

DYS4 Develop a dysphagia care plan

OVERVIEW

This standard is about working with individuals and those involved in their care to develop individualised dysphagia care plans. It covers agreeing the goals of the care plan and relevant remedial approaches and techniques to be used in achieving these. This standard is suitable for practitioners who develop care plans in order to either rehabilitate or provide compensatory strategies for dysphagia. It involves developing a working hypothesis for the identification of rehabilitation strategies and advising members of the care team on interventions to be used in order to manage presenting problems. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. Local policies which affect your work practice in relation to working with individuals with dysphagia
2. Your responsibilities under the current European, national and local legislation and policies on your actions within the care environment
3. The professional standards and codes of practice for your area of work and how to interpret and apply these
4. The impact of ethical issues on your role and the services you provide
5. The scope of your practice and level of competence.
6. The organisational policy and practices with regard to the keeping and sharing of clinical records, recording information and maintaining confidentiality
7. The referral process within the multi-disciplinary team
8. Legislation and legal processes relating to consent
9. The principles of valid consent, including implied consent and expressed consent
10. The methods used to achieve consent where the individual is not able to give their informed consent
11. Statutory statements, living wills, advanced directives, and other expressions of an individual's wishes
12. How to deal with issues of confidentiality and who has the right of access to recorded information and images
13. How to provide supported conversation and adapt communication styles in ways which are appropriate to different people e.g. age, culture, language or communication difficulties
14. The ways in which carers should be involved in communication in order to deliver the

- most effective outcome for the individual
- 15.The needs of individuals and carers, including issues relating to dignity, confidentiality, and privacy
 - 16.The role, responsibilities, needs, and relationships between individuals and carers
 - 17.The services and assistance that the individual and their carers should be entitled to
 - 18.The type of information that is most useful to individuals and their carers, their rights to obtain it, and how they can access it
 - 19.How individuals and carers respond to specific remedial techniques
 - 20.The anatomy and physiology of swallowing including:
 - 1.anatomical structures involved in the swallowing process
 - 2.physiology of swallowing
 - 3.development of swallowing function
 - 4.effects of aging on swallowing
 - 5.respiratory function
 - 6.airway support mechanisms
 - 7.effects of physical disabilities (e.g. scoliosis)
 - 8.effects of surgical interventions
 - 9.effects of radiotherapy, chemotherapy and brachytherapy
 - 21.The underlying causes and contributory factors of abnormal swallowing including:
 - 1.longstanding but functional abnormal eating and swallowing patterns e.g. adapted and compensatory swallow physiology
 - 2.underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia
 - 3.behavioural issues
 - 4.environmental issues
 - 5.medical condition
 - 6.medication
 - 7.physical condition i.e. sensory and postural state
 - 8.psychological state
 - 9.cognitive functioning
 - 22.Complications and risks within dysphagia
 - 23.Current research and evidence-based practice, and how these might be utilised in an individual's care plan
 - 24.The importance of, and implications for, considering eating and feeding disorders within the context of the individual's overall:
 - 1.development
 - 2.emotional, psychological and behavioural well-being
 - 3.medical and surgical status
 - 4.respiratory and nutritional status
 - 5.prognosis
 - 6.physical environment and social setting
 - 25.The need to develop and agree an effective care plan with the individual, carers and members of the care team
 - 26.The role of other professionals and how they can contribute to assessment, treatment and care of individuals with dysphagia
 - 27.The steps you would take to ensure that the privacy, dignity, wishes and beliefs of the individual are maintained
 - 28.How an individual's medical, physical and psychological state may impact on their ability to swallow
 - 29.The impact of dysphagia on an individual and the impact on their physical and psychological needs
 - 30.The impact of an individual's specific needs on the management of dysphagia

31. Pertinent information that will inform the generation of a working hypothesis and care planning including knowledge and interpretation of other professional assessments and treatment
32. The interpretation and application of assessment findings to the care plan including information provided from augmentative examinations and further investigations that have been undertaken
33. The importance of identifying, and where appropriate, modifying factors that may impact upon the individual's ability to eat and drink safely
34. The psychological, emotional and communicative impact of the environment on the dysphagic individual and their carers
35. The environmental factors that affect the individual's swallow function, including:
 1. lighting
 2. temperature
 3. environmental stimulus (i.e. distractions)
 4. posture and mechanical supports (e.g. pillows, standing frames, specialist seating)
 5. posture and behaviour of the feeder
36. The support that may be required by the individual, including:
 1. utensils, cutlery and feeding aids
 2. sensory aids (i.e. glasses, dentures, hearing aids)
 3. verbal and physical prompts
 4. rate of presentation of oral intake
 5. verbal and non-verbal cues from individual
37. Remedial approaches and techniques and their application in the care plan
38. The types of activities that can be carried out with individuals in order to help them develop and maintain swallowing skills
39. The way that presentation, pacing, consistency and taste of food and drinks impact on an individual's ability to swallow
40. Factors that may impinge upon the application of remedial strategies such as 'end of life pathway' or ethical issues surrounding alternative methods of feeding or withholding or withdrawing life supporting interventions
41. The signs of abnormal swallowing including acute and chronic signs of aspiration
42. The actions to be carried out in the event of adverse reaction during the delivery of care
43. The importance of monitoring the changes in the individual and evaluating the continuing efficacy of the care plan, and how to do this
44. Triggers for re-assessment of swallow function including:
 1. changed levels of alertness
 2. improvement/deterioration in medical status
 3. alteration in motivation or cognitive function and mealtime behaviour
45. How to complete and structure written individualised care plans so that they comply with legal and organisational requirements, contain all of the necessary information, and are suitable for others to use

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.use information from the individual's assessment in order to develop a working hypothesis of the individual's care needs
- 2.obtain the individual's valid consent to the development of the care plan
- 3.provide timely, accurate and clear feedback to the individual's care team to support effective planning of care
- 4.involve the individual, the carers they specify, and members of the care team in the planning, implementation, review and revision of the care plan
- 5.facilitate discussion between the individual, their carers and the care team on ethical issues impinging on the selection of remedial approaches and remedial techniques
- 6.agree roles and responsibilities of those involved in the care plan, including the individual, their carers and members of the care team
- 7.ensure that the individual and those involved in the care of the individual have a shared understanding of the individual's needs, interventions to be used, and agreed goals for the care plan
- 8.ensure the care plan is specific, measurable, achievable, realistic, time-framed and agreed by the individual, their carers and the care team
- 9.ensure the agreed care plan is consistent with the individual's needs and other relevant factors
- 10.advise and support the individual, their carers and members of the care team on specific remedial approaches and remedial techniques to comply with the care plan
- 11.provide information on evidence-based practice on the range of remedial approaches and remedial techniques
- 12.alert the individual, their carers and the care team to any issue or adverse situation which may compromise respiratory or nutritional status
- 13.identify the action to be taken if any adverse situation occurs during the implementation of the care plan
- 14.agree and review the care plan with the individual, their carers and the care team at regular intervals according to local protocols
- 15.keep accurate, complete and legible records of the care plan and any subsequent reviews in the appropriate documentation

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: HWB6 Assessment and treatment planning