

# Eating and Swallowing Guidelines

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## **What do people do when they eat and swallow?**

Teaspoon or fork not too small or too full of food,

More than  $\frac{1}{2}$  teaspoon

Not so much that it falls off the spoon or fork.



Food is taken into mouth, lips close and chewing starts with textures  
Tongue moves the food from side to side and the jaw makes a rotary action

Once the food is prepared, the tongue moves the food out of the mouth in 1 second  
The food moves through the throat in 1 second, swallowing quickly.



At the neck, the larynx (Adam's Apple) moves up and down.

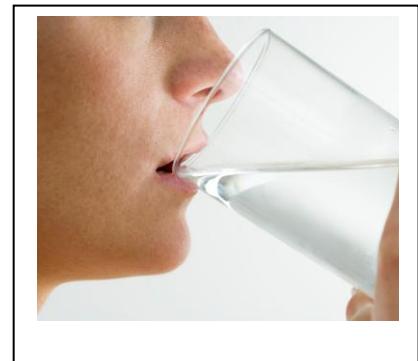
Then the swallow is completed from the mouth into the esophagus or the food tube.  
Another bite or mouth full is then taken.

## **What do people do when they drink?**

### Glass or Straw

Close lips on glass or straw  
Suck liquid into mouth  
Hold breath  
Swallow

Can take one sip or more while holding breath during the swallow



## **What do people do who have difficulty eating and swallowing?**



Heap food on spoon or fork, take too large or too small bites

Eat too fast

Lose food outside of mouth, on face, chin, or onto clothing

Chomp up and down without really chewing, or don't chew at all  
Pocket food in their cheeks  
Put more food in mouth before they swallow what is in their mouth

The food moves slower or disappears out of the mouth before the person has swallowed  
Or it takes the person many swallows before the food leaves their mouth

The larynx (Adam's Apple) doesn't move up and down before they take another bite

## **What do people do who have difficulty drinking and swallowing?**

Tip chin up and pour liquids into airway.

Drink too fast

Drink too fast



Breathe in when using a straw

Breath holding is not coordinated, sometimes people inhale while drinking

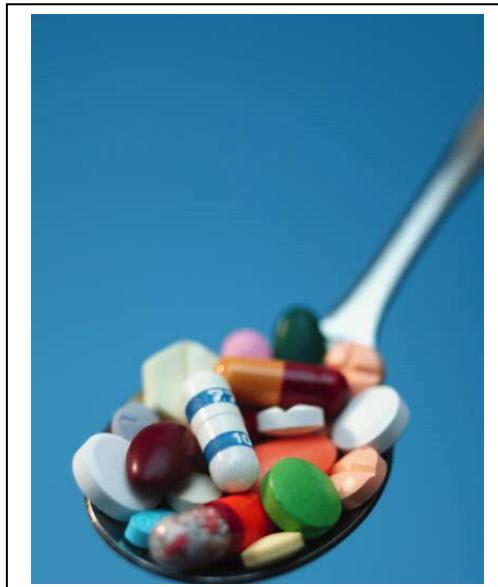
## **Some people have problems after the meal or snack**

For some people, food and liquid will go down to the stomach but come back up later after a meal or snack. This is called Gastro Esophageal Reflux or GERD.

Stomach contents may go in the lungs after the meal or at night.

Some people swallow partially chewed food but it doesn't go to the stomach, comes back up and is chewed and swallowed again. This is called rumination and is also dangerous.

## **Why do people have eating or swallowing problems?**



Medications can cause swallowing problems such as:

Abilify, Clozaril, Zyprexa  
Risperidone (Risperdal)  
Seroquel, Geodon

Intellectual Disability  
Behavioral Issues

Neurological problems such as  
Parkinsons  
Stroke

Aging, illness, surgery

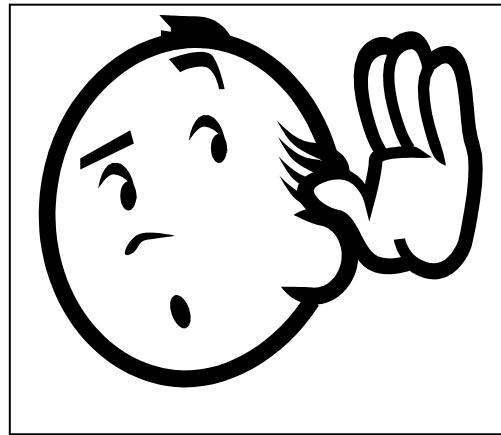
## **What can happen to someone who has an eating or swallowing problem?**

- Can choke, stop breathing and possibly die!
- Can swallow food or liquid into their lungs (called aspiration,) get sick, and possibly die!
- Can be eating and drinking but lose weight, have poor nutrition and no energy, get sick and possibly die!
- Can get dehydrated, some liquid goes in the lungs.

***Swallowing or eating problems  
can be life threatening!***

## **How do you know if someone is having trouble eating or swallowing?**

Watch and listen during or immediately after meals and snacks



- ✓ Eating too fast or too slow
- ✓ Pocketing food in cheeks
- ✓ Food coming out the person's nose
- ✓ Difficulty breathing during or immediately after a meal or snack
- ✓ Choking, turning blue

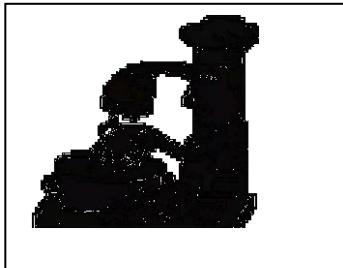
- ✓ Coughing during or immediately after a meal or snack
- ✓ Wet gurgly voice sounds
- ✓ Frequent throat clearing
- ✓ Wheezing or wet breathing
- ✓ Choking

- Weight loss even though the person is eating well
- Temperature rise 30 minutes to hours after eating
- Lung sounds, raspy, wheezy, gurgly

## **What can you do to help someone with an eating or swallowing problem?**

***Follow all plans as they are written!***

### Meal Preparation and Serving



- ✓ Prepare flavorful, colorful foods
- ✓ Serve foods cold or hot as they should be
- ✓ Don't mix foods together
- ✓ If someone takes a long time to eat, reheat food

Some people require special diet textures and liquid thickening to be able to swallow safely. These are called Dysphagia Diets. If a person has a Dysphagia Diet it must be followed strictly.

Some people have softer textures for ease of chewing; these may be called Mechanical Soft or Dental Soft diets. Foods should be soft and easy to chew, cut in small bite size pieces.

Some people have to drink thicker liquids. Liquids can be pudding thick, honey thick or nectar thick. There are many companies who make these liquids pre-thickened in bottles and cartons to be sure they are the right consistency.

### Eating Out

- Read the menus
- Look for foods that are soft and easy to chew
- Don't use straws unless the plan allows

Here are examples of soft, moist foods that can be prepared at home or found in restaurants:

Scrambled eggs, soft potatoes  
Waffles, pancakes with syrup, cut into small pieces  
Pasta salads - no raw vegetables  
Tuna salad without celery  
Tofu  
Garden burger or hamburger (cut in bite size pieces,) no lettuce or tomato  
Macaroni and cheese  
Meatloaf, meatballs cut, ground chicken, veal or beef patties with sauce  
Baked or grilled fish, fork mashed with sauce



Vegetables if soft, baked potatoes no skin  
Bananas, canned peaches, pears, apricots  
Italian: chopped or cut in small pieces  
Manicotti, Spaghetti (lasagne noodles can be tough)

Mexican:

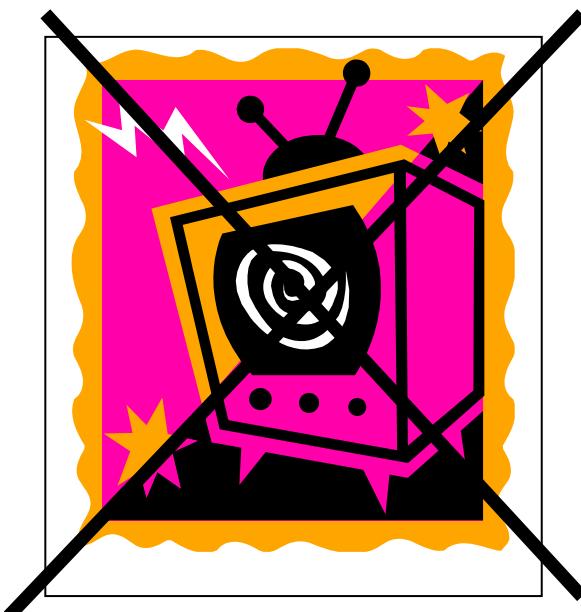
Burritos (bean or ground meat) if soft, refried beans - no chips

Oriental:

Sticky rice with soft vegetables in sauce  
Thai rice noodles with sauce, cut

### Meal Time

Decrease distractions, **TURN OFF TV**



Sit with the person at eye level, standing by them will make them lift their chin and open their airway and get food or liquid in their lungs

Make sure the person is sitting upright before anything goes in their mouth

NEVER let a person eat or drink lying down



# **POSITIONING GUIDELINES**

## **BED**

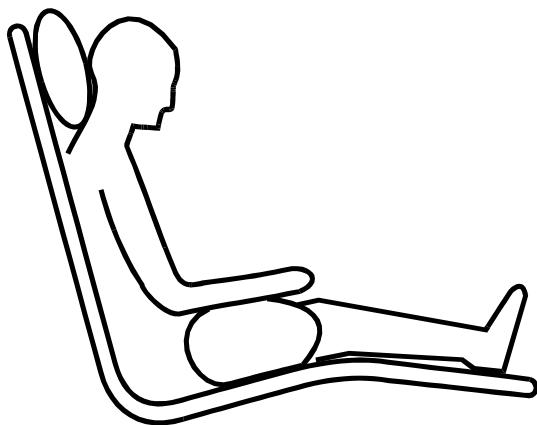
**Head of bed fully elevated**

**Knees elevated slightly**

**Pillow behind head**

**Arm support**

## **CHAIR**



**Straight backed chair**

**Foot support**

**Arm support**

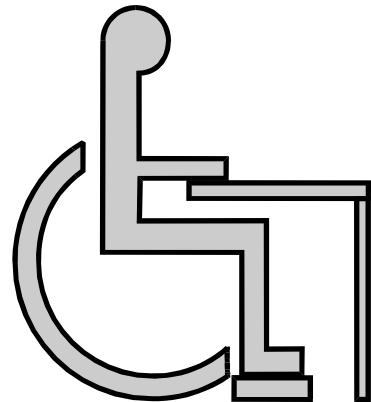
**If chair reclines put pillow behind  
back to create upright position**

# **POSITIONING INSTRUCTIONS**

## **Wheelchair at The Table**

### **Correct Position for Eating**

- Shoulders Back
- Elbows supported on chair or table surface
- Food is within 12" reach
- 90 degree hip flexion
- 90 degrees at knees
- 90 degrees at ankles
- 45 degree neck flexion
- Feet supported on the floor or foot rests



### **Incorrect Position for Eating**

- Rounded Shoulders
- Head Strained Forward
- Elbows Unsupported
- Posterior Tilt at Hips, Angle Greater Than 90 degrees Sliding Out of Chair
- Table Height Too High



## Eating and Assisting

- ✓ Only use straws if the plan says it's ok
- ✓ Monitor bite size, not too small, not too big
- ✓ Assist with cutting food into bite size pieces, especially foods that require extra chewing like meats.



- ✓ Encourage person to keep chin slightly down

- ✓ If you are putting the food in a person's mouth, wait for their lips to close on the spoon or glass, it helps them control what is in their mouth.

- ✓ Be sure the person has swallowed before taking another bite or drink  
Watch the larynx (Adam's Apple) movement up and down before the next bite of food or drink to be sure the swallow is done!

- ✓ Encourage eating few bites of food then taking a drink of liquid, then repeat

- ✓ When you sit with the person, you can help slow them down if they are eating too fast

## After the Meal

- ✓ Clean any leftover food out of mouth when done, put something like toothbrush between teeth so you don't get bitten!
- ✓ Clean the person's face and clothing after eating if there are spills
- ✓ Everyone should stay up after meals or snacks for 20-30 minutes to prevent food from coming back up.
- ✓ If someone likes to grab food and stuff it in their mouth, don't leave food or beverages out or unattended where someone could grab the food or beverage without supervision.

## **WARNINGS:**

- ❖ Remember, sometimes people with intellectual disabilities may eat or drink things that might look like food or beverages but are not.
- ❖ Be careful with containers or wrappers that might make things look like candy, soda pop cans bottles.
- ❖ Look for things around the person's house that might look like food.
- ❖ Some cooking supplies can be dangerous, put away bottles of oils and vinegars.
- ❖ Some common things that people swallow can corrode and cause serious infection such as coins especially pennies, batteries, paper clips and other small metal objects.
- ❖ Do not bring your cigarettes or alcohol into a person's home.
- ❖ Do not leave your medications where a person might eat them.

## **What should you do if someone chokes or appears to have an eating or swallowing problem?**

### Choking:

- If someone is choking, immediately implement life saving procedures
- Call 911 if breathing stops
- Don't let the person "wash it down" with a drink of liquid, this can force the material deeper into the airway or into the lungs.
- If breathing resumes, stop the meal. Remove that food items from future meals.

### Coughing:

- Stop the person from eating or drinking until coughing stops

- Try eating or drinking again, if the coughing continues, remove that item from the table and future meals.
- You may not be able to tell what exactly caused the coughing as sometimes the person coughs much later.

**Document** the coughing or choking event, be sure to include what you think may have caused the event.

**Report** the coughing or choking event according to your agency's procedures.

Agency: \_\_\_\_\_

Report to: \_\_\_\_\_

Additional reporting instructions:

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