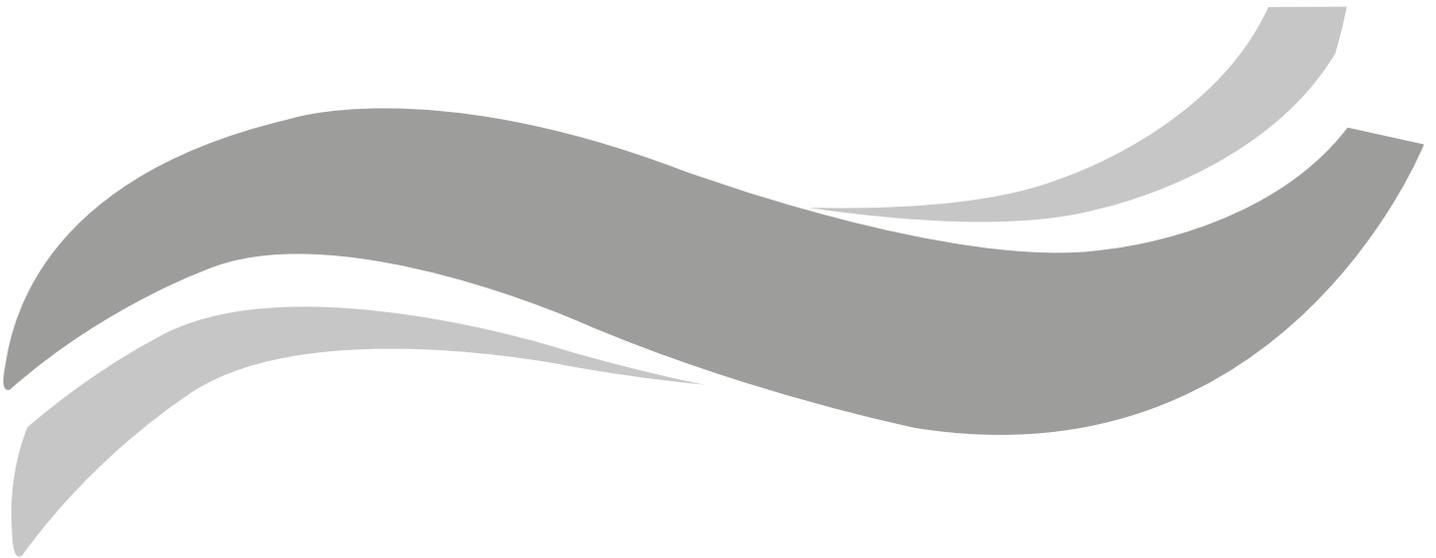


**Standard Operating Procedure (SOP)  
for the management of  
oropharyngeal dysphagia  
PARTNERSHIPS, MENTAL HEALTH  
AND LEARNING DISABILITIES**



	<b>NHS GREATER GLASGOW &amp; CLYDE FOOD FLUID AND NUTRITIONAL CARE PLANNING AND IMPLEMENTATION GROUP (PIG)</b>	Page	1 of 2
		Effective From	
	<b>STANDARD OPERATING PROCEDURE TO COMPLY WITH NHS GG&amp;C SWALLOW POLICY</b>	Review Date	
		Version	1
<b>Please see NHSGGC Food Fluid and Nutrition web pages for further information</b>			

<b>Aim</b>	This SOP aims to ensure a consistent, standardised approach to the management of eating drinking and swallowing difficulties across partnership services including HSCP community services; paediatrics (including acute and CAMHS); adult Mental Health and in patient; learning disability services across a variety of in-patient and community settings.
<b>Scope</b>	This SOP covers all children and adults, within NHSGGC partnerships and applies to all clinical and HSCP staff involved with the care of patients with eating, drinking and swallowing disorders. Scope is limited is limited to dysphagia involving the oral cavity and pharynx. Oesophageal swallowing disorders and behavioural oro-feeding difficulties in children are not included within the remit of this SOP
<b>Implementation</b>	To support the implementation of the SoP, practice guidance to reflect the 3 main partnership areas has been developed ; <ul style="list-style-type: none"> <li>- HSCP Community Services</li> <li>- Paediatrics (including acute)</li> <li>- Adult Mental Health and Learning Disability in-patient settings</li> </ul>
<b>Monitoring and Review</b>	This SOP will be reviewed in line with review of the policy.

# Oropharyngeal Swallowing Problems

## Generic - Standard Operating Procedure

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

New or existing

**Acute, new symptoms of dysphagia**

**Existing, chronic or changing Symptoms of dysphagia**

Current situation

To gather and fully document **new oropharyngeal dysphagia**. This should include level of concern, who is concerned, what you observe, current health status and existing conditions.

To gather and fully document **new oropharyngeal dysphagia**. This should include level of concern, who is concerned, what you observe, current health status, existing conditions, changes and whether dysphagia recommendations exist/ are followed

Communication

Ensure concerns are **discussed with patient/ carers/ other relevant professionals/ MDT & fully documented**, seek appropriate consent and escalate to SLT as per local process.

Ensure concerns are **discussed with patient/ carers/ other relevant professionals/ MDT & fully documented**, seek appropriate consent and escalate to SLT as per local process.

Actions

Refer to local Practice guidance for the appropriate care group:

1. Community adults
2. Paediatrics (including acute)
3. Adult mental health and learning disability in patient

Refer to local Practice guidance for the appropriate care group: [hyperlink to:](#)

1. Community adults
2. Paediatrics (including acute)
3. Adult mental health and learning disability in patient

SLT to establish using agreed prioritisation for current symptom status, diagnosis; agree action plan and refer to practice guidance (within a 10 day working timescale).

SLT to establish current symptom status - Deteriorating/stable/improving ; agree action plan and refer to practice guidance (within 10 working days).

