Speech and Language Therapy Update for Nursing Homes: COVID-19

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Common Causes of Oropharyngeal Dysphagia

(1) **neurological impairment** (Dementia, Stroke or progressive neurological conditions)

(2) **structural damage** (e.g., trauma caused by the intubation or malignancies)

(3) **medication or toxic/ drug side-effects**

(4) **presbyphagia** (aging swallow)

(5) **phagophobia** (psychogenic dysphagia)

(Reiter & Brosch, 2012)
Signs and Symptoms of Dysphagia

• Drooling

• Difficulty chewing

• Unable to clear food residue from their mouth

• Coughing or choking when eating or drinking

• Wet gurgly voice when eating or drinking

• Shortness of breath

• Eye watering
Signs and Symptoms of Dysphagia continued...

• History of repeated chest infections
• Weight loss
• Taking a long time to finish meals
• Complaining of difficulty eating or drinking
• Reluctance to eat certain consistencies
Patient Presentation in COVID-19

Critical care interventions following severe acute respiratory syndrome (ARDS), including prolonged trans-laryngeal intubation, ventilation, proning may result in patients experiencing the following:

- Voice problems (dysphonia)
- Swallowing difficulties (dysphagia)
- Cognitive-communication difficulties
- Chronic upper airway and respiratory problems

(RCSLT, 2020)
Other Risk Factors for Dysphagia in COVID-19

• Reduced alertness or consciousness

• Delirium or increased confusion

• A possible primary respiratory dysphagia due to tachypnoea potentially affecting safety of patients swallow (RR >25)

• Effect of intubation/non-invasive ventilation

• Deconditioning/increased fatigue potentially affecting the efficiency of patients swallow function
Signs and Symptoms of Dysphagia in COVID-19

- Loss of appetite secondary to anosmia or lack of taste
- Coughing on food or fluids due to worsening respiratory status (e.g. increase RR)
  - Differentiate from coughing at rest due to COVID-19
- Difficulty chewing due to fatigue/ deconditioning/shortness of breath
- Difficulty recognising food or fluid bolus due to confusion +/- delirium
Consequences of Untreated Dysphagia

Medical
- Malnutrition
- Dehydration
- Weight Loss
- Chest Infections
- Pneumonia
- Death

Social
- Withdraw from mealtimes
- Avoid social occasions that involve eating/drinking

Emotional
- Embarrassment
- Frustration
- Confusion
- Anger
Safe Feeding Routine Algorithm

If you notice your resident is presenting with signs or symptoms of dysphagia:
- Revise “Steps to promote safe oral intake” in the interim
- Contact your usual SLT service (HSE/private) to refer the resident
- Request a telepractice or telephone consult for individualised advice if possible

If you are not already linked with an SLT service, contact:
- your G.P. (or)
- the local HSE community SLT clinic (or)
- the local SLT Department in your nearby hospital for advice
Steps to Promote Safe Oral Intake

**Alertness**
- Do not offer a resident food or drink if drowsy

**If feeding the resident:**
- Position yourself at eye-level to try help patients keep a neutral, upright position

**Dentures**
- Make sure they are in situ and fitting properly.

**Positioning**
- Ensure patient is properly positioned, sitting upright out of bed (where appropriate).

**Distraction:**
- Reduce distractions at mealtimes.

**Check Dysphagia Care Plan**
- It is the right diet?
- Are the fluids modified correctly?

(RCSLT, 2018)
Steps to Promote Safe Oral Intake

**Independence:**
residents should be encouraged to feed and drink themselves using recommended utensils.

Vary the amount of assistance according to individual need (e.g. verbal prompts, volume control e.g. sip/teaspoon, hand over hand feeding etc).

**Portion size:**
persons who are frail or fatigued should be given small portions little and often. You could try add sauce and finely chop food to see if this helps.

**Reduced taste**
try fizzy drinks or foods of different tastes, textures or temperatures

**Time:**
allow adequate time to support the resident to eat and drink.

**Oral Hygiene:**
ensure the mouth is clean and free from residue at the end of the meal.

Encourage a ‘clearing swallow’ or taking a drink to assist in clearing residue from the mouth.

(RCSLT, 2018)
Thickened fluids? Modified Diet?

- As per RCSLT (2018), it not possible to predict which residents will benefit from changes in fluids using thickeners owing to complex conditions.

- Thickened fluids can cause more difficulty for some residents:
  - Need increased intra-bolus pressure orally and at the upper esophageal sphincter (UES)
  - Thicker consistencies may cause increased residue
  - Higher rates of silent aspiration when patients aspirated thick fluids, whereas patients tended to cough when they aspirated thin fluids
  - Risk of increased dehydration on thicker fluids
    (Cichero, 2013; Steele et al., 2015; Hind et al. 2012; Miles et al. 2018; Lazenby-Paterson, 2020)

- Modified fluids/diet should be used with caution and only following recommendation by SLT.
COVID-19 Resources

https://covidpatientsupport.lthtr.nhs.uk/#/lessons/7iKjxFnj8B8T44HpKhLsfkLPXxpTtxww
Dysphagia Resources

On site and online staff training on dysphagia and IDDSI

Nutilis Clear individual posters for each level and simple mixing guidelines

Menu planning and Audits

Nutilis Clear resources and recipe books

Workshops for chefs and catering staff led by our expert Nutricia Dysphagia chefs

https://www.nutricia.ie/
Dysphagia Resources

Thick & Easy™ Clear

Thick & Easy™ Clear is a white powder consisting of maltodextrin, xanthan gum, carrageenan, and erythritol.

Directions for Use

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https://www.fresenius-kabi.com/ie/products/fresubin-clear-thickener
Dysphagia Resources

IDDSI 'Print and Display' (posters)
Consumer Handouts (Paediatric)
Consumer Handouts (Adults)
Presentations
Publications
E-bites (monthly newsletters)
Newsroom
Videos
Webinar Recordings
Resources from other IDDSI users

https://iddsi.org/resources/
COVID-19 Aphasia Friendly Resources

Conversation Topic: Corona Virus/ Covid-19
Cut up and use these images to support effective communication skills.
Support understanding by using short sentences and illustrating key words with these images.
Support expression by supporting the user to manipulate the images to illustrate their thoughts/questions.

https://drive.google.com/drive/folders/1f1TVERvsjEbaySZQBTWso5VutJGWQte

http://nebula.wsimg.com/438514d864d2d7decad3083254de2b35?AccessKeyId=5861B1733117182DC99B&disposition=0&alloworigin=1
Language Stimulation Ideas & Resources

Crosswords and word puzzles: help keep the words ‘alive’ in your head

Reading: newspapers, magazines, books

Contact with families: phone or video calls

Write postcards or letters: useful way to practise spelling and hand writing

Radio & television: help keep residents mind stimulated

Number puzzles e.g. sudoku: help exercise residents concentration and their ability to manipulate numbers

https://cloudstor.aarnet.edu.au/plus/s/1tkhGC3kyC2bJg1
COVID-19 Oral Care Resource

Public Health England

Protecting and improving the nation's health

Mouthcare for patients with COVID-19 or suspected COVID-19

Supporting seriously ill patients’ mouthcare is an important part of overall patient care. If oral hygiene is neglected, the mouth rapidly becomes dry and sore. The aim of good mouthcare for patients in hospital is to maintain oral cleanliness, prevent additional infection and reduce the likelihood of developing bacterial pneumonia. On admission include the mouth in the patient’s assessment and care plan (an example of a form to record this can be found here).

This guidance outlines mouthcare for hospitalised adults and children with COVID-19 or suspected COVID-19 who are non-ventilated, ventilated and those having step down or end of life care.

When providing mouthcare for patients with COVID-19 wear personal protective equipment (PPE) to prevent contact and droplet transmission. This means wearing disposable gloves, plastic apron, eye protection and a fluid resistant surgical mask. Delivering mouthcare is not an aerosol generating procedure. However, the environment you are working in may require the use of enhanced PPE (e.g. if working where patients are ventilated).

Mouthcare for non-ventilated patients

- If patients are having oxygen via a face mask, check with the nurse in charge before removing this for the time needed to carry out mouthcare.
- Assess the patient and consider if they can brush their own teeth, or if you need to help them to keep their mouth moist and clean.
- These patients are more likely to cough when performing mouth care, be gentle, stand to the side or behind them, take breaks to allow the patient to rest and swallow.
- If possible, sit the patient upright.
- If the patient has a dry mouth, encourage sips of fluid (unless nil by mouth), hydrate with a toothbrush dipped in water or apply available dry mouth product to their tongue.

COVID-19 Voice Resource

Advice for people experiencing voice problems after COVID-19

This advice is compiled by a team of UK voice specialist Speech and Language Therapists.

As a result of the COVID-19 virus, you may experience some temporary changes to the sound of your voice, and to your comfort and effort levels when using it. These changes are similar to the changes you would expect to experience with a cold or flu, but are expected to be more intense and longer lasting. We anticipate that these voice problems may take 6-8 weeks to gradually resolve. The following advice will help your vocal recovery.

Why Has Your Voice Changed?

Vocal cords sit in the voice box (also known as your larynx or Adam’s apple) at the top of the wind pipe. Pictures 1 and 2 are photos of healthy vocal cords.

In order to produce voice, we bring the vocal cords together (see picture 2) and gently blow air through them from the lungs below, which causes their delicate membranes to vibrate. This vibration is the sound of the human voice.

When you have COVID-19, you are likely to experience excessive and prolonged attacks of coughing. Coughing brings the vocal folds forcefully together to allow strong expulsion of air, clearing any mucus from your lungs and throat. This level of coughing gives the vocal cords quite a battering: consequently, they can become swollen and inflamed.

What Can You Do To Protect Your Vocal Cords And Help Them To Heal?

- Keep well hydrated, drink 1.5-2 litres (4-5 pints) of fluid that doesn’t contain caffeine or alcohol per day (unless advised otherwise by a doctor).
- Try gentle steam inhalation with hot water (nothing added to the water), breathe in and out gently, through your nose or mouth. The steam should not be so hot that it irritates your throat.
- When the virus is at its peak, coughing is likely to be intense and unceasing. However, once the stage of the illness passes, try to use persistent, deliberate throat clearing and, if you can’t prevent it, make it as gentle as possible. Taking small sips of cold water can help to suppress the urge to cough.
-Coughing or washing overdue can help promote saliva flow, which lubricates the throat and can help to reduce throat clearing. Avoid medicated lozenges and gargles, as these can contain ingredients that irritate the muscular lining of the throat.
- You do not need to be on total voice rest, i.e. silent. Even in the early stages of the illness, when the voice is at its worst, using the vocal cords for a short duration every so often during the day keeps them mobilised, and this is a good thing.
- Always aim to use your normal voice. Don’t worry if all that comes out is a whisper or a mumble, just avoid straining to force the voice to sound louder.
- Don’t deliberately choose to whisper. This does not “save” the voice. It puts the voice box under strain.

Last updated: 4 May 2020

COVID-19 SLT Nursing Home Service Provision

• Contact your local SLT (HSE or private)

• “Assessments that may prevent hospital admission and expedite discharge from acute services may be deemed a priority” (IASLT, 2020)

• See what support they can offer? Can they offer telephone or tele-practice initial assessments or reviews and advice?

• Recommendations are highly individualised so follow SLT guidance.
References


