

## **SALT in palliative care**

Some follow-up points based on what people asked me after the talk. I hope your local SALT will continue to support you.

### **Aspiration in palliative care – reducing it/making it more comfortable**

- Sit the patient as **upright** as possible
- Aim for **quiet** in the room so the patient can concentrate when eating
- Prioritise **mouth care**<sup>1</sup>
- Try **without straws**, bottles beaker lids, particularly where there is respiratory compromise<sup>2</sup>
- If the patient can **feed themselves**, this is usually preferable but may not be achievable
- If the patient is more comfortable when swallowing with thickener
  - It may still be worth using it for taking **tablets**
  - **Naturally thick** drinks such as full cream milk, some juices and smoothies, soups may be acceptable
  - For some patients, **hot, very cold or fizzy drinks** increase feedback in the mouth and improve the swallow.

### **Top tips for working with communication-impaired patients**

- Speak at a normal pace but **pause** more often, after each idea/phrase
- Allow more **time to respond**: try a full ten second pause without fidgeting or rephrasing/adding more language; this is still quite short for some aphasic patients though very uncomfortable in conversation
- Attention** is key
  - **Quiet** environment – close the door, turn the TV off
  - Say your patient's **name** each time you speak, so they don't miss half your sentence just focusing their attention on you
  - Sit **opposite** the patient and let family members arrange themselves around you
  - **Glasses and hearing aids, of course**
  - Write **keyword options** if the patient can read – it often gives them more ability to hold concepts in their minds as you discuss them
- Where communication is very impaired, **drawing** can really help **joint focus and attention**.
  - Sit with a piece of paper and a pen and draw the topic or the options

'Jack. Here you are. Here you are at home. That's where you want to be, isn't it? Here's Mary and here's your dog, at home together. Here's a nursing home. We talked about that. Jack, now we have to think how you would manage at home. Jack, this is you. You've fallen over at home. What would you do?'

The worse an artist you are, the better – it **models** to the family that it's not about artistry but about **joint focus and attention**. It also forces you to **slow down** when you are talking. The patient can **point** to parts of the drawing which may help expression. It also means you can **return to the sheet** and continue the conversation another day.

-Vocal fold palsy: sit on the **side of the palsy** so the patient turns their head that way

-Dysarthria: **confirm** what you have understood; encourage writing or pointing at **first letters of words** to support your understanding.

### **Best interests decisions for oral intake at risk of aspiration**

-Ask your SALT the questions you really want answered

-What is the swallow prognosis? Your SALT should be able to give a view – are there reversible or manageable issues?

-Is modification worth it? If the risk is not very different with or without thickener, why use it?

-It may be worth aiming to avoid actual choking by the SALT looking at diet texture and techniques

-What is the least restrictive option?

Charlotte Robinson  
Speech and Language Therapist  
Charlotte.robinson@ouh.nhs.uk

1 The evidence shows that mouth care reduces pneumonia rates by reducing constant aspiration of dirty saliva and residue - Yoneyama et al 2002 <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1532-5415.2002.50106.x>

2 These speed up fluid pace and increase the size of the bolus as well as delivering it further back in the mouth giving less time to trigger an effective swallow; they also increase swallow/breathe malcoordination)