Eating and drinking with an acknowledged risk of aspiration—"Risk feeding”

This handout assumes that you have either been part of a risk management decision for one of your residents or have admitted a resident who is ‘Eating and drinking with an acknowledged risk’

Check reports and letters in file to find information about this decision from SLT or medical team. There will be a letter/report titled ‘Eating and Drinking with an acknowledged risk (EDAR)GP report’

What is it?

This is when assessments/conversations have taken place and have determined that some consistencies of food and fluid pose a risk to someone. The person continues to eat and drink despite these significant risks. These risks may be any or many of these :-aspiration (food and/or fluid going the wrong way) , coughing, choking, chest infections or pneumonia.

Why has the decision been made?

Eating and drinking at risk (EDAR) is often appropriate when ensuring quality of life is the highest priority. It allows continued enjoyment, comfort, pleasure and social interaction associated with eating and drinking. The decision is normally made by the patient themselves. They may be supported by their family or significant others and relevant medical professionals, particularly if there are issues around the patient’s ability to make important decisions for themselves. The patient’s wishes and cultural and ethical beliefs are key to making the decision.

In what situations may EDAR be considered?

It may be appropriate when:

- A person is in the advanced stage of illness or at end of life.
- The person’s swallow safety is not likely to improve.
- The preference to eat and drink takes priority over swallow safety.

- Tube feeding options are declined or inappropriate.

In some cases the speech and language therapy team may make recommendations regarding modified diet. This is not to eliminate risks, but to reduce them or promote comfort. However, in some instances food or fluid modification will not improve the safety of the swallow at all and the person should eat and drink whatever they wish.

Residents who are EDAR may have on-going signs of difficulty e.g. coughing, but at this stage all you can do is support them and ensure that someone who is first aid trained is nearby. It will be necessary to identify them as at risk of choking or aspiration in the care plan and manage accordingly.

Can the decision be reversed?

Yes, although you need to be aware of why the decision was made in the first place. If the decision was made as non-oral feeding was deemed inappropriate, then aside from dietary modification there will be little else that can be offered.

If it has been a personal choice/distress is being caused, then it is worth a discussion with the GP /SALT team to see if anything can be done.

Can a person choose to risk feed?

Yes, if someone has the capacity to make this decision around eating and drinking, then according to the Mental Capacity Act, they should be allowed to make what you may deem to be an ‘unwise decision’. You will need to be sure that they understand the risks associated with continuing to eat and drink.

If someone does not have capacity, but is declining certain foods or a modified diet, then a best interests meeting should be held. Risk feeding may be the outcome.

Things to remember

- **Every** decision made should be fully documented.
- All staff, permanent, temporary or bank—should be aware of residents who are risk feeding.
- Anybody risk feeding should not be eating alone.

- All staff should be aware of managing choking and your local guidelines.
- You may need to liaise with the GP regarding ceiling level of treatment for chest infections, especially if they are recurrent.
- Further SLT referral is unlikely to change outcomes for the person, but do **contact the Speech and Language Therapy team** for advice if you need this.