

# Standard Operating Procedure (SOP) for the management of oropharyngeal dysphagia ACUTE ADULT SETTING



## Aim

This SOP provides additional **acute specific information** relating to the local application of the **'Policy for the Management of People with Swallowing Difficulties as a Result of Oro-pharyngeal Dysphagia across NHS Greater Glasgow and Clyde (NHSGGC)'**

The aim of the above policy is to ensure a **consistent, standardised approach to the management of oropharyngeal dysphagia** across the variety of in-patient settings. The policy promotes individualised, patient centred care and encourages joint decision making, particularly in relation to consent and capacity issues, advanced directives and/or expressed wishes.

## Scope

The above Policy deals with **dysphagia involving the oral cavity and pharynx. Oesophageal swallowing disorders are not covered by this document.**

The full policy covers all children and adults, within NHSGGC and applies to all clinical and healthcare staff involved with the care of patients with oropharyngeal dysphagia.

## Statement

All HCW must adhere to the 'Policy for the Management of People with Swallowing Difficulties as a Result of Oro-pharyngeal Dysphagia across NHS Greater Glasgow and Clyde (NHSGGC)' and to the associated **standard operating procedure** for the management of oropharyngeal dysphagia in acute settings.

## Monitoring and Review

This SOP will be reviewed in line with review of the policy.

## 1. Screening and Referral

- Nursing staff completing the administration process for new admissions will check for existing swallowing difficulties.
- Nursing staff will document and share any current recommendations with all relevant MDT staff at the admission stage.
- Where existing oropharyngeal dysphagia is identified without suspicion of new changes and where diet, fluid or swallowing recommendations are already in place (as outlined in patient notes area of Clinical Portal), nursing staff will order relevant diet and fluids for the patient.
- A 'Safer Swallowing Recommendations' sheet will be completed by ward staff detailing the relevant existing recommended diet. This will be retained for reference according to local processes.
- Where existing oropharyngeal dysphagia is identified and no information is known regarding diet, fluid or swallowing recommendations, Nursing staff will check the patient's usual diet and fluids at home.
- Where new oropharyngeal dysphagia is identified nursing staff will follow the existing process and complete STOPSS (Screening Test for oro-pharyngeal swallowing symptoms).
- A 'Safer Swallowing Recommendations' sheet will be completed by ward staff detailing the advised recommendations. This will be retained for reference according to local processes.
- Nursing staff will refer relevant patients to Speech & Language Therapy (SLT) according to the existing STOPSS process via Trakcare. Referrals can only be accepted via this method.
- Patients referred to SLT will normally be responded to within 2 working days.

## 2. Assessment and Recommendations

- SLT will advise and assess as required (please refer to main policy document)
- SLT will document the assessment outcome, recommendations and team communication under 'Patient Notes' in the clinical portal.
- A 'Safer Swallowing Recommendations' sheet will be completed by the SLT with the advised recommendations and retained for reference according to local processes The SLT will discuss documentation and recommendations with ward staff including the proposed plan.
- Nursing staff are responsible for ensuring that recommendations are shared with all relevant parties as appropriate (ward staff, Multi-Disciplinary Team colleagues, staff issuing refreshments, family/carers, visitors, MDT etc).
- SLT assessment may result in recommendations for diet and fluid modification and will employ the relevant consistent use of terminology i.e. IDDSI (International Dysphagia Diet Standardisation Initiative) terminology for diet and fluid modification.
- SLT assessment may also result in recommendations for the use of swallowing strategies or advice as indicated (please refer to main policy document).
- SLT assessment may result in recommendation for further investigation (e.g. video-fluoroscopy) or consideration of alternative methods of nutrition/hydration (e.g. enteral feeding tube).
- SLT will review and revise recommendations if required.
- SLT will liaise with receiving SLT on discharge from hospital if follow up as required.

# Acute In-patient Oropharyngeal Swallowing Problems - Standard Operating Procedure

(Please see NHSGGC Food, Fluid and Nutrition web pages for further information)

