

Introduction

The purpose of this leaflet is to help people with a 'Risk Feeding' decision.

Risk Feeding is considered if a person is deemed to be at high risk of aspiration and/or choking when eating and drinking and non-oral feeding is not suitable, or if eating and drinking is best for the person's quality of life.

Swallowing Difficulties

Swallowing difficulties (dysphagia) may result from dementia, stroke, various neurological disorders (Parkinson's disease, Multiple Sclerosis, Motor Neurone Disease, etc.), learning disability and other conditions.

Some people with swallowing difficulties, may have a high risk of food, fluid and saliva 'going down the wrong way'. This is when it enters the windpipe or lungs and is known as aspiration. Aspiration can be uncomfortable, although sometimes it happens with no immediate signs or symptoms (silent aspiration).

Aspiration can have life-threatening consequences such as choking and/or aspiration pneumonia. Because of these potential risks, once a decision is made, including how to best to treat and manage these consequences.

What are the options if swallowing becomes unsafe?

Speech and language therapists specialise in the assessment and treatment of dysphagia and, in many cases, are able to find ways to reduce the risks associated with swallowing difficulties.

However, for some people, even with this support there remains a high risk of aspiration. If they continue to eat and drink, then that is called 'Risk Feeding'. For some people non-oral feeding is an option.

Non-oral feeding

Non-oral feeding is when food and drink is provided in a liquid form and delivered via a tube directly into the stomach.

In some situations, non-oral feeding may not be suitable. Reasons for this may include:

- the risks of long-term tube feeding outweigh the benefits
- tube feeding is refused by someone who has capacity to make this decision
- tube feeding is not possible or not tolerated
- if the medical condition is not curable or in the advanced stages, and tube feeding would not maintain or improve the person's health or quality of life.

Risk feeding

Risk feeding may be put in place for one or more of the following reasons:

- advanced stages of illness and the person is at risk of aspiration/choking and this is unlikely to improve
- the person chooses to continue to eat and drink accepting the risk
- non-oral feeding options are declined or not appropriate
- Small amounts of food and/or drink are taken for quality of life e.g. taste for pleasure

This decision should acknowledge the risks but also consider the quality of life and overall wellbeing of the person.

How is the decision made?

The person's wishes should be fully considered if they are unable to make their own decision. The speech and language therapist will establish if the person is able to understand fully the Risk Feeding decision.

Health professionals who may be involved in the decision

- GP
- Medical team
- Speech and Language Therapist
- Dietitian

- Physiotherapist
- Specialist Nurse
- Palliative care team
- Independent Mental Capacity Advocate – independent representative for individual
- Key workers (named nurse/health professional)
- Care Home staff

What happens if a Risk Feeding decision is made?

If a Risk Feeding decision has been made, the information will be shared with the GP and if appropriate, other health professionals who are responsible for ongoing medical care.

As there is a risk of the person becoming unwell because of their swallowing difficulties, the GP should discuss future treatment plan with the person and their carers. This should include treatment information relating to how to manage possible complications of aspiration e.g. effectiveness and use of antibiotics or hospital admissions.

Contact details

Should you have any concerns or further questions please contact the speech & language therapy department at the Queen Victoria Hospital on 01342 414471 opening hours (with voicemail) Monday to Friday 8am – 5pm or qvh.salt@nhs.net.

Please ask if you would like this leaflet in larger print or a different format.

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