

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 serious life-limiting illness including cancer, dementia, Motor Neurone Diseases (MND), and Parkinson's Disease.

Dysphagia 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 care.

If appropriate, other routes may be considered including artificial nutrition via percutaneous endoscopic gastrostomy tube. If indicated, refer to the person's Advance Care Directive and discuss with family the risks and options of alternative management choices.

Actions

Look for:

- 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
- weight loss.

Explain to family the consequences of giving and not giving food or liquid. In the terminal phase, carers and family can be encouraged to give sips of water or, if appropriate, to moisten the person's mouth with a swab.

Oral care and patient positioning remain very important to maximise swallowing. This also reassures family that the person is being cared for.

Food and fluids must be the correct consistency, ask a speech pathologist for help with care planning.

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

Tools

Tools that may be useful include:

Malnutrition Universal Screening Tool (MUST)

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

Name:

My reflections:

When was the last time a careworker informed me that someone was having difficulty with dysphagia and what was my response?

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
www.palliaged.com.au/PracticeTipSheets