**FEEDING THE DEPENDENT PATIENT**

**Before Feeding**
- The dependent patient’s ability to eat must be fully assessed.
- Aspiration of food or drink is a particular risk. Aspiration can cause a blockage in the bronchus and lead to aspiration pneumonia.
- If the patient has dysphagia, a swallowing assessment should be carried out by a competent practitioner using an appropriate assessment tool. Referral to a speech and language therapist and dietitian should be considered. They may recommend that foods are thickened to help prevent aspiration.
- Information can also be obtained through a barium swallow test.
- The patient should be placed in an upright position with his or her head tilted slightly forward to aid swallowing.

**During Feeding**
- Keep the patient upright.
- The nurse who is helping the patient to eat should sit in the patient’s line of vision and provide prompting, encouragement and direction, both verbally and non-verbally, when appropriate.
- Avoid hovering with the next spoonful of food as this may cause a patient to hurry and worsen any swallowing difficulties. Patience, attention and time are essential.
- Allow at least 5–10 seconds for each bite or sip.
- Allow the patient to take a drink between each mouthful of food to ease the process of eating.
- The patient should be observed for pouching (the unconscious collecting of food on one side of the mouth), particularly after a stroke. When the patient has a hemiplegia the head should be tilted slightly towards the stronger side to avoid pouching.
- The patient should remain upright for 15 minutes after eating.
- Ensure that suction apparatus at the bedside has been checked.
- Report and document any instances of choking.

**Phases of Swallowing**
Swallowing occurs in three phases:
- The oral phase – the food is chewed and mixed with saliva to make a bolus.
- The pharyngeal phase – the swallowing reflex is triggered when the bolus touches the back of the patient’s oral cavity. The epiglottis is lowered and the larynx moves under the base of the tongue closing the airway. The presence of the bolus in the pharynx stimulates a wave of peristalsis.
- The oesophageal phase – the bolus is moved through the oesophagus to the stomach by peristalsis.

**References**

**Websites**
Dysphagiaonline: www.dysphagiaonline.com

**Further Reading**