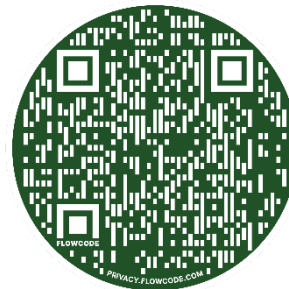
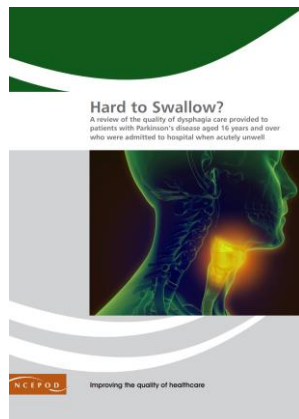


## A guide to the NCEPOD Report - 'Hard to Swallow?' for primary and community care clinicians

This report documents a review of the quality of dysphagia care provided to patients with Parkinson's disease aged 16 years and over who were admitted to hospital when acutely unwell



Lack of recognition of dysphagia can lead to serious complications as attempting to take food or drink can result in choking or aspiration pneumonia. The report has recommended that the swallow status of all patients with Parkinson's disease (PD) should be documented at the point of referral to hospital

The primary care clinician therefore has a role to identify possible dysphagia when reviewing a patient with PD.

- Dysphagia should be considered if the patient has a history of pneumonia, or has swallowing difficulties which may lead to problems eating or drinking or impacts on taking medication.
- Consider a referral to the PD team or speech and language therapists for review

Local [quality improvement](#) could be undertaken on the following areas:

Identify all patients with diagnosis of PD

- Is the severity of the PD documented e.g. early, maintenance or palliative?
- How often are the patients reviewed and is it linked according to severity?
- Has an assessment been made of any possible dysphagia e.g. problems swallowing fluids or food, problems taking medication or a history of pneumonia?
- If there is a possibility of dysphagia has a referral been made to the speech and language team for an assessment?

If dysphagia has been confirmed

- Has this been considered when prescribing medication?
- Have modifications been made for eating and drinking?
- Is the diagnosis coded so that it is highlighted for others in the clinical team?
- If the patient has advanced or palliative PD has an advance care plan been written?