the swallowing problem arises out of hours (currently Speech and Language Therapists work from Monday to Friday), the doctor on call will need to make the decision if the patient's dysphagia is severe and needs an urgent transfer to an Acute Trust.

Dietetic Service Responsibilities

- 4.21 On referral to the dietetics service, the dietitian will check if the patient has any identified problems with eating drinking and / or swallowing.
- 4.22 All patients with problems with swallowing should be referred to the Speech and Language Therapy Service for an assessment. The dietitian will confirm that referral has been made for these patients and if not will request a Speech and Language Therapy assessment urgently. The dietitian is unable to advise on the diet of these patients until a Speech and Language Therapy assessment has been carried out and documented.
- 4.23 Patients referred to dietetics will be seen, assessed and have a nutritional care plan in place within 7 days of receipt of referral.

Hotel Services Responsibilities

Provision of Food

- 4.24 A range of texture-modified meals are available to enable patients with swallowing difficulties (dysphagia) to consume the nutrients required. These are available on a daily basis in each of the community hospitals and mental health units. These will take account of patients cultural and religious needs.
- 4.25 There are also texture-modified snacks available. These options give patients the opportunity to eat healthy and nutritious sandwiches and cakes to sustain them between meals or can be used as a lighter evening meal option.

Pharmaceutical Service Responsibilities

- 4.26 Following a diagnosis of dysphagia it may be necessary to change the form in which medications are given. A pharmacist or prescriber should always be consulted as changes to the amount of medicine or how often it is given may need to be made.

Group Responsibilities

- 4.27 The Nutrition Best Practise Group will monitor the speech and language therapy audit results and provide recommendations to the Clinical and Social Care Effectiveness Group.
- 4.28 The Clinical and Social Care Effectiveness Group will escalate any areas of concern to the Clinical Governance Group.

5. MULTIDISCIPLINARY PROCEDURES

Registered Nurses

- 5.1 Following admission to the ward the registered nurse will monitor patients identified as suffering from dysphagia.
- 5.2 If the swallowing problem arises out of hours (currently Speech and Language Therapists work from Monday to Friday), the doctor on call will need to make the decision if the patient's dysphagia is severe and needs an urgent transfer to an Acute Trust.
- 5.3 The registered nurse will ensure that any changes in the patient's swallowing status are noted on a daily basis either improvement or deterioration. Signs of deterioration in their swallowing or evidence of aspiration are reported promptly to the patient's doctor and to the Speech and Language Therapy Service.
- 5.4 Good oral hygiene is an important part of patient care and it should not be assumed that patients who cannot swallow do not require mouth care. Good oral hygiene needs to be maintained in all patients, including those with dentures, ensuring that dental plaque and any debris are removed and pathogenic organisms are not allowed to proliferate in the mouth. This will help prevent oral and dental disease and reduce the risk of aspiration pneumonia.
- 5.5 A pea-sized amount of high-fluoride (at least 1450ppm) toothpaste should be used, on a small-headed dry toothbrush. No water should be used on the brush (to reduce foaming). After brushing, any excess toothpaste in the oral cavity should be wiped with a gauze square.
- 5.6 Any concerns raised by patients (or relatives) concerning dysphagia, must be reported to the nurse in charge.
- 5.7 All care given to the patient must be clearly documented in the multidisciplinary evaluation record and any care changes documented in the patient's care plan.

Speech and Language Therapy Service

- 5.8 The Speech and Language Therapist will assess and make a differential diagnosis and, if they are assessed as safe to swallow, will give recommendations to the patient about the following:
- i. Consistency of fluids (see Appendix 3).
 - ii. Dietary texture modifications (see Appendix 3).
 - iii. General safe swallow recommendations such as advice on posture, advice on levels of alertness. Also advice on when it will be necessary to stop the patient eating or drinking if there are signs of aspiration or episodes of choking reported.
 - iv. They will also explain to the patient if they need support when they are eating and drinking.
 - v. Reasonable adjustment will be made with the advice given to take into account patient specific needs, also their cultural and religious preferences
- 5.9 The Swallowing Guidelines poster will be completed, explained and left with the patient. This is left by their bedside so that it is visible to their family and friends, as well as to staff. If supervision is an identified need this will be detailed (see Appendix 4).
- 5.10 Assessment findings will be discussed with the named nurse for the patient or the nurse in charge, and will be documented in the patient's multidisciplinary progress notes. If necessary this will include the requirement for fluids to be out of reach if the patient has been assessed as needing thickened fluids under supervision.
- 5.11 The identified level of supervision required for the patient will be clearly explained to the nurse in charge of that patient (see details in later section under supervision).
- 5.12 Any intervention required for the patient will be added to the multidisciplinary care plan by the Speech and Language Therapist so that all staff follow the same care plan.
- 5.13 Onward referral may be recommended to Dietetics, Physiotherapy, Occupational Therapy or X-ray (videofluoroscopy), if required.
- 5.14 If assessed as unsafe for oral feeding then the patient will be placed Nil By Mouth and will need a non-oral feeding regime. This may require the patient to transfer to an Acute Trust.
- 5.15 Any intervention required for the patient will be added to the multidisciplinary care plan by the Speech and Language Therapist so that all members of staff are following the same instructions.

- 5.16 All ward staff / family / carers will be made aware of the recommendations and the reason for them. Advice will be given to visitors with regards to food / drinks that they may bring in for the individual.
- 5.17 The ward/unit will be advised of a date for review if recommended by the Speech and Language Therapy Service. This will be documented clearly in the care plan.

Dietetics Service

- 5.18 The dietitian will develop a nutritional care plan which will consider:
- The patient's dietary requirements relating to their cultural / religious beliefs.
 - Patient's nutritional status using the MUST screening tool.
 - The patient's special dietary requirements.
 - The patient's ability to eat and drink independently.
 - The patient's cognitive abilities.
 - The patient's ability to chew and swallow.
 - The patient's communication, speech and language abilities.
 - The patient's visual and hearing abilities.
- 5.19 The dietitian will be informed by the Speech and Language Therapy treatment/care plan when advising patients with eating, drinking and swallowing problems.
- 5.20 The dietitian will develop the nutrition treatment / care plan which complies with the patient's requirements for texture modified meals and snacks, thickened fluids and any specialist eating / drinking equipment.
- 5.21 The dietitian will assess if the patient's intake of modified texture meals meet the patient's nutritional requirements. For patients with poor appetites or for patients identified as being at nutritional risk, the dietitian may advise additional snacks and/or oral nutritional supplements.
- 5.22 The dietitian will ensure that any snacks requested are of the correct texture for the patient. A selection of modified texture snacks is available from the catering department. The dietitian will seek the advice of the Speech and Language Therapy Service as necessary and document in the patient's treatment / care plan.
- 5.23 For patients with eating, drinking or swallowing difficulties where food fortification would be beneficial, the dietitian will seek written instructions from the Speech and Language Therapy Service and document in the patient's multidisciplinary care plan. Texture modified meals should not be fortified without written instructions from the Speech and Language Therapy Service.

- 5.24 The dietitian may request oral nutritional supplements. The dietitian will ensure that these comply with the patient requirements for thickened fluids. There are currently two pre-thickened oral nutritional supplements available in the community hospitals:
- Nutilis Complete (Stage 1 - syrup consistency).
 - Forticreme (Stage 3 - pudding consistency).
- 5.25 The dietitian will request a prescription of one of the pre-thickened oral nutritional supplements appropriate to the patient's requirements for thickened fluids.
- 5.26 Other supplements should only be thickened with written instructions from the Speech and Language Therapy Service and documented in the nutrition / care plan. Similarly the mixing of oral nutritional supplements with pre-thickened oral nutritional supplements, for example fortisip with forticreme should only be carried out with written instructions from the Speech and Language Therapy Service and documented in the treatment / care plan.
- 5.27 Following an assessment or review, the Speech and Language Therapist may request that the patient's prescription of oral nutritional supplements is changed to comply with the patient's swallowing needs. In these circumstances the Speech and Language Therapist must make a referral to Dietetics for a dietetic review using the community hospital referral form. This should be faxed to the Dietetic department on 01278 431384.

Hotel Services

Management of Menu Choices

- 5.28 There are three texture category menus available at each of the Somerset Partnership community hospitals and mental health units. The menus available are clearly documented according to the specific texture recommended by the Speech and Language Therapist. These are suitable for both adults and children:
- **Menu C** - Thick purée.
 - **Menu D** - Pre-mashed.
 - **Menu E** - Fork mashable.

Food Service

- 5.29 Arrangements for the distribution and collection of menus vary from hospital to hospital. However the specific meal must be checked and confirmed as suitable by the nurse in charge prior to being given to the patient.
- 5.30 The meal will also be checked against the Speech and Language Therapy Service referral card by the patient's bed. This card indicates clearly the category of texture modified meals, snacks and drinks that are suitable for this patient. This should not be deviated from under any circumstance without prior consultation with the Speech and Language Therapy team.

Medicines Management Service

Management of medicines for patients unable to take solid oral dosage forms.

- 5.31 In certain circumstances tablets may need to be crushed or capsules opened but crushing a tablet or removing powder or granules from a capsule might affect the way a medicine works and may even cause side effects. Therefore before doing this the following options should be considered:
- 5.32 Is the medication essential? It might, in some instances, be more appropriate to stop therapy, either temporarily or long term. However, before stopping any medication the prescriber should always be contacted.
- 5.33 If essential can the medication be given in a different formulation. For example dispersible / soluble tablets, liquid preparations, patches which can be applied to the skin, suppositories or injections. This information can be found in the British National Formulary (BNF), but a pharmacist or prescriber should always be consulted as changes to the amount of medicine or how often it is given may need to be made.
- 5.34 In some cases a **different medicine** can be prescribed that does not need to be swallowed whole or is available as an alternative formulation.
- 5.35 If it's essential to continue the medicine then there are some tablets and capsules that should not be crushed or opened:

- **Modified release (slow or extended release) tablets or capsules**

These can be identified by the abbreviation such as LA (long acting), SA (sustained acting), CR (controlled release), XL (extended release), SR (sustained release) or M/R (modified release) after the brand name on the medicine box. Words such as 'Retard', 'Slow release' or 'Continus' are also sometimes used. It is essential that these medicines are swallowed whole. If these medicines were crushed, the dose is released over five to ten minutes as opposed to 12 to 24 hours. This results in a release of high dose medication that could be dangerous.

- **Enteric coated tablets or capsules**

These can be identified by the abbreviation EN or EC at the end of the medicine name on the medicine box. These tablets and capsules have a special coating and if crushed or opened, the medicine may be destroyed in the stomach or cause gastrointestinal disturbances such as indigestion or ulcers.

- **Hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines**

Crushing or opening any of these tablets or capsules may cause some of the medicine to go into the air as dust. The dust may cause side effects to the person crushing the tablets or anybody else nearby.

- 5.36 In certain circumstances when an alternative is not available and it is not suitable to open capsules or crush tablets, liquid medicines can be ordered from special manufacturers. These preparations are unlicensed and often very expensive but your pharmacist should be able to advise on this.

Further advice is provided in Appendix 5 and information can be obtained from your supplying pharmacy.

6. SUPERVISION

- 6.1 If supervised feeding is required for in-patients diagnosed with dysphagia and associated nutritional difficulties, it will be documented in the multidisciplinary care plan and the multidisciplinary health progress notes following their Speech and Language assessment. Supervision will be discussed with the named nurse for the patient. The requirement for supervision will be clearly documented on the bedside dysphagia poster.
- 6.2 The following describes the patient who will need supervision:
- i. Supervised due to **poor nutritional intake**. If not specifically associated with dysphagia the patient may need reminding to eat and be encouraged to increase their food intake.
 - ii. Supervised following the Speech and Language Therapy assessment which identified problems with the **oral phase of swallowing**. The patient may need reminding to chew their food, to take smaller mouthfuls, or to be assisted with their feeding due to weak oral musculature.
 - iii. Supervised following Speech and Language Therapy assessment which identified problems of a delayed swallow putting the patient at **risk of aspiration and choking** if not supervised. The patient may be able to feed themselves but needs supervision to ensure they follow the advice given by the Speech and Language Therapy Service, such as using a repeat swallow to clear all food residues prior to taking another mouthful of food.
- 6.3 When working in supervision situations it is essential that the following points are adhered to:
- i. If someone needs assistance / supervision whilst eating, it is important that the person feeding them is focussed on what they are doing and can give the patient their undivided attention.
 - ii. When supervising, the carer encourages the patient to follow the strategies as advised by the Speech and Language Therapist, e.g. encourage repeat swallows, head turns, use of upright posture.
- 6.4 The Patient Protected Mealtimes Policy must be adhered to, and all patients with special dietary needs must be issued with a red tray.

- 6.5 Should relatives / carers wish to support an individual patient during mealtimes, this should be encouraged and supported by the ward staff and be in accordance with their management plan.
- 6.6 Any requirements for a special diet are included within the handover at the start of each shift and are also noted above the patient's bed. Appropriate catering and ward staff must also be briefed as they also have a key input at mealtimes.
- 6.7 Where a patient has been assessed as requiring thickened fluids to enable safe drinking and the patient is identified as requiring supervision, they should not be left with un-thickened drinks within reach. This applies to patients who are deemed competent as well as those assessed as lacking mental capacity.
- 6.8 When a patient is identified as needing thickened fluids, however does not need supervision, they can be left with un-thickened fluids within reach along with thickener that they add for themselves.

7. TRAINING REQUIREMENTS

- 7.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- 7.2 All Speech and Language Therapists working with dysphagia patients will have completed the appropriate recognised qualifications and will have evidence of completing specific dysphagia competencies as stated by their professional body (Royal College of Speech and Language Therapy).
- 7.3 All staff involved in working with in-patients with a diagnosis of dysphagia will be appropriately trained in dysphagia awareness. There is a Dysphagia Pack on every ward in the community hospitals which details the care of these patients.
- 7.4 Dysphagia Awareness Workshops are also provided and there is potential for nursing staff to develop further competencies if identified in their appraisal as an appropriate and necessary part of their role with patients.

8. EQUALITY IMPACT ASSESSMENT

- 8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.
- 8.2 Every reasonable adjustment will be made to ensure all patients are treated appropriately.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Monitoring arrangements for compliance and effectiveness will be carried out by the relevant staff group:

- Overall monitoring will be by the Head of Adult Community Services and Community Hospital Matrons.
- Service specific monitoring will be by the service managers.

9.2 Methodology to be used for monitoring:

- Clinical audits.
- Complaints monitoring.
- Incident reporting and monitoring.

Frequency of Monitoring

9.3 A six monthly audit will be undertaken by the Speech and Language Therapy Service which will reflect the multidisciplinary approach needed with this client group.

9.4 The speech and language therapy audit results will be reported at the Nutrition Best Practise Group.

9.5 Any recommendations from the Best Practise Group will be discussed at the Clinical and Social Care Effectiveness Group and any areas of concern will be escalated to the Clinical Governance Group.

10. COUNTER FRAUD

10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

11.1 The standards and outcomes which inform this procedural document are as follows:

Outcome	Section	Subject
1	Respecting and involving people who use services	Information and involvement
4	Care and welfare of people who use services	Personalised care, treatment and support
5	Meeting nutritional needs	

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

Care Quality Commission Guidance about compliance with essential standards of quality and safety 2009

National Patient Safety Agency, Dysphagia Diet Food Texture Descriptors 2011

Nutrition support in adults: oral supplements, enteral tube feeding and parenteral nutrition - NICE CG32 February 2006

“Clinical Guidelines of the Royal College of Speech and Language Therapists” (2005)

“Communicating Quality 3 – Royal College of Speech and Language Therapists’ guidance on best practice in service organisation and provision” (2006)

Mental Capacity Act (2005)

12.2 Cross Reference to other procedural documents

Development & Management of Organisation-wide Procedural Documents Policy and Guidance

Learning Development and Mandatory Training Policy

Medicines Policy

Nutrition Policy

Patient Protected Mealtimes Policy

Records Keeping and Records Management Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet (within Policies and Procedures).

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix 1 - Speech and Language Therapy Referral Form

Appendix 2 - Referral Prioritisation Flowchart

Appendix 3 - Consistency Chart and Texture Descriptors

Appendix 4 - Swallowing Guidelines Poster

Appendix 5 - Selecting Suitable Medications for In-Patients with swallowing problems

Appendix 6 - Dietetic referral form

Appendix 7 - Clinical Audit Standards

APPENDIX 2

Adult Speech and Language Therapy Service

IN-PATIENT DYSPHAGIA REFERRAL PRIORITISATION SYSTEM

Dysphagia

Inpatient referral can be made by any registered Health Care Professional

On receipt of a referral the Speech and Language Therapy service will telephone triage and prioritise the referral. Response times are guided by Royal College of Speech and Language Therapist (2006) Communicating Quality recommendations.

Priority 1

Patients who are at extremely high risk of choking / aspiration / inadequate nutrition

To be assessed/ reviewed within 2 working days

Presenting signs of dysphagia:

- Those NBM due to dysphagia with **no** established non-oral route for nutrition, hydration, and medication
- Frequent significant overt signs of airway compromise:
 - Frequent / current respiratory tract infections
 - Frequent significant choking incident
 - Frequent overt signs of airway compromise not eliminated by modified diet, fluid and / or oral medication
- > 10% unplanned weight loss in last 3-6 months secondary to dysphagia or if patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days (MUST 2 or >)
- Severe discomfort / pain associated with eating and drinking

Priority 2

Patients who are at risk of choking / aspiration / inadequate nutrition

To be assessed / reviewed within 5 working days

Presenting signs of dysphagia:

- Those NBM due to dysphagia with established non-oral route for nutrition, hydration, and medication who are appropriate for dysphagia review with a view to returning to oral intake
- Occasional / mild overt signs of airway compromise:
 - Mild throat clearing
 - No respiratory tract infection
 - Overt signs of airway compromise eliminated by modified diet, fluid and / or oral medication
- 5-10% unplanned weight loss in last 3-6 months secondary to dysphagia (MUST Score 1)
- Moderate discomfort / pain associated with eating and drinking

Priority 3

Patients not at obvious risk of choking / aspiration / inadequate nutrition

To be assessed / reviewed within 10 working days

Presenting signs of dysphagia:

- No overt signs of airway compromise
 - No throat clearing
 - No coughing / choking
 - No wet voice quality
 - No eye watering
 - No face reddening
 - No ↑HR, ↑RR/SOB, ↓SATS
 - No respiratory tract infections
- < 5% unplanned weight loss in last 3-6 months secondary to dysphagia (MUST Score 0)
- Mild discomfort / pain associated with eating and drinking

This prioritisation system should not overrule clinical judgement and should be used for guidance only

INFORMATION & ADVICE FOR PEOPLE WITH DYSPHAGIA

Dysphagia is a problem with eating, drinking and swallowing. Problems can occur with chewing and moving food, drink or oral medication around the mouth. Food, drink or medication may go the wrong way leading to coughing and choking episodes and a risk of aspiration (inhalation of food/drink/medication into the lungs). Choking and aspiration can lead to serious health complications such as pneumonia and even death. People with dysphagia may be advised by a Speech and Language Therapist to eat texture modified diets and/or thickened fluids to help make eating and drinking easier and reduce their risk of choking and aspiration.

TEXTURE MODIFIED DIETS

TEXTURE C (Thick Puree)	TEXTURE D (Pre-Mashed)	TEXTURE E (Fork Mashable)
 <p>Moulded Pureed Meal</p> <p>Foods should be a thick, smooth, uniform consistency and no chewing is required. It can be eaten with a fork (does <u>not</u> drop through the prongs) or spoon and hold its own shape on a plate or when scooped.</p>	 <p>Food has been mashed before serving. Food should be soft, tender, moist and requires very little chewing. It usually requires a very thick, smooth sauce, gravy or custard. No high risk food textures (see below)</p>	 <p>Food is soft, tender and moist but needs some chewing. It can be mashed easily with a fork at the point of consumption. Usually requires a thick, smooth sauce, gravy, or custard. No high risk food textures (see below)</p>

With thanks to Apetito limited for the images depicted above.

FEEDING ADVICE	HIGH RISK FOOD TEXTURES
<ul style="list-style-type: none"> • The person must always be sat fully upright and alert when eating and drinking ideally in a chair. If the person requires feeding sit below them where they can see you. • Always check that the food and drink you are serving is in line with their Swallowing Guidelines. • Do not rush them and encourage the person to self-feed wherever possible. They may be able to hold their cup and utensils with your hand over theirs for support. • Give or encourage small mouthfuls at a time and avoid mixing food and drink in the same mouthful. • Allow plenty of time for chewing and swallowing. If the person is chewing for a long time they may need reminding to swallow. • Make sure the mouth is empty before offering the next portion. The person may need to swallow more than once to clear each mouthful. • Discourage talking when food and drink is in the mouth. • The person should remain sitting upright for at least 20 minutes after they have finished their meal. 	<ul style="list-style-type: none"> • Hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly textures e.g. pineapple, celery, runner beans, toast, crusts, pastry, crisps, biscuits etc. • Skin, bone or gristle. • Round or long-shaped foods e.g. sausages, grapes, sweets/toffees. • Sticky foods e.g. cheese chunks, marshmallows. • 'Floppy' foods e.g. lettuce, cucumber, uncooked baby spinach leaves. • Juicy foods where juice separates off in the mouth to a mixed texture e.g. water melon, cereals that don't blend with milk • Pips, seeds, pith/inside skin, skins or outer shells e.g. on broad/baked beans, peas, grapes. • No nuts/seeds or husks e.g. sweetcorn. • No ice cream or jelly for patients advised to drink thickened fluids as these melt to a thin liquid consistency in the mouth • No hard pieces, crust or skin have formed during cooking, heating or standing. • No garnish.

THICKENED FLUIDS

STAGE 1 (Syrup Consistency)	STAGE 2 (Custard Consistency)	STAGE 3 (Pudding Consistency)
 <p>Can be drunk through a straw or from a cup. Leaves a thin coating on the back of a spoon.</p>	 <p><u>Cannot</u> be drunk through a straw. Can be drunk from a cup. Leaves a thick coating on the back of a spoon.</p>	 <p><u>Cannot</u> be drunk through a straw. <u>Cannot</u> be drunk from a cup. Needs to be taken with a spoon.</p>

With thanks to the Dietitians Association of Australia and Speech Pathology Australia for the images depicted above.

HOW TO MAKE THICKENED DRINKS

COLD DRINKS	HOT DRINKS	MILKY & SUPPLEMENT DRINKS
<ol style="list-style-type: none"> 1. Measure out the drink into a glass, mug or shaker. 2. Add the prescribed number of level scoops of thickener for the measured drink. 3. Mix briskly with a fork or whisk, or shake vigorously if in a shaker. 4. Leave to stand for the prescribed period of time as specified on the tin of thickener. Do not be tempted to add extra scoops if you do not see the drink thickening immediately. 	<ul style="list-style-type: none"> • All hot drinks can be thickened as previously described for cold drinks. • Do not use a shaker to mix hot drinks. • Always add any desired sugar or milk first. <p>Always observe the person carefully when drinking for any signs of throat clearing, coughing or spluttering, gasping for breath or increased respiratory rate, eye watering or reddening in the face as these are common indicators of material entering the airway.</p>	<ul style="list-style-type: none"> • Milky and supplement drinks can be more difficult to thicken to more than a Stage 1 consistency. • They need to stand for longer to achieve the correct consistency • It may be easier to use a shaker. Remember not to use a shaker for hot drinks. • Consider asking the patient's dietician if they can have a pre-thickened supplement drink or a pudding style supplement instead. • A juice style supplement can be used to loosen a pudding style supplement into a Stage 1 or 2 consistency drink

If you require any further advice about dysphagia, texture modified diets, thickened drinks or are concerned about a patient's swallowing ability please contact the Speech and Language Therapy Service. Thank you.

Adult Speech & Language Therapy Swallowing Guidelines



The NHS in Somerset

Name:		Date:	
Therapist:		Tel No:	

FLUID CONSISTENCY	FOOD TEXTURE
<input type="checkbox"/> NORMAL FLUIDS <input type="checkbox"/> STAGE 1 THICKENED FLUIDS 'SYRUP' CONSISTENCY <input type="checkbox"/> STAGE 2 THICKENED FLUIDS 'CUSTARD' CONSISTENCY <input type="checkbox"/> STAGE 3 THICKENED FLUIDS 'PUDDING' CONSISTENCY <p>REMEMBER For patients advised to take thickened fluids <u>all</u> fluid given orally should be thickened including liquid medication</p>	<input type="checkbox"/> NORMAL (any foods) <input type="checkbox"/> TEXTURE 'E' (Fork Mashable Diet) <input type="checkbox"/> TEXTURE 'D' (Pre Mashed Diet) <input type="checkbox"/> TEXTURE 'C' (Thick Purée Diet) <input type="checkbox"/> NO HIGH RISK FOOD TEXTURES <ul style="list-style-type: none"> • No hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly textures e.g. pineapple, celery, runner beans, toast, crusts, pastry, crisps, biscuits • No skin, bone or gristle. • No round or long-shaped foods e.g. sausages, grapes, sweets/toffees. No hard chunks. • No sticky foods e.g. cheese chunks, marshmallows. • No 'floppy' foods e.g. lettuce, cucumber, uncooked baby spinach leaves. • No juicy foods where juice separates off in the mouth to a mixed texture e.g. water melon, cereals that don't blend with milk • No pips, seeds, pith/inside skin, skins or outer shells e.g. on broad/baked beans, peas, grapes • No nuts/seeds or husks e.g. sweetcorn

ADDITIONAL RECOMMENDATIONS

e.g. medication, equipment, supervision, swallowing techniques and postures

Stop eating and drinking if there are any adverse signs, e.g. coughing/choking, wet gurgly voice when swallowing, and/or deterioration in chest status and contact the Speech and Language Therapy Department

Adult Speech & Language Therapy Swallowing Guidelines



The NHS in Somerset

Name:		Date:	
Therapist:		Tel No:	

Nil By Mouth

Ensure 2 hourly mouth care to minimise the risk of dry mouth symptoms and oral infection

ADDITIONAL RECOMMENDATIONS

Selecting suitable formulations for adult patients with swallowing difficulties or feeding tubes.

A stepwise approach is suggested:

STEP 1

Use a licensed medicine in a suitable formulation.

For example:

- Licensed liquid preparation
- Soluble tablets
- Powders or granules for suspension

In order to use a licensed medicine, consider switching to a different agent in the same class, or to a different route of administration.

For example, consider:

- Fluoxetine liquid (licensed preparation) as an alternative to sertraline tablets
- Aspirin dispersible tablets instead of clopidogrel tablets.
- HRT patches instead of tablets

Consider the patient's method of feeding:

Patients on liquid feeds may take oral liquid medicines, dispersible tablets or solid preparations dispersed in water. For patients on thickened fluids, liquid medicines can be mixed with products like *Thick and Easy*.

Patients on soft-food diets may be able to swallow crushed tablets or the contents of capsules given with food.

Patients with enteral feeding tubes may have oral medicines given by this route.

Why licensed status matters

To be granted a licence a medicine must meet quality standards and be shown to be safe and effective. Licensed medicines usually come with a patient information leaflet and are considered the safest choice.

Special-order medicines are unlicensed and are not required to meet the same standards as licensed medicines. Prescribers take greater responsibility when using them.

In many cases a licensed preparation will be available that meets the patient's needs.

Cost

Special-order medicines are often considerably more expensive than licensed medicines. They may have short shelf-lives compared with licensed alternatives and may need fridge storage.

For example, bendroflumethiazide liquid is 60 times more expensive than tablets:

- 28 doses of 2.5mg tablets costs about £1
- 30 doses of 2.5mg/5ml liquid (150ml) costs more than £65.

Bendroflumethiazide tablets can be dispersed in water for administration orally or via feeding tubes.

STEP 2

Consider using a licensed medicine in an unlicensed manner, for example by dispersing tablets in water or by opening capsules.

For example:

- Ramipril capsules can be opened and the contents mixed with water.
- Bendroflumethiazide tablets can be dispersed in water.

Both examples are suitable for administration orally or via a feeding tube.

Not all medicines are suitable for administration in this way and it is important to check beforehand. See over for where to get advice.

As before, consider switching to a different agent or route of administration in order to use a licensed product.

STEP 3

In situations where there is no suitable licensed option, consider using a 'special'.

Special-order ('special') liquid medicines are unlicensed and expensive. They should only be prescribed if there is no licensed medicine that meets the patient's needs.

Is it needed?

If the patient is taking medicines that aren't needed or aren't working, stop or change them.

Care staff should only give licensed medicines in an unlicensed way if there is a written direction in the patient's care plan.

Practical directions are overleaf.

Licensed medicines should be used where possible.

Special-order medicines are unlicensed and expensive and should only be prescribed if necessary.

Practical directions

Always check beforehand if a tablet is suitable for dispersing or crushing, or if a capsule is suitable for opening.

- **Crushing or dispersing tablets**

Many immediate-release tablets can be dispersed in water without crushing; some medicines need to be crushed first. Some tablets (e.g. modified-release) are not suitable for crushing.

For medicines that are suitable for crushing, crush using a tablet crusher, a pestle and mortar or between two metal spoons.

Only crush medicines one at a time; do not crush all the patient's medicines together. Crushing or dispersing should only be performed immediately before administration.

- **Opening capsules**

Some hard gelatin capsules can be opened and their contents mixed with water or administered with food. Some capsules are too small to manipulate. Capsules should only be opened immediately before administration.

- **Giving medicines in liquids or soft food**

Some capsule contents or crushed tablets can be given with a small amount of cold liquid or cold soft food such as a teaspoon of yoghurt or jam. Use a small amount of food to ensure the full dose is taken; if taken with a meal, add medicine to the first mouthful of food.

Crushed tablets or capsule contents may taste very bitter to patients taking them orally. Mask the taste by giving with strong flavours such as blackcurrant.

Medicines should only be administered in food with the patient's knowledge and consent. Hiding medicines in food is considered 'covert administration' and is only condoned in certain circumstances.

- **Giving medicines via feeding tubes**

Feeding tubes should be flushed with water before and after each medicine is administered. If a liquid medicine is thick or syrupy, dilution may be required. Some patients are fluid restricted and that needs to be taken into account.

When administering crushed tablets or opened capsules via a feeding tube, add the powder to 15-30ml water and mix well. Draw into a 50ml oral syringe and administer. If you have used a mortar or tablet crusher, rinse this with water and administer the rinsings also.

Suggested protocol for administering medicines via feeding tubes:

1. Stop the feed (leaving a feeding break if necessary).
2. Flush the tube with 30ml water.
3. Prepare the first medicine for administration, and give it.
4. Flush with 10ml water.
5. Repeat stages 3 and 4 with subsequent medicines.
6. Flush with 30ml water.
7. Re-start the feeding (leaving a feeding break if necessary).

Care staff may only administer medicines in an unlicensed manner on the instruction of the prescriber.

A written direction to crush or disperse tablets or to open capsules should be documented in the patient's care plan.

Where can I get advice?

- **Medicines Management and Medicines Information pharmacists**

For advice on choosing appropriate dosage forms or to check if tablets or capsules can be dispersed, crushed or opened and dispersed, contact your Medicines Management team or UKMi medicines information centre.

Contact details for UKMi medicines information centres are available at www.ukmi.nhs.uk. Click on the map then search for your local or regional centre.

- **Medicines Q&A**

This leaflet accompanies a *Medicines Q&A* document which provides further information and lists options available in several therapeutic areas for adult patients with swallowing difficulties or feeding tubes. Access it online via the link at the bottom of the page.

- **Reference texts**

Details of two respected texts are at the bottom of the page.

Only prescribe special-order medicines if there is no suitable licensed medicine available that meets the patient's needs.

It may be appropriate to use a licensed medicine in an unlicensed way.

References:

- UKMi. Medicines Q&A 294.2: Therapeutic options for patients unable to take solid oral dosage forms. January 2011. Available online at: www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Therapeutic-options-for-patients-unable-to-take-solid-oral-dosage-forms/
- White R and Bradnam V. Handbook of drug administration via enteral feeding tubes, 2nd edition. Pharmaceutical Press; 2010.
- Smyth J. The NEWT Guidelines for administration of medication to patients with enteral feeding tubes or swallowing difficulties, 2nd edition. Wrexham: North East Wales NHS Trust; 2010.

Date of preparation: January 2011

Dietetic Referral Form

Somerset Community Dietitians
 c/o East Quay Medical Centre
 East Quay
 Bridgwater
 Somerset
 TA6 4GP

Please **fax** this referral to the
 Community Dietitians
Fax: 01278 431384

Tel: 01278 447407

Community Hospital		Ward	
Date referral faxed		Date referral received (Office use)	
Patient Name		NHS no.	
		Date of Birth	
GP Name		GP Surgery	
Diagnosis / other relevant information			
Reason for Dietetic referral			
Speech and Language Assessment	<i>Please specify any recommendations e.g. Texture modified diet/thickened fluids</i>		

Please complete details about the patient's measurements

Weight (Kg)	Date		Kg
Height (Metres) <i>This can be self-reported or estimated using the ulna length</i>			M
Body Mass Index (BMI) <i>Calculate using a BMI chart or the following calculation</i>	$\frac{\text{Weight Kg}}{\text{Height m}^2}$		Kg/m ²
Weight Loss % Score <i>Calculate using the following calculation</i> $\frac{\text{Old weight Kg} - \text{New weight}}{\text{Old weight Kg}} \times 100 = \% \text{ weight loss}$			%
MUST score <i>overall risk of malnutrition</i> <i>A score of 2 or more indicates the patient is at high risk of malnutrition</i>			

Please complete details about the patient's food and supplement intake

	Yes	No					
Have food record charts been started? <i>(Please tick)</i> 							
Are there any nutritional supplements/sip feeds pre-scribed? <i>(Please tick)</i> <i>(e.g. Fortisip, Ensure, Clinutren, Calogen)</i> 							
If you ticked yes please specify the type and amount of supplements prescribed <i>e.g. Fortisip bd / Calogen.90 mls/day</i>							
Name		Designation		Signature		Date	

DYSPHAGIA AND NUTRITIONAL SUPPORT POLICY FOR MANAGEMENT OF IN-PATIENTS IN COMMUNITY HOSPITALS AND MENTAL HEALTH UNITS CLINICAL AUDIT STANDARDS

17/09/2012

Service area(s) to which standards apply:

	MH Inpatient (CAMHS)		Community CAMHS		CH Specialist Services
x	MH Inpatient (Adult)		C & YP Integrated Therapy		MH Specialist Services
x	MH Inpatient (Older)		School Nursing		MH Community Adult
	MH Rehab & Recovery		Health Visitors		MH Community Older
x	Community Hospital		CH Rehab		Learning Disabilities
	MIU		Musculo-Skeletal		District Nurses

DYSPHAGIA AND NUTRITIONAL SUPPORT CLINICAL AUDIT STANDARDS

Ref No	Standard	Compliance	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
1	Patients admitted to a ward will have a full assessment completed and recorded in their multi-disciplinary health records within two hours of admission	100%	None	Registered nurse responsibility to complete relevant documentation
2	All patients who have dysphagia identified as a care need should have an immediate referral to the Speech and Language Therapy Service	100%	None	Registered nurse responsibility to ensure written referral to Speech and Language Therapy Service is completed and details telephoned through to the Service.
3	All hospital staff must be trained in dysphagia awareness	100%	None	Ward Sister/Manager is responsible for ensuring their staff understand the principles of managing patients with dysphagia.
4	Dysphagia resource information folder should be accessible to all staff	100%	None	Ward Sister/Manager is responsible for ensuring this included in ward induction in Community Hospitals and Mental Health Wards.
5	Patients referred to Speech and Language Therapy with dysphagia will be seen within two working days	100%	Patient refusal	Speech and Language Therapist responsibility to ensure patient seen within two working days of receipt of referral

DYSPHAGIA AND NUTRITIONAL SUPPORT CLINICAL AUDIT STANDARDS

Ref No	Standard	Compliance	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
6	Patients diagnosed with complex dysphagia needs will be seen by a Specialist Speech and Language Therapist	100%	None	The assessing Speech and Language Therapist is responsible for identifying the complexity of the patients' dysphagia needs and ensuring they arrange for an assessment by a Specialist Therapist.
7	If a swallowing problem is identified out of hours it is the Doctors responsibility to make the decision to transfer to Acute Trust if patient's dysphagia is severe.	100%	None	Currently Speech and Language Therapists work from Monday to Friday
8	Patients referred for dietetics will be seen, assessed and have a nutritional plan in place within 7 days of receipt of referral	100%	Patient refusal	Dieticians responsibility to ensure patients seen in time frame
9	Following assessment, the Speech and Language Therapist will complete a Swallowing Guidelines Poster and left with the patient	100%	None	The poster will be by the bed, visible to the patients' family and friends as well as staff.
10	The Speech and Language Therapist will document assessment findings and advice in multidisciplinary records for community health patients, and in RiO for mental health patients	100%	None	Information detailed in multidisciplinary records/RiO and discussed with the named nurse for the patient

DYSPHAGIA AND NUTRITIONAL SUPPORT CLINICAL AUDIT STANDARDS

Ref No	Standard	Compliance	Exceptions	Definitions <i>(e.g. any interpretations, directions, or instructions on where/how to find information, plus relevant service where applicable)</i>
11	All texture and consistency modifications will be clearly documented using national texture descriptors	100%	None	The Speech and Language Therapist will advise on the relevant modifications and all staff will use the appropriate descriptors
12	Supervision of eating needs will be clearly documented in the multidisciplinary health records	100%	None	The Speech and Language Therapist will advise on and document the supervisory needs. All staff will be aware of those needs.
13	Supervision of eating needs will be clearly documented on the bedside swallowing poster	100%	None	All staff will be aware of those needs.
14	All patients with special dietary needs will be issued with a red tray	100%	If deemed not appropriate	All staff will be aware of those needs. Any situation where it is deemed not appropriate must be fully justified and recorded within the patient notes.