

Evaluation of a New Feeding At Risk Bundle

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Abstract

Background: The FORWARD bundle (Feeding via the Oral Route with Acknowledged Risk of Deterioration) was developed to support multidisciplinary management of patients with an unsafe swallow not likely to improve, for whom tube feeding was inappropriate or declined. FORWARD facilitated patient identification, decision making, implementation of oral feeding and further management.

Method: Department of Ageing and Health inpatients managed by Speech and Language Therapy who were eating and drinking with acknowledged risk of aspiration were studied for six months before and after introduction of FORWARD. The primary outcome measure was time nil by mouth (NBM). Further data were collected on documentation of capacity, and patient, relative and staff feedback.

Results: Data from 16 patients (median age 82) before and 16 patients (median age 85) after FORWARD implementation were evaluated. Median (IQR) days NBM was significantly lower in the post-FORWARD patient population (2.5 (4) vs 0 (0); $p < 0.05$) and documentation of mental capacity increased from 50% pre-FORWARD to 100% post-FORWARD. Where capacity was lacking, documentation of best interests' discussion increased from 21% to 100%. Carer feedback reported perceived improved quality of life associated with the decision for oral intake with risk using FORWARD. Staff feedback highlighted increased confidence with feeding and improved communication, documentation and knowledge.

Conclusion: A care bundle focussing on oral feeding with acknowledged risk of deterioration in selected patients with an unsafe swallow improved management of patients' eating and drinking, with timelier decision making, improved documentation and reported quality of life. Further studies in varied patient populations are warranted.

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