

An Audit of the Clinical Outcomes of Adult Patients Managed as 'Risk Feeding' During Acute Hospital Admissions

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Abstract

Feeding 'at risk' decisions are increasingly commonplace in the acute dysphagia population, where quality of life takes priority over tube-feeding and potential negative health consequences or death from aspiration-related infections. The impact of these decisions post discharge from hospital is less well known. This study aimed to describe 6 month outcome from instigation of 'risk feeding' decisions. A well-established hospital protocol, incorporating SLT and capacity assessments, multidisciplinary team (MDT), patient and family consent was utilized. Data was collected for 54 consecutive 'risk feeding' patients, including medical and dysphagia history, Clinical Frailty Score (CFS), comorbidities, SLT predicted outcome and mortality at 6 month follow up. Ethical approval was not required by the Trust. 'Risk feeders' commonly presented with Dementia, respiratory conditions, deconditioning and cognitive impairment. Overall, 23 patients (43%) had three or more comorbidities, 8 patients (15%) were tube fed pre 'risk feeding', 43 patients (80%) had a CFS of severely frail or above. Mortality within 6 months was 70% overall and 85% of those predicted by SLT had died within 6 months. 'Risk feeding' patients are frequently severely frail with poor clinical outcome. SLT's are accurate at predicting outcomes and crucial to MDT 'risk feeding' decisions as for these vulnerable patients. Further work on comorbidity profiles might better predict clinical outcomes in such patients.

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