Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Feed Risk

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Feed at Risk

Patient Information

Speech and Language Service

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Unsafe Swallowing

Swallowing problems (dysphagia) can be caused by a variety of conditions including dementia, stroke, neurological disorders, learning disability and general acute illness.

If you or your relative is experiencing swallowing problems there is a risk of food, fluid and saliva going down the wrong way and entering the lungs, this is known as aspiration.

Aspiration can be uncomfortable for you or your relative and result in coughing, choking and spluttering when eating and drinking.

Aspiration can be very dangerous, particularly if it is happening regularly, as it can lead to aspiration pneumonia. In some cases these pneumonias can be fatal.

Sometimes aspiration can occur silently i.e. with no immediate signs or symptoms.

Signs and symptoms of swallowing problems include:

- Coughing or choking when eating or drinking
- Gurgled or wet voice after swallowing
- Feeling the food is stuck in the throat
- Weight loss because eating is difficult or unpleasant
- Avoidance of certain foods
- Recurrent chest infections

Sometimes altering the texture of food and thickness of drinks can make swallowing safe. For some people nothing is safe and this is when discussions about tube feeding or Feed at Risk will take place.

Alternative Nutrition and Hydration

If you or your relative have an unsafe swallow, nil by mouth with alternative means of nutrition and hydration is sometimes an option. This means not having anything by mouth. Instead a feeding tube is inserted directly into the stomach (PEG) or via the nose (NG).

There are many people who, despite having an unsafe swallow are unsuitable candidates for feeding tubes:

- The risks of long term tube feeding outweigh the benefits
- Tube feeding is refused by the patient
- Tube feeding would not maintain or improve the quality of life
- A feeding tube cannot be safely placed
- Patient is in the end stages of their life

It is important to note that there is currently no evidence to suggest that long term tube feeding prolongs the life expectancy of people with advanced dementia.

It is when people have an unsafe swallow and are not suitable for tube feeding that Feed at Risk is considered.

Feeding at Risk

Feeding at risk is when a person continues to eat and drink despite risks of aspiration, choking and not meeting nutritional needs. This option is appropriate when ensuring quality of life is the highest priority or a feeding tube is not appropriate.

The Speech and Language Therapist may recommend changing the texture of food and thickness of drinks to reduce the risks

The medical team will discuss with you and/or your relative about how future aspiration pneumonias will be managed. It may be felt that further admissions to hospital and antibiotic treatment would not be appropriate and the focus should be on ensuring comfort and minimising pain.

How is the decision to feed at risk made?

Each person will have a mental capacity assessment, carried out by a healthcare professional, to determine if they have the capacity to make a decision about continuing to eat and drink after considering the risks and benefits.

If you are the patient, and you have the capacity to make this decision, it will be documented so you will not be made nil by mouth against your wishes. You can change your mind at any time by discussing this with a healthcare professional.

If the assessment shows that the patient does not have capacity, they will not be able to decide for themselves whether to continue eating and drinking or to consider tube feeding. Decisions about feeding are made by a multidisciplinary team including Doctors, and Speech and Language Therapists, along with support from family and carers. If the person has a Health and Welfare Lasting Power of Attorney the people appointed as attorneys will be able to make decisions on behalf of the patient.

What can I expect when I eat and drink?

When eating and drinking you or your relative may experience any of the following:

- Food collecting in the mouth
- Coughing or choking
- A wet, gurgled voice
- Noisy breathing
- Shortness of breath

If eating or drinking becomes distressing or if there is excessive coughing or choking take a break and try again later.

If you have any questions please ask your nurse, doctor or SLT who will be happy to discuss your concerns with you.

Once you have been discharged from hospital your G.P. is the point of contact for further management.



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