White Paper: Choking Protocol (Dysphagia Considerations)

Historically, swallowing disorders that necessitate altered consistency diets that haven’t been consistently followed have been an area of survey citations, up to and including immediate jeopardy scope and severity. Some of these occurrences have resulted in resident deaths.

Choking refers to a partial and/or complete obstruction of air flow to the lungs by a foreign matter or objects such as a random food particle that may completely occlude or significantly interrupt regulation of normal involuntary airflow. Dysphagia is a medical term used to describe a breakdown in normal swallowing function that affects numbers of nursing home residents. An altered consistency diet is most often prescribed due to swallowing difficulties, or dysphagia, which is not a diagnosis but rather a symptom commonly associated with conditions such as stroke, dementia or Parkinson’s disease.

Providers of care have struggled for many years with the debate over resident safety versus resident choice and quality of life. Recent information also raises the concern that these at risk residents become more at risk for dehydration and malnutrition caused by the unpalatable and visually unappealing modified dysphagia diets. (Steele C. Food for Thought: Primum Non Nocere: The Potential for Harm in Dysphagia Intervention. Perspectives on Swallowing and Swallowing Disorders (Dysphagia). 2006: 15: 19-23). Management of all geriatric conditions involves some risks. No known evaluations or interventions can guarantee that someone will not aspirate. It is important to note that many elderly individuals with swallowing abnormalities and aspiration risk do not get aspiration pneumonia. In fact, there is evidence that altered consistency diets may increase the risk of nutrition and hydration deficits. Thickened liquids and pureed foods are often poorly tolerated. (Levenson, Steven. “Changing Perspectives on LTC Nutrition & Hydration.” Caring for the Ages. September 2002, Vol. 3, No. 9, pp. 10-14. http://www.amda.com/publications/caring/september2002/nutrition.cfm)

Regulatory Considerations

- F242 §483.15(b) - Self-Determination and Participation
- F280 §483.10(d)(3) – The resident has the right to -- unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.
- F323 §483.25(h) Accidents. The facility must ensure that – (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents.
- F325 Nutrition – unplanned weight loss
- F365 §483.35(d)(3) Food prepared in a form designed to meet individual needs; and

Policy/Process Considerations

Current thinking – a balance between safety and quality of life and resident choices: In deciding whether and how to intervene for chewing and swallowing abnormalities, it is essential to take a holistic approach and look beyond the symptoms to the underlying causes. Excessive modification of food and fluid consistency may unnecessarily decrease quality of life and impair nutritional status by affecting appetite and reducing intake. Many factors influence whether a swallowing abnormality eventually results in clinically significant complications such as aspiration pneumonia. Identification of a swallowing abnormality alone does not necessarily warrant dietary restrictions or food texture modifications. No interventions consistently prevent aspiration and no tests consistently predict who will develop aspiration pneumonia. Source: CMS State Operations Manual Appendix PP, 483.25 Tag F325 Nutrition.
• Current assessment of residents’ swallowing status should be maintained

• Documentation regarding any known diagnoses and/or medical experiences which may directly or indirectly impact swallowing status. Diet modification history along with associated diagnostic testing results

• Residents with dysphagia diagnosis or newly noted or worsening swallowing problems should be immediately reported to the practitioner and referred to a Speech Language Pathologist for assessment and recommendations

• Residents who are assessed to need food and/or fluid consistency changes
  • attempt to alleviate swallowing deficiency causes as appropriate
  • care planning discussions with resident and significant others
  • thorough education of resident and significant others
  • assure and document informed consent to treatment offered

• Residents with swallowing difficulties who accept food and/or fluid consistency changes
  • system for care-giver communication and/or resident identification to assure that appropriate food and fluids are offered
  • quality assurance system for monitoring delivery of appropriate food and fluids

• For all residents with swallowing difficulties
  • staff education regarding swallowing difficulties/dysphagia and possible dietary interventions
  • staff education regarding safe methods of assisting individuals with swallowing difficulties/dysphagia
  • staff education regarding emergency assistance for a choking individual

• Choking/aspiration prevention policy standards for tube fed residents including safe positioning during administration of feedings at 30-45 degrees when in bed maintained for at least 30-60 minutes post feeding

• Focus on oral hygiene for tube fed residents and residents with swallowing difficulties/dysphagia to clear any accumulated food particles or fluids which could be accidentally ingested/choked on

Purchase Considerations
• Pre-thickened individual single servings of nectar and honey liquid varieties
• Thickened Liquids dispenser per floor or nursing unit/medication cart

Educational Considerations
• Staff education regarding swallowing difficulties/dysphagia and possible dietary interventions
• Staff education regarding safe methods of assisting individuals with swallowing difficulties/dysphagia
• Staff education regarding emergency assistance for a choking individual

Resources
S&C 13-13-NH: Information Only: New Dining Standards of Practice Resources are Available Now, released 3,1,13

CMS State Operations Manual Appendix PP, 483.25 Tag F325 Nutrition

Pioneer Network New Dining Practice Standards, August 2011:
http://www.pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf


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