# Level 3 Identification and Implementation of an interim eating and drinking plan

## Level 3: Description of competence

This role describes people who have a responsibility for providing care for individuals who may present with difficulties swallowing liquids and solids (dysphagia).

They may prepare oral intake for individuals commensurate with the IDDSI Framework (see [Appendix 3](#_Appendix_3:_International)) and facilitate eating, drinking and swallowing identified in the care plan prepared by others within the team.

They demonstrate skills in the recognition and identification of signs and symptoms of swallowing difficulties whilst offering food and drinks. They are able to discern between someone having difficulty swallowing on a single occasion and someone experiencing consistent difficulty requiring referral to a specialist practitioner.

They would be expected to have the knowledge and skill to enable them to trial strategies as part of an eating and drinking routine to optimise eating and drinking activity. They would devise an interim care plan whilst waiting for an assessment. They would refer for a swallowing assessment and refer to more specialist dysphagia practitioners, the GP, paediatrician, specialist nurse (and the emergency on-call pharmacist if appropriate).

They would be expected to document all actions and observe the individual for any change in difficulties, in particular, an alteration in their medical, nutritional, hydration and respiratory state and notify more specialist practitioners.

## Level 3: Skills required

| **Skill required (Level 3)** | | **Evidence** | **Date completed Level 3 skill** | **Supervisor sign-off** |
| --- | --- | --- | --- | --- |
| ***1.*** | ***Information*** | | | |
| 1.1. | Apply information detailed in the dysphagia management plan that may impact upon the individual’s ability to participate in eating and drinking. This may include:   * medical diagnosis and state * physical state and potential for fluctuation/deterioration in condition * respiratory health * psychological state * mood * cognitive state * perceptual issues * sensory integration difficulties * posture * level of alertness * oral hygiene * hydration and nutrition status * communicative abilities * behavioural issues * ethical/legal issues |  |  |  |

| **Skill required (Level 3)** | | **Evidence** | **Date completed Level 3 skill** | **Supervisor sign-off** | |
| --- | --- | --- | --- | --- | --- |
| 1.2. | Obtain additional information from the individual, relatives or carers. This may include:   * history and onset of presenting difficulties * individual and carer perceptions, concerns and priorities * potential risk and difficulties for individual and/or carers * dietary preferences * history of eating, drinking and swallowing difficulties * cultural awareness * allergies * malnutrition risk e.g. using [MUST](https://www.bapen.org.uk/pdfs/must/must_full.pdf) or [Patient Association tool](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=3449fca0-dc52-4f06-ac75-3050b71d7bb5) |  |  |  | |
| 1.3. | Consider the individual’s needs. This may include:   * general health * current diagnosis and prognosis * communication * environment * physical, emotional and psychological support * variability * cultural needs * religious considerations * functional capacity, ie perception, cognition and insight * behavioural issues * current levels of alertness * ability to co-operate * influence of endurance/fatigue * individual’s or carer’s insight, perceptions, beliefs and compliance * awareness of resources/equipment available |  |  |  | |
| 1.4. | Inform individual, carers and relevant professionals of the component parts of the dysphagia management plan, explaining the rationale for their use, timing and potential outcomes |  |  |  | |
| ***2.*** | ***Environment*** | | | | |
| 2.1. | Ensure the environment is conducive for oral intake with consideration of how the environment affects the individual’s posture, muscle tone, mood and ability to participate in eating and drinking. You should consider:   * the individual’s privacy and dignity * lighting * heating * environmental stimulus, eg distractions and odours * position and behaviour of the person offering food and drink |  |  |  | |
| 2.2. | Ensure the individual has the appropriate support. You should consider:   * resources/equipment required/available * posture and mechanical supports, eg pillows, standing frames, specialist seating * familiarity of the person offering food and drink * eating, drinking and swallowing routine * oral hygiene * food preferences * utensils, cutlery and equipment to assist eating, drinking and swallowing * sensory aids, ie glasses, dentures, hearing aids, oral orthodontics * size and rate of food or liquid representation * frequency, timing and size of meals * appearance, consistency, temperature, taste and amount of food and drink * verbal, physical and symbolic prompts * verbal and non-verbal cues from the individual and the person offering food and drink |  |  |  | |
| ***3.*** | ***Implementation of the dysphagia management plan*** | | | | |
| 3.1. | Allow time for food and hand hygiene for individual and practitioner |  |  | |  |
| 3.2. | Allow time for the individual to contribute and participate in eating, drinking and swallowing using facilitative techniques and optimise their independence |  |  | |  |
| 3.3. | Ensure optimum circumstances for eating, drinking and swallowing. Trial strategies to optimise swallowing function, ie an eating, drinking routine as part of an interim care plan. This may include:   * checking the care plan for eating, drinking and swallowing guidelines * consulting with colleagues to establish if this is a consistent difficulty * checking conscious level * ensuring the person is sufficiently alert for oral intake * effects of medication * minimise distraction and agitation to facilitate concentration and awareness * adjust environmental impact, eg lighting, distractions * appropriate use of seating or postural aids to achieve upright positioning for oral intake and ensure they remain in upright posture for an hour post oral intake * ensure you are at eye level so that you may observe signs of aspiration and provide encouragement * ensure that the person has optimum sensory support, eg glasses, hearing aid * ensure dentures are correctly fitting (if appropriate) * allow sufficient time to support the person to eat and drink * ensure the mouth is clear from residue and is cleaned prior to and following oral intake * appropriate use of utensils, cutlery and equipment * adapt the sensory characteristics of oral intake, eg appearance, temperature, taste * offering food textures that are more easily swallowed and align to the International Dysphagia Diet Standardisation Initiative (NB: thickened drinks should not be trialled unless advised by the GP, Paediatrician or SLT. Naturally thick drinks may be used, eg smoothies) * size and rate of food and liquid presentation * frequency and timing of meals * position of individual and person offering food and drink * verbal, physical and symbolic prompts * encourage independence with facilitated eating, drinking and swallowing techniques, eg hand over hand support * implement compensatory postures and techniques * nutrition and hydration * observe the individual for any change in difficulties, in particular, an alteration in their medical state and notify more specialist practitioners |  |  | |  |
| 3.4. | Carry out the activities detailed in the dysphagia management plan using the methods as directed by a more experienced dysphagia practitioner |  |  | |  |
| 3.5. | Give the individual sufficient time, opportunity and encouragement to practise existing or newly-developed skills in order to improve/maintain motivation and co-operation |  |  | |  |

| **Skill required (Level 3)** | | **Evidence** | **Date completed Level 3 skill** | **Supervisor sign-off** |
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| 3.6. | Terminate eating/drinking if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include:   * secretion management * choking management appropriate to age, size and consciousness of individual * oxygen administration * oral/tracheal suction * basic life support |  |  |  |
| 3.7. | If you observe ongoing signs of choking or signs of distress and/or there is a change in the individual’s presentation:   * act in accordance with the Anticipatory Care Plan (if available) * refer to the Speech and Language Therapy Department (and/or more experienced qualified staff) * contact the GP, Paediatrician, specialist nurse or emergency pharmacist with regard to the administration of medication |  |  |  |
| ***4.*** | ***Documentation*** | | | |
| 4.1. | Work with the appropriate dysphagia practitioner, the individual and carers, to identify the effectiveness of the dysphagia management plan and to record areas of progress and specific difficulties arising in order to assist the review process |  |  |  |
| 4.2. | Monitor and record amount of food and drink taken. This may include secretion loss. |  |  |  |
| 4.3. | Document all actions and keep accurate, legible and contemporaneous records |  |  |  |

## Level 3: Knowledge required

| **Knowledge required (Level 3)** | | **Date demonstrated Level 3 knowledge** | **Supervisor sign-off** |
| --- | --- | --- | --- |
| ***1.*** | ***Information*** | | |
| 1.1. | 1. Understand information detailed in the dysphagia management plan that may impact upon the individual’s ability to participate in eating and drinking |  |  |
| 1. Understand how end of life/quality of life issues and the dying process can guide and influence the dysphagia management plan |  |  |
| 1.2. | Understand the impact of additional information on the dysphagia management plan and how to obtain this information in a sensitive manner |  |  |
| 1.3. | Understand how to accommodate the needs of the individual in order to maximise optimum swallow function, eg be aware of the impact of endurance and fatigue on swallow function |  |  |
| 1.4. | Understand:   * the rationale for the component parts of the dysphagia management plan * the timing, potential outcome * the implications for the individual, carer and other professionals |  |  |
| ***2.*** | ***Environment*** | | |
| 2.1. | Understand how the environment affects the individual’s posture, muscle tone, mood and ability to participate in eating and drinking. This may include:   * the individual’s privacy and dignity * lighting * heating * environmental stimulus, eg distractions and odours * position and behaviour of the person offering food and drink |  |  |
| 2.2. | Understand how the support required by the individual impacts upon swallow function and how to effect change in order to optimise the individual’s eating and drinking efficiency and swallowing skills |  |  |
| ***3.*** | ***Implementation of dysphagia management plan*** | | |
| 3.1. | Understand the need for food and hand hygiene surrounding mealtimes |  |  |
| 3.2. | Understand how pacing and other swallowing techniques identified in the management plan maximises independence surrounding eating and drinking to improve swallow function |  |  |
| 3.3. | Understand how to modify the individual’s environment, posture, utensils, sensory support, oral intake etc. to provide an eating, drinking routine as part of an interim care plan |  |  |
| 3.4. | Understand the component parts of the dysphagia management plan and the methods used to implement them |  |  |
| 3.5. | Understand the importance of giving the individual time, opportunity and encouragement to practise existing or newly-developed swallowing skills |  |  |

| **Knowledge required (Level 3)** | | **Date demonstrated Level 3 knowledge** | **Supervisor sign-off** |
| --- | --- | --- | --- |
| 3.6. | 1. Knowledge of the anatomy and physiology of swallowing pertinent to your service area |  |  |
| 1. Understand the signs of abnormal swallowing. This may include:  * acute aspiration * chronic aspiration, eg compromised nutrition, hydration and respiration * silent aspiration * non-verbal signals of stress whilst eating, drinking and swallowing |  |  |
| 1. Understand and know what action to take if the individual chokes when eating and drinking |  |  |
| 3.7. | Be familiar with how to access immediate support if:   1. you identify ongoing signs and symptoms of swallowing difficulties whilst offering food and drinks 2. there is an alteration in the individual’s presentation 3. the activities are beyond your level of competence or confidence.   This may include:   * being aware of where the Anticipatory Care Plan is stored and how to access it (if appropriate) * knowing who to refer to and how to initiate the referral in your locality if you observe ongoing signs of choking or signs of distress and/or there is a change in the individual’s presentation * knowing how to contact the GP, Paediatrician specialist nurseor emergency pharmacist with regard to administration of medication. |  |  |
| ***4.*** | ***Documentation*** | | |
| 4.1. | Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care |  |  |
| 4.2. | Understand the importance of monitoring quantities/loss of oral intake |  |  |
| 4.3. | 1. Understand the importance of keeping accurate, legible and contemporaneous records in accordance with local guidelines, eg home-school diary |  |  |
| 1. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality |  |  |