

Dysphagia and Use of Thickener in Care Homes

Background

- Thickeners are indicated when people with dysphagia require liquids to be thickened in order for them to swallow safely.
- They act by slowing down the transit of fluids to allow the patient more time to co-ordinate their swallow.
- Evidence on their use and benefits has been questioned O’Keefe (2018) and therefore any decision to recommend their use should be made by a qualified health care professional e.g. a Speech and Language Therapist, monitoring any potential side effects such as reduced fluid intake or possibility of increased chest infections.

Choice of Thickener

- There are two main types of thickener available: Gum and Starch based thickeners.
- **Clear gum based thickeners (e.g. Nutilis Clear or Resource Thicken up Clear) are preferred due to their improved stability and palatability.**
- We have asked Primary care prescribers to prescribe Nutilis Clear (175g tins) unless your care home primarily uses Resource Thickenup Clear (127g tins). It is advised that you use one main brand of thickener in your home to reduce errors regarding number of scoops required.

Staff Training

- Carers involved in feeding people with dysphagia and the preparation of thickened drinks and modified diet should be adequately trained to ensure that they are safe to do so. A national online training package for care home staff on dysphagia can be found at:

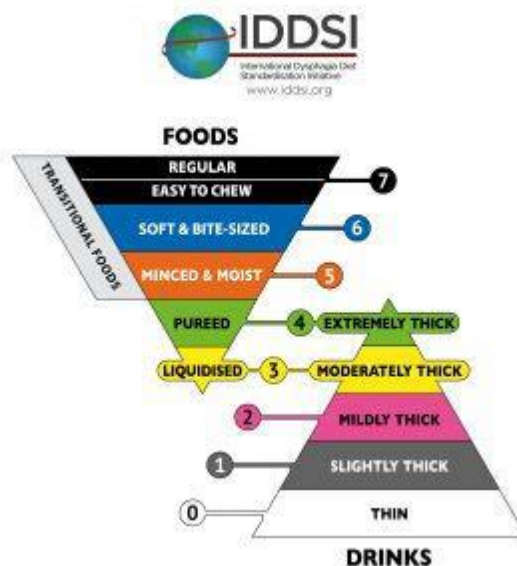
<https://www.e-lfh.org.uk/programmes/dysphagia/>

- To reduce errors in use, care homes should keep the number of different types of thickener in use to a minimum and ideally have only one brand of thickener in use in the home that staff are trained in using. However, staff should not automatically request switching patients who have been on a certain thickener product for a long period of time without consulting their speech and language therapist.
- Managers, care staff and kitchen staff should all be familiar with the International Dysphagia Diet Standardisation Initiative framework as outlined below.
- The use of unclear terminology such as ‘soft diet’ has been highlighted as a safety risk and staff should instead refer to the terminology below if making any adaptations to patient’s diet.

International Dysphagia Diet Standardisation Initiative.

The International Dysphagia Diet Standardisation Initiative (IDDSI) is an evidence-based framework developed by experts to standardise the names and descriptors of texture modified foods and thickened liquids. The framework has eight levels (0-7) which are colour coded as shown in the diagram overleaf.

When prescribing a thickener, guidance should be given on the recommended IDDSI level that drinks should be thickened to.
Thickening level required
IDDSI 0 – Thin (no thickener needed)
IDDSI 1 – Slightly thick
IDDSI 2 – Mildly thick
IDDSI 3 – Moderately thick
IDDSI 4 – Extremely thick



The International Dysphagia Diet Standardisation Initiative 2016
 @<https://iddsi.org/framework/>

Monitoring

Care home residents with dysphagia are more at risk of chest infections, dehydration and weight loss and staff should ensure that these risks are being adequately monitored as part of their care plan. They should also have an oral care plan that ensures good oral hygiene and regular dental checks are maintained.

Staff should observe for signs such as: coughing /choking when eating or drinking, wet or 'gurgly' voice after eating/drinking, breathlessness during and after eating/ drinking and contact SALT with any concerns. If concerned over signs of a chest infection they should seek medical advice.

Thickeners are not an alternative for reducing supervision and support needed for patients with dysphagia at drink and meal-times.

Recording

Care plans must contain clear documentation of consistency of food and drinks, and duration of treatment.

MAR charts should list the thickener and consistency prescribed. It is not appropriate to record every administration on the MAR, as MAR design does not usually support this, but it should refer the reader to the fluid intake chart/thickener record used.

Medications

Any drinks (e.g. water) given with oral medication will need to be thickened. Medication in liquid form may also need to be thickened to the correct consistency. Thickeners are not licensed for mixing with medicine so decisions on medication administration should be made on an individual bases and be clearly documented. **A pharmacist must be involved in this decision.**

Thickening a medication can also affect how a medicine works and monitoring will be required after a change. Generally speaking, medication is more slowly absorbed from thicker fluids and not all medicines have been tested with thickeners. Seek review of other medications to ensure they are suitable for those with dysphagia.

Prescription ordering & Storage

Check stocks before ordering further supplies of thickeners to reduce overstocking and waste.

Medication should not be disposed of automatically each month; unopened stocks should be carried forward. Once opened Nutilis Clear and Resource Thicken up Clear have an expiry of 4 weeks. Staff should note when tins are opened and when they need to be disposed of.

There has been a case of death by accidental ingestion of thickening powder by a care home resident. Consider carefully where thickeners are kept to minimise risk to residents (For example in a locked medicines room/cupboard). Consider completion of risk assessment documentation if thickener is to be left out to be readily available to a resident.

References:

Presquipp Bulletin 100 Appropriate prescribing of thickeners in dysphagia May 2015

NHS England. Patient safety alert- Risk of death by asphyxiation after accidental ingestion of thickening powder Feb 2015

O'Keeffe ST. Use of modified diets to prevent aspiration in oropharyngeal dysphagia: is current practice justified? BMC Geriatr 2018; 18: 167. <https://doi.org/10.1186/s12877-018-0839-7>.

NHS England. Patient safety alert – Resources to support safer modification of food and drink. June 2018

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