Tips for Careworkers: Dysphagia

What it is: Dysphagia is difficulty swallowing. The person finds it difficult to swallow food or liquid, including medications in liquid or tablet form.

Why it matters: Dysphagia is common in older people and people in palliative care. Careworkers have an important role in supporting oral care and positioning of the person. Dysphagia can lead to:
• poor nutrition
• dehydration
• aspiration (breathing a foreign object or liquid into an airway)
• asphyxiation (lack of oxygen)
• pneumonia.

What I need to know: Any changes to the normal function of the mouth, pharynx or larynx or oesophagus can cause dysphagia. Dysphagia may be due to:
• changes associated with ageing
• the side effect of medication
• treatment including radiation and chemotherapy for cancer.

Dysphagia is common in advanced or terminal illness. Dysphagia is also associated with neurological conditions particularly:
• dementia
• Parkinson’s Disease (PD)
• Motor Neurone Disease (MND)
• stroke.

Note: People providing meal time assistance should have received training in assisting people with swallowing problems and managing choking episodes.

Do: Look out for and report to nursing/supervisory staff if a person:
• chokes when eating, drinking or taking medication
• has the feeling of food sticking in the throat
• dribbles or has food escaping from the mouth
• coughs during or after eating, drinking or taking medication
• eats or drinks very slowly
• refuses food and fluids
• doesn’t swallow food, fluids or medication but keeps it in the mouth.

Do: When someone is dying, their family can be upset that they are not eating or drinking. You can:
• reassure the family
• let them offer the person sips of water or if appropriate moisten the mouth with a wet swab.
**My reflections:**

Dysphagia is difficulty with what?

What are some of the signs I should look out for and report to nursing/supervisory staff?

**My notes:**

See related palliAGED Practice Tip Sheets:
- Advance Dementia
- Nutrition and Hydration
- Oral Care