Dysphagia Management - Paediatric Full Clinical Guideline - UHDB

Reference no.: CH CLIN NUTRI 01

1. Introduction

Dysphagia is the medical term used to describe disordered eating and drinking. Dysphagia specifically refers to difficulties with eating and drinking/feeding relating to an underlying disruption to the swallowing process.

Dysphagia is a serious risk to health because of the associated risks of aspiration, pneumonia, malnutrition, dehydration and airway obstruction (choking).

Patients at Derby Children's Hospital, Neonatal Intensive Care at the Royal Derby Hospital and Neonatal Unit at Queen's Hospital Burton can experience difficulties with feeding, eating, drinking and swallowing to varying degrees of impairment. These difficulties can affect either one,some or all the oral, pharyngeal or oesophageal stages of swallowing.

This document is a guide to identification of paediatric patients at risk of an eating, drinking, swallowing or feeding problems and sets out the preliminary management pathway for this client group for University Hospitals of Derby and Burton NHS Foundation Trust.

2. Aim and Purpose

- To facilitate identification of babies and children with an eating, drinking, swallowing or feeding difficulty
- To facilitate early identification of babies who are at risk of a difficulty with feeding or swallowing
- To define a management pathway for such patients mentioned above.
- To identify criteria for referral and/or assessment.
- To suggest approaches to managing any identified difficulty or potential difficulty with eating, drinking, swallowing, feeding or dysphagia.

3. DEFINITIONS USED

Accepting identified risk/Feeding at risk: The Consultant-led clinical team will formally make decisions relating to management of a patient's nutritional and fluid needs, where a swallowing or feeding problem and related risk to health are identified. This decision will be informed by SLT assessment outcomes and recommendations as well as other members of the MDT.

Clinical record: This term refers to information recorded which relates to the patient during their stay in hospital. When used in the singular in this document it refers to the records maintained by a specific professional discipline, e.g SLT, on the particular patient. When used in plural, it refers to multiple entries, i.e. by more than one professional discipline, into the records they maintain relating to the individual patient.

Health record/Patient record: This term related to the main clinical record held and maintained for the patient, i.e. the medical notes kept in labelled and numbered files which are stored in filing trolleys on each ward and used by the Consultant-led clinical team and by other members of the MDT.

Pre-oral stage difficulty / Oral preparatory stage difficulty: This term refers to the preparatory phase where the senses of sight and smell are important for cueing the neurological pathways and the coordination of hand to mouth is necessary to get food/drink to the mouth smoothly.

Oral stage difficulty: This term refers to the part of the swallow process that occurs within the oral cavity before the swallow is triggered.

Pharyngeal stage difficulty: This term refers to the part of the swallowing process where the swallow is initiated and the bolus passes through the pharynx and into the oesophagus, with the airway closure occurring.

Oesophageal stage difficulty: This term refers to food/drink passing through the oesophagus and into the stomach.

Pre-feed readiness cues: This term relates to a set of behaviours in a baby which signal a level of alertness and readiness for feeding as a functional skill.

Nutritive sucking: This term relates to the rhythmical movements of an infant's mouth and tongue on a bottle or breast to deliver fluid into the mouth. It involves coordination with swallowing and breathing.

Non-nutritive sucking: This term relates to the rhythmical movements of an infant's mouth and tongue on a pacifier, their own, or a caregiver's hand to modulate state or to explore.

KEY RESPONSIBILITIES

Speech and Language Therapists (SLT)

Responsible for the assessment, diagnosis, treatment and management of patients with Dysphagia

Nursing Team

Responsible for identifying a potential problem, referring to speech and language therapy and following recommendations for safe feeding, eating and drinking.

Medical Staff

Responsible for identifying a potential problem and referring to speech and language therapy. Responsible for decisions requiring the acceptance of risk if safety is compromised by Dysphagia

Dietitians

Responsible for ensuring that patients' nutritional needs are met if this is compromised by Dysphagia.

Physiotherapists

Responsible for assessing and providing recommendations to improve posture for safe eating and drinking. Responsible for airway management if respiratory status is compromised by Dysphagia.

4. PATIENTS AT RISK OF DYSPHAGIA

Referral to SLT should be considered for any baby/child presenting with the following:

All children where the Nursing team, Medical team, Allied Health professionals, parents or carers with parental responsibility observe eating, drinking, swallowing or feeding difficulties.

All children who are at risk of developing eating, drinking, swallowing or feeding difficulties because of their medical diagnosis or previous medical history.

For example:

- Children with neurological conditions – acquired or developmental, who are showing signs of dysphagia.
- Children with respiratory conditions including oxygen dependency, respiratory distress syndrome, chronic lung disease, tracheostomy or ventilation who are showing signs of dysphagia.
- Children/babies who are refusing to feed.
- Children/babies who have cardiac diagnoses who are showing signs of dysphagia.

- Children/babies with structural or anatomical changes such as tracheoesophageal fistula who are showing signs of dysphagia.

- Children/babies with diagnoses of gastro-oesphageal reflux who are showing signs of dysphagia.

SIGNS AND SYMPTOMS OF DYSPHAGIA

May include:

- Coughing, choking during and/or after eating/drinking/swallowing/feeding.
- Lengthy mealtimes and/or feeds.
- Difficulties with completing feeds/meals
- Refusal to eat/drink/feed.
- Difficulties with managing own secretions
- Ability to manage only restricted textures of food
- Poor chewing pattern and /or poor control of food during chewing.
- Food 'pocketed' in the sides of the mouth or at the front of the mouth
- Hoarse voice or voice changes during/after eating/drinking/feeding
- Voice sounding wet/gurgly after eating/drinking/feeding.
- Increased rate and work of breathing after eating/drinking/feeding
- Difficulties with initiating a swallow when offered feed/drink/food
- Chest conditions – eg. pneumonia
- Reduced appetite

ASSESSMENT CONSIDERATIONS

Observational assessment of the following will be undertaken by the SLT as appropriate

- Pre-oral stage difficulty / Oral preparatory stage difficulty
- Oral stage difficulties and symptoms
- Pharyngeal stage difficulties and symptoms
- Oesophageal stage difficulties and symptoms
- Pre-feed readiness cues in relation to gestational age
- Nutritive sucking abilities
- Non-nutritive sucking abilities

COMMUNICATION AND DOCUMENTATION

• The SLT department will record the date and time the referral was received.

• The SLT will communicate with a range of relevant people in order to gather information relating to the patient and the presenting problem. These people will include:

- Nursing team
- Medical team
- Dietetic team
- Other allied health care professionals
- The patient
- Parents/carers/family of the patient

• The SLT will discuss options for management, the level of estimated risk of aspiration and any recommendations in the context of assessment findings and information gathered from the team about the child and those with parental responsibility.

• Recommendations relating to changes for individual patients ie.in methods of feeding provision, of nutrition or position will be communicated to all relevant Health care professionals and parents/families. This will be verbally and in writing as necessary.

• The SLT will document the assessment findings and /or intervention including observations, recommendations, communication with MDT members in the Speech and Language Therapy electronic clinical record for the patient.

• A summary of assessment findings and identified risk of dysphagia will be documented in the patient and health care record.

• Decisions relating:

- to feeding at risk
- accepting an identified risk of aspiration
- accepting an identified nutritional risk
- the provision of non-oral or alternative feeding

will be made and documented by the medical team in consultation with and additionally informed by:

- the patient (whenever possible)
- the patient's identified next of kin / relatives (where appropriate)
- nursing and/or other members of the multidisciplinary care team

Where appropriate, the continuing care of children and babies with dysphagia will be transferred to the Community SLT on discharge from the acute setting.

MANAGEMENT APPROACHES

Management of any single or combination of the following factors may be required.

- Method of feeding ie. oral/non-oral
- Utensils
- Food and fluid consistencies
- Environment
- Position of patient and feeder
- Duration of feed/meal

One or more of the following therapeutic approaches may be recommended.

- Oral motor skills development
- Sensory stimulation
- Desensitisation
- Skills development

MULTIDISCIPLINARY TEAM WORKING

The SLT will work with and seek support from members of the Multi-disciplinary team within the acute setting, as appropriate, to enable optimal management of the patient.

Liaison with members of the community based multi-disciplinary team may also be required in preparation for discharge from the acute setting

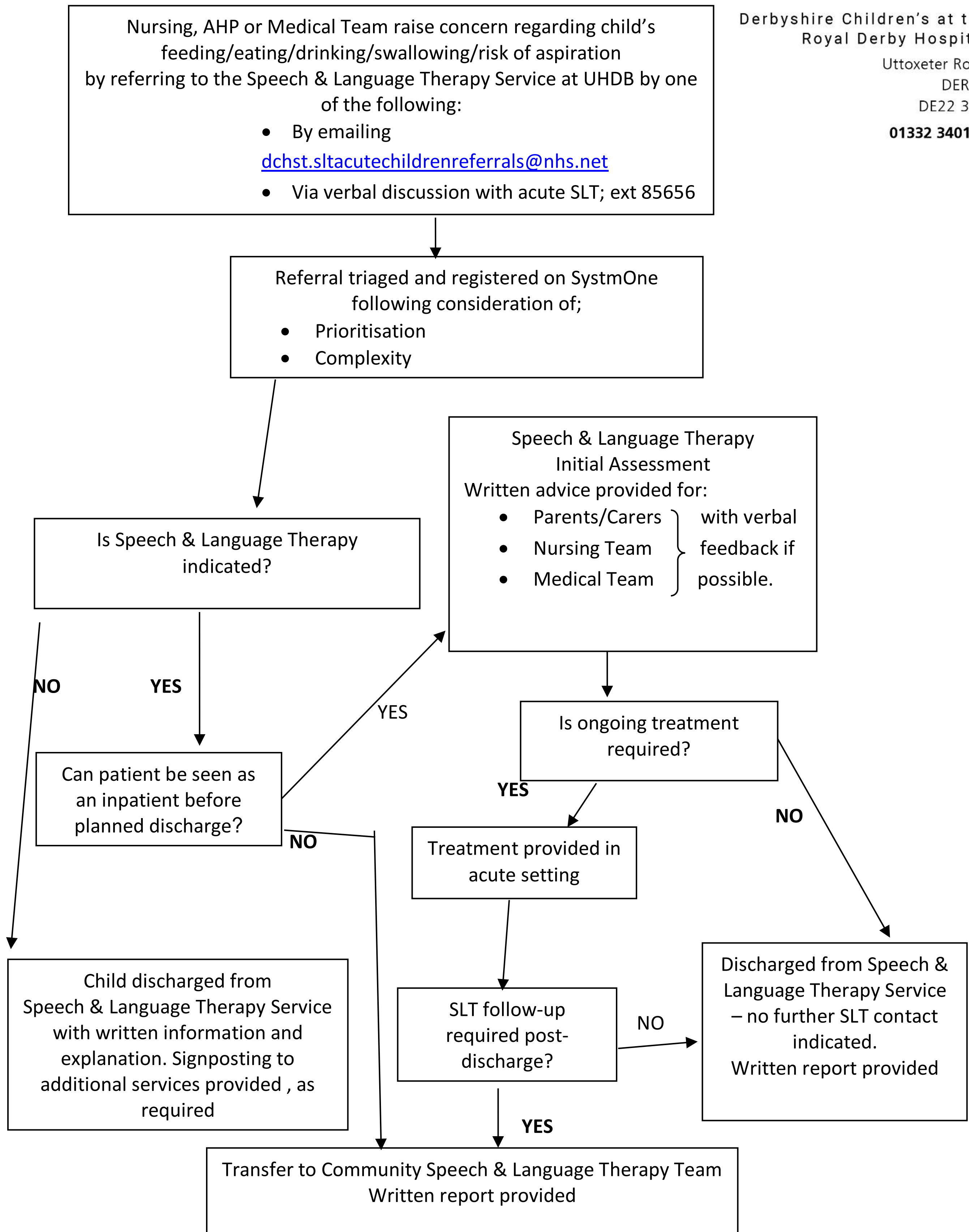
DYSPHAGIA MANAGEMENT PATHWAY:

See attached pathway

Speech & Language Therapy - Acute Paediatric Pathway

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Derbyshire Children's at the Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131



5. REFERENCES:

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  Taylor-Goh, S., ed. (2005).

  RCSLT Clinical Guidelines.

- Wolf LS, Glass RP. Feeding and Swallowing Disorders in Infancy – Assessment and Management . The Psychological Corporation (1992)

- www.bliss.org.uk Look at me – I'm talking to you: Watching and understanding your premature baby (PDF)

- The New Jays Observational Assessment of Paediatric Dysphagia October 2005 Judi Hibberd and Jeanne Taylor, Quest Training UK Ltd.

6. Documentation Controls

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