



**October 2017, Volume 10**

**This Month We are Addressing a Couple of Health Issues for the Aging Population**

**Aspiration Article from Developmental Disabilities Manual Companion Guide – Protocols and Guidelines January 2008**

Aspiration is defined as the inhalation of food, fluid, saliva, medication or other foreign material into the trachea and lungs. Any material can be aspirated on the way to the stomach or as stomach contents are refluxed back into the throat. The following information will help identify risk factors and interventions that may be unique to persons with developmental disabilities.

## **FACTORS THAT PLACE INDIVIDUALS AT RISK FOR ASPIRATION**

- Being fed by others
- Inadequately trained caregivers assisting with eating/drinking.
- Weak or absent coughing/gagging reflexes, commonly seen in persons who have cerebral palsy or muscular dystrophy.
- Poor chewing or swallowing skills
- Gastroesophageal reflux disease (GERD, GER) which can cause aspiration of stomach contents.
- Food stuffing, rapid eating/drinking and pooling of food in the mouth.
- Inappropriate fluid consistency and/or food textures
- Medication side effects that cause drowsiness and/or relax muscles causing delayed swallowing and suppression of gag and cough reflexes.
- Impaired mobility that may leave individuals unable to sit upright while eating.
- Epileptic seizures that may occur during oral intake or failure to position a person on their side after a seizure, allowing oral secretions to enter the airway.

## **REVIEW THE HEALTH HISTORY FOR ASPIRATION RISKS**

- A diagnosis of risk for aspiration or past episodes of aspiration.
- A diagnosis, such as cerebral palsy, muscular dystrophy, epilepsy, GERD, dysphagia or hiatal hernia
- History of aspiration pneumonia (Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs, instead of being swallowed into the esophagus and stomach)
- Needing to be fed by others
- History of choking, coughing, gagging while eating
- Needs modified food texture and fluid consistency

- Eating/swallowing evaluations and laboratory tests (barium swallow, pH study, etc. that indicates dysphagia
- Has unexplained weight loss or chronic dehydration
- Takes medications that may decrease voluntary muscle coordination or cause drowsiness
- Has unsafe eating and drinking practices, such as eating or drinking rapidly and “food stuffing.”
- Has chronic chest congestion, frequent pneumonia, moist respirations, persistent cough or chronically uses cough or asthma medications

### **MEALTIME BEHAVIORS THAT MAY INDICATE ASPIRATION**

- Eating slowly
- Fear or reluctance to eat
- Coughing or choking during meals
- Refusing food and/or fluids
- Food and fluid falling out the person’s mouth
- Eat in odd or unusual positions, such as throwing head back when swallowing or swallowing large amounts of food rapidly
- Refusing to eat except from a “favorite caregiver.”

### **SIGNS OR SYMPTOMS THAT INDICATE ASPIRATION RISK**

- Gagging/choking during meals
- Persistent coughing during or after meals
- Irregular breathing, turning blue, moist respirations, wheezing or rapid respirations
- Food or fluid falling out of the person’s mouth or drooling
- Intermittent fevers

- Chronic dehydration
- Unexplained weight loss
- Vomiting, regurgitation, rumination and/or odor of vomit or formula after meals

### **ASPIRATION INTERVENTIONS**

- Call 911 if the person stops breathing; start CPR
- Stop feeding/eating immediately (may restart meal if feeding/dining instructions, supervisor or health care professional gives permission)
- Keep person in an upright position and encourage coughing
- If in doubt on what to do, call the health care professional or 911

### **GUIDELINES ON HOW TO PREVENT OR MINIMIZE THE RISK OF ASPIRATION**

- Obtain a consultation by a swallowing specialist if symptoms occur
- Change diet consistency, texture or temperature (but ONLY with physician's order)
- Slow the pace of eating and decrease the size of the bites
- Position to enhance swallowing during meal times
- Keep in an upright position after meals for 45 minutes or as ordered
- Elevate the head of the bed 30 to 45 degrees
- Avoid food/fluids 2-3 hours before bedtime
- Consider the use of medications to promote stomach emptying, reduce reflux and acidity.
- Write an aspiration protocol and written instructions on how the person is to eat or be fed and provide caregiver training.

Cover the following

- a. The assistance level needed
- b. Correct positioning for all oral intake and tooth brushing
- c. Eating/feeding equipment needed
- d. Physical and verbal cueing needed
- e. Location of meals
- f. Need to eat alone if distracted when eating with peers
- g. Recognition of aspiration symptoms, what to do and who to notify

## Urinary Tract Infections

The urinary tract includes the kidneys, the ureters (tubes going from each kidney to the bladder), the urinary bladder, and the urethra (tube that drains urine from the bladder to outside the body). This system, or tract, clears waste from the body.

### Some Facts about UTIs

- Caused by bacteria, and this is often E.coli bacteria in human intestines
- More frequent in women than men
- Treated with antibiotics
- UTI's can cause confusion and disorientation

### Risk Factors / Causes

- Catheter
- Problems with pelvic muscles and nerves, including cerebral palsy, spinal cord injury, or other neuro-muscular conditions
- Diabetes, HIV/AIDS, cancer
- Obesity
- Menopause

- Poor hygiene, such as not properly wiping after bathroom use

### Symptoms to Watch For

- Urine is dark or cloudy
- Urine smells
- Dull pain in back or sides (above the hip)
- Burning and pain with urination
- Frequency
- Bloody or pink-tinged urine
- Pain in lower area of belly
- Bathroom accidents
- Nausea/vomiting
- Confusion, disorientation, drowsiness, fatigue

### Prevention

Good personal hygiene:

- Hand-washing before and after bathroom use
- Cleansing private areas front to back during baths and showers
- Wiping front to back after bathroom use (especially important for females)

Proper sanitary catheter care

Proper hydration:

- Hydration prevents urine from concentrating, which grows bacteria
- Consult doctor re right amount and type of liquids

## Treatment

- Make doctor's appointment or go to urgent care
- Immediately begin taking antibiotics that are prescribed and finish all doses even when feeling better
- Follow and complete all instructions from provider
- When treatment is received in the emergency room or urgent care, make sure to set up a follow-up appointment with a primary provider, as directed.

## **EMERGENCY**

CONTACT DOCTOR OR SEEK URGENT CARE IMMEDIATELY if any of the following are present:

- Fever
- Pain
- Chills
- Blood in urine
- Unable to eat or drink

## Call 9-1-1- for

- Difficulty breathing
- Severe pain
- Loss of consciousness
- Changes in level of consciousness (new confusion)

Start CPR immediately AFTER calling 9-1-1 if individual is not breathing and/or a pulse cannot be found.

**See the link below for a TED Talk by BJ Miller on What**

## Really Matters at the End of Life

Palliative care physician **Dr. BJ Miller** was introduced to death in an unexpected way. As a sophomore in college, Miller climbed atop a parked commuter train and was shocked by 11,000 volts of electricity.

[https://www.ted.com/talks/bj\\_miller\\_what\\_really\\_matters\\_at\\_the\\_end\\_of\\_life?language=en&utm\\_campaign=tedsread--b&utm\\_medium=referral&utm\\_source=tedcomshare](https://www.ted.com/talks/bj_miller_what_really_matters_at_the_end_of_life?language=en&utm_campaign=tedsread--b&utm_medium=referral&utm_source=tedcomshare)



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