RISK FEEDING GUIDELINES

These guidelines have been agreed as the above named patient is at risk of food and fluids entering his/her lungs as a result of a poor swallow. The patient is at high risk of aspiration but will continue to eat and drink for the reasons outlined below.

As discussed with the medical team, the above named person is not appropriate for long term non-oral feeding due to (tick all those applicable):

- Palliative Care (eg: poor prognosis / short life expectancy)
- Procedure risks outweigh benefits
- Patient has declined artificial nutrition and hydration
- Patient has declined modified diet and fluids where these might be a safer option
- Quality of life
- Other: ___________________________________________________

CAPACITY ASSESSMENT

The patient is able to: Yes  No
- understand the information relevant to the decision □ □
- retain that information □ □
- use or weigh that information as part of the process in arriving at the decision □ □
- communicate the decision □ □

Based on the above assessment, the patient does/does not (delete as appropriate) have capacity in making a decision regarding nutrition management.

Signature of Patient/SALT/Doctor: __________________________ Date of capacity assessment: __________

- If a patient lacks capacity an MDT decision must be made and documented in the notes Yes  No
- Feeding with the associated risk of possible aspiration pneumonia has been discussed with the patient/patients family/Independent Mental Capacity Advocate (IMCA) □ □
- If appropriate, risk feeding has been acknowledged as part of an Advance Care Plan □ □

RISK REDUCING RECOMMENDATIONS (to be completed by Speech & Language Therapist)

<table>
<thead>
<tr>
<th>FLUIDS</th>
<th>DIET</th>
<th>STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thin fluids (Level 0) (no thickener)</td>
<td>Liquidised (Level 3)</td>
<td>Sit as upright as possible</td>
</tr>
<tr>
<td>Slightly Thick fluids (Level 1) (1 scoop thickener per 200ml)</td>
<td>Pureed (Level 4)</td>
<td>Ensure as alert as possible</td>
</tr>
<tr>
<td>Mildly Thick fluids (Level 2) (2 scoops thickener per 200ml)</td>
<td>Minced &amp; Moist (Level 5)</td>
<td>Regular mouth care (min. 3 x daily)</td>
</tr>
<tr>
<td>Moderately Thick fluids (Level 3) (4 scoops thickener per 200ml)</td>
<td>Soft &amp; Bite-sized (Level 6)</td>
<td></td>
</tr>
<tr>
<td>Extremely Thick fluids (Level 4) (6 scoops thickener per 200ml)</td>
<td>Regular (Level 7)</td>
<td></td>
</tr>
</tbody>
</table>

Pharmacy has been notified that risk feeding guidelines are in place. Medication will be reviewed. □

Consultant/ST3 signature: __________________________ Name: __________________________

Speech & Language Therapist signature: __________________________ Name: __________________________

Please contact Speech and Language Therapy if the management plan or risk feeding decision changes.

Review date: 01.07.2020  QEH: 0208 836 5048/4975  UHL: 0208 333 3004
References


NATIONAL INSTITUTE OF CLINICAL EXCELENCE (NICE) (2012) Patient experience in adult NHS services: Enabling patients to actively participate in their care. NICE guidelines CG138


