A Pathway for the Identification and Management of Risk Feeding in the Community Setting

'Risk feeding' is a general term which is widely understood. However, the term Eating and Drinking with Acknowledged Risk (EDAR) is the endorsed term. This pathway covers both Risk Feeding and EDAR and focuses on the principles of an effective decision making process

Flags that may indicate an oro-pharyngeal dysphagia requiring a speech and language therapy swallowing assessment (Click for more info)

Swallowing problem identified

Please check with community team/GP/care home if patient normally takes modified consistency liquids and foods.
Review previous decisions made in an advanced directive around feeding and swallowing

If acute changes in swallow are identified consider referral to community admission avoidance teams and local pathways and training

ENT, gastro, neuro, frailty investigations

Risk factors for aspiration pneumonia considered. (Click for more info)

Pre-assessment management (Click for more info)

Referral to Speech and Language Therapy (Click for more info)

Specialist swallowing assessment (Speech & Language Therapy)

Dysphagia/ aspiration cannot be managed without considering non-oral feeding

Dysphagia/ aspiration can be managed without considering non-oral feeding

Manage according to local guidelines.

Ensure systems for review are in place including future care planning

Multidisciplinary Team assessment and discussion with patient and carers.

- Swallowing assessment +/- video fluoroscopy to clarify clinical situation and prognosis
- Discussion and documentation includes:
- Patient choice
- Mental capacity assessment/ Best interests decision
- Advance Care Plan
- Lasting Power of Attorney or need for Independent Mental Capacity Advocate
- Family/carer view

Discussion with patient about next steps (Click for more info)

Not appropriate for non-oral feeding and not appropriate for acute admission (Click for more info)

Appropriate for non-oral feeding but not for acute admission

Appropriate for non-oral feeding and acute admission

Admit to acute setting. Patient Nil By Mouth

Risk Feeding decision clearly documented in all records

Ongoing review

Planned referral for PEG (Percutaneous endoscopic gastrostomy) /RIG (radiologically inserted gastrostomy) / other enteral feeding

NG feeding with a plan to refer for PEG (Percutaneous endoscopic gastrostomy)/RIG (radiologically inserted gastrostomy) / other enteral feeding

Follow guidance from Speech & Language Therapist re: appropriate oral intake consistencies and textures

Speech & Language Therapist to provide information and guidance to patient, carers, GP and pharmacy

Initiate end of life and/or future care planning (add in hyperlink for EoL pathway)

Ask GP to consider adding patient to GSF and Frailty registers

Update Treatment Escalation Plan as to how to manage future aspirations following discussion with patient

Version 11

Back to pathway

Flags that may indicate an oro-pharyngeal dysphagia requiring a speech and language therapy swallowing assessment

Patient/carer/Health Care Assistant/family member may report

During feeding

- Difficulty swallowing
- Coughing when eating and drinking
- Pooling of fluid and food in the mouth
- Dribbling of liquids
- Watery eyes
- Any change in breathing
- Voice changes, e.g. wet, gurgly voice

Long-term indicators

- Recurrent chest infections
- Weight loss
- Refusal to eat
- Spitting out

- Please remember when observing swallowing to:
- Make sure the patient is sitting upright if possible
- That they are alert
- That they have correct method of feeding for that patient e.g. spouted beaker if previously used or tea cup if previously used

Please check with community team/GP/care home if patient normally takes modified consistency liquids and foods
Previous decisions made in an advanced directive around feeding and swallowing

Back to pathway

Referral to Speech and Language Therapy (SLT)

Follow local guidance on referral procedures

Referral accepted from:

- GP/consultant
- Patient
- Carer/family member
- Care home
- Community-based support

GP must be notified of referral.

Please do not prescribe thickener prior to SLT assessment as this may be contraindicated.

Return to pathway

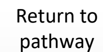
Highest predictors for Aspiration Pneumonia (Langmore 1998)

- Dependence for feeding
- Dependence for oral care
- Poor oral care provision
- Tube feeding
- Multiple medical diagnosis
- Previously documented swallowing difficulties
- Number of medications prescribed

Back to pathway

Pre-assessment management

- Care home guidance section 6 and Appendix A
- Arrange for patient to be discussed at MDT
- Urgent referral to SLT record aspiration risk on referral
- SLT to escalate and arrange to see patient as priority
- Please do not prescribe thickener prior to SLT assessment as this may be contraindicated.



Decision with patients consent

If capacity has been established but patient chooses to eat and drink against the clinical advice given this needs to be documented, communicated and plans adjusted accordingly.

Back to pathway

Not appropriate for non-oral feeding and not appropriate for acute admission

Patients who are risk-feeding at home and in whom the decision has already been made not to NG or gastrostomy feed should be assessed on an individual basis as to whether they would benefit from hospital admission in the event of deterioration e.g. patients not yet at end of life who do not want tube feeding but repeatedly get chest infections and want active treatment which can only be offered in an acute setting e.g. IV antibiotics.