

Caring for the Patient with Dysphagia: A Guide to Oral Care and Safe Feeding

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Speech Pathology



Dependent Patients

Dependent for feeding = Increased risk of aspiration pneumonia

Dependent for oral care = Increased risk of aspiration pneumonia



The Importance of Oral Care

- Dry Mouth (Xerostomia)
- Bacteria
- Plaque
- Gum Disease (Gingivitis)
- Aspiration Pneumonia



Who Needs Oral Care?

- Oral care is important for all patients
- Who might need special attention or additional oral care?
 - Those who can't do it themselves
 - Those who have swallowing problems
 - Those who are NPO
 - Those with dry mouth
 - Those with oral yeast infections



How often?

- Several times daily
- Morning and evening
- After each meal
- Water protocol



What do I need?

- Gloves
- Toothbrush
- Toothpaste or mouth cleanser
- Towels
- Cup of water
- Empty cup or emesis basin
- Suction
- Non-alcohol mouthwash
- Lip moisturizer



Oral Care for the Independent Patient

- Wash hands, put on gloves
- Sit patient upright
- Encourage pt to brush teeth, gums and tongue
- Assist as needed
- Rinse with water and spit (use suction if needed)
- Rinse with non-alcohol mouthwash
- Inspect oral cavity for signs of infection
- Offer lip moisturizer for lips to prevent cracking



Oral Care for the Dependent Patient

- Wash hands, put on gloves
- Sit pt upright or side lying, if unconscious
- Open pt's mouth, using a tongue depressor, if needed
- Check oral cavity for sores, signs of infection, thrush
- Remove debris from oral cavity, if needed
- Brush teeth, gums, inside cheeks and tongue
- Dip brush in water and run over teeth, gums, inside cheeks and tongue
- Suction prn
- Put water-soluble lip moisturizer on lips to prevent from cracking



What about dentures?

- Remove dentures prior to performing oral care
- Rinse debris off dentures with water
- Scrub with soft bristle brush
- Do not use toothpaste
- Dentures should be removed at night
- Soak dentures in water or denture solution overnight



Safe Feeding Techniques

- Patient Position - upright, 90 degrees, not leaning
- Feeder Position - eye level with patient, across from pt
- Encourage self-feeding, if possible
- Try hand-over-hand
- Feed at a relaxed pace
- Watch to make sure each bite is swallowed
- Limit distractions
- Make sure all food is cleared from oral cavity after meal



Safe Feeding Techniques

- Provide oral care after meals
- Keep pt upright (90 degrees) for 30 minutes after meals
- Pills one at a time. Drink plenty of water following each pill.
- Water
- Make conversation



Safe Feeding Tricks

- If pt is holding food in mouth
 - Cue pt to swallow
 - Empty spoon
 - Cold or flavorful items
- If pt won't wake up
 - Sternal rub, cold compress, ice to lips
 - Inform RN - Do not feed pt!
- If pt coughs/clears throat frequently during meal
 - Slow down down, smaller bites/sips, don't feed while coughing
 - Inform RN and SLP



Swallowing Disorders (Dysphagia)

Signs to watch for:

- coughing
- clearing throat
- swallowing multiple times
- wet/gurgled voice
- no voice
- trouble breathing
- holding food in mouth
- pocketing food in cheek
- throwing up during or after meals



Swallowing Disorders (Dysphagia)

Complaints to listen for:

- “It hurts to swallow”
- “My food gets stuck”
- “My food won’t go down”
- “I get strangled a lot”
- “My food/drinks come back up”
- “My food/drinks go down the wrong pipe”



Oral Care and Feeding Resources

http://www.umanitoba.ca/faculties/dentistry/media/SpecialMouthCare_Nov06.pdf

<http://www.pogoe.org/node/6178>

(contains video examples under “Oral Hygiene and the Care-resistant Behaviors”)

<http://www.nursingassistanteducation.com/site/courses/eng/nae-frap-eng.php>

