

## Speech Pathology Case Study

### The Speech Pathologist working collaboratively with the Allied Health team in Residential Aged Care

#### Background

Gregor is an 83-year-old gentleman with a diagnosis of end-stage COPD and advanced dementia. He has been residing at a RACF for the past 5 years and has previously been content and well-acquainted with the staff and other residents at the RACF. He has recently been refusing to wear his dentures and has subsequently had difficulty tolerating his regular diet (IDDSI level 7). Speech pathology was referred for a clinical bedside swallow assessment with optimal tolerance noted on minced/moist diet (IDDSI level 5) and thin fluids (IDDSI level 0).

#### History

Nursing staff have not observed any difficulty with fluid tolerance and he continues to maintain good hydration on thin fluids (IDDSI level 0). However, Gregor has since lost more than 7kg in the past month due to refusal of softer/minced diet textures. Family and staff are concerned that his overall health status has had a significant downturn as a result of meal refusal.

#### Family input

Gregor's family is aware of his guarded prognosis given he is in end-stage COPD however are distressed to see Gregor prohibited from eating solid food. His family have reported that Gregor has historically been a 'small eater' and has enjoyed supplement drinks as part of his morning and afternoon tea over the past 4 years to support his nutritional intake. Speech pathology has been scheduled for a follow-up review.

#### Where to from here?

Prior to speech pathology scheduling a review appointment, time should be taken to discuss concerns and recent events with the nursing staff, Gregor (if possible) and his family (e.g. What is the primary concern? What is important to the client/family? Etc.) – obtaining a well-rounded understanding of key partner involvement and their perceptions will help to formulate a plan of action for the SLP. Having a

preliminary discussion prior to the review visit will also allow the SLP to coordinate their visit with key persons involved in Gregor's care.

## Response

In this case, the family are really involved and worried about his oral intake, having the family attend the review session will allow them to see results of the swallow assessment as well as have the opportunity to collaborate with the SLP and seek a mutually agreed upon solution. Gregor would also benefit from family involvement as family presence tends to create a safe and supportive space for individuals to express their wants and needs and feel as comfortable as possible.

## The Multidisciplinary team

Given the recent loss of weight and the fact that staff and family have mentioned Gregor's long-standing integration of supplement drinks into his daily eating regime, it is essential that the dietitian become involved as another key partner (if not already!). Ideally, the SLP and dietitian can coordinate a combined session with Gregor and the family which will limit the time Gregor is required to be assessed on his eating and drinking and a dual session will promote a more cohesive plan as opposed to the dietitian and SLP reading one another's progress notes – this can be coordinated relatively easily if SLP has direct contact details with the dietitian. Alternatively, communicating with the clinical care coordinator at the facility can identify the next scheduled visit for the dietitian or can specifically schedule their visit for a certain day/time.

## Additional factors

Additionally, what we know in the case study is that Gregor is refusing to wear his dentures which is likely impacting his ability to adequately break down a solid/hard bolus, if a cranial nerve assessment, clinical swallow examination and review of recent health events have not indicated another possible reason for oral phase swallowing difficulties, it is likely that his dentures are the source of concern – this could mean that the dentures are ill-fitting and/or are creating discomfort for him. Therefore, a discussion of the aforementioned concerns with the GP and a recommendation for a dentist review would be appropriate in an attempt to circumvent the primary issue.

## Care Plan

In the interim, a discussion with the nursing staff and collaboration/advice from the GP and pharmacist can put in place short-term solutions to promote wearing of the dentures (e.g. use of dental adhesive,

review of oral cavity and implementation of topical ointments to reduce pain and ulcers – if present, adjusting routine and process when inserting dentures – e.g. particular staff members assisting, time of day etc.).

### Case Conference

At the time of the scheduled swallow review, the family, dietitian, nursing staff and/or clinical care coordinator should be in attendance. Careful consideration should be made at this point that if denture refusal persists and return to a complete regular diet is deemed unsafe, then a discussion of specifically requested foods should be assessed to see if some particular meal items or snacks can be integrated into Gregor’s meal plan (e.g. if cake has been requested by Gregor, then the assessment should involve a cake trial), strategies should then be considered to allow optimal safety for continued ingestion of requested food items (e.g. level of supervision, additional moisture, alternation of food with fluids etc.). If additional strategies are not seen to be effective and the risk of choking and/or aspiration remains high, then a clear and thoughtful discussion of eating and drinking at increased risk take place with Gregor, the family and the care coordinator and/or clinical manager – referring to ‘the role of the speech pathologist in supporting informed choice and shared decision making in dysphagia’ position statement would be a recommended resource in this instance to guide the conversation and ensure that essential components of the conversation are documented accordingly.

### Practice Points

- Thinking outside the box with any and all palliative individuals is advised. Work closely with the dietitian to see what compromise can be made to perhaps increase nutritional support with the use of a supplement regime and consider inclusion of smaller daily snacks or certain desired food items of an easy to chew (IDDSI level 7) or a regular (IDDSI level 7) consistency to facilitate client requests and quality of life. Likewise, consideration of transitional foods (e.g wafers, cheese puffs etc.) can give the initial sensation of hard and crunchy however can easily disintegrate with moisture and be broken down effectively with the use of the tongue only.
- Ongoing planning and management are also a key consideration. Given Gregor’s medical history and current concerns are variable in nature (i.e. possible changes in behaviour and subsequent acceptance/refusal of intervention, dentist review pending, COPD status changing etc.), regular review of his diet and fluid tolerance is required as is regular check-ins with Gregor, his family and care staff. Be aware and accepting that Gregor’s goals and needs may change as his health status changes and be flexible and adaptable to changes in approaches to care – this is difficult to navigate

and terrain is varied with each and every individual with their own unique set of complications and circumstances.

- The key to success is clear communication and collaboration with the individual, their family, the RACF staff and the health professional team.