# Level 4 Protocol-Guided Assessment and Management

## Level 4: Description of competence

This role describes autonomous practitioners working in the team who are not specialists in dysphagia, but who have a responsibility for providing care for individuals who may present with difficulties swallowing (dysphagia).

They may demonstrate skills in: the recognition and identification of dysphagia, initial protocol-guided assessment, how to act as a telemedicine partner for a specialist assessment, and implementation of the protocol-guided actions. The practitioner will implement a review process according to local protocols.

People operating at this level should be able to recognise the potential health risks presented by the signs of dysphagia, acknowledge the urgency of the referral and, if appropriate, refer to a more experienced/qualified dysphagia specialist.

The practitioner should undertake a period of training and be assessed on their underpinning knowledge and clinical competence and should consult with more experienced dysphagia practitioners in order to ensure that their competence is commensurate with best practice.

They will be able to train other staff, relatives and carers to Level 1 and Level 2 practitioner levels.

Level 4 dysphagia practitioners will recognise the potential health risks presented by the signs of dysphagia, acknowledge the urgency of the referral and, if appropriate, refer to a more experienced/qualified dysphagia practitioner.

## Level 4: Skills required

| **Skill required (Level 4)** | | **Evidence** | **Date completed Level 4 skill** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | | |
| 1.1. | Prioritise the requests for protocol-guided assessment. You should consider:   * severity of the individual’s needs * individual’s risk of fatigue * hydration and nutrition status * potential for fluctuation or deterioration in condition * potential risks and difficulties for individual and/or carers |  |  |  |
| 1.2. | Obtain relevant information, assessments and management decisions from other professionals. This may include:   * physical state and potential for fluctuation/deterioration in condition * medical diagnosis and state * psychological state * cognition * perceptual deficit * chest status * mood * sensory integration difficulties * posture * level of alertness * oral hygiene * hydration and nutrition * communicative abilities * behavioural issues * ethical/legal issues |  |  |  |
| 1.3. | Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:   * history and onset of presenting difficulties * individual and carer perceptions, concerns, priorities and compliance * potential risk and difficulties for individual and/or carers * dietary preferences * eating, drinking and swallowing history * cultural awareness * religious considerations * 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) |  |  |  |
| 1.4. | Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process |  |  |  |

| **Skill required (Level 4)** | | **Evidence** | | **Date completed Level 4 skill** | | **Supervisor sign-off** |
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| ***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 * position and behaviour of the person offering food and drink. | |  | |  |  |
| 2.2. | Ensure optimum circumstances for eating, drinking and swallowing. Trial strategies to optimise swallowing function, ie an eating and drinking routine as part of an interim care plan. This may include:   * checking conscious level * checking the care plan for eating, drinking and swallowing guidelines * consulting with colleagues to establish if this is a consistent difficulty * ensuring the person is sufficiently alert for oral intake * effects of medication * minimising distraction and agitation to facilitate concentration and awareness * adjusting environmental impact, eg lighting, distractions * appropriate use of seating or postural aids to achieve upright positioning for oral intake * ensuring you are at eye level so that you may observe signs of aspiration and provide encouragement * ensuring that the person has optimum sensory support, eg glasses, hearing aid * ensuring dentures are correctly fitting (if appropriate) * allowing sufficient time to support the person to eat and drink * ensuring the mouth is clear from residue and is cleaned prior to and following oral intake * appropriate use of utensils, cutlery and equipment * adapting 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 * encouraging independence with facilitated eating, drinking and swallowing techniques, eg hand over hand support * implementing compensatory postures and techniques * oral hygiene * nutrition and hydration * observe the individual for any change in difficulties, in particular, an alteration in their medical state, and notifying more specialist practitioners | |  | |  |  |
| ***3.*** | ***Protocol-guided assessment*** | | | | | |
| 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 to optimise their independence | |  | |  |  |
| 3.3. | Consider the individual’s needs, which may be documented in the Anticipatory Care Plan. This may include:   * physical, emotional and psychological support * diagnosis and prognosis * communication * environment * medication * developmental stage * medical state * physical needs, eg aids * psychological status * behavioural issues * levels of alertness * ability to co-operate * functional capacity, ie perception, cognition and insight * individual’s and carer’s insight, beliefs and compliance * sensory state * cultural needs * religious considerations * medico-legal issues * awareness of resources/equipment available | |  | |  |  |
| 3.4. | Implement local protocol-guided assessment including modified foods and drinks (or act as a telemedicine partner for a specialist assessment) | |  | |  |  |
| 3.5. | 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 | |  | |  |  |
| ***4.*** | ***Protocol-guided actions*** | | | | | |
| 4.1. | Identify, undertake and inform others of protocol-guided actions required. This may include:   * positioning * type of oral intake, which may include cessation or modification of consistencies, eg diet, fluids and medication * secretion management * choking management appropriate to age, size and consciousness of individual * oxygen administration * oral/tracheal suction * nutrition/hydration support, eg NGT/IVI * specialist equipment or resources, eg plate guard | |  | |  |  |
| 4.2. | Ensure the protocol-guided action is agreed by both the individual and carers, if appropriate alert others if nutrition/hydration support is required, eg NGT/IVI | |  | |  |  |
| 4.3. | Seek immediate support if there is a change in the individual’s presentation or the activities are beyond your level of competence or confidence | |  | |  |  |
| 4.4. | Provide timely, accurate and clear feedback to the individual, carer and team to support effective planning of care | |  | |  |  |
| 4.5. | Review individual in accordance with local protocols | |  | |  |  |
| 4.6. | Keep accurate, legible and contemporaneous records | |  | |  |  |
| ***5.*** | ***Onward referral*** | | | | | |
| 5.1. | Identify professionals who can provide more detailed assessment | |  | |  |  |
| 5.2. | Implement local referral procedures to relevant professionals | |  | |  |  |
| ***6.*** | ***Training*** | | | | | |
| 6.1. | Train and support individuals and others to implement dysphagia management plan | |  | |  |  |
| ***7.*** | ***Additional professional role*** | | | | | |
| 7.1. | Contribute to team discussions regarding delivery of dysphagia services specific to your locality | |  | |  |  |

## Level 4: Knowledge required

| **Knowledge required (Level 4)** | | **Date demonstrated Level 4 knowledge** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | |
| 1.1. | Understand the nature, urgency and implications of dysphagia based upon the associated risk to health status and departmental policies |  |  |
| 1.2. | Understand pertinent information and how it informs your assessment and affects the individual |  |  |
| 1.3. | Understand the impact of additional information on the protocol-guided swallowing assessment and how to obtain this information in a sensitive manner |  |  |
| 1.4. | Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan |  |  |
| ***2.*** | ***Environment*** | | |
| 2.1. | Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual’s eating and drinking efficiency and swallowing skills |  |  |
| 2.2. | 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. |  |  |

| **Knowledge required (Level 4)** | | **Date demonstrated Level 4 knowledge** | | **Supervisor sign-off** |
| --- | --- | --- | --- | --- |
| ***3.*** | ***Protocol-guided assessment*** | | | |
| 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 maximise independence surrounding eating and drinking to improve swallow function | |  |  |
| 3.3. | Understand how to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan, in order to maximise optimum swallow function and how to access available resources/equipment, eg provide specialist cup or eating utensils | |  |  |
| 3.4. | 1. Knowledge of the anatomy and physiology of swallowing pertinent to your service area | |  |  |
| 1. Knowledge of the underlying causes of abnormal swallowing pertinent to your service area. This includes:  * underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia * longstanding but functional abnormal eating and swallowing patterns, eg adapted and compensatory swallow physiology * medical condition * medication * physical condition, ie sensory and postural state * cognitive functioning * psychological state * behavioural issues * environmental issues | |  |  |
| 1. Understand the protocol-guided assessment, including the use of modified foods and drinks (or understand how to act as a telemedicine partner for a specialist assessment via telemedicine) | |  |  |
| 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 | |  |  |
| 3.5. | Understand the agreed protocol for termination of an assessment should signs of choking or respiratory distress occur | |  |  |
| ***4.*** | ***Protocol-guided action*** | | | |
| 4.1. | Understand the impact of protocol-guided actions on the swallow function, eg modification of consistencies | |  |  |
| 4.2. | Understand the importance of agreeing protocol-guided actions with relevant others to ensure compliance by both the individual, carers and others | |  |  |
| 4.3. | Understand where to access immediate support if there is a change in the individual’s presentation or the activities are beyond your scope of practice and level of competence | |  |  |
| 4.4. | Understand what information needs to be conveyed to the team in order for the team to implement effective management strategies | |  |  |
| 4.5. | Understand the review mechanism | |  |  |
| 4.6. | 1. Understand the importance of keeping accurate, legible and contemporaneous records | |  |  |
| 1. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality | |  |  |
| ***5.*** | ***Onward referral*** | | | |
| 5.1. | Understand the role of others in the assessment, management and care of the individual | |  |  |
| 5.2. | Understand the referral procedure | |  |  |
| ***6.*** | ***Training*** | | | |
| 6.1. | Understand what information is required in order to train and support individuals and others to implement protocol-guided actions | |  |  |
| ***7.*** | ***Additional professional role*** | | | |
| 7.1. | Understand your contribution to team discussions regarding delivery of dysphagia services specific to your locality | |  |  |