

## Eating and/or drinking accepting risk

### Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net).

### Unsafe swallowing

Swallowing problems (dysphagia) may result from dementia, stroke, various neurological disorders (Parkinson's disease, multiple sclerosis, motor neurone disease etc.), learning disability and a range of other acute and chronic health conditions.

If you or your relative is experiencing swallowing difficulties, there may be a high risk of food, fluid and saliva **going down the wrong way**. This is when it enters the windpipe or lungs. This is known as **aspiration**. Aspiration can be uncomfortable for you or your relative, although sometimes it happens with no immediate signs or symptoms (silent aspiration). Aspiration can be dangerous as it can lead to pneumonia (an infection in the lungs).

Speech and Language Therapists specialise in the assessment and treatment of dysphagia and in many cases are able to find ways to **reduce the risks for people with swallowing difficulties**.

**However, for some patients, even with this support, their swallow is just not safe.**

### Alternative nutrition and hydration

There are many people who, despite having an unsafe swallow, are unsuitable candidates for tube feeding or alternative nutrition and hydration (ANH) for the following reasons:

- the risks of long term tube feeding outweigh the benefits
- tube feeding is refused by a consenting patient
- tube feeding would not maintain or improve quality of life

It is when patients have an unsafe swallow on all food and drink and are not suitable for tube feeding that eating and/or drinking accepting risk should be considered.

## Eating and/or drinking accepting risk

**When a person continues to eat and drink despite a risk of aspiration and/or choking, this is referred to as eating and/or drinking accepting risk.** This may be put in place for one or more of the following reasons:

- advanced stages of illness
- the person's swallow is not safe and is unlikely to improve
- when preferred food and drinks takes priority over swallow safety
- tube feeding options are declined or inappropriate

An eating and/or drinking accepting risk decision should result in a plan which balances safety and quality of life as equally as possible, taking fully into account the personal, cultural and religious beliefs of the individual.

The Speech and Language Therapist may be able to advise recommendations to reduce, but not eliminate the risk.

An eating and/or drinking accepting risk decision may be temporary, and can be reviewed if a person's swallow is thought to have improved.

### **PALS**

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

### **Have your say**

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at [www.careopinion.org.uk](http://www.careopinion.org.uk).

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