

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

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Date published: 10/12/2020
Review date: 10/12/2022
Ref: EIM/SLT/E&DfC/01

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Eating and drinking for comfort (risk accepted) - what is it and is it for me?

A patient's guide



Risk feeding or eating and drinking for comfort are terms commonly used by health professionals for people who are at risk of food or drink going down the wrong way when swallowing (into the lungs instead of into the stomach), who have decided to eat and drink accepting the risks associated with this. Food or drink going down the wrong way places the person at a higher risk of chest infections and sometimes choking. Some common examples of people who eat and drink with risk accepted are:

- People who are deemed unsafe for food and/or drink, and are not appropriate for alternative methods of feeding.
- People who can manage modified texture food and drink, but have made an informed decision to eat and drink more normal consistencies to improve their quality of life.
- Sometimes, when a person is approaching the end of their life, they, their family and the multidisciplinary team meet and decide that comfort is the highest priority in terms of health goals, and together decide that the person should be allowed to eat and drink accepting of the risks.

Multidisciplinary Team

A large team of people should be involved in helping make this decision. These people include, but may not be limited to:

- Person and family
- Medical Team – inpatient team and GP
- Speech and Language Therapist
- Dietitian
- Nutrition Nurse
- Palliative Care Team

Alternative Feeding Options

Sometimes, when someone cannot swallow safely, the person, their family and the multidisciplinary team make a combined decision that the most appropriate option to provide nutrition to a person is through a non-oral route.

This includes:

- Nasogastric tube (NGT)
- Percutaneous Endoscopic Gastrostomy (PEG)

In some cases, alternative feeding may not be an appropriate option for a person, and risk feeding is the most appropriate option for nutrition. Some of these include:

- A person is approaching the end of their life.
- A person has a long term health condition (such as dementia), and it is determined that alternative feeding is not going to improve quality of life or increase the length of their life.
- The person who is unwell has the ability to make the decision and has refused to have alternative nutrition, or has previously made their wishes known that they would not like to be a candidate for alternative feeding (this may be included advanced health directive).

It is very important to consult with the multidisciplinary team in regards to this, as this is quite often a difficult decision to make, and many factors need to be taken into consideration.

Safe Swallow Strategies

There are many ways that you can minimise the risk of choking or aspiration related pneumonia. These can be useful even if eating and drinking for comfort. These include but are not limited to:

- Keeping your/the person's mouth clean using a toothbrush and toothpaste (ensure you are cleaning your/the person's tongue and cheeks as well as your teeth).
- Ensuring you/the person is completely awake, and is seated upright when eating and drinking (this includes when taking medication). A physiotherapist and occupational therapist can sometimes assist in offering guidance how to best achieve this.
- Avoiding food or drink that is particularly difficult for you/the person.