

End of Life Care – Swallowing Advice

For all carers and professionals

This advice is intended to help you support people receiving End of Life care who are still indicating they have a desire to eat and drink, but who due to frailty and fatigue find it increasingly difficult to chew and swallow. Referral for a specialist swallowing assessment is not usually required.

Begin by referring to your care plan to see if there is documentation in place around eating and drinking. E.g. There may be an Advance Care Plan with a best interest's decision specifying whether a person would like to continue eating and drinking in spite of associated risks.

A person's wishes may need to be reviewed as their condition changes.

In terms of eating and drinking, **the following things** may make someone more comfortable.

- Consider each person and situation individually
- Ensure the person is sat as upright as possible
- Only give food and drink when as alert as possible
- Offer food and drinks little and often
- Try offering smaller amounts e.g. from a teaspoon
- Try cold items, ice-lollies can be made into favourite flavours
- Try fizzy drinks
- Always give as often as is needed – see advice at end of document

REMEMBER:

Withdrawing from eating and drinking is a natural part of the dying process

- If food and drinks are sitting in the mouth for **more than 10** seconds without being swallowed (look for the larynx / voice box rising) – there may be no pleasure or benefit to the person
- Focus on making the person **comfortable** and keeping the mouth fresh and moist.
- Always **take the lead from the person** whether through verbal or non-verbal communication

Strategies to optimise swallow function

Which strategies you try will depend on the person's presentation - taking into account level of alertness, positioning, appearance of mouth, degree of weakness of jaw, lips, tongue, and speed the person is able to swallow.

To help increase level of alertness and prime muscles for effective swallowing:

- Wipe face and neck gently with soft, dampened, warm face cloth
- Provide mouth care (see end of document) before and after intake if needed – perhaps use a moistened gloved finger around gums and tongue
- If little tongue movement - Supporting the jaw, massage under the chin gently in a forward rotatory movement - This will promote movement of the jaw and tongue necessary for swallow

Drinks

To help a controlled swallow – consider how the drink is offered and the amount given in a sip:

- **Short wide cups** or cut away or slanted cups can be easier to angle (e.g. Nosey cup, Handy cup)
- **Sports bottles and small spouted beakers** or tippy cups may help with rate of flow
- Give on a **teaspoon** - drawing upwards, promoting the lip seal required for an effective swallow
- Encourage **small single sips** and pause between mouthfuls to allow a rest and a breath

If persistently coughing when drinking and this is distressing to the individual

- after consideration of positioning and method of delivery
- Try out drinks which are more viscous than tea or water
- Thickened drinks can be naturally thick (e.g. milk shakes, thick fruit juices, smoothies) or with the agreement of the GP a thickener can be prescribed. This may reduce coughing and result in a more comfortable swallow although some people find thickeners unpalatable, so it is a balance. Try thickening drinks incrementally beginning with IDDSI Slightly Thick / Level 1, then try Mildly Thick / Level 2 to see which is needed to reduce or eliminate cough on swallowing.
- Visit www.iddsi.org for explanatory information and videos

Food

Chewing food and moving food back in the mouth to swallow may be tiring:

- Experiment with different foods and textures (see IDDSI guidance)
- If the person is very weak, **pureed, or liquidised foods** maybe easier
- If the person is having very little intake – **focus on** the specific foods a person likes – this may be ice cream or sorbet – **things that will feel refreshing**

Associated symptoms:

Thickened secretions - Pineapple juice has been suggested as helping reduce thick secretions. Milky foods can increase them.

Excessive secretions - Rather than excessive secretions, sometimes secretions can pool in the throat when a person cannot automatically swallow. This can be distressing. Initially try repositioning.

- Liaise with the GP for advice re: pharmacological management of symptoms
- Community Physiotherapy Respiratory Service may be able to give advice

Dry mouth - This can be a problem especially if mouth breathing. Provide regular oral hygiene.

Rather than mouth swabs, which can be a choking risk, try using a small children's toothbrush with artificial saliva gel e.g. Xerotin. BioXtra gel may be more beneficial in the drowsy or unconscious patient. Ensure lips are kept moist using oral BioXtra gel or similar. The GP or pharmacist can supply these.

Oral hygiene

Give mouth care hourly (as a minimum) in the unconscious patient or where fluid intake is poor.

Use of a very soft toothbrush is recommended for effective cleaning.

The person with dentures:

- Remove dentures from the person's mouth and clean the dentures using a toothbrush or denture brush. Rinse the dentures well after cleaning.
- If the person is able to rinse their own mouth give them a cup of water and encourage them to rinse and spit into a bowl.
- Brush the soft tissues in the mouth using a soft toothbrush to remove food debris. Rinse with water or appropriate mouthwash.
- Remove toothpaste foam from the mouth but do not rinse away the toothpaste with water.
- If the person is able to do so encourage them to spit the toothpaste foam into a bowl.
- If they need assistance use a toothbrush, or moistened gloved finger or similar
- Discard any unused mouthwash. Clean toothbrush, dry thoroughly and store in a clean, dry place.

The person with their own teeth:

- If the person is able to rinse their own mouth give them a cup of water and encourage them to rinse and spit into a bowl.
- Brush teeth using a soft toothbrush and toothpaste. Ensure all the teeth surfaces have been cleaned.
- Remove toothpaste foam from the mouth but do not rinse away the toothpaste with water.
- If the person is able to do so encourage them to spit the toothpaste foam into a bowl.
- If they need assistance use a toothbrush, or moistened gloved finger or similar
- Discard any unused mouthwash. Clean toothbrush, dry thoroughly and store in a clean, dry place.

Supporting guidance:
STHFT Nursing Care Guidelines:
Hydration 435
Nutrition 438
Mouth Care 441