# Level 2 Care Plan Implementation

## Level 2: Description of competence

This role is designed for non-specialists who work with individuals with eating, drinking and swallowing difficulties (dysphagia). They demonstrate basic knowledge and skills that contribute to the care and treatment of individuals who present with dysphagia. They would be expected to undertake and implement dysphagia management plans and may work under the supervision of more experienced/qualified dysphagia specialists.

People operating at this level will be involved in direct care, preparing oral intake for individuals and may assist in eating and providing fluids. They should be able to identify eating, drinking and swallowing difficulties, recognise circumstances that facilitate optimum eating and drinking, support individuals participating in therapy programmes and be able to refer to more experienced/qualified dysphagia specialists.

Dysphagia training is required in order to demonstrate dysphagia competencies specific to their role and to implement individual dysphagia management programmes.

This may include parents, carers and others who implement eating, drinking and swallowing care plans.

## Level 2: Skills required

| **Skill required (Level 2)** | **Evidence** | **Date completed Level 2 skill** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** |
| 1.1. | Apply information not detailed in the dysphagia management plan 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
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| 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
* functional capacity, ie perception, cognition and insight
* behavioural issues
* current levels of alertness
* ability to co-operate
* influence of endurance/fatigue
* individual’s or carers’ insight, perceptions, beliefs and compliance
* religious considerations
* awareness of resources/equipment available
* food and drink likes and dislikes
 |  |  |  |
| 1.4. | Inform individual, carers and relevant professionals of the component parts of the dysphagia management plan, explaining the rational for their use, timing and potential outcomes |  |  |  |
| ***2.*** | ***Environment*** |
| 2.1. | Ensure the environment is conducive for oral intake with consideration for the individual’s privacy and dignity. You should consider:* lighting
* heating
* environmental stimuli, eg distractions, 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, 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 the individual and practitioner |  |  |  |
| 3.2.  | Allow time for the individual to contribute and participate in eating and drinking using facilitative techniques and optimise their independence |  |  |  |
| 3.3. | Ensure optimum circumstances for eating, drinking and swallowing. This may include:* level of alertness
* effects of medication
* agitation
* appropriate environment
* appropriate use of seating or postural aids
* appropriate use of utensils, cutlery and equipment to assist eating, drinking and swallowing
* adapted appearance, consistency, temperature, taste and amount of food and drinks
* size and rate of food and liquid presentation
* frequency, timing and size of meals
* position of individual and person offering food and drink
* verbal, physical and symbolic prompts
* verbal and non-verbal communication from the individual and the person offering food and drink
* facilitated eating, drinking and swallowing techniques, eg hand over hand support
* implementing compensatory postures and techniques
* oral hygiene and dentition
* nutrition and hydration status
 |  |  |  |
| 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 2)** | **Evidence** | **Date completed Level 2 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. | Seek support if there is a change in the individual’s presentation |  |  |  |
| ***5.*** | ***Documentation*** |
| 5.1. | Work with the appropriate dysphagia practitioner, and the individual, 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 |  |  |  |
| 5.2. | Monitor and record amount of food and drink taken. This may include secretion loss |  |  |  |

## Level 2: Knowledge required

| **Knowledge required (Level 2)** | **Date demonstrated Level 2 knowledge** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** |
| 1.1. | 1. Understand information not 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 provide a specialist cup or eating utensils |  |  |
| 1.4. | Understand: * the rationale for the component parts of the dysphagia management plan
* the timing
* potential outcome
* 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 implications of infection control with regard to food hygiene, hand hygiene and use of repeat-use utensils for the individual and the person offering food and drinks |  |  |
| 3.2. | Understand how pacing and facilitative techniques required by the individual affects the assessment outcome |  |  |
| 3.3. | Understand how to optimise circumstances in order to maximise optimum swallow function, eg reduce agitation, position of individual and the person facilitating oral intake |  |  |
| 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 practice existing or newly developed swallowing skills |  |  |
| 3.6. |  a. 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
* neurological signals that the individual is stressed by eating and drinking eg eye watering
 |  |  |
| 1. Understand and know what action to take if you observe signs of choking or respiratory distress and know how to implement procedures dictated by local policy
 |  |  |
| 3.7. | Know how to access immediate support if there is a change in the individual’s presentation or the activities are beyond your level of competence or confidence |  |  |
| ***4.*** | ***Documentation*** |
| 4.1. | Understand the importance of 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 secretions and oral intake |  |  |
| 4.3. | 1. Understand the importance of keeping accurate, legible and contemporaneous records in accordance with local guidelines, eg home-school diary
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| 1. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality
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