Reduce the Risks of Aspiration on Oral Feeding of Hospital Patients Having Dysphagia

Introduction
In Ruttonjee Hospital, about 80% of patients who were referred to Speech Therapy Department suffered from different degrees of dysphagia. Safety measures should be taken to reduce their risks of aspiration.

1) Previously, patients were provided with tablespoons as meal feeding utensils. However, large mouthful intake might increase the risks of aspiration of dysphagic patients.
2) Apple juice had been provided to patients having dysphagia diet, including patients who needed to drink fluid with thickener. The risks of aspiration might increase if these patients drank apple juice directly.
3) Oranges had been provided to patients having non-dysphagia diet. However, these patients might still have risks of aspiration on orange if they could not tolerate thin liquid.
4) Formerly, Speech Therapists would communicate with ward nurses in verbal means for the change of diet type or fluid consistency of patients. However, Speech Therapists' recommendations might not always be accurately updated accordingly.

Objectives
To reduce the risks of aspiration on oral feeding of in-patients having dysphagia by the provision of appropriate feeding utensil, food texture and diet type.

Methodology
1) Speech Therapists ordered a type of teaspoon that was suitable for feeding patients with dysphagia. With the support of Food Services Department, teaspoons instead of tablespoons were provided to patients having dysphagia diet since February 2016.
2) Food Services Department supported Speech Therapist's request in providing apple sauce instead of apple juice to patients having dysphagia diet since November
3) Speech Therapist discussed with Dietitian about the risks of aspiration on orange for specific patients. Starting from September 2016, dietitians agreed to help to update the information in Dietetic & Catering Management System (DCMS) by replacing orange with apple sauce for specific patients upon receiving requests from Speech Therapists.
4) Starting from March 2016, whenever there were changes in diet type or fluid consistency, Speech Therapist would attach a “change diet and fluid consistency memo” in patient’s medical file for ward nurses’ reference in updating patient’s diet in DCMS and remarks in front of patient’s bed.

**Result**
Through identifying the limitations of usual practice, appropriate changes were made to reduce patients’ risks of aspiration, thus improving quality of service. All safety measures could be achieved only by effective inter-professional communication and cooperation.