

1. A patient is deemed unsafe to eat and drink and is unsuitable for artificial nutrition or hydration
2. A patient has capacity and understands fully the high risk of aspiration of oral intake but choses to continue to eat and drink consistently which presents a greater risk of aspiration

STEP 1 - PATIENT INFORMATION

STEP 2 - CAPACITY ASSESSMENT

- **Complete capacity assessment.**
- **If capacity intact explain risks of feeding. If no capacity, discuss with next of kin.**
- **Suggest precautions to make feeding as safe as possible**
- **Refer to SLT if required (May not be appropriate if last hours/days)**

STEP 3 - IMPLEMENT FEEDING PLAN

ORAL FEEDING PLAN FOR PATIENTS WITH DYSPHAGIA ON THE PALLIATIVE FEEDING FOR COMFORT PATHWAY

- Commence teaspoons, then sips of water. If coughing on water, thicken to level 2 (Stage 1)
- Commence teaspoon of puree
Eg: Yoghurt, fruit puree, rice puree, custard, mousse
- Oral intake is for comfort, stop if patient is too drowsy or oral intake causes discomfort.
- Ensure mouth care is maintained and proper position is maintained when feeding.

FEEDING PLAN FOR PATIENTS WITH REDUCED ORAL INTAKE ON THE COMFORT FEEDING PATHWAY

- Offer small amounts of food and drink at frequent intervals.
- Offer calorie dense food and drink.
- Consider finger food if appropriate and offer a variety of food.
- Do not worry about sticking with conventional food or mealtimes.
- Offer an empty spoon or dab the mouth with a napkin to stimulate swallowing when holding food in the mouth.
- Do not give large portions.
- Do not force feed.
- Increase fluid intake with jelly, watermelon.
- Go with food preferences and try things with more flavor since taste may have changed.
- Encourage communal eating.