

## **Decision making process (see flowchart)**

### **1 Initial Assessment**

- Obtain a full history from family/carers as to patient's usual level of eating and drinking, including assistance required, textures, adapted cups/cutlery, appetite, food preferences, usual weight.
- Ensure patients are weighed and screened weekly on nutrition screening tool to monitor risk of malnutrition.
- Assess the patient's capacity and refer to the guidance as set out in Mental capacity Act 2005: Code of Practice

### **2 Consider the Clinical Prognostic Indicators to clarify at what stage of the illness the patient is. Does the patient have mild/moderate dementia (ref: Reisberg's Global Deterioration Scale) or advanced dementia ?**

#### **Indicators for Advanced dementia;**

Unable to walk without assistance, and

- Urinary and fecal incontinence, and
- No consistently meaningful verbal communication, and
- Unable to dress without assistance
- Barthel score < 3
- Reduced ability to perform activities of daily living

Plus any one of the following:

10% weight loss in previous six months without other causes, Pyelonephritis or UTI, Serum albumin 25 g/l, Severe pressure scores eg stage III / IV, Recurrent fevers, Reduced oral intake / weight loss, Aspiration pneumonia

Or the patient would typically have an MMSE score below 10 (NICE 2006)

**Refer to the flowchart for the decision making pathway for mild/moderate dementia vs. advanced dementia**

### **3 Initial Management and support of oral intake**

- Ensure patients have the appropriate level of assistance for feeding from individuals trained in the appropriate feeding techniques.
- Refer to Speech & Language Therapist and Dietician if feeding/swallowing problems are identified
- Consider the eating environment, including reducing noise/calming music/seating/positioning
- Consider how food is presented in terms of texture, colour, consistency, time of day, quantity
- Offer small amounts of diet and fluids frequently throughout the day, as patients may be daunted by large meals.
- Give supervision, verbal/physical prompts, assist with cutlery/adapted cutlery, cut up food, alternate drinks/food

#### **4 Consider whether the dysphagia is a transient problem, that may require investigation and treatment, or a permanent problem.**

Transient problems swallowing may arise as a result of some of the following:

- Acute confusional state
- Sedative medication
- Depression
- Paranoid beliefs
- Acute stroke
- Nausea
- Lethargy
- Reduced appetite
- Denture problems
- Chest infection/aspiration pneumonia

#### **5 Consider whether enteral tube feeding is appropriate**

This should only be considered where dysphagia is a transient phenomenon. It should be a short term means to improve the nutritional status and the ongoing need should be reviewed every two weeks by the medical team.

Patients who have been placed NBM pending a decision about tube feeding should not remain NBM for longer than 5 days without clear objectives, and this should be reviewed every 2-3 days by the medical team.

#### **Artificial feeding should not generally be used in people with advanced dementia (NICE guidelines 2006)**

Where enteral tube feeding is not appropriate the following options should be considered:

- Careful oral feeding
- Palliative care/ Nil by mouth and oral care.
- Care of the Dying Pathway

#### **Decision-making should involve a consensus of opinion within the clinical team and be clearly documented**

The following key documents should also be referred to for further guidance:

- MCHFT Medical Guidelines (clinical)
- British Association of Parenteral and Enteral Nutrition, Ethical and Legal Aspects of Clinical Hydration and Nutrition Support (1998)
- BMA Withholding and Withdrawing Life – Prolonging Medical Treatment (2001)
- MCHFT Enteral Feeding guidelines (2008)
- NICE Dementia Care guidelines (2006)
- Mental Capacity Act (2005)
- Prognostic Indicator Guidance : Gold Standards framework (2006)
- Oral Feeding Difficulties and Dilemmas (RCP 2010)

## DECISION MAKING PROCESS

### PATIENT PRESENTS WITH FEEDING/SWALLOWING PROBLEMS

