

# Caring for the Person with Dysphagia



Presented by

## Marc Lung

of



### **6Beds**

Advocating for Safe & Affordable  
Quality Residential Care

## CAREtoTalk Series

February 25, 2025  
10am-11am

# Housekeeping

- The CAREtoTalk series is a monthly, one-hour webinar designed to inspire, motivate and educate residential care home service providers with industry best practices. It is a special benefit reserved ONLY for Paid Members of 6Beds. These webinars are recorded and sent out to ALL 6Beds paid members.
- As this is a Zoom Webinar, we cannot see or hear you. All questions/comments should be directed through the "Chat" feature. Please change the "chat" feature to "Everyone".
- Topics are selected by the moderator. However, we welcome requests for feature topics, guest presenters and sponsors. Requests can be emailed to [Marc.Lung@CompECS.net](mailto:Marc.Lung@CompECS.net).
- Each monthly webinar will begin by highlighting a Featured Sponsor of 6Beds, who will share a 3-5-minute introduction about their company, their services and how they may be a resource for you.



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## CAREtoTalk Series

**The Last Tuesday of each  
month from 10am-11am**

# Objectives

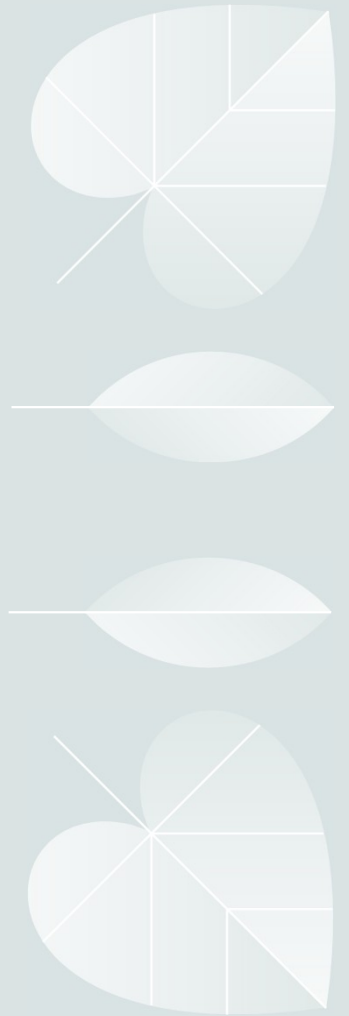
- Gain general understanding of dysphagia?
- Identify various causes of dysphagia.
- Discuss supervision and common care interventions/techniques for the person with dysphagia.
- Discuss direct hand feeding techniques
- Understand risks, liability and documentation



# What is Dysphagia?

**Dysphagia**, or difficulty swallowing, occurs on a continuum that can range from a sensation that something feels wrong to having trouble getting food down into the stomach.

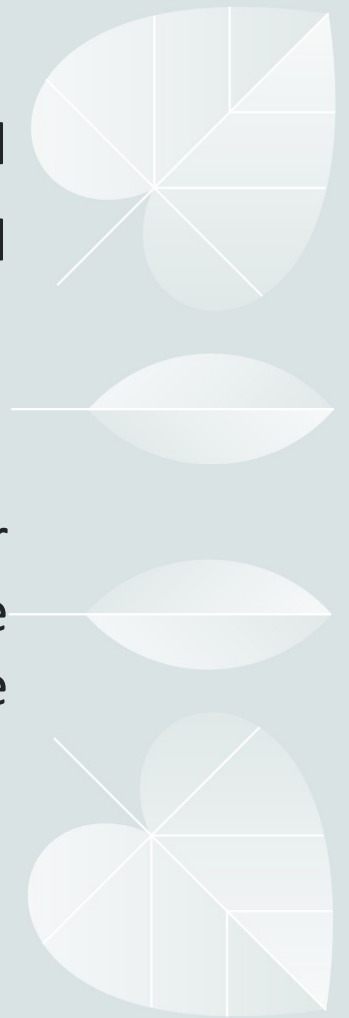
For most, swallowing is an automatic process that takes place countless times every day with little thought. However, the process of swallowing is an extremely complicated and coordinated process.



Moving food from the mouth through the esophagus and down into the stomach involves about 50 pairs of muscles and many nerves working in concert.

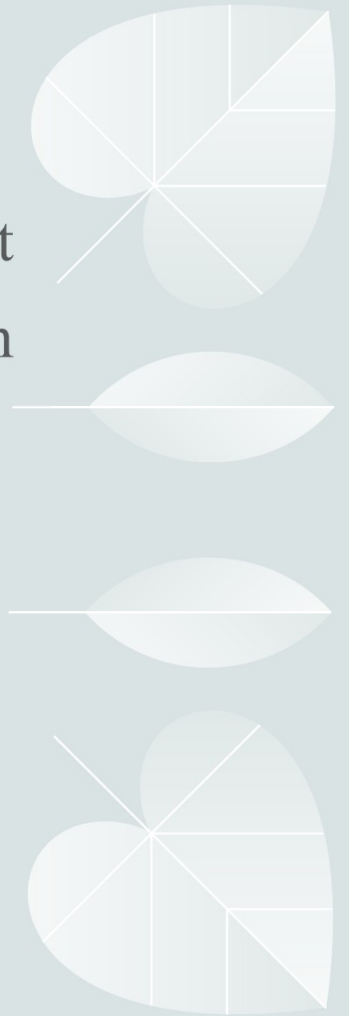
Dysphagia is most common in older adults. As we age, our muscles don't work as efficiently. Dementia and cognitive decline can also make chewing and swallowing more challenging.

Some people experience pain while swallowing (odynophagia).



In particularly severe cases, a person with dysphagia may not be able to safely swallow solids, liquids, or even their own saliva.

When this occurs, it may become a challenge to ingest enough calories and fluids to keep the body healthy and avoid medical problems including the danger of choking and aspiration.





# Choking vs. Aspiration

**Choking** - occurs when a person can't speak, cough or breathe due to a constricted or obstructed (blocked) airway. It can be deadly if a small object or food gets stuck in the throat or windpipe, which blocks the airflow and keeps the brain from getting oxygen.

**Aspiration** - occurs when food or liquid enters a person's lungs by passing the vocal folds and going down the trachea (windpipe), instead of passing through the esophagus (food pipe) and into the stomach.

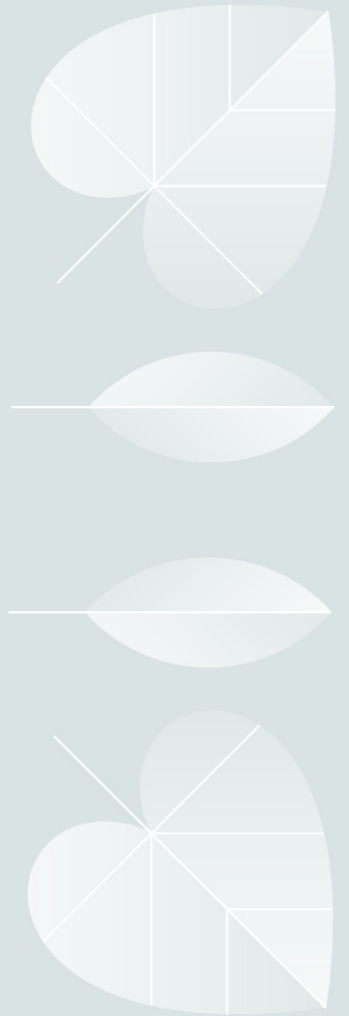


# Causes of Dysphagia

While underlying causes include neurologic, congenital, developmental, obstructive or muscular problems; **dysphagia** generally falls into one of two categories:

**Esophageal dysphagia** happens when you have the sensation that food is stuck at the base of your throat or in your chest after you have started to swallow.

**Oropharyngeal dysphagia** is characterized by difficulty initiating a swallow. You may gag, choke, cough or have the feeling that the food or liquids are going down your windpipe or up your nose.



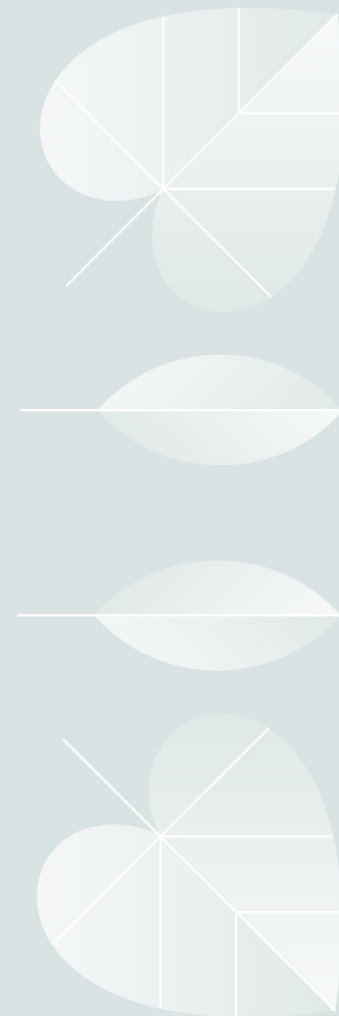


# Let's Break Down the Causes!

**Esophageal dysphagia** happens when you have the sensation that food is stuck at the base of your throat or in your chest after you have started to swallow.

Causes include:

- ❖ **Achalasia** (muscular),
- ❖ **Esophageal spasm** (muscular),
- ❖ **Esophageal stricture** (narrowing),
- ❖ **Foreign Bodies**,
- ❖ **Esophageal Ring** (narrowing),
- ❖ **Eosinophilic Esophagitis** (inflammation),
- ❖ **Scleroderma** (autoimmune disease-causing scar-like tissue)

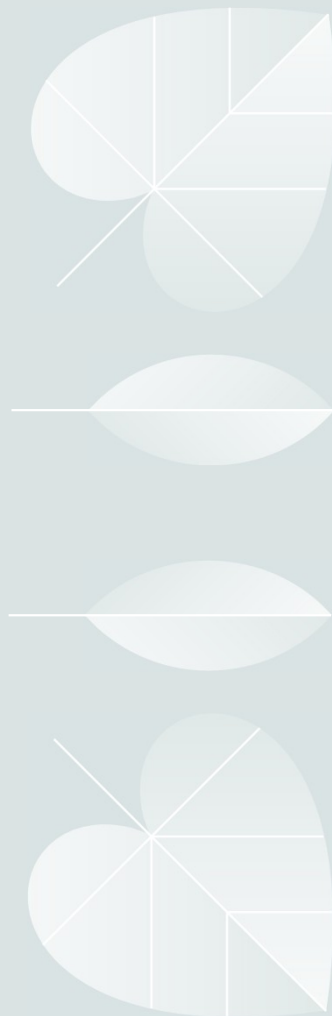


# Let's Break Down the Causes!

**Oropharyngeal dysphagia** is characterized by difficulty initiating a swallow. You may gag, choke, cough or have the feeling that the food or liquids are going down your windpipe or up your nose.

Causes include:

- ❖ **Neurological disorders** - i.e. Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Myasthenia gravis, etc.
- ❖ **Neurological Damage** - i.e. Stroke and brain or spinal cord injuries can cause tongue weakness or other problems,
- ❖ **Pharyngeal (Zenker's) diverticula** - a small pouch forms and collects food particles in the throat, typically just above the esophagus,
- ❖ **Cancer** - Certain types of cancer and radiation treatment can cause swallowing problems.



## Treatment Options - *(Medical Procedures)*



For those with Esophageal dysphagia, treatment may include esophageal dilation—where doctors can open the narrowed esophagus with a special balloon, or dilators inserted through the esophagus.

For tumors, achalasia or diverticula, surgery may be needed.

**Due to the high risk to elderly patients, medically invasive treatments, especially when general anesthesia is required, are often eliminated as viable treatment options.**

Other treatments might include muscle exercises to strengthen weak facial muscles or improve coordination or using different head and neck postures while eating. For example, a “chin tuck” involves tucking your chin so that food and liquids don’t enter the trachea when swallowing. These interventions would be taught by a speech therapist and encouraged by the community’s care staff.

For difficulties associated with GERD, oral medications can reduce symptoms.

An early step...and most common intervention used in our communities...involves a modified textured diet. Examples include mechanically soft (chopped, ground, prepared longer for softer texture) and/or pureed foods, as well as thickened liquids.

## Treatment Options

- *(Less Invasive)*



# Providing Supervision & Care



Providing supervision and care to the vulnerable populations we serve is why our industry exists.

Anticipating and recognizing dysphagia is a critical component to our dining experience.

**Is your care team properly trained to recognize the symptoms, and to provide the appropriate dining interventions?**



# Symptoms of Dysphagia



- ✓ Inability to swallow
- ✓ Pain with swallowing
- ✓ Sensation of food getting stuck in throat, chest or behind breastbone
- ✓ Drooling
- ✓ Hoarseness
- ✓ Regurgitation (bring food back up)
- ✓ Frequent heartburn
- ✓ Food or stomach acid coming back up into throat
- ✓ Unexpected weight loss
- ✓ **Coughing, gagging and/or clearing throat**

# We're Starting to See the Signs....Now WHAT?

Report observations to family/RP and the primary care physician. As needed, advocate for a plan of care from the doctor.

Advocate for your resident/client to be seen by the doctor. At minimum, request an order for a swallow evaluation by a licensed speech therapist.

**As soon as symptoms of dysphagia are present, your risk and liability significantly increase!!!**

**You MUST advocate for the appropriate medical attention, and DOCUMENT, DOCUMENT, DOCUMENT!!!**





## Following the Care Plan

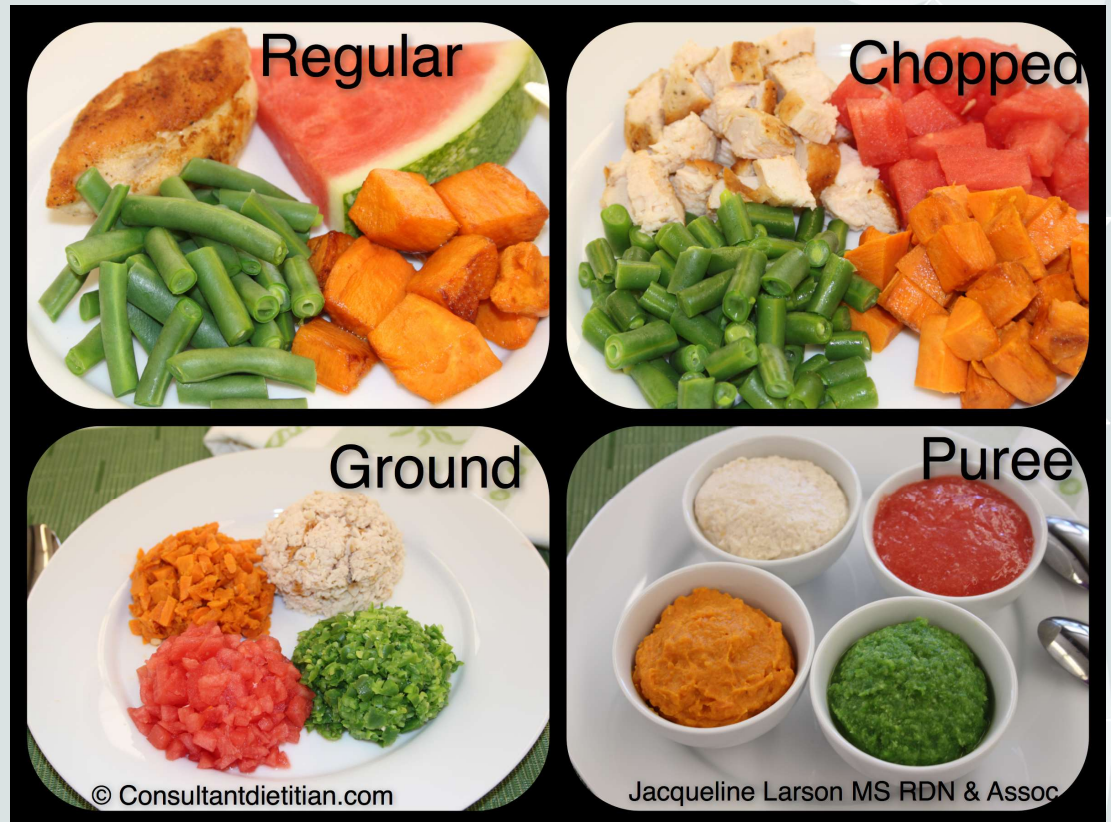
- Assure that any changes of medication are properly implemented.
- Assure that staff are properly trained in any/all care interventions to be implemented, and that the updates in the care plan are effectively communicated.
- Assure that kitchen, dining and/or care team are properly trained in the appropriate modified textured diets and preparing thickened liquids (to be discussed further).
- Assure that servers/caregivers are properly trained in the various hand-feeding techniques (to be discussed further).
- Provide additional training on how to appropriately document challenges, interventions, changes of condition, etc.



# Modified Textured Diets

Regulation

Modified food diets prescribed by the resident's/client's physician as a medical necessity, shall be provided.













# Thickened Liquids

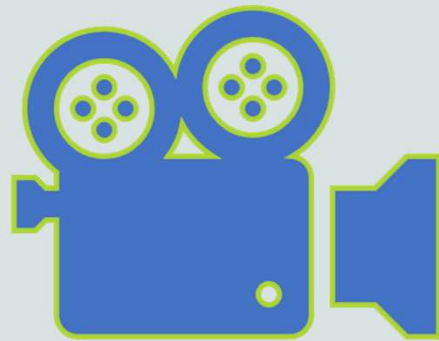
It is NOT sufficient to have a doctor's order simply stating, "Thickened Liquids".

**Makes sure the order specifies the prescribed viscosity (thickness).**

## Testing Thickened Liquids

	Examples	Spoon Test	Fork Test
NECTAR	Apricot Nectar Tomato Juice Eggnog 	Flows easily off the spoon. Leaves a thin coating on the spoon. 	Forms a thin web on the prongs of the fork. Flows through easily. 
HONEY	Liquid Honey Milkshake 	Flows off the spoon in drips rather than a smooth stream. 	Forms a thick web before falling through the prongs of the fork. 
PUDDING	This:  Not this: 	Does not pour. Falls off the spoon in a glob. 	Sits on the prongs of the fork. 

# YouTube Video



Handfeeding Assistance in  
Alzheimer's Disease and Dementia  
(3:10)



# Understanding the Risk!

**As soon as symptoms of dysphagia are present, your risk and liability significantly increase!!!**

**You MUST advocate for the appropriate medical attention, follow the doctor's plan of care, and DOCUMENT, DOCUMENT, DOCUMENT!!!**

According to nationally recognized dementia expert, Teepa Snow (and confirmed with Google AI), "The most common cause of death in late-stage dementia is aspiration pneumonia, which occurs when food or liquid enters the lungs due to difficulty swallowing, often leading to a lung infections that can be fatal".

Late-stage dementia residents often have a weakened immune system, making them more susceptible to infections and pneumonia.

While pneumonia is the most common cause of death, other complications of dysphagia like falls, malnutrition, dehydration, and blood clots can contribute to mortality in late-stage dementia.







Questions  
Comments  
&  
Best Practices



# Traumatic Brain Injury (TBI)



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Next

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Thank you for  
participating today and  
Thank you for what  
you do every day!!!

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