



**Dysphagia Diets  
and  
How to Keep Patients  
Safe from Aspiration**

**St. James Healthcare  
2012**

**E-Learning Module  
for all associates**

# What is Dysphagia?

- Defined as impaired chewing and/or swallowing
- A condition that
  - Can lead to aspiration and/or aspiration pneumonia
  - Is evaluated and treated by Speech-language Pathologists (SLPs) or trained Occupational Therapists (OTs) also known as **speech therapists**

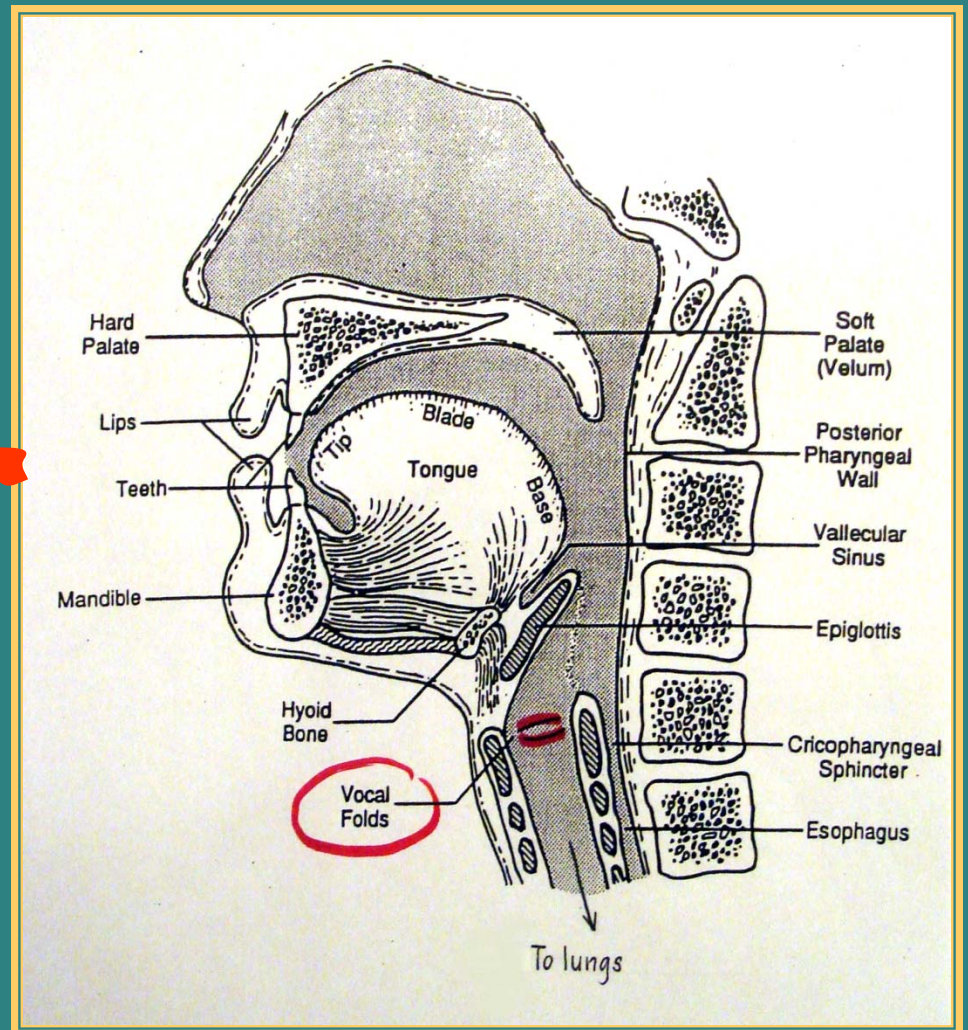
# Dysphagia

To increase patient swallow safety, SLPs may recommend:

- A change in **diet textures**
- **Swallowing precautions**
- **Specific techniques** for eating, drinking and taking oral medications
- **Therapy** to improve swallow function

# What is Aspiration?

**Aspiration** occurs when food or liquid enters the airway below the level of the vocal folds (cords) and may enter the lungs.



# Terminology

## Silent Aspiration

- Pt. does not cough when aspiration occurs

## Pocketing

- Food sticks between the cheek and the teeth/gums after the swallow

## Residue

- Some food or liquid remains in the mouth or the throat after the swallow

# Signs/Symptoms of Aspiration

- **Coughing or Throat Clearing** during meal or immediately after meal
- **Feeling of choking** or that **food is stuck**
- **Difficulty breathing** during meal or immediately after meal
- **Wet, gurgly voice** when eating / drinking or immediately after meal
- **Watery eyes** can also be a symptom of silent aspiration

# Dysphagia Diets

**Most Restrictive to Least Restrictive**

- **Level 1: Dysphagia Puree**
- **Level 2: Mechanically Altered/Ground**  
**Level 3: Advanced - Mechanical Soft**
- **Regular**



# Dysphagia Diets

## Level 1: Dysphagia Purees

- All foods are blended
- Examples of naturally pureed items:
  - Pudding
  - Yogurt without fruit
  - Mashed potatoes
  - Applesauce
  - Cream of Wheat

***Any of these items can be ordered to supplement other pureed food options.***



# Dysphagia Diets

## Level 1: Dysphagia Purees

### Example of a **Pureed** Breakfast Tray

- Pureed French Toast
- Cream of Wheat
- Yogurt



# Dysphagia Diets

## Level 2: Mechanically Altered/Ground

- All meats are ground (exception: baked salmon with sauce is allowed)
- Soft / cooked pasta, vegetables & fruits
- Strained / blended soups
- Hot cereal
- **NO** bread products, rice, or
- **Automatically excludes mixed consistencies**

# Dysphagia Diets

## Level 2: Mechanically Altered/Ground




### Example of a Mechanically Altered/Ground Tray

- Ground turkey
- Gravy
- Green beans
- Mashed Potato
- Tapioca

# Dysphagia Diets

## Level 3: Advanced - Mechanical Soft

- Ground or chopped chicken, beef, and turkey
- Other meats are whole, but can be cut with a 
- Sandwiches
- Soft breads, soft soups, cooked soft vegetables, soft cereal
- Rice



***Rule of thumb:***

***Should be soft enough to mash with a fork***

# Dysphagia Diets

## Level 3: Advanced - Mechanical Soft



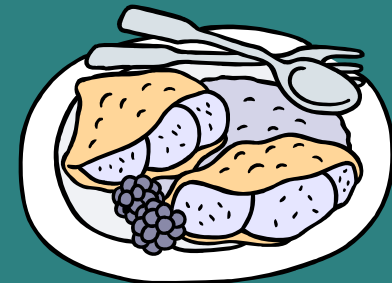
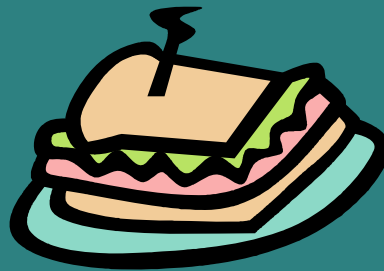
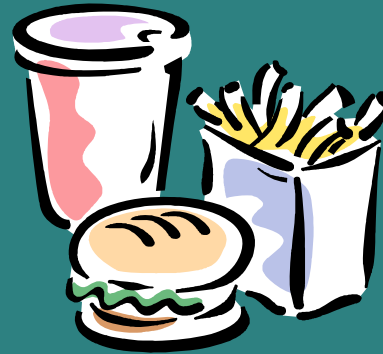
### Example of a Mechanical Soft Tray

- Pasta Toss
- Soup

# Other Diets

**Regular** (this is not a dysphagia diet )

- Normal diet with no modifications/restrictions





# Diet Restriction Options

## **NO Mixed consistency = thin liquid + solid**

- Any food that has both a thin liquid part and a solid part
- Examples:
  - Vegetable soup  
*(broth is a thin liquid, vegetable is solid)*
  - Cold cereal  
*(milk is a thin liquid, cereal is solid)*
- Can be an exclusion on any diet (automatically excluded in Level 2: Mechanically Altered/Ground)

## **NO Straws**

- Can be an exclusion on any diet



# Diet Restriction Options

**NO Mixed consistency = thin liquid + solid**

***It is more difficult to manage  
thin liquids and solids  
at the same time.***

# Liquid Consistencies

## Thickest to thinnest

### Honey thick liquids

- Similar consistency to honey or thick syrup

### Nectar thick liquids

- Similar consistency to buttermilk or tomato juice

### Thin liquids

- “Regular” liquids.
- No modifications needed



# Liquid Consistencies

## Pre-thickened liquids

- Available from Nutritional Services
- Include
  - Fruit juices
  - A dairy item
- Advantages
  - No mixing required
  - They are exactly the correct thickness and do not continue to thicken as they sit

# Liquid Consistencies

## Powdered thickeners

- Available for thickening other liquids



# Liquid Consistencies

## Thin liquids

- In addition to beverages, other items are considered to be a **Thin liquid** because they become liquid at body temperature
  - Ice chips
  - Ice cream and sherbet
  - Jello

***Patients on nectar or honey thick liquids should NOT receive these items.***

# What's Wrong with this Picture?

On this tray, there is a **nectar thick drink**, as well as a soup which contains a **thin liquid**.

Normally, these won't occur on the same tray. But it's always important to **double check for accuracy** before feeding any patient.



# Always Check the Diet Order

Always compare the items on the tray with information on the **Swallowing Precautions Sign** posted at the patient's bedside on **blue paper**. Look specifically at liquid texture and diet texture.

Look for **Service Instructions** such as

- No Straws
- Trays to Desk
- Liquids by Spoon Only
- 1:1 Feeding vs 1:1 Cueing

Items should match blue **Aspiration Precautions Sign**, if not tell RN.



# Swallow Precautions

## No Straws

- Straws make it easy to take a larger sip than is intended, which can reach the back of the throat faster than when a cup is used.
- However, for some patients, straws are actually best.
- Check posted **Swallowing Precautions Sign** to see what's recommended for the patient you are helping.

# Swallow Precautions

- At times you may see **Liquids by spoon only** or **No cup or straw sips** on the **Swallowing Precautions Sign** at the bedside.
- This is for patients who cannot safely swallow more than 1 tsp. sized sips of liquid without being **at high risk for aspiration.**

# Recommendations For Feeding/Assisting Patients to Eat

Provide assistance / supervision as recommended on the **blue** sign.

- **1:1 Feeding** → Someone feeds the patient
- **1:1 Cueing** → Someone monitors and cues patient as needed to follow the posted precautions
- **Intermittent** → Ensure Oral care and set-up, intermittently check on patient

(P.O. is an abbreviation for “by mouth” in Latin)

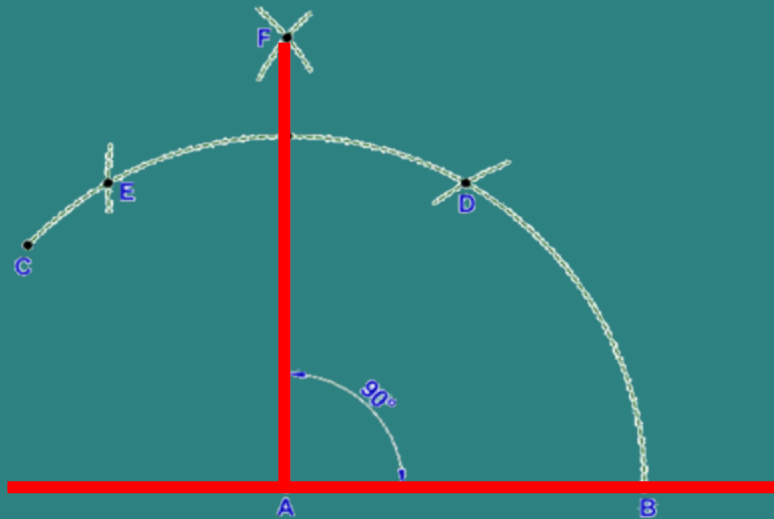
# Recommendations For Feeding/Assisting Patients to Eat

- Patient should be fully upright at or near **90 degrees**.
- If in bed, the head of the bed should be fully elevated **after the patient is properly positioned**.



# Recommendations For Feeding/Assisting Patients to Eat

Reminder: **90 degrees** is a “right angle”.



Patients always should be sitting as close to a **90 degree position** as possible any time they are eating, drinking or taking oral medications.

# Recommendations For Feeding/Assisting Patients to Eat

Before feeding any patient, complete oral care:

## Why is oral care so important?

- Aspiration of pathogens from previously colonized oropharynx is the primary pathway by which bacteria gain entrance to the lungs.
- # of decayed teeth, frequency of teeth brushing, and dependency for oral care = higher predictors of aspiration pneumonia than dysphagia (Gleeson et al., 1997)
- Pts who are dependent for oral care have significantly more plaque and gingivitis than independent pts (Coleman, P., 2002)
- Effective oral care significantly reduces incidence of pneumonia (Yoneyama, 2002).
- Intensive oral care may reduce incidence of pneumonia by improving cough reflex (Watando, Ebihara, et al., 2004)

# Oral Care: What, When, and How?

## What?

- Pen light
- Toothbrushes
- Suction toothbrushes and sponges
- Toothpaste
- Toothettes
- Antiseptic oral rinse (SCOPE)
- Mouth Moistener



# Oral Care: What, When, and How?

## When?

- Most importantly before breakfast
- Before and after every meal
- Before water if pt is on Free Water Protocol
- Every 2-4 hours for NPO pts (including intubated/ventilated pts)

# Oral Care: What, When, and How?

## How?

- Upright or nearly upright position
- Visually inspect with pen light (remove dentures)
- Soft toothbrush and fluoride toothpaste
- Clean all surfaces (teeth, gums, palate, tongue)
- Rinse with antiseptic mouthwash (Scope)
- Mouth moistener if needed

# Oral Care: What, When, and How?

## Special considerations:

- Dentures: brush with non-abrasive gel paste. At night soak for 15 min in denture cleaning product. Rinse and store overnight in water.
- Edentulous: toothette with alcohol free antibacterial oral rinse. Brush tongue with toothbrush.
- Intubated/Ventilated Pt. oral care more important than ever! Use suction toothbrush/sponge and antibacterial oral rinse (Scope).

# Oral Care: What, When, and How?

## Special considerations:

- Severe aspiration risk:
  - Adequate oral control and ability to spit
    - Proceed as usual with head positioned over sink or tub to avoid swallowing
  - Inadequate oral control
    - Hang head over sink or tub
    - Suction toothbrush if available
    - Small amount of toothpaste
    - Rinse with dry toothette or gauze
    - Optimize bacterial prevention with Scope mouthwash

# Oral Care No No's

- Don't use toothettes to clean teeth. They don't remove plaque
- Don't use toothettes with water only. Does nothing for bacteria
- Don't assume the mouth is clean without looking

# Recommendations For Feeding/Assisting Patients to Eat

- Know whether or not the patient wears **dentures** or **partial dentures** and if they are in place.
- Always leave dentures / partials soaking in water or cleaning solution in a labeled denture cup.
- If left dry, dentures can change shape and become unusable.

*When not in use, remove partial dentures, since they can be a choking risk!*

# Recommendations For Feeding/Assisting Patients to Eat

If the patient needs supervision and / or assistance with oral intake, **NEVER leave food or drink within their reach or sight** (Don't tempt them to try to get up, which risks a fall)





# Recommendations For Feeding/Assisting Patients to Eat

Carefully observe the patient to make sure they have swallowed before taking the next bite or sip.

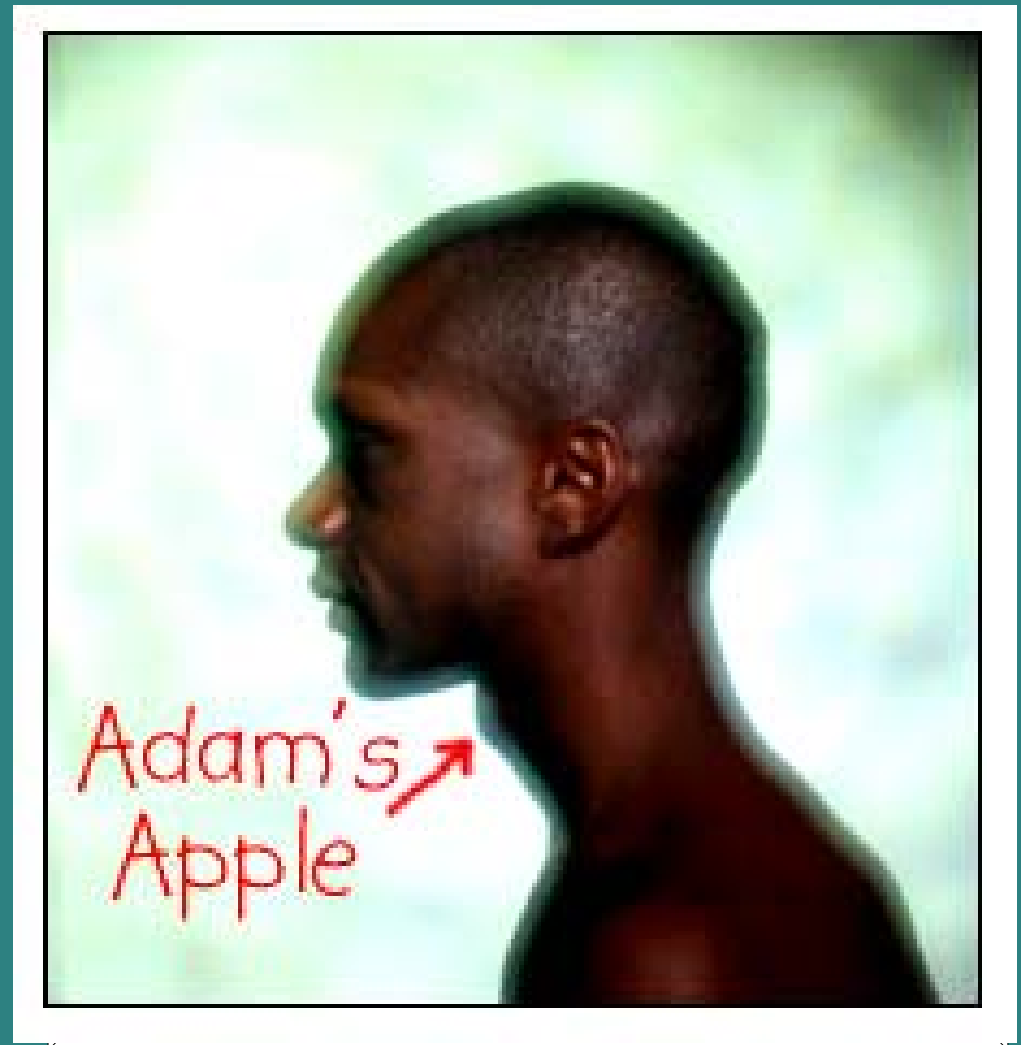
An empty mouth does **NOT** mean the patient has swallowed.  
It only means the food / liquid is no longer in the mouth.

# Recommendations For Feeding/Assisting Patients to Eat

Watch to see  
the **Adam's apple  
(larynx) rise and  
fall.**

Unless you see up and  
down movement, the  
swallow has not  
occurred.

[adams apple video  
demo](#) (click to view)



# Recommendations For Feeding/Assisting Patients to Eat

**STOP** feeding and inform the RN if...



- You aren't sure if the patient is **swallowing**
- The patient **can't stay awake**
- The patient shows signs/symptoms of **aspiration**

# Recommendations For Feeding/Assisting Patients to Eat

When helping patients to eat or drink, be aware of the following:

- **RATE**            Go slow!
- **AMOUNT**        Small bites and sips
- **SWALLOWS**    Watch for Adam's apple (larynx) to

**Go up and down**

# Remember the Signs & Symptoms of Aspiration

- **Coughing or Throat Clearing** during meal or immediately after meal
- **Feeling of choking** or that **food is stuck**
- **Difficulty breathing** during meal or immediately after meal
- **Wet, gurgly voice** when eating / drinking or immediately after meal
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# Swallow Techniques

- The appropriate swallow techniques will be determined by the **Speech Language Pathologist (SLP)**, according to the results of the Swallow Evaluation.
- To know which techniques are best for your patient, read the blue **Swallowing Precautions Sign** posted at the bedside and cue patients to these techniques, as needed.

# Swallow Techniques

- The following slides describe some of the most common swallow techniques that you may see on the blue **Swallowing Precautions Sign** at the patient's bedside.
- You may be required to cue the patient to use these techniques during meals.

# Swallow Techniques

## Double Swallow

The patient **swallows an extra time** before taking the next bite/sip.

This technique helps clear any food and liquid residue which may remain in the throat.



# Swallow Techniques

## Alternate Liquids and Solids

- Cue the patient to take a bite.
- When it has been completely swallowed, next have them take a sip, and so on.
- This technique clears food residues that may be left in mouth or throat.

***“Wash it down”***

# Swallow Techniques

## Effortful Swallow

- The patient should **swallow “hard”** as if swallowing a pill or something dry.
- This technique is helpful for people who have weakened swallow muscles.

# Swallow Techniques

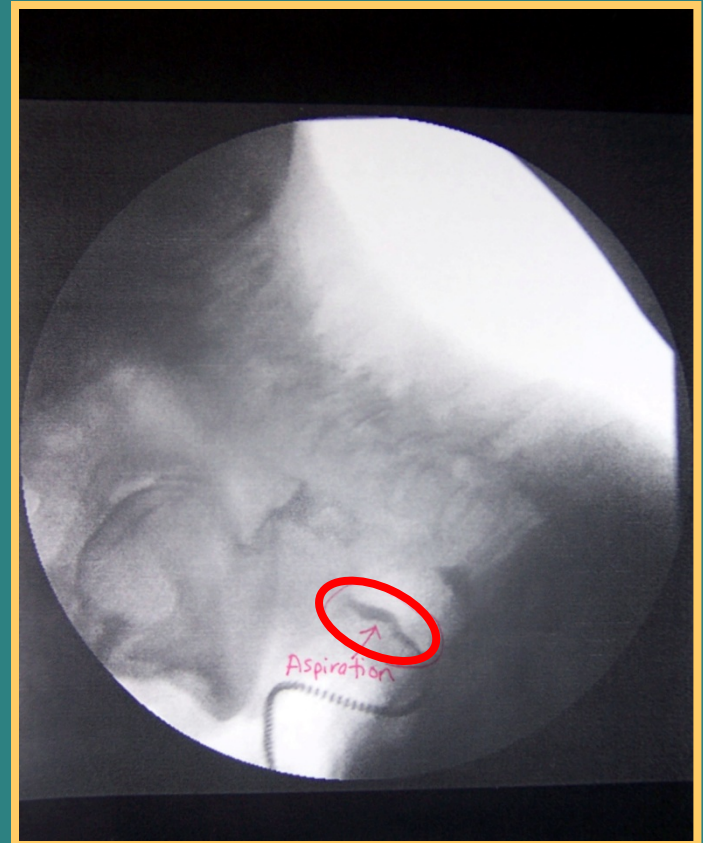
## Chin Tuck

- The patient tucks chin close to chest before the swallow and keeps chin down until finished swallowing.
- This technique reduces chance of aspiration for some patients, however...

# Swallow Techniques

Chin tuck does not help all patients!

- The patient to the right aspirated more WITH the chin tuck.
- It should only be used if recommended by the SLP.



# Swallow Techniques

## Swallow, Cough, Swallow

May help to prevent food or liquids from going “down the wrong pipe” (trachea).

# Tracheostomies

- In general, most people with new **tracheostomies** placed will be evaluated by speech pathology. Discuss this with the MD if you have questions/concerns
- Patients admitted with existing trachs that have been eating and show no new problems generally do not need to be seen by speech pathology.

# Summary

- If you have any concerns regarding the swallowing safety of any patient, always discuss those concerns with the RN.
- If a full swallow evaluation is needed, an order will be obtained from the MD.
- An SLP will evaluate the patient and provide recommendations and treatment.

# Summary

By understanding and following the SLP recommendations regarding diet, swallow techniques, and precautions shown on the **Swallowing Precautions Sign**, you are...

Helping your patients stay

- Nourished
- Hydrated
- Comfortable
- Free of aspiration / pneumonia



You have completed the module

# **Care of the Patient with Dysphagia**

***Thank you!***