Tips for Nurses:
Dysphagia

What it is: Dysphagia is defined as difficulty swallowing food or liquid, including medications in liquid or tablet form.

Why it matters: Dysphagia is common in people with a progressive life-limiting illness including cancer, dementia, motor neurone diseases (MND), and Parkinson's disease.

Dysphagia should be diagnosed by a speech pathologist, and can lead to:

- poor nutrition
- dehydration
- aspiration
- asphyxiation
- pneumonia.

Nurses can plan care in response to the person's needs and capacity, to maximise comfort and reassure their family.

What I need to know: Any changes to the normal function of the mouth, pharynx, larynx and oesophagus can cause dysphagia. This includes physiological changes associated with ageing or the side effect of medication. It is common in the terminal phase.

Dysphagia may be due to an obstruction or a mechanical problem of the mouth, throat or oesophagus.

People with dysphagia may also experience difficulty with speech, a facial droop, and difficulty controlling head or neck movements.

Side-effects of radiation and chemotherapy for cancer include development of xerostomia (dry mouth) or mucositis (inflammation of mucous membranes). These can lead to dysphagia.

A multidisciplinary approach including a dentist can help manage the treatable causes of dysphagia such as dry mouth, dental problems and medications affecting swallowing. A speech pathologist can assess a person's ability to swallow and give recommendations for safe diet and fluid textures, and mealtime positioning.

If appropriate, non-oral routes for nutrition and hydration may be considered, however this is often considered futile in end-of-life care. If being considered, a case conference with the family and health care team should be held to discuss prognosis in relation to artificial feeding, risks and options.

Actions

Look for and refer to a speech pathologist if the person is:

- choking when eating or drinking or a feeling of food sticking in the throat
- drooling of saliva or food escaping from the mouth
- coughing during or after eating or drinking
- very slow eating and drinking times
- refusing food and fluids
- retaining food and fluids in the mouth
- losing weight.

Explain safe food and fluid recommendations based on speech pathologist assessment.

In the terminal phase, if wanted, the family could be taught how to give mouth care and moisten the person's mouth as a comfort care strategy.

Oral care and positioning remain important for comfort and safe swallowing.

Food and fluids must be the correct consistency. Ask a speech pathologist to reassess as required.

Remember people with dysphagia may not be able to take medication by mouth. Discuss other routes such as subcutaneous with the prescriber.

Tools

Malnutrition Universal Screening Tool (MUST)

Mini-Nutritional Assessment Short-Form (MNA®-SF)

Name:

My reflections:

How would I manage a situation where the family were insisting on bringing in food from home for a person in my care with an unsafe swallow? Who could I ask from the health care team to support a conversation with them?

My notes:

See related palliAGED Practice Tip Sheets:

Advanced dementia

Nutrition and hydration

Oral care

For references and the latest version of all the Tip Sheets visit

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