FORWARD

Feeding via the **O**ral **R**oute **W**ith **A**cknowledged **R**isk of **D**eterioration

GUIDELINES FOR USE BY STAFF

The FORWARD bundle supports patients, their relatives and staff in the management of patients with an unsafe swallow who are to eat and drink with acknowledged risk of aspiration. In what is sometimes a difficult clinical situation, the bundle aims to help clinicians make timely decisions about swallowing and risk, communicate them effectively and plan for any complications that occur.

When to consider using the FORWARD bundle

In many cases swallowing impairment may be due to a reversible cause which can be managed accordingly. However, some patients are deemed to have an unsafe swallow which is not likely to improve (or not improve quickly enough for a nil by mouth approach to be reasonable.) In a proportion of these cases tube feeding (either by nasogastric [NG] or percutaneous endoscopic gastrostomy [PEG] tubes) may not be appropriate. This could either be because patients choose not to have a feeding tube, or because the multidisciplinary team has decided that a tube is not appropriate. Reasons for this may include advance directives, poor prognosis or conditions where tube feeding will not enhance the length or quality of life for patients. There may also be occasions when the safest approach to oral feeding is declined by the patient. The FORWARD bundle is used when patients have an unsafe swallow and they are not appropriate for tube feeding.

Deciding about oral feeding with acknowledged risk

The speech and language therapist [SLT] should provide a set of recommendations about feeding which help balance the risk of aspiration against acceptability to the patient and their dignity.

A capacity assessment should take place to see if the patient has capacity to consent to the proposed recommendations. This assessment should be documented in the medical notes.

Assessing capacity…

…requires first that the clinical team have determined what are the likely risks and benefits of particular approaches to feeding. It then needs to be established, based on the recommendation the team is proposing to the patient, that the patient able to:

- Understand the information relevant to the decision
- Retain the information (risk / benefits)
- Use and weigh up the information in order to make a decision
- Communicate their decision verbally or non verbally.

(Please refer to Trust guidance on completing capacity assessment).

Patients with capacity may make an informed decision to eat and drink with acknowledged risk, whereas a best interests discussion is required for patients without capacity. This should ideally include persons most likely to be able to explain what the patient would have wanted. This is usually the next of kin. The discussion should also involve key multidisciplinary team members such as the speech and language therapist, dietitian, doctor and senior nurse involved in the patient's care.

Communicating and implementing recommendations

The SLT should document the recommendations and communicate them with the nursing staff (and next of kin if not already done). A swallow safety sign will be placed above the patients' bed to communicate that oral intake is with acknowledged risk. This will prevent the patient from being placed nil by mouth inappropriately if signs of aspiration do occur. However, feeding should be discontinued if signs of aspiration appear distressing. Advice will include:

- Patients being seated fully upright and alert
- Regular oral care – refer to Trust oral care guidance
- Slow pace with hand over hand feeding if appropriate
- Discontinuation of feeding if there are signs of aspiration or it appears distressing
- Most comfortable consistencies of food and/or fluid to be used

Ongoing management

The medical team should establish the future plan for management of recurrent chest infections including use of antibiotics, parenteral fluids and respiratory Physiotherapy.

Escalation of future care should be discussed and a decision about resuscitation should be made. The AMBER bundle may be useful in cases where recovery is uncertain.

If the patient is going to be discharged, he or she should have the PEACE (Proactive Elderly Advanced CarE) plan implemented in order to communicate the decisions in the FORWARD bundle to the GP / care home.

If you feel that the family would benefit from written information, please provide them with the FORWARD guide for patients, relatives and their carers: please complete the contact details at the bottom of the form.

Eating and drinking with acknowledged risk of deterioration

A GUIDE FOR PATIENTS, THEIR RELATIVES AND CARERS

This leaflet aims to answer questions about eating and drinking with an acknowledged risk of deterioration. It explains this term and the reasons why this plan is being used to manage nutrition and hydration.

The leaflet is part of a collection of measures, collectively called the FORWARD bundle (which stands for Feeding via the Oral Route with Acknowledged Risk of Deterioration) which is used to ensure that patients who eat and drink with acknowledged risk have the best care possible. If you have any further questions please speak to a speech and language therapist, dietitian, doctor or nurse.

What does eating and drinking with acknowledged risk mean?

Swallow safety can be affected by medical conditions as well as level of alertness or cognition. If it is unsafe for someone to eat and drink they are at risk of aspiration. This means saliva, food or fluids can enter the airway instead of the gullet. This can cause choking, coughing, discomfort and chest infections which are potentially a cause of death.

A patient may stop eating and drinking altogether. Offering food and drink is an important way of showing care and concern for someone, and it can be distressing when this is no longer safe or possible. Often in these cases it is difficult for patients to eat and drink adequate amounts, and frequently the focus is more on comfort and dignity than maintaining nutrition.

“Risk eating and drinking” refers to the plan to continue offering food and drinks with the acknowledged risk of aspiration, in order to maintain comfort and quality of life.

Feeding a person by tube may not help them to live longer and may make them more uncomfortable. If they do not have a feeding tube you can still offer food and drink, but you should never put pressure on the patient to eat or drink if they do not want to. Instead, those caring for the patient can concentrate on keeping their mouth clean and fresh by offering regular mouth care.

How is the decision to eat and drink with acknowledged risk made?

A mental capacity assessment is an important part of the decision making process.

If you are the patient and you have capacity to make the decision for yourself to eat and drink with acknowledged risk, this has been documented so that you will not be made nil by mouth against your wishes. If you change your mind about how you would like your nutrition and hydration to be managed, this can be re-discussed at any time. If you are at home please contact your G.P.

If the patient is deemed to lack mental capacity, they are not able to decide for themselves whether to be fed by tube. Decisions about feeding are made by the multi-disciplinary team including the managing medical team, a Speech and Language Therapist and Dietician, with the help of relatives and carers. If a patient has previously made a written statement (sometimes called an advance directive) stating they do not wish to be fed by a tube, these wishes are respected. If it is unclear if tube feeding would benefit the patient, it may be tried for a set period of time.

How can my relative's eating and drinking be made as safe as possible?

- Being seated fully upright and alert will help with their control and level of engagement with eating and drinking
- Regular oral care will make it more comfortable to eat and drink
- A slow pace of oral intake will ensure they have time to swallow everything that is in their mouth
- Hand over hand feeding can encourage patients to feed themselves
- Discontinuation of feeding if oral intake appears distressing or there is any choking
- A Speech and language Therapist will be able to recommend the most comfortable food and fluid consistencies

Whom should I contact if I have any questions about risk eating and drinking?

Name of consultant……..

Name of ward doctor ……

Name of Speech and Language Therapist ……

Name of dietitian…….