Feeding via the **Oral Route** With **Acknowledged Risk of Deterioration**

### Stage 1: Identification — Is the patient for FORWARD?

- The patient has an unsafe swallow which is not likely to improve
  
  *This assessment is usually made by a speech and language therapist (SLT) but may be made by a consultant physician*

- The multidisciplinary team (MDT) have made the decision
  the patient is not / no longer appropriate for tube feeding
  
  **OR**

- The patient is choosing not to have a feeding tube
  
  **OR**

- The patient is already tube fed long term but requests or requires
  small amounts of oral intake for comfort

If **YES** to both, proceed to decision making

### Stage 2: Decision making

- Establish possible feeding recommendations that balance risks, burdens and benefits to the patient
  
  *These are usually determined by an SLT but may be determined by a consultant physician (+/- SLT referral to support patient and family)*

- Patient’s capacity to consent to these recommendations is assessed and documented

- The patient has capacity and after discussion, has made an informed decision to eat and drink with acknowledged risk of deterioration

  **OR**

- The patient lacks capacity, but a best interests MDT discussion has taken place that has concluded that he or she should eat and drink with acknowledged risk of deterioration

If **YES** to either question proceed to implementation
**Stage 3 : Implementation and communication**

Discuss recommendations with next of kin if appropriate and not already done

*Note:* whilst important, this step should not delay timely implementation of the bundle

Document agreed recommendations and strategies to support oral intake with acknowledged risk

SLT/ medical/ palliative teams to communicate feeding plan to relevant others including nursing staff and the community via Electronic Discharge Letter

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**Stage 4: Escalation planning**

Medical team to document suggested management strategies in the event of deterioration, e.g. chest physiotherapy; parenteral fluids; antibiotics; symptom control measures

| Has there been documentation of any ceiling of care? (e.g. ward based care only) |
| Yes | No |
|  |  |

| Has a DNAR decision been documented? |
| Yes | No |
|  |  |

| Has the AMBER care bundle been considered? |
| Yes | No |
|  |  |

| Has a PEACE document been considered? |
| Yes | No |
|  |  |

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**Reconsider FORWARD if:**

Risks, benefits or burdens change

FORWARD bundle form is completed and filed in medical notes by the managing team.

Name of responsible consultant .................................................................

Signed by SLT (if applicable) ................................................................. Date .........................

Signed by Doctor ................................................................. Date .........................

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For help, advice or feedback please contact the Department of Speech and Language Therapy on extension 82522