

Clinical Task Instruction

DELEGATED TASK

D-SO04: Feeding assistance during instrumental swallow assessment

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- provide feeding assistance during an instrumental swallow assessment.
- monitor and provide verbal and physical cues if required, to support the client's ability to safely swallow fluid and foods.
- instruct, demonstrate and monitor the client's adherence to prescribed dysphagia compensatory strategies during the instrumental swallow assessment.
- observe and provide clear and relevant real-time feedback of the client's performance during the session.

Note: Swallowing instrumental assessments in this CTI includes Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Videofluoroscopic Swallow Study (VFSS).

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of CTI D-SO02 Dysphagia – postural compensatory strategies.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements, complete patient manual handling techniques, including slide board transfers and repositioning a client in sitting.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Provide support in dysphagia management.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- an awareness of normal swallow function and factors that can impact on swallowing and safety, including common health conditions in the local service.
- the appearance and differences between various texture modified diets and thickened fluids.
- signs of aspiration including coughing, gurgled/wet voice, choking, or changes to breathing while eating or drinking.
- common signs of swallowing problems including oral pooling, loss of food/fluid from the lips, slow swallow initiation and multiple swallow attempts for a bolus.
- common signs of feeding problems including inability to reach the mouth with the bolus, inappropriate bolus size and/or feeding pace.
- common strategies used to support feeding including verbal cueing, physical/manual guidance, use of assistive devices, suitable bolus size, pacing, a fluid flush and a clearing swallow.
- purpose of an instrumental swallow assessment including the basic procedural elements of positioning to optimise viewing of the oral, pharyngeal and oesophageal phases, factors for bolus delivery (type, size and pace), set up and clean up requirements.
- if performing VFSS, awareness of radiological safety including as low as reasonably achievable (ALARA) radiation safety principles, use of personal protective equipment, timing of hand placement and communication with the health professional.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above).
- reviewing the Learning Resource.
- receiving instruction from an allied health professional in the training phase.
 - the local processes and workplace instructions for set-up and clean-up requirements including disposal of barium.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- nil.

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - as dysphagia compensatory strategies while eating are practiced during an instrumental swallow assessment, food can fully or partially block (obstruct) the airway, causing choking. Signs include: holding or touching the throat; coughing, wheezing or gagging, which may be weak or ineffective; difficulty breathing; making a whistling or 'crowing' sound when trying to breathe; or an inability to make sound or cry. If ignored, this may lead to lips, face, earlobes or fingernails turning blue and loss of consciousness. Airway obstruction is considered a medical emergency and local procedures should be commenced immediately e.g. clear the airway, activate emergency system.
 - clients may require feeding support during the task, for example physical assistance to reach the mouth by guiding the hand or providing the bolus to the mouth. The AHA will need to coordinate bolus presentation with the speech pathologist, endoscopist for FEES, and the radiographer for VFSS to meet testing requirements. For VFSS, this includes the ALARA radiation safety principle, that radiation safety is a higher priority than capturing an image of a full swallow.

Equipment, aids and appliances

- VFSS includes a risk of radiation exposure. Personal protective equipment (PPE) must be worn during the assessment including lead apron (skirt and top) and thyroid collar. Additional local service requirements may also require a radiation dosimetry badge, radiation protective eyewear or gloves to be worn. If PPE is ill fitting or damaged, cease the task. If alternative equipment cannot be sourced, inform the delegating health professional.
- During VFSS a perspex shield will be between the client and the AHA to provide protection from the beam. At no time should the AHA be positioned in front of the beam. The AHA is to inform the radiographer when feeding assistance has ceased and the radiographer will inform the AHA when the beam is active.

Environment

- VFSS is performed in a medical imaging suite. The exposure to radiation is a reportable event. If during the task actual or suspected radiation exposure has occurred to the AHA, cease the task, inform the delegating health professional and implement local processes for documenting a risk of radiation exposure.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - the required foods and drinks to be available during the swallow investigation.
 - the test to be performed.
 - if the client is self-feeding or requires support, including the type of support e.g. verbal cueing, physical assistance or spoon feeding.
 - postural compensatory strategy/ies to be performed while eating and drinking e.g. chin tuck, head turn and supraglottic swallow.
 - if relevant, alternative client positioning requirements e.g. standing or sitting in own wheelchair.

2. Preparation

- If part of the delegation instruction, prepare fluid and food requirements as per the local workplace procedures for the required investigation.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “I am here to assist you with food/fluids during your swallowing test today”.
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

Note: the AHA is seeking informed consent for this task (to assist with food/fluids). The consent for FEES and VFSS is a separate consent process and is performed by the health professional conducting the swallowing test.

4. Positioning

- The client's position during the task should be for:
 - FEES - sitting upright in a bed or chair.
 - VFSS - sitting in a swallow chair.
- The AHA's position during the task should be:
 - standing in front or to the side of the client in a position to observe the clients' performance, support feeding and/or demonstrate compensatory swallowing strategies.
 - for FEES, the AHA position may also be influenced by the position of the endoscopist.
 - for VFSS, the AHA must move away from the client when the radiation beam is active.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps.
 1. Check the required food and fluid consistencies for the instrumental swallow assessment are available. If unavailable implement local workplace procedures.
 2. Position the client in the correct posture for the task and assist with donning of a plastic apron.
 3. The AHA dons personal protective equipment (PPE). For FEES this is a plastic apron, for VFSS this includes a lead apron (skirt and top) and thyroid collar. See the Safety and quality section.
 4. Perform hand hygiene and if required don gloves.
 5. On direction of the delegating health professional:
 - i. provide the requested food or fluid and instruct the client to swallow.
 - ii. demonstrate and reinforce requested postural compensatory swallowing strategy.
 - iii. repeat step 5.
 6. During the task, observe the client and provide real time feedback on client performance to the delegating health professional.
 7. At completion of the task, implement local workplace instructions including disposal of trialled food/fluids, and the removal and storage of PPE.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - clients who are able to self-feed will be presented with the bolus and instructed to take a single serve. Usual serving size is a teaspoon quantity or small sip, unless otherwise instructed by the delegating health professional. Encourage and cue the client to the correct serving size.
 - provide feedback to augment information collection by the delegating health professional in real time. For example:
 - leakage of food or fluid on the client's mouth/face can occur due to a large bolus or poor timing. Prompt and/or assist the client to remove the food/fluid from the mouth/face. Check for residue in the mouth and provide feedback to the delegating health professional such as amount and location of the residue.
 - the client may fatigue during the task. Observations may include reporting tiredness, slouching, yawning and frequent closing of the eyes. If noted, inform the delegating health professional.
 - the client may feel nauseous during the task. If the client reports nausea or the need to vomit or is observed to dry retch, provide a vomit bag and tissues. Inform the delegating health professional as the task may need to be ceased.
 - during VFSS there is a risk of unplanned radiation exposure to the client and staff. If an actual or suspected exposure breach has occurred, immediately inform the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the "Safety and quality" section above including CTI D-WTS01 When to stop.

- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - remove the client's plastic apron and ensure the client is comfortable and safe e.g. returned to bed, wheelchair.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures e.g. client returned to room post FEES.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Monash Health (2013). AHA competency standard: Provide feeding assistance in noncomplex videofluoroscopy procedures in adult patients.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

D-SO04: Feeding assistance during instrumental swallow assessment

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including preparing fluid and food requirements as per the local workplace procedures for the required investigation, if part of the delegation instruction.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <p>a) Clearly explains the task, checking the client's understanding.</p> <p>b) Checks the required food and fluid consistencies required for the instrumental swallow assessment are available. If required, implements local workplace procedures.</p> <p>c) Positions the client in the correct posture for the task and supports donning of a plastic apron.</p> <p>d) Dons appropriate PPE for the investigation.</p> <p>e) Performs hand hygiene and if required dons gloves.</p> <p>f) On direction of the delegating health professional, provides the requested food or fluid and instructs the client to swallow.</p> <p>g) On direction of the delegating health professional, demonstrates and reinforces requested postural compensatory swallowing strategy.</p> <p>h) On direction of the delegating health professional, repeats step f & g.</p> <p>i) During the task, observes the client and provides real time feedback on client performance.</p>			

j)	At completion of the task, implements local workplace instructions including disposal of trialled food/fluids, removal and storage of PPE.			
k)	During the task, maintains a safe clinical environment and manages risks appropriately.			
l)	Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.				
Provides accurate and comprehensive feedback to the delegating health professional.				

Comments on the local service model:

The allied health assistant has been trained and assessed as competent in supporting feeding during the following swallow investigation procedures:

- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Videofluoroscopic Swallow Study (VFSS)

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved:	/	/
Scheduled review:				
Review date:	/	/		

Feeding assistance during instrumental swallow assessment: Learning Resource

Required reading

- The International Dysphagia Diet Standardisation Initiative (2016). The IDDSI Framework and Descriptors. Available at:
http://iddsi.org/wp-content/uploads/2018/01/Framework_with_CreativeCommons_2018.jpg
- If performing FEES:
 - Queensland Government (2020). Metro North Hospital and Health Service. Fiberoptic Endoscopic Evaluation of Swallowing (FEES). Patient Information Brochure. Available at:
<https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/06/fees-brochure.pdf>
- If performing VFSS:
 - Australian Government (n.d.). Australian Radiation Protection and Nuclear Safety Agency. Radiation Protection of the Patient. Available at:
<http://content.arpansa.gov.au/rpop/module/index.html#welcome>
 - Queensland Government (2020). Metro North Hospital and Health Service. Videofluoroscopic Evaluation of Swallow (VFSS). Available at: <https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/06/vfss-brochure.pdf>

Required viewing

- Adult modified barium swallow. Module one: About MBS. Background to MBS: what is MBS. Available at: http://hi.bns.health.qld.gov.au/allied_health/speech_pathology/adult-mbs/module-1.htm
- Gramigna GD (2016). How to perform video-fluoroscopic swallowing studies. Video 1: How to do VFSS. GI Motility online. doi:10.1038/gimo95. Available at:
<https://www.nature.com/gimo/contents/pt1/full/gimo95.html>
- Mayo Clinic (2019). FEES Swallowing study: Fiberoptic Endoscopic Evaluation of Swallowing. Available at: https://www.youtube.com/watch?v=9O76ue_dsgs