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Eating, drinking, and swallowing templates

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## Background

**During the development of the pre-registration eating, drinking, and swallowing (EDS) competency framework eLearning, the working group developed the following templates. As part of the eLearning students are asked to complete the templates after viewing a video of a person with EDS difficulties. The working group represented the perspectives of speech and language therapists working with people with EDS from a variety of settings and age groups. The following documents are the consensus agreement of what should be included when taking a case history, completing an oro-facial assessment and when recording an EDS assessment. Not all sections will be relevant to every client, but it can be used as a template to ensure all aspects of the assessment process is considered.**

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**Initial EDS case history template**

|  |  |  |
| --- | --- | --- |
| Demographics | |  |
| Consent | |  |
| Assessment location and time | |  |
| Reason for referral | |  |
| Legal information including:   * Advanced care planning * Power of attorney * Advanced directive * Resuscitation status | |  |
| Communication ability, including languages used | |  |
| Mental capacity | |  |
| Safeguarding | |  |
| Social history | |  |
| Person with parental responsibility/next of kin | |  |
| Client/carer expectations of intervention | |  |
| **Medical information** | | |
| Past medical history including disorders of movement or tone |  | |
| Current mental wellbeing |  | |
| Main diagnosis/presenting condition |  | |
| Level of frailty |  | |
| Prognosis including gold standards framework |  | |
| Sensory impairment   * Sight, hearing, touch, smell, taste * Reaction to sensation * Reflexes |  | |
| Multidisciplinary involvement |  | |
| Medication |  | |
| Sensitivities and allergies |  | |
| Reflux (for adults see RSI below) |  | |

|  |  |
| --- | --- |
| **History/background of dysphagia** | |
| Onset |  |
| Duration |  |
| Stability/progression |  |
| Social and psychosocial impact of difficulties |  |
| Avoidance |  |
| Client/carer description |  |
| Significant swallowing events |  |
| Cultural aspects affecting EDS |  |
| Mealtime routine |  |
| Enjoyment of meals |  |
| Current oral intake |  |
| Mental health/wellbeing of client and carer |  |

|  |  |
| --- | --- |
| **Respiration** | |
| Chest status (current and history) |  |
| Breathing pattern at rest |  |
| Cough |  |
| Oxygen/ventilatory requirements |  |
| S:Z ratio |  |

|  |  |
| --- | --- |
| **Environment, skills, and behaviours** | |
| Positioning |  |
| Skin integrity |  |
| Feeding skills |  |
| Equipment/utensil used |  |
| Environments in which client eats/drinks |  |
| Behaviours or sensory challenges/issues around eating/drinking/mealtimes |  |

|  |  |
| --- | --- |
| **Nutrition and hydration** | |
| Nutrition and hydration status prior to assessment |  |
| Weight/BMI/MUST/Growth and development |  |
| Urinary output |  |
| Faecal output |  |

|  |  |  |
| --- | --- | --- |
| **Risk factors for developing aspiration pneumonia** | | |
|  | **Yes** | **No** |
| Dependence for oral feeding |  |  |
| Dependence for oral care |  |  |
| Poor oral/dental hygiene |  |  |
| Chest concerns |  |  |
| Comorbidities |  |  |
| Multiple Medications |  |  |
| Mobility status |  |  |
| If yes response then patient is at increased risk of aspiration pneumonia (Langmore, 1998) | | |

**Oro-facial assessment for clients with eating, drinking, and swallowing difficulties**

|  |  |
| --- | --- |
| **Mouth care and dentition -** | |
| **Area** | **Comment** |
| Dentures |  |
| Dentition |  |
| Lips |  |
| Tongue |  |
| Gums |  |
| Cheeks |  |
| Palate - Hard and soft |  |
| Under tongue |  |
| Skin integrity |  |
| Level of support for oral care |  |
| Saliva |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cranial nerve assessment -** comment on range, rate, accuracy, and strength | | | |
| **Nerve and function -** | **Possible ways to assess** | **Observations** | **Outcome** |
| V Trigeminal –  Conveys sensation to the face and motor to the soft palate, pharynx, and muscles of mastication | 1. Tissue or cotton to nostrils should produce wrinkling of nose  2. Clench teeth and palpate masseter and temporalis muscles for bulk  3. Strength of masseter and temporalis by jaw opening – against resistance of therapist hand  4. Observation of uvula – indicating weakness of tensor veli palantini  5. Palpate dry swallow for hyoid movement |  |  |
| VII Facial – sensation (taste) to anterior 2/3 of tongue, soft palate, and motor function of facial muscles | 1. Taste – sweet (sugar), sour (lemon swab) or salty (salt)  2. Facial symmetry  3. Raise eyebrows - frontalis  4. Open and close eyes (orbicularis oculi)  5. Pretend to blow candles (orbicularis oris)  6. Puff cheeks out (buccinators) then try to push air out whilst keeping lips sealed (orbicularis oris). Can gently press on cheeks to check the strength of lip seal  7. Close eyes and therapist will gently brush their finger on L+R side of face (forehead, cheek, chin) and ask them to tell you/point where they feel sensation | Changes to facial expression  Blinking  Awareness of anterior loss of saliva  Lip movements during speech/vocalisations/mouthing |  |
| IX Glossopharyngeal – Sensation to posterior 1/3 tongue, soft palate, pharynx, and motor to pharynx | 1. Gag reflex – NB the formal assessment of this is a controversial area within SLT and is not used by all SLT’s | Presence/absence of gag during observation including hyper and hyposensitivity |  |
| X Vagus – sensation to trachea, larynx, pharynx and motor to soft palate, larynx, and pharynx. (Also, oesophageal motility and upper oesophageal sphincter opening and closure) | 1. Observe palatal movement when saying “ah” or “ah ah ah”  2. Posterior pharyngeal wall gag - NB the formal assessment of this is a controversial area within SLT and is not used by all SLT’s  3. Voice quality – breathy or hypernasal possible bilateral weakness  4. Hoarse voice – unilateral weakness  5. Throat clear/cough on command | Voice quality  Coughing at rest |  |
| XI Accessory – motor to shoulder, neck, and soft palate | 1. Shrug shoulders up and stop therapist from pushing them down. Check symmetry and power  2. Head turn to right, stop me pushing it back – feel right sternocleidomastoid. Repeat on left | Observation of head, neck, and shoulder movement.  Head control |  |
| XII Hypoglossal – motor function to tongue | 1. Tongue protrusion  2. Push tongue into cheek, push into cheek against SALT finger. Tongue deviates to side of lesion  3. Observe for presence/absence of tongue fasciculations | Tongue movement during speech/ vocalisations/ mouthing  Tongue movement in response to bolus |  |

**Recording sheet for swallowing assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Trial 1** | **Trial 2** | **Trial 3** | **Trial 4** | **Trial 5** | **Trial 6** |
| **Pre-oral** | **Bolus description (IDDSI level)** |  |  |  |  |  |  |
| **Manoeuvres/ strategies** |  |  |  |  |  |  |
| **Advice** |  |  |  |  |  |  |
| **Volume and temperature** |  |  |  |  |  |  |
| **Position of client** |  |  |  |  |  |  |
| **Head and trunk control lip closure at rest** |  |  |  |  |  |  |
| **Assistance required e.g., position/role/perspective of carer (if being fed)** |  |  |  |  |  |  |
| **Level of alertness/fatigue and communicative ability** |  |  |  |  |  |  |
| **Utensil/ specialist feeding equipment** |  |  |  |  |  |  |
| **Feeding ability** |  |  |  |  |  |  |
| **Pace of feeding – observed or advised** |  |  |  |  |  |  |
| **Pre-oral behaviours** |  |  |  |  |  |  |
| **Oral** | **Bolus removal from utensil** |  |  |  |  |  |  |
| **Lip seal/anterior bolus control** |  |  |  |  |  |  |
| **Bite/suck** |  |  |  |  |  |  |
| **Oral manipulation of bolus (including chewing)** |  |  |  |  |  |  |
| **Changes to saliva** |  |  |  |  |  |  |
| **Nasal regurgitation** |  |  |  |  |  |  |
| **Timing of oral phase** |  |  |  |  |  |  |
| **Oral residue/pocketing** |  |  |  |  |  |  |
| **Pharyngeal** | **Swallow triggered – effort, number, elevation, excursion, timing** |  |  |  |  |  |  |
| **Respiration changes** |  |  |  |  |  |  |
| **Voice quality e.g., wet/breathy** |  |  |  |  |  |  |
| **Globus** |  |  |  |  |  |  |
| **Cough/ throat clearing - (presence, strength, duration)** |  |  |  |  |  |  |
| **Prompts - verbal and physical** |  |  |  |  |  |  |
| **Oesophageal** | **Eructation/ belching** |  |  |  |  |  |  |
| **Regurgitation/ reflux** |  |  |  |  |  |  |
| **Other including sticking sensation, pain** |  |  |  |  |  |  |
| **Other** | **Altered reflexes** |  |  |  |  |  |  |
| **Other, including signs of distress.**  **(eye watering, colour changes)** |  |  |  |  |  |  |

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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