

## Module 5: Swallowing, Nutrition and Oral Care

## QUIZ ANSWERS

- a. loss or impaired ability to chew and/or swallow.
- e. all of the above
- c. oral phase
- b. involuntary/reflexive
- Any five of the following:
  - drooling
  - slow eating, prolonged chewing
  - food left in mouth after eating (e.g. residue or pocketing)
  - pain associated with swallow
  - effortful swallow
  - delayed initiation of swallow
  - coughing or choking during and/or after swallowing
  - throat clearing after swallowing
  - voice changes (i.e. wet/gurgly voice)
  - refusal to eat
  - recurrent chest infections
  - unexplained weight loss
  - gagging
  - nasal regurgitation
- Silent Aspiration is the aspiration or entry of food or liquid into the airway - below the muscles that produce sound, that is the vocal folds. There are no clinical signs of aspiration (no coughing or throat clearing). It is very common.

7. Any three of the following:
- weight loss
  - dizziness
  - confusion
  - thick saliva
  - reduced urine output
  - dark concentrated urine
  - reduced skin turgidity
8. f. all of the above
9. Any five of the following:
- patient positioned sitting fully upright with a slight chin tuck when eating and/or drinking
  - patients with dysphagia should feed themselves whenever possible
  - feeder positioning :
    - eye-level with the patient
    - across from the patient
    - feeder should be comfortable
    - do not feed from above the mouth
  - feeding strategies:
    - involve patient in choices (e.g. what would you like next?)
    - check the tray to ensure the correct diet has been provided
    - feed at a relaxed pace
    - ensure patient has swallowed before giving the next bite, watch and feel the swallow
    - small amounts of ½ to one teaspoon at a time
    - do not engage in conversation with patient when there is food or liquid in their mouth
    - inform patient what food they are eating, preferably do not blend foods together.
    - if appropriate, use hand-over-hand support with dysphagic patients who cannot self-feed.
    - cue patients to feed on the strong side of their mouth (i.e. non-affected side)
    - reduce distractions
    - provide one pill at a time (crush if necessary)
    - patient should remain upright for at least 30 minutes after the meal
    - complete mouth care after each meal
    - use assistive devices (rimmed plates, a gripper pad to prevent dishes from slipping, etc.)
10. e. All of the above