



Tube Feeding: The Role of the Speech-Language Pathologist

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Decision Making

- Primary responsibility for leading families through discussions of values and treatment choices may rest on non-physician providers.
(Cantor & Pearlman, 2003)
- Includes nurses, social workers, case managers, therapists, DSPs and others who have frequent contact with the individual



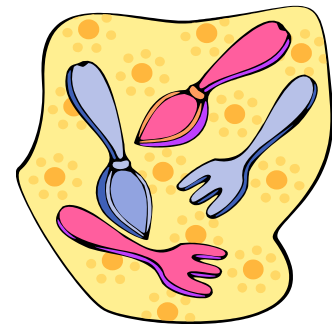
Decision Making

- Primary role for the SLP in decisions relating to enteral feeding is to provide information to allow for an informed choice and not to direct the decision itself.

(Hanna & Joel, 2005)

Unique Role of SLP: Scope of Practice

- Sees individual in contexts of natural living
- Involved in daily activities
- Knows current QOL





Unique Role of SLP: Scope of Practice

- Repeatedly assess the individual over time
- Familiar with “typical” eating/drinking/swallowing status
- Maintains an open ongoing discussion with guardian regarding PO status
- Recognizes and alerts the nurse, IDT and guardian when changes in PO status occur



Decision Making: Clinical Role of the SLP

- Clinical dysphagia assessment
- Interpretation of videofluoroscopic swallowing study (VFSS) report
- Rec additional dx procedures
- Share impressions re Quality of Life



Clinical Dysphagia Assessment

- Functional eating/drinking
 - Oral-motor function
 - Lip and tongue function
 - Chewing
 - Bolus control
 - Timeliness of swallow
 - Pharyngeal function
 - Maintaining bolus in oro-pharyngeal tract
 - Airway protection before, during, after swallow
 - Esophageal function
 - Movement of bolus from upper aerodigestive tract to digestive tract
 - Comfort w/swallow



Interpretation of Videofluoroscopic Swallow Study (VFSS)

- Treating SLP to look at entire VFSS report and understand recs
- Identify what happened and risks associated with findings
 - i.e., rec nectar thick liquids
 - Thin liquids result in asp before swallow
 - Honey thick liquids result in pharyngeal coating/residual
 - i.e., coughing began after 4th bite
 - Effect of fatigue on airway protection



Recommend Additional Dx Procedures

- Videofluoroscopic Swallowing Study
 - To identify competence of airway protection with current diet/liquid
 - To identify therapeutic strategies to improve competence of airway protection
- Upper GI follow through
 - To identify the presence of gastroesophageal reflux during or after eating/drinking



Share Impressions re QOL

- Individual's feelings re dysphagia take into account the social, emotional and psychological consequences rather than just the clinical or nutritional and respiratory concerns.
- Oral intake is not always preferred by the individual
 - *"A great part of my daytime is consumed just trying to obtain proper and sufficient nutrition to keep me going. Eating is tiresome and inefficient. I can handle only a teaspoonful at a time, and have to chew slowly and stay focused and concentrate as I eat. By the time I finish a small meal and clean up, there is not much time to do other things in between meals, and I am quite tired by then."*

Stated by a man with dysphasia due to TBI.
Bennett & Steele, (2005)



Share Impressions re QOL

- Enjoyment of eating and/or drinking may include
 - Favorite foods/liquids?
 - Willingness to participate in eating/drinking?
 - Fear of eating/drinking?
 - Respiratory complications while eating/drinking?
 - Energy level after oral intake?
 - Ask the individual about their feelings



After Decision to Place Feeding Tube: Role of SLP

- Should know and maintain record of the rationale for feeding tube placement
 - Poor airway protection due to dysphagia
 - Inadequate oral nutrition or hydration
 - Low level of alertness for swallowing
- May need to address future recs to consider return to PO intake



After Feeding Tube Placement: Role of SLP Services

- SLP role determined by current PCP order for:
 - PO solids only (NPO liquids)
 - PO liquids only (NPO solids)
 - NPO with limited comfort solids/liquids
 - 100% NPO



After Feeding Tube Placement: Role of SLP Services

- Develop strategies (as appropriate) for:
 - comfort meals/recreational eating,
 - swallow rehab,
 - restoration of “mealtime”
 - counseling
 - saliva management
 - oral hygiene
 - communication



Assessment & Strategy Development: Comfort Meals/Recreational Eating

- Review VFSS findings re strategies to preserve airway protection
 - Positioning and Postures
 - Diet texture/Liquid consistency
 - Temperature/sensory changes
 - Effects of fatigue
 - Benefits of sequencing presentation of food and liquid
 - Etc.



Assessment & Strategy Development: Swallow Rehabilitation

- Considerations:
 - Type of impairment
 - Strengthening
 - Exercises
 - Vital Stim
 - Range of motion
 - Direct treatment
 - Coordination
 - Alternative approaches
 - Compensatory
 - Cognitive status
 - Following direction
 - Focus/Motivation



Strategy Development: Restoration of “Mealtime”

- Mealtimes provide the physical and emotional connection with others.
- Mealtimes are primary contexts for communication and socialization with others.
- Bolus feedings and faster pump rates for shorter periods are more similar to typical mealtimes.

(Morris, 2010)



Assessment & Strategy Development: Counseling

- Establish connection between illness and oral eating/drinking
- Clarify that nothing “bad” was done
- Identify other enjoyable activities
- Identify pros and cons re oral eating/drinking



Assessment & Strategy Development: Saliva Management

- Observation & Interview re management of oral secretions re airway protection during:
 - Walking
 - Sitting
 - Resting
 - Interacting with others



Assessment & Strategy Development: Oral Hygiene

- Airway protection during oral hygiene treatment
 - Positioning and Postures
- Ways to improve oral health status
 - Mechanical action of brushing
 - Toothpaste v Mouthwash v Water
 - Xerostomia
 - Flossing



DDSD 2010 Policy & Procedure

○ Role of SLP

- Continuous monitoring for s/s of asp
- With nurse, devel interim plan for newly id mod-high risk
- With IDT members
 - Collaborative assessment of 24-hr risk
 - Collaborative dev of strategies to min risk
 - PO intake nutrition and hydration
 - PO medications
 - Saliva management
 - Oral hygiene



DDSD 2010 Policy & Procedure

- Train implementation of strategies
- Monitor
 - Implementation of strategies
 - s/s of aspiration
- Attend IDT meetings to discuss any changes or needed revisions to CARMP



Decision Making: Role of the SLP

- Current temperature of the DDSD-SLP field varies
 - Knowledgeable/experienced
 - Inexperienced
 - Ethical concerns about role
 - Uncertainty regarding role



References

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