ADULT SPEECH PATHOLOGY

NEWSLETTER – AUTUMN 2018

Autumn is well and truly here. We trust you had a lovely Easter. We cover a range of Dysphagia topics in this Newsletter: oral hygiene, levels of supervision and modified snacks. Natalie Hubbard commences her maternity leave soon and we wish her well with the upcoming birth of her first child!

Wednesday March 14 marked National Swallowing Awareness Day, with this year's theme **'Swallowing is Ageless!'**

A swallowing disorder may affect:

- **15-30%** of people aged 65+ living in the community
- **50%** of older adults in nursing homes
- **84%** of people with Parkinson's disease
- **100%** of people with Alzheimer's, at some point in their disease progression
- **20%** of adults with mental health disorders
- **45%** of patients with head and neck cancer, post chemoradiotherapy
- **40%** of stroke survivors have an ongoing need for support for swallowing
- **25%** of patients with Multiple Sclerosis have swallowing difficulties-increasing to as many as **65%** of those with severe Multiple Sclerosis.

SUPERVISION WITH ORAL INTAKE

As part of our Mealtime Management Plans we will specify levels of supervision when required. The terminology and their definitions are explained below.

Sitting with the person & directly monitoring throughout (may involve providing full assistance, assisting as needed or providing ongoing prompting).

Being in the same room as the person – ready to intervene or assist as needed if they are having issues.

SUPERVISION

- ☐ **1:1**
- ☐ **Close (same room)**
- ☐ **Distant (monitor regularly)**
- ☐ **First 7 days……**

Monitoring regularly (e.g. if the person is eating in their room, ensure the door is open & check frequently. Ideally, you'll be within earshot).

For a week the person may require closer supervision due to some change or possible concerns.
After a week if they are tolerating their diet texture, the level of supervision may change.

If you have any concerns about the level of supervision a person is provided or any questions about the definitions then speak to the Registered Nurse, Clinical Leader or Speech Pathologist.

SPEECH PATHOLOGY AUSTRALIA

'INSPIRE' CONFERENCE: 27th-30th May

We are excited that the Speech Pathology Australia Conference is being held in Adelaide this year, giving all ASP staff a chance to attend for our professional development. *(Please note – we will still maintain a skeleton staff for the 3 days of the conference and prioritise urgent referrals.)*

ORAL CARE AND DYSPHAGIA

People with dysphagia are susceptible to aspects of poor oral hygiene and health status. Speech Pathologists highlight the importance of oral care as follows:

Aspiration Pneumonia

Poor oral hygiene is linked to 21% of all Aspiration Pneumonia cases. It promotes growth of pathogens involved triggering respiratory difficulties and chest infections, and can be easily aspirated from saliva alone.

Dry Mouth (Xerostomia)

Individuals with dry mouths are at greater risk of dental decay and gum disease, and will have more difficulty with chewing and swallowing.

Mouth Breathing

Mouth breathing can cause saliva to become dry and build up to form a hard coating. If inhaled, they can enter and occlude the resident's airway.

Oral Care for those with Dentures

Dentures should be cleaned twice a day, and rinsed after eating. The resident's mouth should be checked for any remaining debris prior to re-inserting.

Oral Care for those who are NBM

People with severe dysphagia require ongoing oral care. Regular oral care can reduce oral sensory defensiveness for those receiving Nasogastric and Percutaneous Endoscopic Gastrostomy feedings. Oral care should also be provided to those in Comfort Care for their overall Quality of Life. Special precautions need to be taken to manage any aspiration risk during oral care.

WHAT FOODS GO ON YOUR TEA TROLLEY?

Seeing the tea trolley arrive for morning and afternoon tea can be a highlight for many residents in Residential Care homes. It can be difficult to cater for modified textured diets though and individuals who are on modified diets sometimes give us feedback about the limited options.

Here are some suggestions*. We welcome your feedback on these options as well as your own suggestions to share!

Normal	Anything and everything!
Soft	Soft options that can be easily cut with a fork, e.g. moist muffins, soft cakes with custard, soft peeled fruits (e.g. banana), canned peaches, jelly and crustless sandwiches with soft fillings.
Minced & Moist	Mashed and moist versions of soft diet with pieces no bigger than 0.5 cm. E.g. mashed baked beans, mashed soft fruits, mashed cakes with custard. No bread.
Smooth Puree	Smooth and lump free options, e.g. pureed soup, yoghurt with no fruits, mousse, ice cream, custard, soft cheesecake with no base, pre-made fruit puree etc.

**Please note that some foods may not be appropriate for residents if they are receiving thickened fluids. Please seek the Registered Nurse or the Clinical Leader for more advice.*