Oral Holding – Some Useful Tips

What? 	Oral holding is when people hold food/drink in their mouth without swallowing it.
Why? 	This could be because the person: • Becomes distracted and loses focus on eating. • Gets stuck and can't begin the next task in the sequence of eating or drinking e.g. stuck on either step 1 or 2 of the eating sequence: 1. take food from fork/spoon 2. Chew 3. Swallow. • Finds it hard to trigger a swallow due to weak or uncoordinated muscles.
The Danger 	• Food and drink held in the mouth can be swallowed the wrong way. • This could block the air way and cause choking or be swallowed into the lungs (known as aspiration). • Aspiration can sometimes cause a chest infection called aspiration pneumonia and can be life threatening. • Reduced oral intake can impact nutrition.
What can you do? 	• There is no definite solution. A number of things could be helpful. • Try the following things and see what works best for the person you are supporting:
Before the meal - Set up  	• **Always provide supervision** with food and drink watching closely for a swallow with each mouthful – assistance may be needed. • Reduce distractions at mealtimes to facilitate concentration and awareness e.g. avoid unnecessary interruptions, clear clutter from the table. • Ensure the atmosphere is calm. • Allow plenty of time for meals. • Consider the use of insulated containers to maintain the temperature of food if mealtimes take longer due to oral holding. • Try offering more intensely or highly flavoured food and drinks as these can sometimes stimulate a more effective swallowing reflex. • Try alternating temperature within a meal e.g. try interspersing a hot meal with a chilled drink or vice versa.

During the meal - If holding occurs   	• Use verbal prompts to remind the person to swallow and provide a demonstration. • Offer an empty spoon or fork towards the mouth. This can prompt the person to swallow without introducing more food. • Rub cheeks and/or under the chin to help prompt them to the food in their mouth and support them to initiate a swallow. • If possible encourage a 'clearing swallow' or 'saliva swallow' to assist in clearing residue from the mouth • If food or drink is held in the mouth and the above strategies don't work support the person to bring their head forward and encourage them to spit the contents into a napkin or bowl. • You may need to support them to open their mouth. Do this by gently placing an empty spoon on their bottom lip or the corner of their mouth and apply a little pressure.
After the meal 	• Ensure the mouth is clean and free from residue at the end of the meal to prevent any food being aspirated later. You can do this with a damp cloth, toothbrush or mouth cleanser. • Checking the mouth and cleaning it at intervals during the day may be necessary. • Good oral hygiene is important (see oral care advice for further details).
Medication 	If tablets are held in the mouth and are difficult to swallow: • Contact the GP or pharmacist for advice regarding soluble or dispersible alternatives or the possibility of crushing the tablets. • Try putting tablets in yoghurt or custard - check with pharmacist or GP first that it is safe to do so.
Things to watch out for  	• Any deterioration in swallow e.g. coughing/ more coughing when eating and drinking, choking. • Weight loss (advice on adequate nutrition can be sought from a dietician). • Chest infection, speak to your G.P or call NHS 111 – symptoms include: fever, shortness of breath, chest persistent cough producing green or yellow mucus, chest pain, tiredness.
Texture Modification	If these measures do not help, trial an easier texture. Move down the IDDSI levels one by one. EG. If on normal diet, try level 7, Easy Chew, if on Level 7 Easy Chew, try level 6. If on Level 6, try level 5. If on Level 5, try level 4. Complete the Food Swallow diary pre and post trials so you have clear rationale for making any changes permanent.