



Good practice guidance for the management of dysphagia for Learning Disabilities (LD)

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Type of document	Guidance	
Target audience	Learning Disabilities Speech and Language Therapists	
Document purpose	This guidance sets out standards to ensure that adults with learning disabilities receive the highest possible level of assessment, care and support to minimise risk whilst striving to maintain quality of life.	

Document consultation	LD services	
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CWP documents to be read in conjunction with	HR6	Mandatory Employee Learning (MEL) policy
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Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)	
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Financial resource implications	No	
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Select	

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	
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Document change history

Changes made with rationale and impact on practice
1. Full document review and recode to Learning disability services only

External references

References
Chadwick D.D., Jolliffe J., Goldbart J. & Burton M.H. Barriers to caregiver compliance with eating and drinking recommendations for adults with intellectual disabilities and dysphagia in Journal of Applied Research in Intellectual Disabilities, 2006:19 pp 153-162
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Mental Capacity Act Guidance

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1. Introduction

This guidance is to ensure that adults with learning disabilities who have dysphagia receive the highest possible level of assessment, care and support to minimise risk whilst striving to maintain quality of life

The aim is to provide clear guidance to clinicians, professionals and managers operating within Learning Disability Services.

It is recognised that the assessment and treatment of dysphagia benefits from a multi-disciplinary approach to ensure that all aspects of client care are identified and addressed. This could include the following people: GPs nurses, physiotherapists, social workers, dieticians, families, carers, etc.

2. Definition

The term swallowing “refers to the entire act of deglutition from placement of food in the mouth through the oral and pharyngeal stages of the swallow until the material enters the oesophagus through the cricopharyngeal junction” (Logemann, 2001). “The term dysphagia refers to an impaired swallow. The impairment can occur anywhere from the mouth to the stomach” (Perlman & Schulze-Delrieu 1997).

In layman’s terms dysphagia is a term used to describe eating drinking and swallowing difficulties, for example:

- Difficulty chewing;
- Difficulty controlling food, drink or medicine in the mouth;
- Difficulty swallowing food, drink or medicine;
- Getting food stuck;
- Coughing or choking when eating or drinking.

3. Risk

Adults with learning disabilities who have dysphagia who are not appropriately assessed and managed are at high risk of the following:

- Aspiration;
- Dehydration;
- Choking, including death from choking;
- Poor nutrition and weight loss;
- Poor health;
- Anxiety and distress within the family;
- Hospital admission or extended hospital stay;
- Reduced quality of life;
- Poor oral health.

Aspiration is known to cause or contribute to:

- An increased risk of respiratory tract infections;
- Chest infections and aspiration pneumonia;
- Long term lung damage;
- Other lung conditions.

One study suggested that respiratory disease was a leading cause of death in 52 percent of adults with learning disabilities, compared to 15 percent of males and 17 percent of females in the general population (Holins et al 1998, Quoted in Understanding the patient safety issues of people with learning disabilities NPSA, 2004).

4. Consent

Consent will always be considered and assessed as described in the Mental Capacity Act (2005) and in accordance with Trust guidance.

See [appendix 2](#) (dysphagia benchmarks) for more information.

5. Duty of care

All people referred to the community teams who are at risk of dysphagia will be identified, screened and prioritised.

An initial assessment will be completed.

The person will be involved in the assessment of their dysphagia and involved in the development of a management plan for the safe management of their dysphagia or best interest decisions will be applied.

Further assessment and intervention will be carried out as required.

The person will be discharged appropriately once assessment and intervention has been completed.

Please see dysphagia pathway in [appendix 1](#) and dysphagia benchmarks in [appendix 2](#) for more detail.

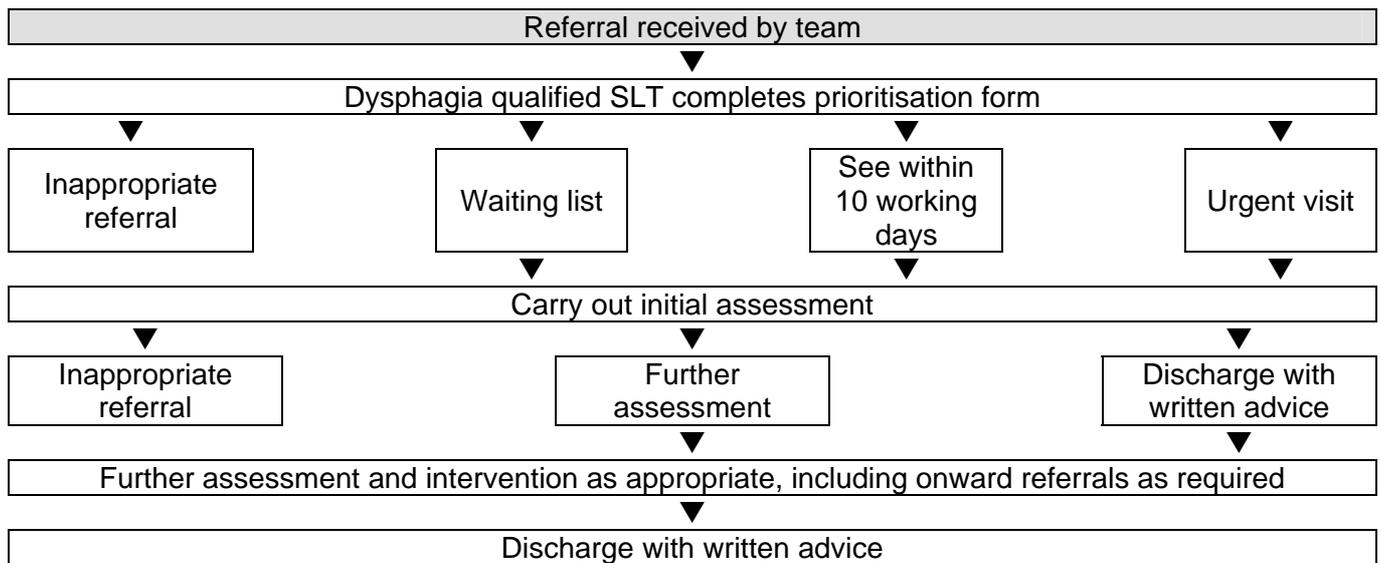
6. Training and education

Training is an important part of minimising the risk related to dysphagia. Speech and Language Therapists recommend training for all staff working with people at risk of dysphagia and will provide this upon request.

Managers will ensure that staff within their areas are aware of dysphagia and how to access the training at a level appropriate to them.

Speech and Language Therapists working with people with dysphagia need to keep up to date with national policy developments, clinical practice, new approaches, etc. This will be implemented via therapists' personal development plans.

Appendix 1 - Dysphagia pathway



Appendix 2 - Dysphagia benchmarks

All people with learning disabilities at risk of dysphagia are screened and prioritised:

- The SLT is made aware of the dysphagia referral as soon as possible after they are received by the team;
- The dysphagia screening and prioritisation form is completed by a dysphagia trained SLT within two working days of receiving the referral;
- Appropriate visits are arranged depending on the outcome of the screening and prioritisation; this may also include no further action if the referral is assessed as inappropriate;
- After initial visit, information re. the effectiveness of the screening and prioritisation tool is transferred onto the data base;
- The screening tool will be reviewed every three years.

An initial assessment is completed:

- There is evidence that a case history has been taken;
- Questions have been asked about the person's oral hygiene;
- Where appropriate the assessment process is discussed with the person with learning disabilities and their carers (see benchmark for consent);
- The person has been observed eating and drinking;
- There is evidence that the risk and outcome document has been completed;
- Interim guidelines have been completed and left as appropriate, or advice given;
- Monitoring forms are left as appropriate;
- Modifications to consistency and texture of food and drink are made if required;
- Actions for future interventions have identified.

The person with learning disabilities has been involved in the assessment of their dysphagia and involved in the development of a plan for the safe management of their dysphagia or best interest has been applied (using the Mental Capacity Act 2005)

- The individual is assessed as to their capacity to give consent; the outcome of this is recorded in their clinical notes;
- Where a person has capacity, information will be provided in a format accessible to the person about their assessment and treatment;
- Practitioners will adhere to CWP guidance regarding the Mental Capacity Act.

The person with learning disabilities has had the appropriate further assessment and intervention.

- As appropriate the following has been considered / actioned:
 - The person has been observed in a range of settings and at different times;
 - Laryngeal palpation;
 - Cervical auscultation;
 - Pulse oximetry;
 - FEES;
 - Videofluoroscopy.

NB There is no standardised assessment available for this area.

- The "medical information letter" will be sent to the person's GP, or evidence of contact being made with the GP for medical information;
- Liaise with other professionals as appropriate and make onward referrals if necessary;
- Evidence of multi-disciplinary/ multi-agency liaison and involvement where appropriate, including attendance at best interest meetings;

- Discuss medication with pharmacist if person is having difficulty managing their current prescription safely;
- Trial different consistencies and/or equipment and observe whether this was a success or not;
- Where care notes is used, if dysphagia is a new diagnosis send out “new risk” letter to GP and create an alert on care notes saying “this client has dysphagia”;
- Relevant CWP documentation completed within timescales;
- Evidence that information is accessible to the individual where appropriate;
- Evidence that, where appropriate, training has been offered to carers.

The person with learning disabilities is discharged appropriately once assessment and interventions are complete.

- Guidelines are provided for the carers and where appropriate these will be made accessible, these will include recommendations regarding:
 - Allergies;
 - Medication;
 - Equipment;
 - Environment;
 - Positioning;
 - Consistencies;
 - Support and feeding techniques;
 - Communication;
 - Reasons for re-referral.
- Discharge report sent to GP including information about:
 - Referral details;
 - Background information;
 - Summary of assessments;
 - Copy of guidelines;
 - Risks and how they have been reduced;
 - Reason for discharge;
 - Advice about re-referral.
- Risk and outcomes document completed and discussed with carers and person with learning disabilities if appropriate;
- All relevant CWP documentation has been completed.