

Date of Completion: _____

NAME: _____	D.O.B.: _____	NHS NO.: _____
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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	<input type="checkbox"/>	<input type="checkbox"/>
• retain that information	<input type="checkbox"/>	<input type="checkbox"/>
• use or weigh that information as part of the process in arriving at the decision	<input type="checkbox"/>	<input type="checkbox"/>
• communicate the decision	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

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

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

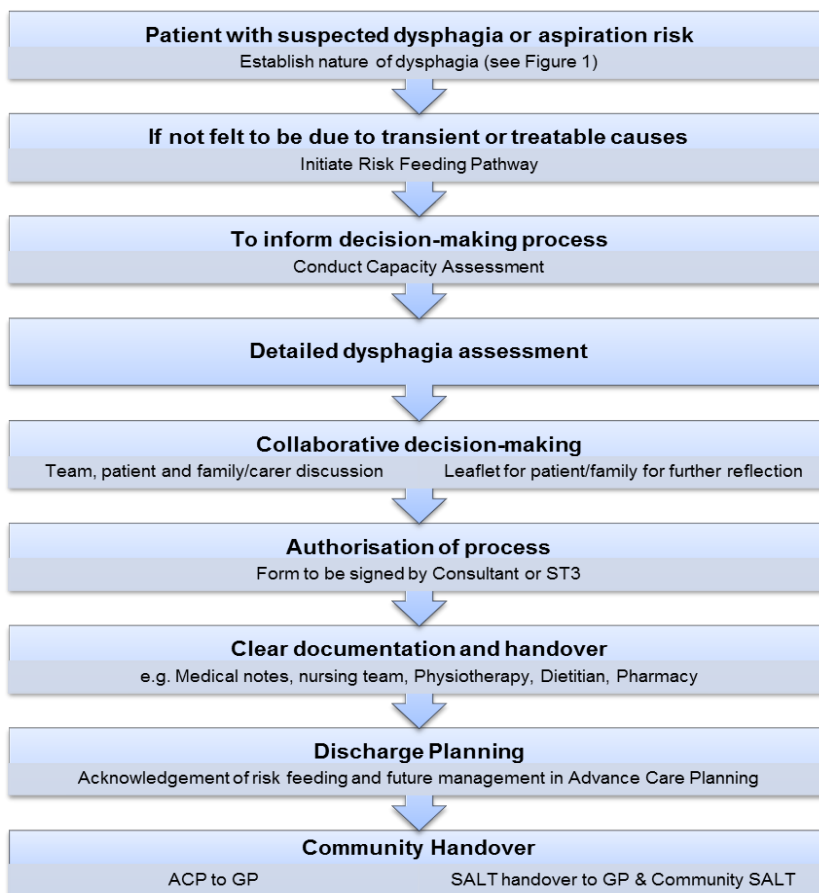
FLUIDS <input type="checkbox"/> Thin fluids (Level 0) (no thickener) <input type="checkbox"/> Slightly Thick fluids (Level 1) (1 scoop thickener per 200ml) <input type="checkbox"/> Mildly Thick fluids (Level 2) (2 scoops thickener per 200ml) <input type="checkbox"/> Moderately Thick fluids (Level 3) (4 scoops thickener per 200ml) <input type="checkbox"/> Extremely Thick fluids (Level 4) (8 scoops thickener per 200ml)	DIET <input type="checkbox"/> Liquidised (Level 3) <input type="checkbox"/> Pureed (Level 4) <input type="checkbox"/> Minced & Moist (Level 5) <input type="checkbox"/> Soft & Bite-sized (Level 6) <input type="checkbox"/> Regular (Level 7)	STRATEGIES <input type="checkbox"/> Sit as upright as possible <input type="checkbox"/> Ensure as alert as possible <input type="checkbox"/> Regular mouth care (min. 3 x daily)
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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.

PROCESS SUMMARY



References

- CHAKLADER, E. (2012) Dysphagia management for older people towards the end of life. British Geriatric Society: <http://www.bgs.org.uk/index.php/topresources/publicationfind/goodpractice/2328-bpgdysphagia>
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- HARWOOD, R.H. (2014) Feeding decisions in advanced dementia. *Journal of the Royal College of Physicians, Edinburgh*, 44, 232-237
- INA, L. (2002). Feeding tubes in patients with severe dementia. *American Family Physician*
- KIM, Y. (2001). To feed or not to feed: tube feeding in patients with advanced dementia. *Nutrition Reviews* 59(13): 86.
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- NATIONAL INSTITUTE OF CLINICAL EXCELLENCE (NICE) (2012) Patient experience in adult NHS services: Enabling patients to actively participate in their care. NICE guidelines CG138
- ROYAL COLLEGE OF PHYSICIANS (2010) Oral Feeding Difficulties and Dilemmas: particularly towards the end of life. Royal College of Physicians & British Society of Gastroenterology, London.
- SHERMAN, F.T. (2003). Nutrition in advanced dementia. Tube feeding or hand feeding until death? Editorial. *Geriatrics* 58, 11: 10.
- SKELLY, R.H. (2002). Are we using percutaneous endoscopic gastrostomy appropriately in the elderly? *Current Opinion in Clinical Nutrition and Metabolic Care*. 5(1) 35
- SMITH, H.A. et al. (2009) Swallowing problems and dementia in acute hospital settings: practical guidance for the management of dysphagia. *Clin Med*, 9 (6), 544-548