Tube Feeding: The Role of the Speech-Language Pathologist

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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
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 vs Mouthwash vs Water
  - Xerostomia
  - Flossing
Role of SLP
- Continuous monitoring for s/s of asp
- With nurse, develop 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


