Choking

1. Background

Choking is an uncommon but potentially treatable cause of accidental death. Deaths from choking most often occur in the very young (children under 1 years old) and in older people (adults over 75 years). Whilst it is not possible to prevent all episodes of choking, reducing the risk of choking and improving the safety of individuals who have swallowing/eating and drinking difficulties is essential. As most choking events are associated with eating, they are commonly witnessed. As victims are initially conscious and responsive, early interventions can be lifesaving.

2. Objectives

Through the delivery of this policy, we aim to ensure that:

- staff know how to support people to eat and drink safely.
- people who are at risk of choking are referred promptly to a specialist healthcare professional for assessment and treatment.
- the risks associated with choking are safely and effectively managed; and
- staff are suitably trained so that they know how to respond in the event of a choking emergency.

3. Scope

All established staff, agency staff and volunteers working within Abbeyfield the Dales registered care services.

4. Policy

We will adopt a structured approach to the management of choking risks. This will involve identifying people who are at risk of choking as part of the needs assessment and care planning process, making prompt referrals to specialist healthcare professionals to ensure individuals receive the care they need, ensuring there is a clearly documented care plan in place for people who are at risk of choking, and continuously monitoring and regularly reviewing care plans to ensure individuals continue to receive safe and effective care.

4.1. Definitions

4.1.1. Choking

A blockage of the upper airway by food or other objects, which prevents a person from breathing effectively. Choking can cause a simple coughing fit, but complete blockage of the airway may lead to death.

This obstruction can be partial (allowing some air passage into the lungs) or complete (no air passage into the lungs). The disruption of normal breathing by choking deprives oxygen delivery to the body, resulting in asphyxia. Although oxygen stored in the blood and lungs can keep a person alive for several minutes after breathing stops, this sequence of events is potentially fatal.

4.1.2. Dysphagia

The medical term for swallowing difficulties.

4.2. Risk Factors

Choking often involves food blocking the airway. A significant amount of evidence shows that people with a diagnosis of dementia, stroke, Parkinson's disease, or other neurological conditions are at higher risk of choking than the rest of the population. This is due to several factors including problems with chewing, difficulty swallowing, impaired cough reflex, effects of medication, and behaviours such as eating too fast or pica (eating or attempting to eat non-food items). Other risk factors include using alcohol or sedatives or wearing dentures.

We will assess each person's risk of choking as part of their initial need's assessment and at least annually thereafter using the **Person Centred Software's Choking Risk** Assessment and will refer them to their GP for assessment and treatment if a risk of choking has been identified.

A GP referral may also be triggered by a choking incident or if there are any signs or symptoms of swallowing difficulties (See 4.4). If required, the GP will make a referral to healthcare professionals with relevant skills and training in the diagnosis, assessment and management of swallowing disorders. This would normally be the Speech and Language Therapy (SALT) team.

4.3. Dysphagia

Dysphagia is the medical term for swallowing difficulties and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. If it is not addressed appropriately, dysphagia can lead to malnutrition, weight loss and dehydration, aspiration (when food, fluid or saliva enters the airway and lungs) and aspiration pneumonia, low mood and reduced quality of life. In the worse cases, it can result in death.

Symptoms of dysphagia include:

- Drooling;
- Choking;
- Coughing during meals;
- Gurgly voice quality;
- Absent gag reflex;
- Food avoidance;
- Pocketing food in the cheeks;
- Prolonged eating times;
- Complaints of multiple painful swallows;
- Weight loss;
- Dehydration;
- Difficulty managing oral secretions; and/or
- Chest infections with no cold symptoms.

Early identification of dysphagia and appropriate management is an essential part of safe and effective care. If a person has any of the above symptoms, they should be referred promptly to their GP, and a Dysphagia plan put in place in the residents care plan.

Elderly people may experience difficulty eating, drinking and swallowing due to the loss of muscle mass and strength, which is a normal part of the ageing process. This is called sarcopenia and is separate from dysphagia. However, the treatment of it may be similar.

4.3.1. Food Texture Modification & Fluid Thickening

Food texture modification is widely accepted as a way to manage dysphagia. National standard terminology for modified food texture, including terms such as 'fork-mashable', was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid texture, confusing patients, carers and healthcare staff; and patient safety incidents have been reported where this has caused harm, particularly when imprecise terms such as 'soft diet' have been used.

The term 'soft diet' should no longer be used to refer to the modified food texture required by people with dysphagia, and others without dysphagia, for example, with lost dentures, jaw surgery, frailty or impulsive eating.

Only prescribed thickening agents should be used and clear instructions must be provided regarding the use of the thickening agent available which care staff must always follow.

4.3.2. International Dysphagia Diet Standardisation Initiative (IDDSI)

The International Dysphagia Diet Standardisation Initiative has published international standardised descriptors which were adopted in April 2018. These descriptors provide a standard terminology with a colour and numerical index to describe texture modification for food and drink. Manufacturers changed their labelling and instructions accordingly with effect from April 2019. The British Dietetic Association and the Royal College of Speech and Language Therapists have adopted these guidelines.

4.3.3. Accidental Ingestion of Food/Fluid Thickening Powders

The modification of liquid thickness and food texture is common practice in dysphagia management to avoid aspiration of material into the airway whilst maintaining adequate hydration and nutrition. Thickening agents are available in a range of preparations, the most common being a powdered form, supplied in tubs and commonly kept in a place that is accessible. Following the death of a care home resident who accidentally ingested thickening powder that had been left within their reach, a Patient Safety Alert was issued to highlight the risks of accidental ingestion.

Staff must be made aware of the potential risks of accidental ingestion. Whilst thickening agents need to be accessible, they must be stored securely at all times.

4.3.4. Postural Support and Supervision

It is important that people are supported to maintain a suitable position for eating safely. Careful positioning can help with swallowing and can decrease the risk of aspiration and choking. People who are at risk of choking should not be left to eat or drink unsupervised. Where an individual requires assistance with feeding, this should be provided in an unhurried and dignified manner. The individual's optimum eating position and the support needed to achieve this, as well the degree of supervision and assistance needed should be clearly documented in their care plan.

See Appendix 1: IDDSI Framework.

4.3.5. Environmental Considerations

There should be minimal distractions when someone who has difficulties in swallowing is eating. Modifying the environment will involve consideration of how the individual is positioned in the room in relation to noise, heat and light.

4.3.6. Care Plans

Care plans must provide clear instructions for staff so that they can assist people to eat and drink safely including:

- Clear instructions following any SALT assessment;
- The consistency of the food and drink that the person should have, using IDDSI descriptors;
- Any postural support the person needs; and
- The degree of supervision the person requires.

The need for texture modification for food and drink for people who don't have dysphagia should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. They would not usually be prescribed thickeners.

4.3.7. Medicines Considerations

Where a person has swallowing difficulties, this may affect their ability to swallow their medicines. The prescriber should be made aware of any SALT assessment and any thickening agent recommendations. Where a medicine is considered essential, it may be possible to change to a different medicine in the same class with alternative routes available. Some medicines can be given in liquid or soluble form, or by an alternative route eg patches. Staff must not give medication in an unlicensed manner (e.g. crush tablets, open capsules, mix medications) without consultation with the prescriber. Where the prescriber gives instructions for licensed medication to be given in an unlicensed manner, there must be written directions in the person's care plan.

4.4. Choking Emergencies

Basic treatment of choking includes a number of non-invasive techniques to help remove foreign bodies from the airways. Staff will follow the Resuscitation Council (UK) Guidelines 2021 which have been accredited by the National Institute for Health & care Excellence (NICE).

See Appendix 2: Responding to a Choking Emergency Flowchart

The procedures to be followed in the event of a choking emergency are given in Section 10.1.

All senior care staff will receive First Aid training which includes simple techniques used in the management of choking.

4.5. Anti-Choking Devices

There are several Airway Clearance Devices (ACD) for the treatment of choking available in the UK. The Resuscitation Council (UK) states that as there is insufficient research and evidence on the safety or effectiveness of these devices, it does not support their use. We share the concern that the use of these devices could delay established treatments for choking and ACDs are not used within Abbeyfield care services.

5. Finance, Value for Money & Social Value

This policy is provided to support our commitment to the provision of safe care and treatment for the people who use our services and a safe place of work for those who work and volunteer for Abbeyfield.

6. Supported Appendices

APPENDIX 1: IDDSI Framework
APPENDIX 2: Choking Process Flow (Resuscitation Council UK)
APPENDIX 3: NHS Guidelines for Thickening Liquids

7. Linked Policies

First Aid (HSF002)
Health and Safety (HSF007)
Incidents & Significant Events (C014P)
Medication (C035P)
Statutory Notifications of Events (C028P)

8. Legislation/Regulation

Health and Safety (First-Aid) Regulations 1981
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure

10.1. First Aid

Choking is a life-threatening medical emergency that requires fast, appropriate action. Emergency medical teams may not arrive in time to save a choking person's life. In registered care homes, there will always be a member of staff on duty who has been trained to respond to a choking emergency.

10.2. Recognition

Recognition of airway obstruction is the key to successful outcome, so not to be confused with fainting, myocardial infarction, seizure or other conditions that may cause sudden respiratory distress, cyanosis or loss of consciousness. Choking usually occurs while a person is eating or drinking.

Some residents will be at increased risk of choking, for example those with dysphagia, and this will be recorded in their care plan. Care staff must be aware of which residents are at increased risk of choking.

Foreign bodies may cause either mild or severe airway obstruction. It is important to ask the conscious person “Are you choking?” If the person is able to speak, cough and breathe, they have mild obstruction. If the person is unable to speak, has a weakening cough, is struggling or unable to breathe, they have severe airway obstruction.

Signs that a person may be choking are:

- Difficulty in speaking and breathing
- Congestion of the face and neck (initially)
- Clutching at the throat and pointing to the mouth
- Pale, grey/blue in the later stages (cyanosis)

10.3. Treatment for mild airway obstruction

In the event that a person appears to have a mild airway obstruction, they should be encouraged to cough as this will usually expel the foreign body. Do not treat with back blows, abdominal thrusts or chest compressions at this stage as this may cause harm and can worsen the airway obstruction. People with mild airway obstruction should remain

under continuous observation until they improve, as severe airway obstruction may subsequently develop.

10.4. Treatment for severe airway obstruction

In the event that a person appears to have severe airway obstruction, the following steps should be followed:

- Suspect choking if someone is suddenly unable to speak or talk, particularly if eating.
- Encourage the person to cough.
- If the cough becomes ineffective, give up to 5 back blows:
  - Lean the person forward.
  - Apply blows between the shoulder blades using the heel of one hand.
- If back blows are ineffective, give up to 5 abdominal thrusts:
  - Stand behind the person and put both your arms around the upper part of their abdomen.
  - Lean the person forwards.
  - Clench your fist and place it between the umbilicus (navel) and the ribcage.
  - Grasp your fist with the other hand and pull sharply inwards and upwards.
- If the obstruction cannot be removed after the first cycle of back blows and abdominal thrusts, another member of staff must call 999 for an ambulance immediately.
- If choking has not been relieved after 5 abdominal thrusts, continue alternating 5 back blows with 5 abdominal thrusts until it is relieved, or the person becomes unresponsive.
- If the person becomes unresponsive, start CPR.

See Appendix 2 Responding to a Choking Emergency Flowchart.

10.5. Treatment of choking in an unresponsive victim

Higher airway pressures can be generated using chest thrusts compared with abdominal thrusts and is likely to be more effective for unresponsive or unconscious victims of choking. Therefore, start chest compressions promptly if the person becomes unresponsive or unconscious. After 30 compressions, attempt 2 rescue breaths, and continue CPR until the person recovers and starts to breathe normally or until emergency medical services arrive and take over.

10.6. Aftercare and referral for medical review

Following successful treatment of choking, foreign material may nevertheless remain in the upper or lower airways and cause complications later. Residents with a persistent cough, difficulty swallowing or the sensation of an object being still stuck in the throat should, therefore, be referred to their GP for medical advice.

Abdominal thrusts and chest compressions can potentially cause serious internal injuries and all residents successfully treated with these measures should be examined by their GP afterwards for injury, or sent to hospital.

Residents receiving antiplatelet and/or anticoagulant medicines are at increased risk of intra-abdominal haemorrhage and the Resuscitation Council (UK) suggests a low threshold for obtaining a senior clinical opinion and thoraco-abdominal CT scan if a thoraco-abdominal injury is suspected.

10.7. Reporting and recording choking incidents

The senior person on duty must ensure that relatives or authorised representatives of the resident affected are informed in the event of a choking incident.

All choking incidents must be reported on the internal incident reporting system.

A safeguarding referral will be required if the resident was known to be at risk of choking.

All choking incidents must be the subject of a documented investigation and consideration given to the following:

- Was the resident affected treated by a trained first aider?
- What first aid treatment was given?
- What was the outcome for the resident?
- Were emergency services summoned?
- Was the resident taken to hospital and if not, what follow up medical attention did they receive?
- Has the resident had any previous choking incidents?
- Was the resident known to be at risk of choking?
- Was the resident under the care of the SALT team?
- Were there agreed actions in place to reduce the risk of choking and had these been followed?
- Is a safeguarding referral required?
- Is a RIDDOR notification required?

The resident's care plan must be updated following a choking incident.

A statutory notification to CQC will be required if:

- the resident dies or suffers serious harm
- there is a safeguarding referral due to suspected abuse, e.g. act of neglect or omission
- the police are involved.

Depending on the circumstances, a RIDDOR notification may be required if a resident dies or suffers an injury and is admitted directly to hospital following a choking incident.

10.8. Responsibilities

10.8.1. Registered Manager

The Registered Manager has overall responsibility for the implementation of this procedure.

10.8.2. Care Staff

All care staff must follow this procedure and must undergo Basic Life Support training which includes how to respond to a choking emergency.

10.9. Use of Fluid Thickening Powder

Fluid thickening powder may be prescribed for a person. This helps staff to thicken fluids to the correct consistency. Thicker fluids reduce the risk of choking in a person with swallowing difficulties.

10.9.1. Scoop Sizes

From 1 April 2018 manufacturers launched preparations with the revised IDDSI guidance on them. This may include different sized scoops. These might not correspond to the directions from the SALT team. Different manufacturers of thickeners are taking different approaches. This will impact on the availability of stocks after 1 April 2018. The size of scoop contained within the tin will correspond with the revised classifications. Each brand uses a different number of scoops to achieve the described consistency.

Staff should:

1. Ensure care plans and other documents reflect the IDDSI descriptors.
2. Always check the correct number of scoops on the tin in use as scoop sizes can vary.

3. Ensure people who need thickeners have a care plan for dysphagia. The care plan should reflect the guidance from the SALT team and include the required consistency of their food and drink using the IDDSI descriptors.
4. Only use thickeners for the people they have been prescribed for.
5. Check stocks of thickening powder to ensure the instructions and scoops correspond to the revised guidance.
6. Ensure thickening powder is accessible but stored securely.
7. Keep an accurate record of when a fluid has been thickened and to what consistency. Record:
   - The volume of liquid thickened.
   - The number of scoops of thickening powder used; and
   - The amount consumed.

   This record does not need to be on the medicine administration record. It could be a separate fluid record or in the daily care record.
8. Thicken medicines if needed.
9. Be trained in the use of thickeners. This includes kitchen staff who prepare food as well as care staff.

See Appendix 3 for NHS thickening liquids guidelines.

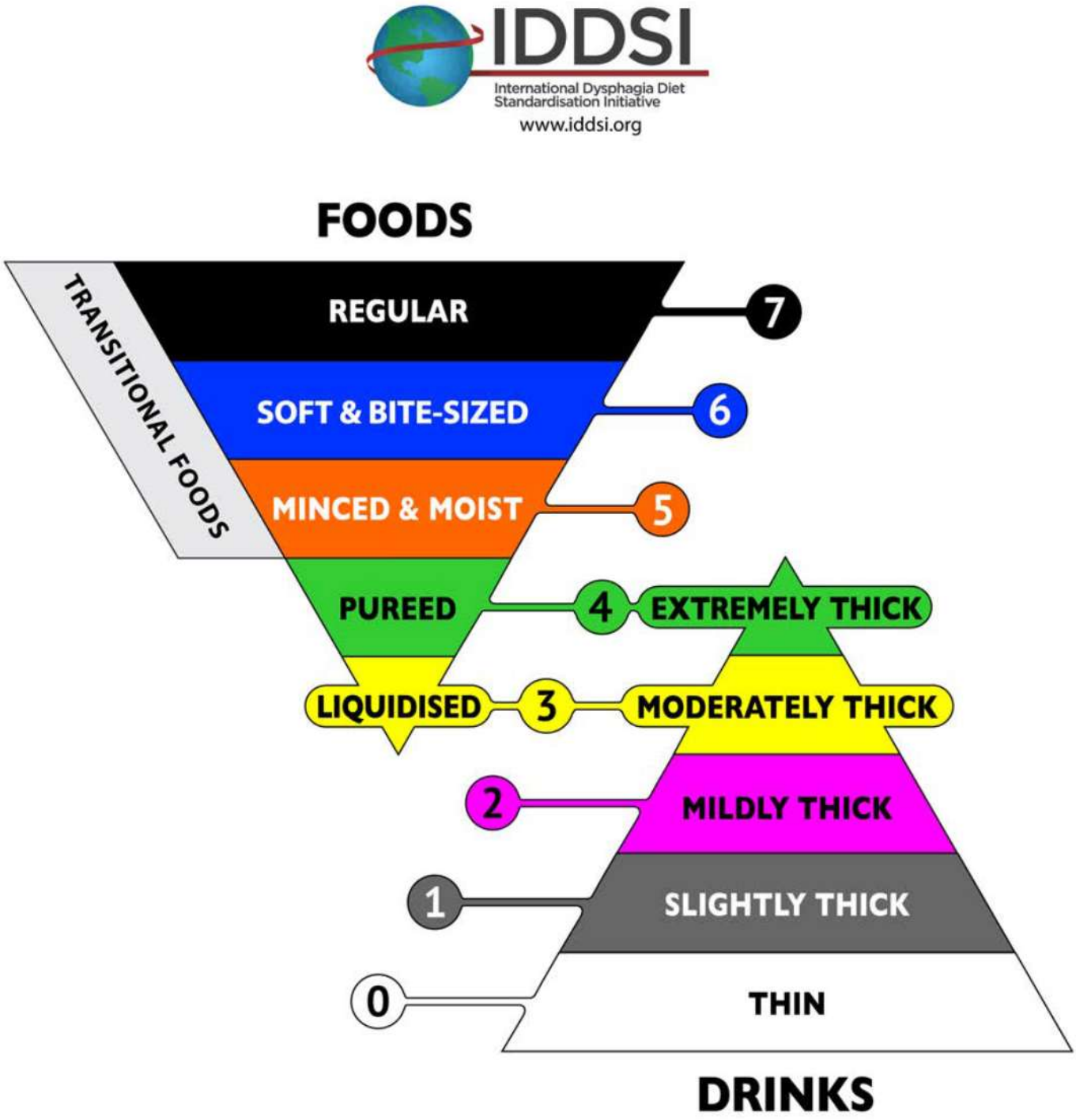
10.10. Further Guidance

Learn what to do if someone is choking by playing Lifesaver or downloading Resuscitation Council (UK) Guidelines app Resuscitation Council UK - Choking: Guidance and Training Resources

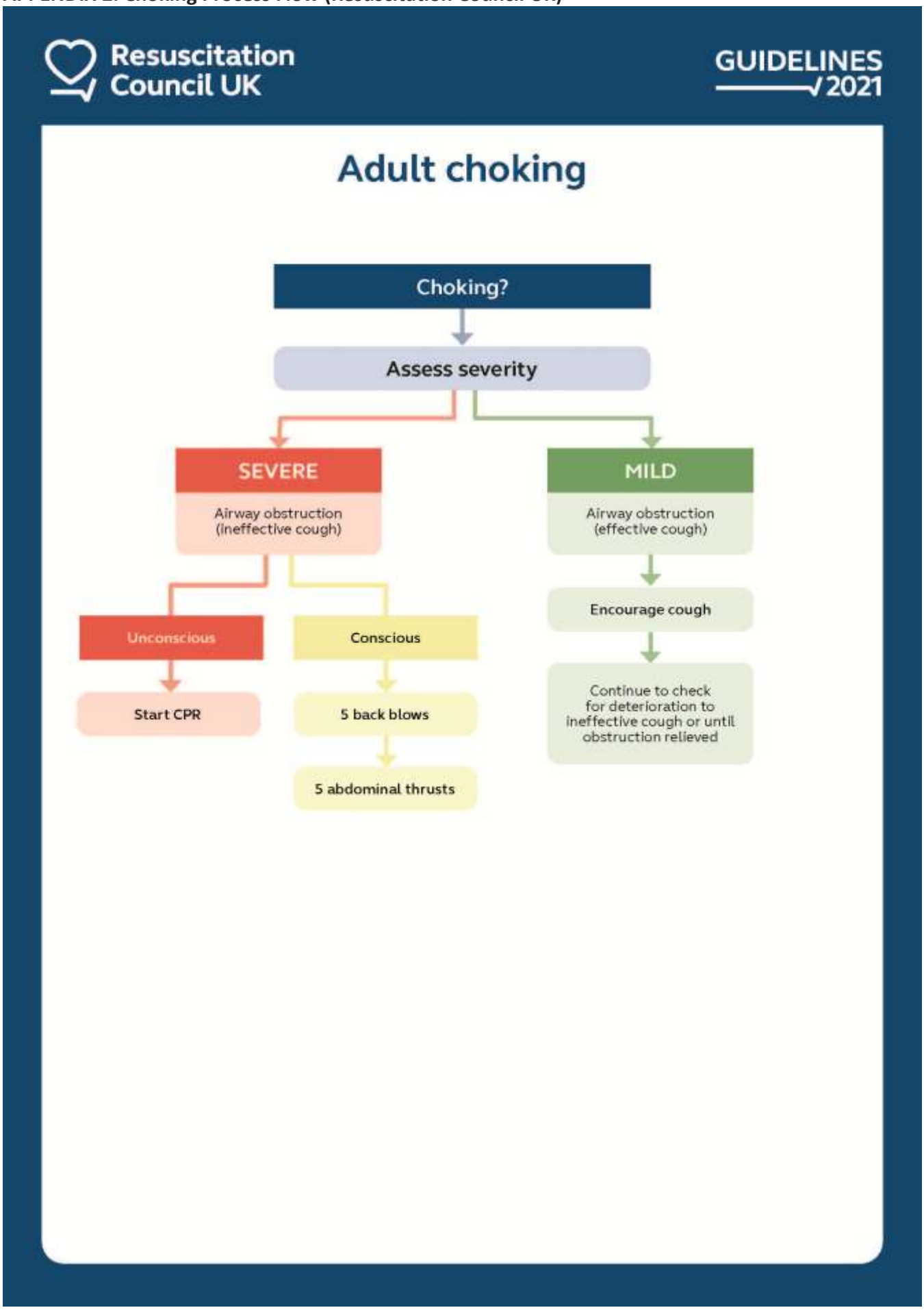
St John Ambulance: What to do if someone is choking: https://www.sja.org.uk/first-aid-advice/choking/

Reporting injuries, diseases and dangerous occurrences in health and social care
Guidance for employers:
CQC guidance on dysphagia and thickening powders
IDDSI Framework
Patient safety alert – Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder
HSE Reporting injuries, diseases and dangerous occurrences in health and social care

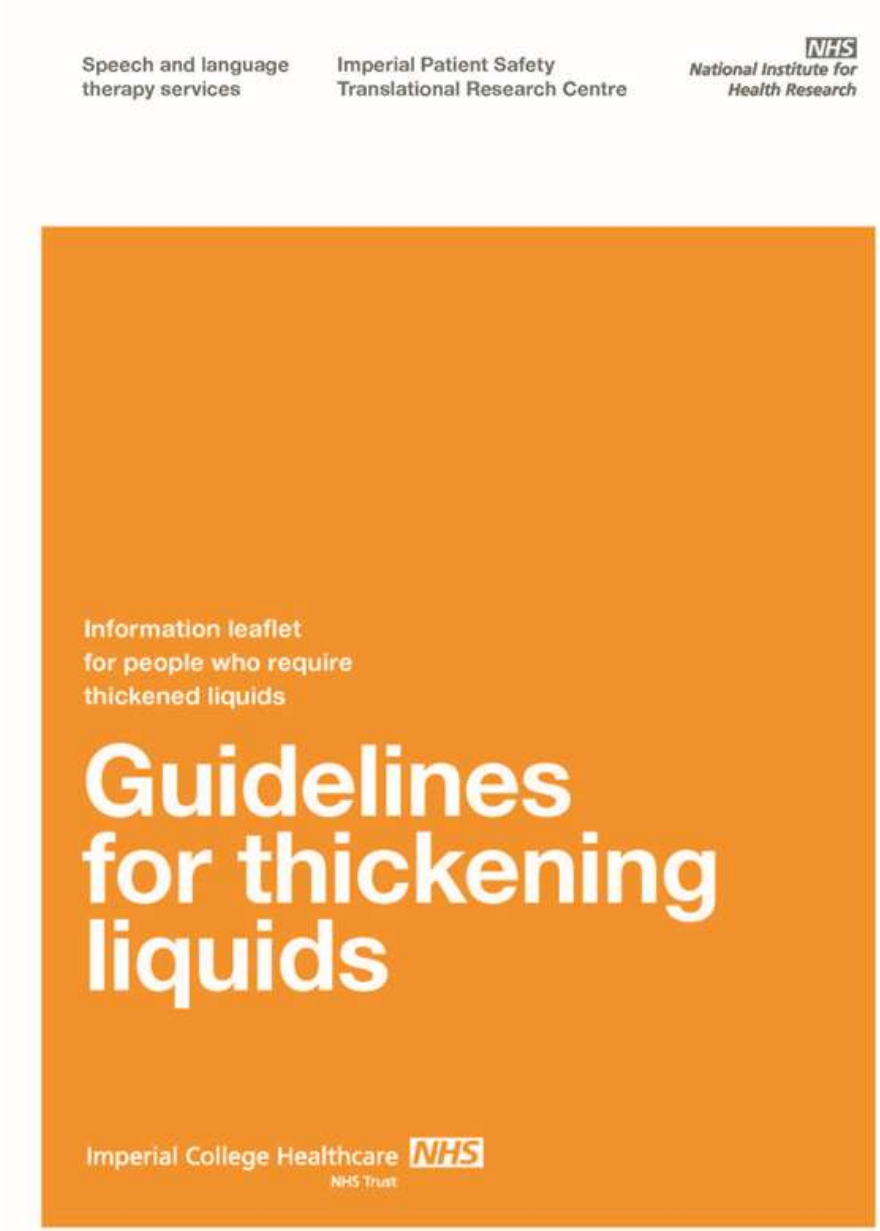
APPENDIX 1: IDDSI Framework



APPENDIX 2: Choking Process Flow (Resuscitation Council UK)



APPENDIX 3: NHS Guidelines for Thickening Liquids



What are thickened liquids?

Thickened liquids are made by mixing a thickening powder with your usual drinks. There are different brands of thickening powder available but they all do the same thing.

Thickening powders do not add extra calories or essential nutrients to your drinks. Thickening powders may cause choking and obstruction if swallowed dry, so make sure the powder is always mixed with fluid before serving. Keep out of reach of small children or adults with cognitive or learning disabilities.

Why do I need thickened liquids?

Your speech and language therapist (a healthcare professional with specialist knowledge of swallowing problems) has assessed your swallowing and recommended that you thicken your liquids to make them safer and easier to swallow.

When you have a swallowing problem (also called **dysphagia**), drinking liquids can be more difficult than usual. This is because thin liquids move more quickly in the mouth and throat, so they are harder to control. Imagine how hard it is to hold water in your hands—it runs and spills everywhere. Now imagine how much easier it would be to hold cream, custard or yoghurt.

Because they are thicker they move more slowly so you are able to control them better. This is the same in the mouth.

If you cannot swallow thin liquids safely, drinks can go down into your windpipe and lungs. This is called **aspiration.** Aspiration may cause you to cough or choke when eating or drinking. However sometimes a person does not cough when drinks go down the wrong way. This is called **silent aspiration.**

Aspiration can seriously affect your health by causing a chest infection. This is referred to as **aspiration pneumonia.** It can be very serious, so reducing the chances of it happening is important. Increasing the thickness of your drinks is one way of helping to prevent or reduce aspiration. Your speech and language therapist will explain why you are experiencing swallowing problems and will discuss the options for managing the problem with you.

There are different causes of swallowing problems. Certain medical conditions can affect your swallowing, either by affecting the nerves and muscles that control swallowing, or due to anatomical changes. Age can also affect swallowing. As we get older, the swallowing muscles in the mouth and throat often become weaker, slower or less efficient. This can be made worse when you are ill.

Where do I get the thickener?

In hospital, the nursing staff on the ward will give the thickener to you. You will have your own tin of thickener by your bedside. If you are able to mix up your own drinks, you will be shown how to do this. If not, the nursing staff will do it for you. We can also show your family or carers how to thicken your drinks, so that they can support you.

If you are discharged home or to a care home and still require thickened liquids, you will be given a tin of thickener to take with you. Once you leave the hospital, your GP will prescribe the thickener for you alongside your other medications. You may be referred to your community speech and language therapy team if you have ongoing swallowing problems so they can continue to advise and support you as your condition changes.

Will I always need to have thickened drinks?

This depends on the cause of your swallowing problem. Many conditions, such as a mild stroke or an infection in an elderly person, cause swallowing problems for a short time but get better quickly. Other conditions do not improve quickly and so thickened liquids may be required for longer. In some cases, swallowing may get worse over time. The speech and language therapist works closely with you and your doctor to decide on the best way to manage your swallowing problems.

Which liquids do I need to thicken?

To make sure you are swallowing safely, you need to thicken all liquids to the thickness level prescribed by your speech and language therapist. This may include:
water or water-based drinks e.g. squash / cordial
tea, coffee, hot chocolate, milk or milky drinks e.g. Horlicks, Ovaltine, **fizzy drinks, fruit juice, fruit smoothies or yoghurt drinks, alcoholic drinks, nutritional supplements,** e.g. Ensure®, Fortisip®.

Liquid food such as broth, soups, gravies or sauces which are very runny or watery also need to be thickened.

If you are having milk in your cereals, either thicken the milk to the correct thickness (see page 12) or make sure the milk has been fully absorbed by the cereal before you eat it.

You may be advised to avoid eating ice cream, ice lollies, sorbet or jelly. Although they look like solid food, they melt in the mouth very quickly and turn back into liquids, so you may not be able to swallow them safely.

How thick do I need my liquids?

There are four different levels of liquid thickness. Your speech and language therapist will tell you which thickness level is right for you. Always read the instructions on the tin, as different brands can have slightly different methods and quantities. You can also download the **Thickened liquids** app on your smartphone or tablet device.

Slightly thick (level 1)

Thicker than water (e.g. single cream). Leaves a trace amount of residue on a spoon. Can be drunk through a straw.

Mildly thick (level 2)

Pours quickly from a spoon but slower than water (e.g. syrup). Can be drunk from a cup. Can be drunk through a straw with a little effort.

Moderately thick (level 3)

Pours slowly from a spoon (e.g. custard). Drops through the prongs of a fork. Can be drunk from a cup. Difficult to drink through a straw.

Extremely thick (level 4)

Holds shape on a spoon and cannot be poured (e.g. thick yoghurt). Falls off a spoon when tilted. Cannot be drunk from a cup or with a straw. Must be eaten with a spoon.

How do I make a thickened liquid?

Measure the amount of liquid & prepare in the usual way (i.e. add milk & sugar to tea, coffee, etc).

Measure the correct number of level scoops using the scoop provided.

Sprinkle the thickening powder into the drink.

Stir briskly for 30 seconds with a fork or whisk until the powder dissolves.

Leave to stand for 1–5 minutes to allow the liquid to thicken. Do not add more powder.

Test the liquid is the correct thickness before serving.

Hints and tips

Always thicken your liquids so that they look like the descriptions on page 7 rather than according to the number of scoops. The number of scoops is given as a guide because the thickness of a liquid is also influenced by other factors, such as temperature or fat content.

Liquids refers to thin soups, broths, cereals, thin sauces, gravy, oral nutritional supplements and liquid medications.

Some liquids are already naturally thick, for example, thick milkshakes, fruit smoothies, yoghurt drinks, and some nutritional supplement drinks (for example Ensure®, Fortisip®).

Just as hot liquids get cold over time, thickened liquids may get thicker or thinner over time. If the liquid becomes too thick, add more liquid to make it the correct thickness. If the liquid has been standing for a long time, it may become too thick or even too thin. You may need to make the drink again.

Allow hot drinks to cool slightly before adding the thickener.

Thickened drinks stay on the tongue for longer so they may taste stronger. You may need to make drinks slightly weaker than usual.

Stirring the powder with a spoon causes lumps. Use a fork or whisk instead.

Don't leave your spoon to stand in the liquid as saliva on the spoon will cause the thickened liquid to thin down.

What can family, carers & friends do to help?

Family, carers and friends can help by showing a positive attitude toward thickened liquids. It may help them to read this booklet and to try the drinks for themselves. It is important for them to remember the reason for having thickened liquids is to make swallowing safer and easier by reducing the risk of liquids going down the wrong way (**aspiration**).

Family, carers or friends may make thickened liquids after they have read this leaflet and spoken to a healthcare professional so that they can prepare the liquid in the correct way. They should also read the instructions on the tin of thickener.

Can I use straws or cups with spouts?

You might think that drinking through a straw or a cup with a spout will be easier. However, this may send the drink further back into the mouth or throat before you have started swallowing. Using straws or spouts when drinking may increase the risk of liquid going down the wrong way into your windpipe or lungs.

As a general rule, you should not drink through straws or spouts if you have a swallowing problem unless your speech and language therapist has told you that this is safe for you.

Am I drinking enough?

It is important to make sure you are drinking enough because your body needs water and other fluids to work properly. Water makes up about two-thirds of our body weight and it is important for this to be maintained because most of the chemical reactions that happen in your body need water. You also need water for your blood to be able to carry nutrients around the body. Most people need to drink 6–8 large glasses, cups or mugs of fluid (around 2 litres) every day to keep hydrated. You may need more on a hot day or if you are more active.

How do I thicken milk, milky drinks and nutritional supplements?

Thickening liquids that contain fat is slightly different. To thicken milk, milky drinks and nutritional supplements such as Ensure® or Fortisip®, follow the steps outlined below.

To make 200ml (7oz) of the drink:

1. When you're making a liquid with milk instead of water, such as milky tea or coffee, Horlicks, Ovaltine or hot chocolate, make this in a cup first without the thickener according to your taste.
2. Pour a quarter (50ml / 1.8oz) of your drink into a separate cup.
3. Add the scoops of thickener needed (see page 7) and mix into a smooth paste using a fork or small whisk.
4. Whisk in the rest of your drink up to 200ml / 7oz until the drink is completely smooth. Another option is to use a drinks shaker to mix the liquids together.
5. Leave to stand for at least 5 minutes to allow the liquid to thicken. If the liquid looks too thick after this time, whisk in a little more liquid until you achieve the right thickness.

Small tumbler
150ml / 5.3oz (approx.)

Standard mug
200ml / 7oz (approx.)

How do I swallow my tablets?

In general, if you have been advised to take thickened liquids, you should not take your tablets with an unthickened (i.e. thin) drink.

Please ask your doctor, pharmacist or speech and language therapist for advice about this. Each person's needs are different and the advice will be based on your individual circumstances.

What if I notice a change in my swallowing?

You should speak to your doctor or speech and language therapist if you notice any changes in your swallowing. Do not be tempted to change the thickness level of your liquids without first discussing it with a healthcare professional. Your speech and language therapist may need to assess your swallowing again to determine the correct level of liquid thickness for you as your condition changes.

Contacts for more help or information

Please do not hesitate to contact us if you have any queries or concerns:

Speech and language therapy service
Charing Cross Hospital
Fulham Palace Road
London W6 8RF
T 020 3311 1764

Speech and language therapy service
Hammersmith Hospital
Du Cane Road
London W12 0HS
T 020 3313 3076

Speech and language therapy service
St Mary's Hospital
Praed Street, London W2 1NY
T 020 3312 6189

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the **patient advice and liaison service (PALS)** on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **pals@imperial.nhs.uk.**
The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in writing to:

Complaints department
Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592.**

We have a free and premium wi-fi service at each of our five hospitals. For further information please visit our website **www.imperial.nhs.uk**

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HELIX CENTRE

Designed by HELIX with the patients and staff of Imperial College Healthcare NHS Trust.