COMFORT FEEDING IN ADVANCED DEMENTIA AS A CHOICE

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RTSKH / HKEC / HA

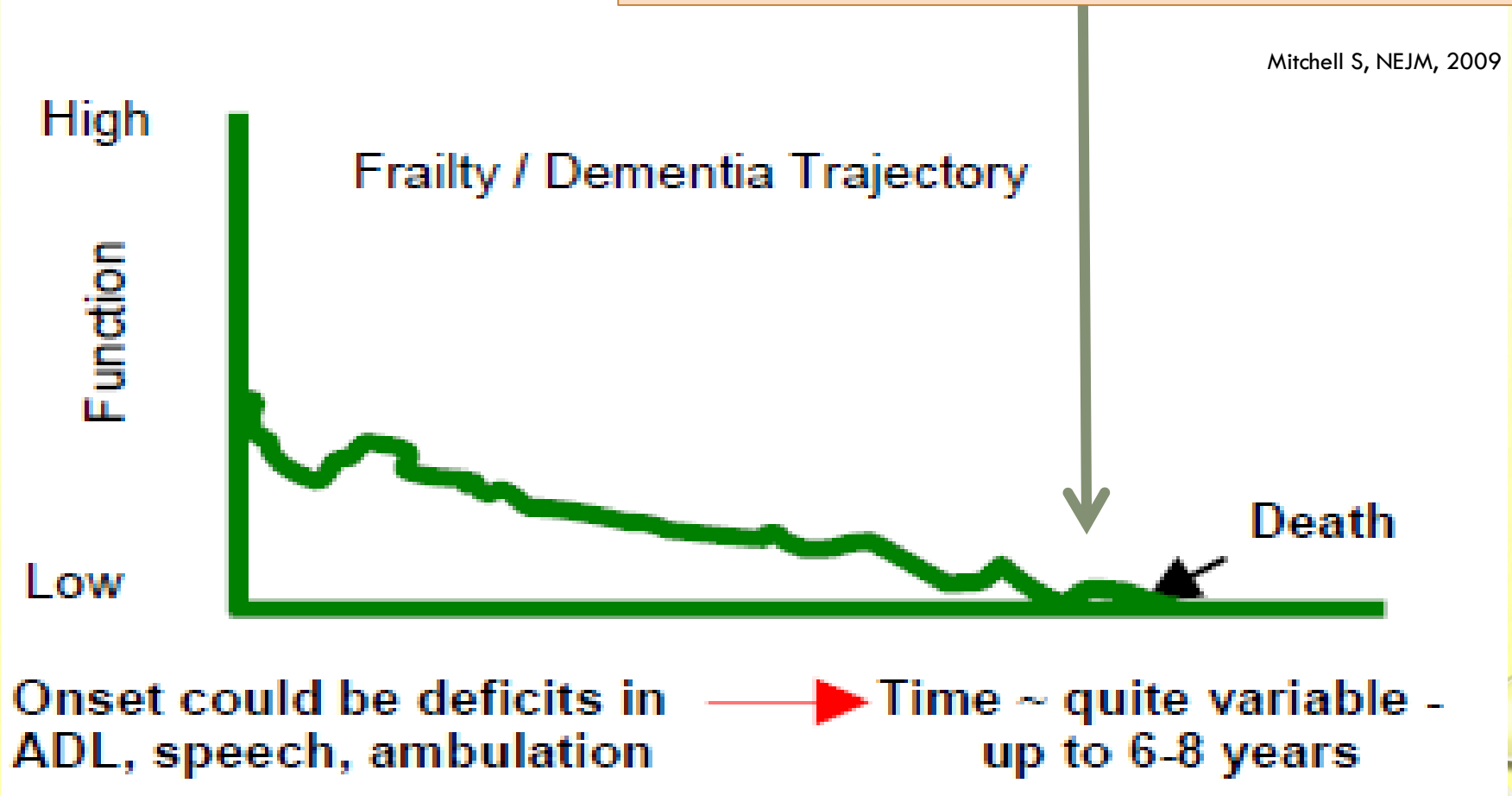
23/8/2019

Advanced Dementia

feeding problem

85% feeding problems in last 1.5 years before death
6 month mortality rate was 39%

Mitchell S, NEJM, 2009



WHAT IS THE BEST FOR ME?

ORAL FEEDING

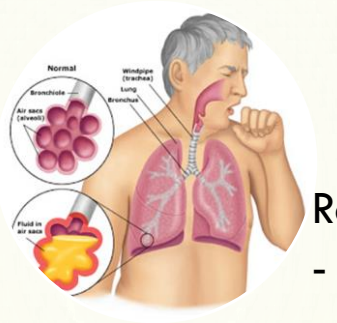
ARTIFICIAL NUTRITION AND HYDRATION

INADEQUATE INTAKE

PHYSICAL RESTRAINT

ASPIRATION

FEEDING SAFETY



Reducing risk for aspiration
- oral hygiene

Individualized level of assistance

safe

Desired outcomes – maintain adequate intake, promoting safety, self-sufficiency and dignity

Hand hygiene / food safety

Feeding Option 餵食選項

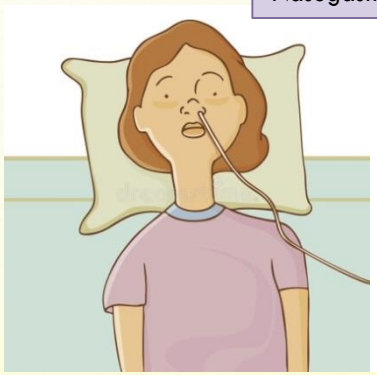
- 口服餵養

ORAL FEED

- 人工營養及流體餵養

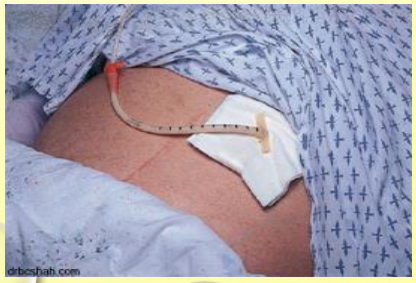
ARTIFICIAL NUTRITION & HYDRATION (ANH)

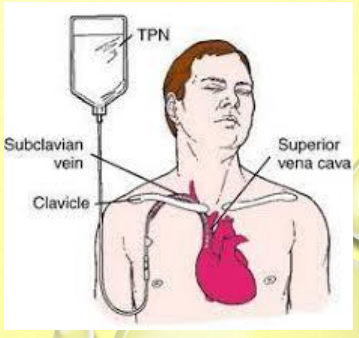
鼻胃管
Nasogastric (NG)



胃造口導管
Percutaneous endoscopic gastrotomy (PEG)

靜脈輸液
Parenteral





? 人手小心餵食

? CAREFUL HAND FEEDING

? 舒適餵食

? COMFORT FEEDING

HA Guidelines on life sustaining treatment in terminally ill , v2015

Feeding Option 餵食選項

- **CAREFUL HAND FEEDING人手小心餵食- TECHNIQUES**

  - Position
  - Food consistency
  - Swallow reminder, multiple
  - Small bolus size

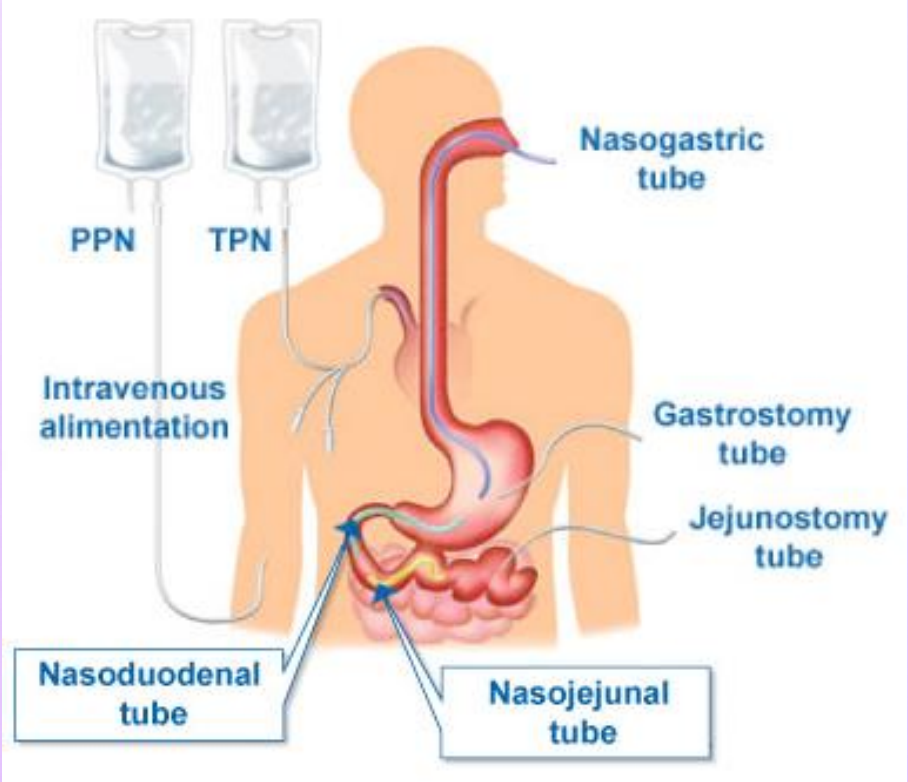
Li, 2002, Sherman 2003, DiBartolo 2006

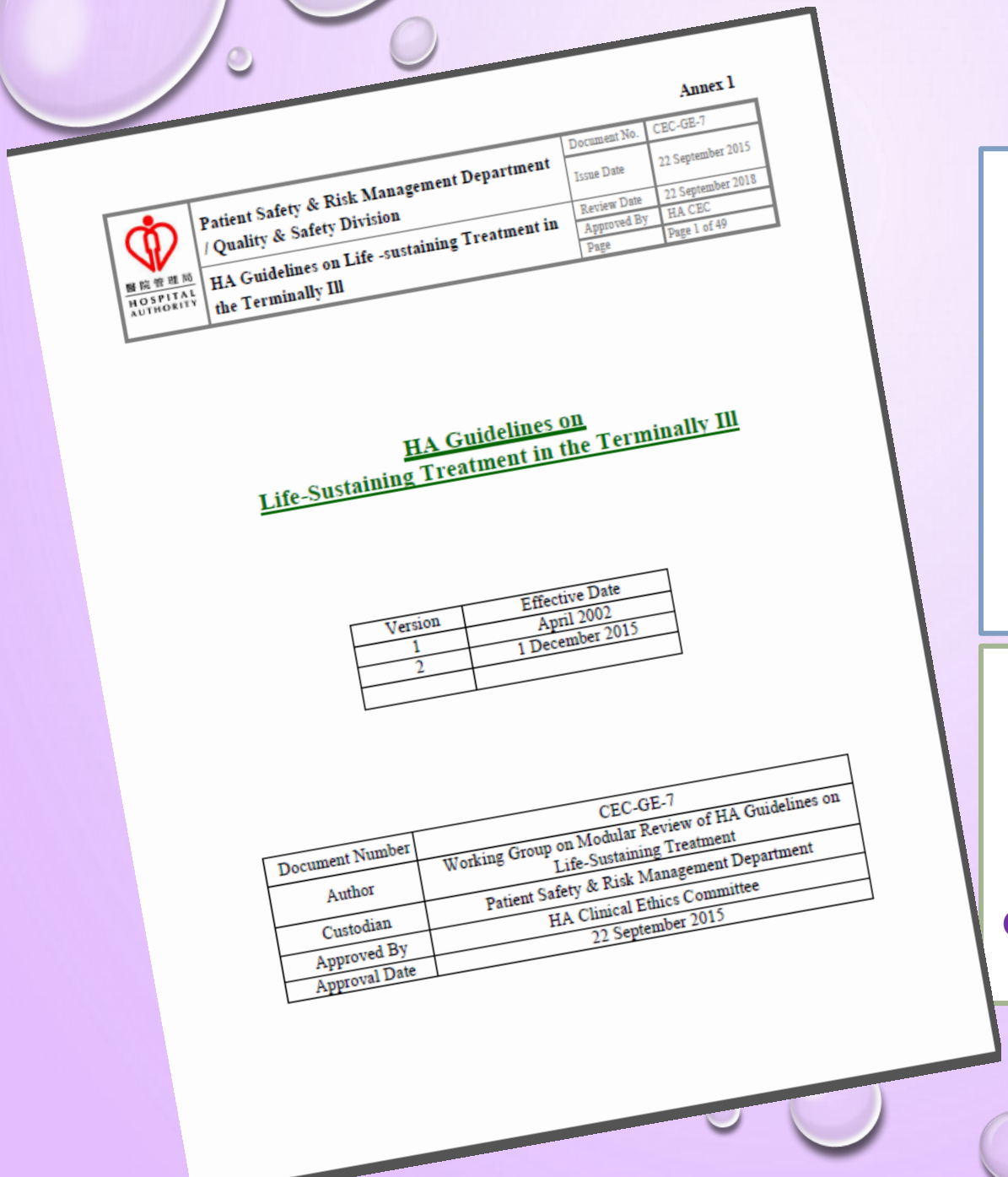
- **COMFORT FEEDING 舒適餵食– GOALS OF CARE**
  - Comfort-orientated (least invasive)
  - Quantity not main focus
  - Taste favorite foods, touch
  - Risk of aspiration

Palacek E, JAGS 2010, RCP 2010

Artificial nutrition and hydration (ANH)
人工營養及流體餵養

- CLASSIFIED AS MEDICAL TREATMENT. "THESE ARE DIFFERENT FROM THE OFFER OF ORAL FOOD AND FLUID, WHICH IS PART OF BASIC CARE AND SHOULD NOT BE WITHHELD OR WITHDRAWN"





Annex 1

醫院管理局 HOSPITAL AUTHORITY	Patient Safety & Risk Management Department / Quality & Safety Division	Document No. CEC-GE-7
	HA Guidelines on Life -sustaining Treatment in the Terminally Ill	Issue Date 22 September 2015
		Review Date 22 September 2018
		Approved By HA CEC
		Page Page 1 of 49

HA Guidelines on
Life-Sustaining Treatment in the Terminally Ill

Version	Effective Date
1	April 2002
2	1 December 2015

Document Number	CEC-GE-7
Author	Working Group on Modular Review of HA Guidelines on Life-Sustaining Treatment
Custodian	Patient Safety & Risk Management Department
Approved By	HA Clinical Ethics Committee
Approval Date	22 September 2015

THE GUIDELINES PROVIDES THE ETHICAL PRINCIPLES AND GENERAL APPROACH TO WITHHOLDING OR WITHDRAWING FUTILE LIFE SUSTAINING TREATMENT

New section on safeguards regarding **withholding /withdrawing ANH** in an end-stage patient whose death is not imminent → **Careful Hand Feeding as an alternative to ANH**

Alternative to ANH

- In some situations, an alternative to ANH is to rely on oral feeding despite feeding difficulties
- Some clinical evidences - careful hand feeding may be comparable to tube feeding

Benefits
Values
Preference

Burdens

Ethically appropriate to provide careful oral feeding despite feeding difficulties

Balance Benefits & Burdens 平行利弊

	Tube Feeding 管飼餵食	Comfort/Careful hand Feeding 舒適／人手小心餵食
Goals 目標	Quantity of feed (reliable)	"Quality" vs quantity (variable)
Means 方法	Artificial	Natural taste food, touch
Concerns 注意事項	Restraint, agitation, pull out tube	Aspiration, pneumonia, Time consuming for carer
Evidence 理據	**No evidence tube feed is superior to hand feed** 沒有証據顯示導管餵飼比人手餵飼好 • Prolong survival [1,2] Prevent aspiration [3] • Improve quality of life or function[4] Reduce hunger/thirst sensation	

[1,2]mortality in tube fed elderly 63% at 1 year, median survival 7.5 months

管飼餵食長者1 年內的死亡率是63%，存活率中位數：7.5個月

[3]Tube does not prevent aspiration of oral secretions, food reflux from stomach, affect sphincter function

管飼不能防止吸入口腔的分泌、反流食物、亦會影響括約肌活動

(1) Mitchell S, Arch Int Med 1997 (2) Rabeneck L, J Gen Int Med 1996 (3) Finucane T, Lancet, 1996 (4) Callahan CM, JAGS 2000

Additional safeguards

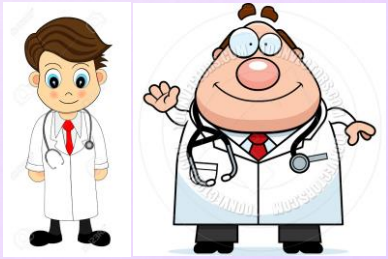
- When oral feeding is inadequate or inappropriate, the hospital authority considers that withholding or withdrawing ANH should be subject to additional safeguards including, in some cases, legal review

- NOT for mentally competent patients, patients with advance directives and when death is imminent

Revised the additional safeguards for withholding / withdrawing ANH

- For incompetent patients without an AD when condition is end-stage but death is not imminent

Consensus within the healthcare team and with the family



At least 2 doctors, one being a specialist

- Patient has clearly expressed a wish to refuse ANH before losing capacity
- Patient actively and repeatedly resists ANH

Best Interests for Patient 病人最佳利益

- **HA GUIDELINES ON LIFE SUSTAINING TREATMENT IN TERMINALLY ILL , V2015**

  醫院管理局末期病人使用維生治療指引2015

  - SECTION 8 : ARTIFICIAL NUTRITION & HYDRATION 第8章:人工營養及流體餵養
  - APPENDIX 4 : ETHICAL DISCUSSION ON FEEDING IN ADVANCED DEMENTIA 附件4:晚期認知障礙症病人餵食的道德討論

- **PATIENT'S WISH e.g. refuse tube feeding 患者意願－例如：拒絕管飼餵食**
  - DECISION BY MENTALLY COMPETENT PATIENT 有精神行為能力患者的決定
  - VALID ADVANCE DIRECTIVE 持有有效的預設醫療指示
  - SURROGATE DECISION MAKER e.g. FAMILY 決策代理人－例如家屬
  - BEST INTEREST 患者的最佳利益
  - DEATH IS IMMINENT/INEVITABLE 臨終期／當死亡不可避免
- **CAREFUL HAND FEED WITH ASPIRATION RISK 人手小心餵食有吸入性肺炎的風險**
  - "INFORMED CONSENT" CONSENSUS 「知情同意」的共識
  - ALL TREATMENTS HAVE POTENTIAL RISK AND BENEFIT 所有治療均有潛在風險和效益
  - MEASURES TO REDUCE RISKS, DOCUMENTATION 減低風險的方法、記錄

Clarify expectations & build consensus with families/carers
釐清期望　　建立共識

Teamwork
團隊合作

Considerations
考慮因素

Medical risk assessment　醫療風險評估

Reversible ? Terminal ?
Airway protection
Nutrition
Distress – resist tube, restraint

可逆轉? 末期?
保護氣道
營養
困難 - 拒絕使用喉管，約束

Patient's wish & best interest

Values & wishes
Advance care plan
Goals of care

病人意願及最佳利益

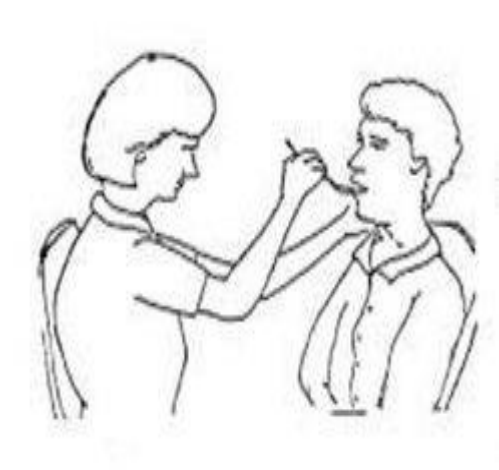
信念及意願
預設照顧計劃
照顧目標

Clarify expectations　釐清期望

Skills & Time for careful hand feeding
Family concerns (Flexible visiting hours)
Hospital & residential home staff

人手小心餵食的技巧及時間
家屬的擔憂
醫院及院舍職員

HOW TO FEED A PATIENT WITH DYSPHAGIA?



FEEDING PRECAUTIONS FOR ORALLY FED PATIENTS

BEFORE FEEDING:

- CHECK **ORAL HYGIENE**
- CHECK ALL FEEDING RECOMMENDATIONS (FOOD / FLUID TEXTURE)
- CHECK THAT THE PATIENT IS ALERT
- SIT PATIENT UPRIGHT
- MAKE SURE THE HEAD IS IN MIDLINE OR SLIGHTLY FLEXED FORWARD
- SIT DIRECTLY IN FRONT OF THE RESIDENT OR WELL WITHIN RESIDENT'S VIEW. SUPPORT HEAD AT THE SIDE IF NECESSARY
- BEWARE OF POORLY FITTED DENTURES
- PREPARE APPROPRIATE FEEDING TOOLS

FEEDING POSTURE

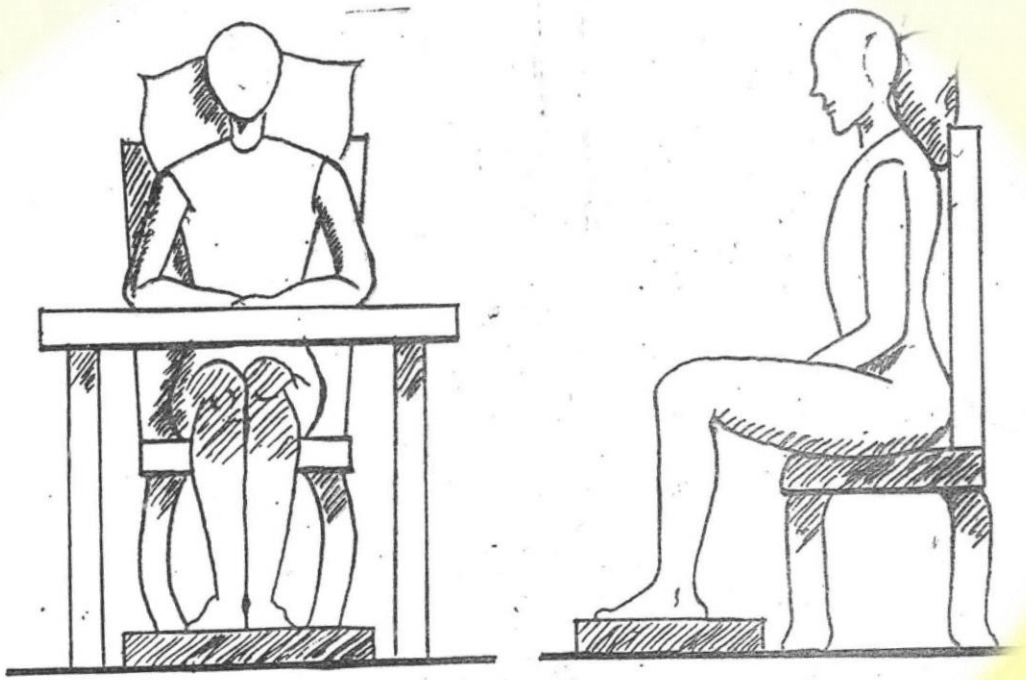


Figure 1. Correct sitting position for eating

FEEDING POSTURE

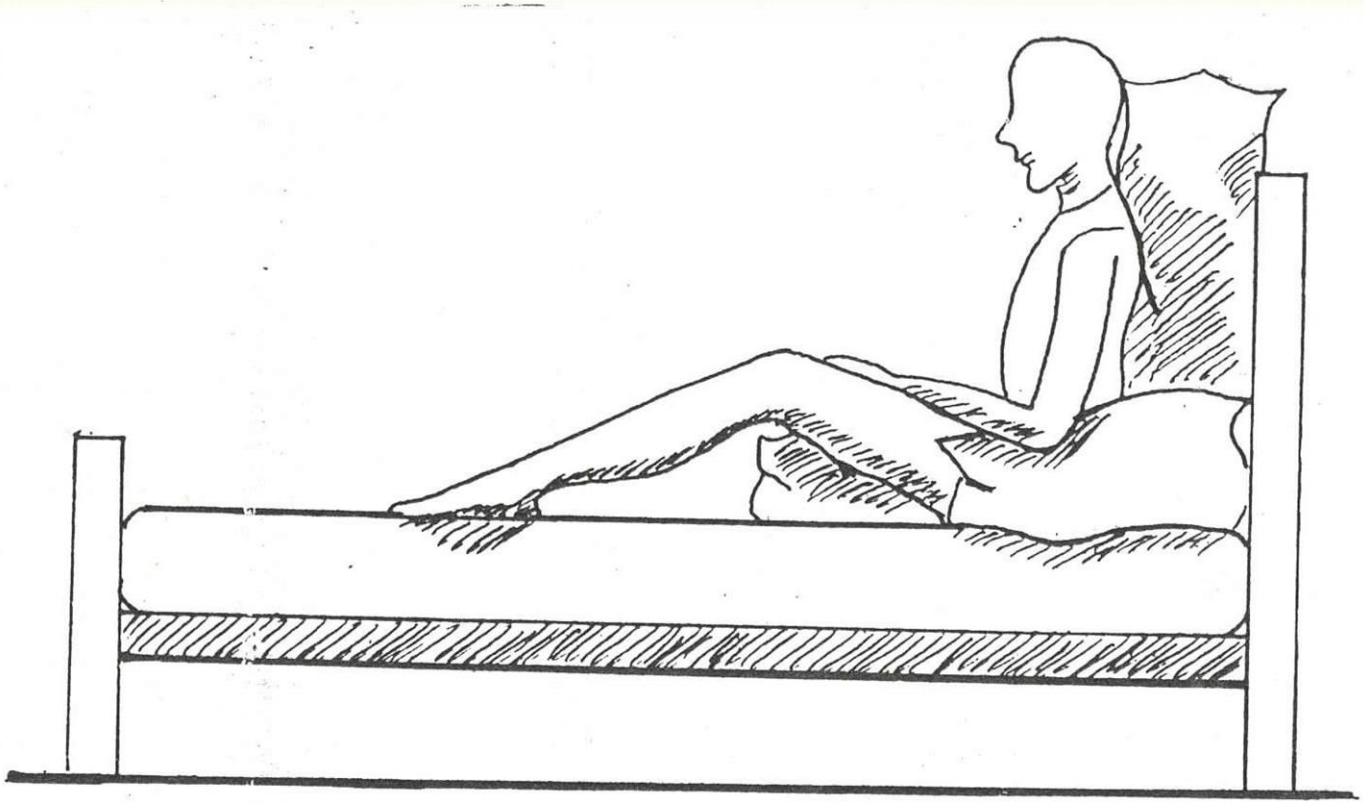


Figure 2. Correct position in bed for eating

FEEDING TECHNIQUE

- SUPERVISION → VISUAL CUES → VERBAL CUES → HAND-OVER-HAND PROMPTING → PHYSICAL ASSISTANT

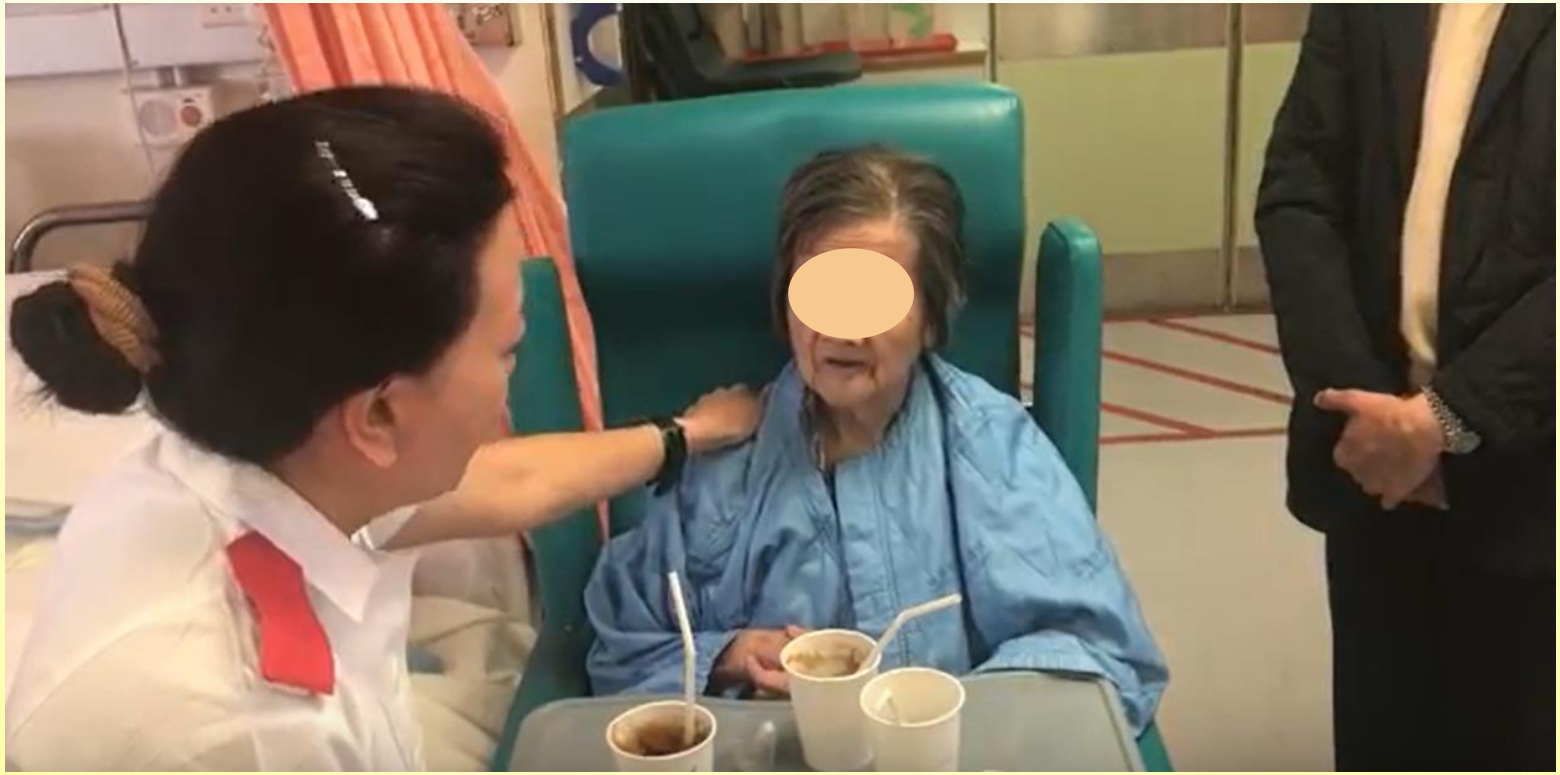
FEEDING TECHNIQUE

- FEED SPOON BY SPOON, SIT UP, CHIN DOWN, MULTIPLE SWALLOWING ***DON'T RUSH**
- USE THICKENER IF NECESSARY, ±SHERBET, ICE CREAM, ICE WATER STICK
- DO NOT MIX DIFFERENT FOOD ITEMS BEFORE LIQUIDIZING FOR A VARIETY OF FLAVORS
- AVOID ASKING THE PATIENT TO TALK DURING FEEDING
- ENCOURAGE PATIENT TO SWALLOW AGAIN TO CLEAR RESIDUE

CHIN DOWN WHEN SWALLOW

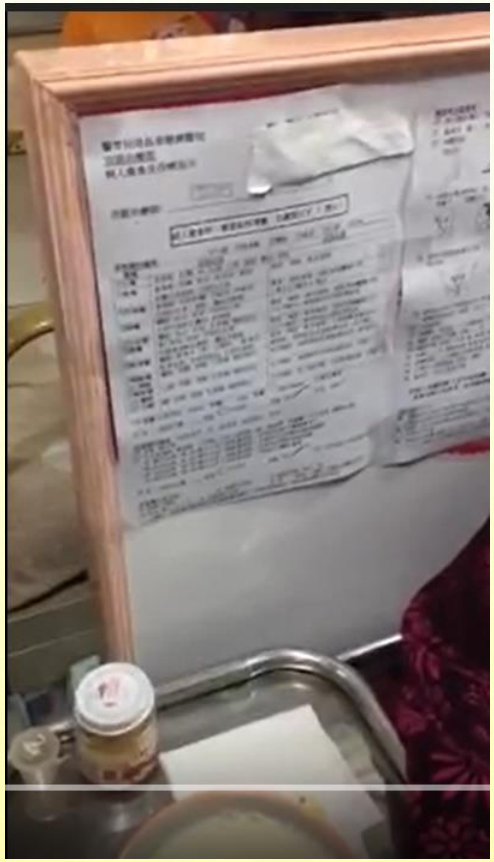
OPEN MOUTH TO CHECK RESIDUE

COUGH SEVERAL TIMES TO CLEAR THE THROAT



TEACHING OF RELATIVE IN CAREFUL HAND FEEDING

FOLLOW ST INSTRUCTION

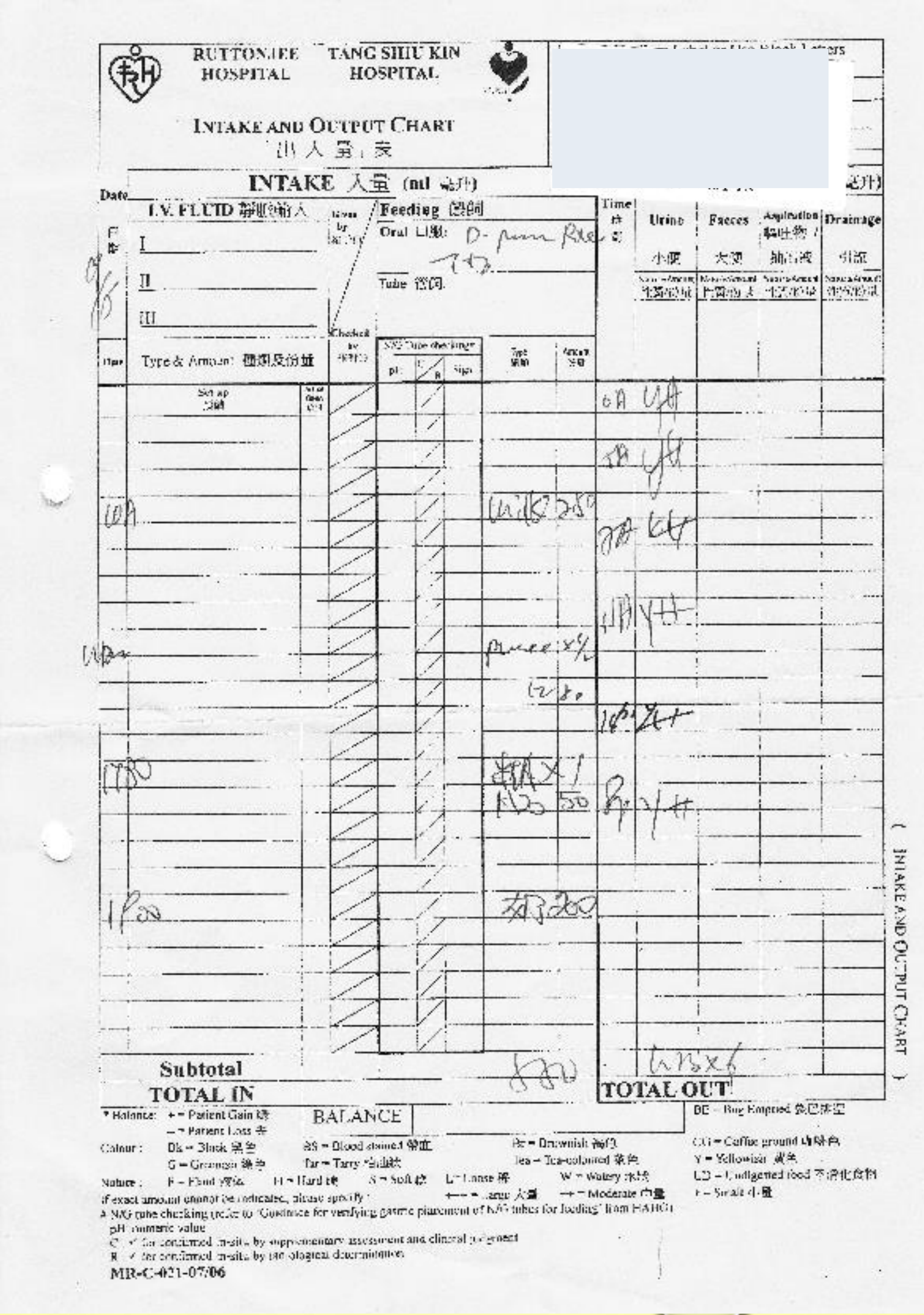


ADD THICKENER ACCORDING TO INSTRUCTION IF NECESSARY

稀稠度	凝固粉的調配	例子
稀流質	不需要	清水，蘋果汁
微杰流質	100毫升水 + 2茶匙凝固粉	忌廉湯
少杰流質	100毫升水 + 3茶匙凝固粉	蕃茄醬，杰芝麻糊，乳酪(去果肉)
中杰流質	100毫升水 + 4茶匙凝固粉	果蓉，沙律醬
特杰流質	100毫升水 + 5茶匙凝固粉	基本上是杰糊狀，像薯蓉或發起了的蛋白狀。

ONE TEASPOON ONCE, VERBAL CUES, VISUAL CUES, STIMULATE LIPS…

KEEP I/O CHART



BUTTONJEE HOSPITAL — TANG SHIU KIN HOSPITAL

INTAKE AND OUTPUT CHART
出入量表

INTAKE 入量 (ml 毫升)

Date

I.V. FLUID 靜脈輸入 — Given by
I
II
III
Checked by

Type & Amount 種類及份量

Feeding 餵飼
Oral 口服: D- puree Rice
Tube 管飼

NG Tube checking: pH, C/R, Sign — Type 種類, Amount 份量

Time 時間 | Urine 小便 | Faeces 大便 | Aspiration 抽吐物 / 抽出液 | Drainage 引流

Subtotal

TOTAL IN

BALANCE

TOTAL OUT

* Balance: + = Patient Gain 積, − = Patient Loss 失

Colour: Bk = Black 黑色; G = Greenish 綠色; BS = Blood stained 帶血; Tar = Tarry 柏油狀; Br = Brownish 褐色; Tea = Tea-coloured 茶色; CG = Coffee ground 咖啡色; Y = Yellowish 黃色; BE = Bag Emptied 袋已排空

Nature: F = Fluid 液體; H = Hard 硬; S = Soft 軟; L = Loose 稀; W = Watery 水樣; UD = Undigested food 不消化食物

If exact amount cannot be indicated, please specify: +++ = Large 大量; ++ = Moderate 中量; + = Small 小量

A NG tube checking (refer to "Guidance for verifying gastric placement of NG tubes for feeding" from HAHO)
pH: numeric value
C: ✓ for confirmed in-situ by supplementary assessment and clinical judgement
R: ✓ for confirmed in-situ by radiological determination

MR-C-021-07/06

INTAKE AND OUTPUT CHART

東區醫院/律敦治及鄧肇堅醫院/
東華東院
言語治療部
病人進食及吞嚥指示

病人姓名: [redacted]

致:家人 / 照顧者

言語治療師 [redacted]

日期: 19-5-2011

言語治療師簽名 ____ (如有濁，請停止餵食)

病人有吞嚥困難，用口進食時，需要保持清醒，及遵照以下 ✓ 指示。

食物類的處理： D 糊飲

○普通飯 ○粉麵 ○爛飯 ○糊 ○粥 ○糊粥 ○粥水

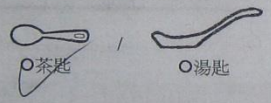
○普通肉 ○軟肉 ○切絲肉 ○碎肉 (不可大於 4 立方毫米) ○軟滑肉 ○肉糊

○普通菜 ○軟菜 ○切絲菜 ○碎菜 (不可大於 4 立方毫米) ○軟滑菜 ○菜糊

○大件生果 (例:蘋果) ○多汁生果 (例:橙、西瓜) ○軟生果 (例:香蕉) ○切碎生果 ○生果糊

○混合狀態甜品 (例:紅豆沙) ○軟/布甸狀甜品 ○糊狀甜品 ○蛋糕 ○麵包 ○餅乾

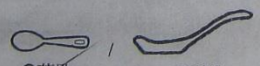
☐ 每一口進食份量: ____ (茶匙) / 湯匙
可用餐具: ○筷子 ○茶匙 / ○湯匙



流質類的處理：

○ 可飲用稀流質
○ 不可直接飲用稀流質，只可飲 微 / 少 (中) / 特 杰流質 (濃稠流質)：
每 100 毫升水加 4 茶匙凝固粉(例：凝固樂, 快凝寶)
其他流質 (例：無渣湯、無渣果汁、奶) 亦同樣加入凝固粉，使流質達至以上杰度(濃稠度)
○ 不可飲用流質，只可由鼻飼管輸入

☐ 每一口飲用份量: ____ (茶匙) / 湯匙
可用用具: ○杯 ○飲管 ○茶匙 / ○湯匙



吞食藥丸的方法：

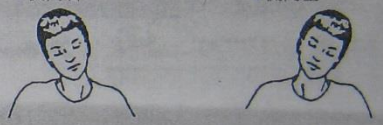
☐ 整粒吞服 (每口一粒)
☐ 放於糊狀物中吞食
☐ 把藥丸切細
☐ 用____茶匙 / 湯匙 份量的水輔助吞食
☐ 把藥丸磨粉
(備註: 某些藥物壓碎後可能會影響其藥性，於處理藥物前，請先徵詢醫生意見)

進食時注意事項：

☐ 病人需由 護士 / 照顧者 看管進食 / 協助進食 / 餵食
☐ 身體
○坐直 ○平臥 ○向右側臥 ○向左側臥

☐ 進食時 戴上 / 脫下 假牙
☐ 吞嚥時，病人的頭部
○垂下 ○轉向右 ○轉向左

○側向右 ○側向左



☐ 食物及飲料放置在口的
○中間 ○右邊 ○左邊

☐ 每次吞嚥食物後，檢查口腔無積聚食物，才繼續進食下一口
☐ 待吞完一口流質，才繼續下一口
☐ 每口食物/流質吞嚥____次
☐ 大力吞嚥
☐ 吞嚥____口食物後用力咳/清喉嚨
☐ 連續吞嚥____份量的食物後，讓病人休息____分鐘，才繼續進食
☐ 不要同一時間進食、飲水、講話
☐ 進食後，坐立 20 分鐘
☐ 避免吃混合不同稠度或多汁的食物(例：橙、西瓜、雪梨)、高韌度的食物(例：年糕、麵包)、乾脆的食物(例：餅乾、花生)、太滑溜的食物(例：椰果、啫喱)

若病人持續咳嗽/不安/呼吸困難，請停止餵食。如有疑問，請聯絡言語治療師。
食物列舉只作參考，如有關營養及食物敏感問題，請向醫生或營養師查詢。

Speech therapy department, RHTSK/ swallowing instruction / updated in 10/2009

* 常見的吞嚥困難徵狀

以下的徵狀能幫助辨認吞嚥困難的患者：

- 口部肌肉控制減弱令患者不斷流口水
- 每口食物需吞嚥數次才吞完
- 食物或飲料留在口腔內一段較長時間才能吞下
- 氣哽：常在吞嚥時或吞嚥後咳嗽或清喉嚨
- 進食後，聲線變得混濁不清或有痰聲
- 進食後呼吸急促
- 食物或飲料倒流到鼻或口腔
- 吞嚥後食物仍留在舌頭上或散在口腔內
- 經常患有吸入性肺炎
- 拒絕進食某種食物或飲料，以致突然消瘦及體重驟降

很多人會以進食時氣哽（俗稱謂“濁親”/“哽親”/“哽頸”）來辨別病人是否患有吞嚥困難，這方法並非完全可靠。理由是病人會因某些疾病，如部份中風者因咽喉感覺轉弱，當有食物或飲料誤進氣管時，也不能如常作出咳嗽這本能反應去清除氣哽之食物。這現象被稱之為“無徵狀性氣哽”（Silent Aspiration），這類病人的吞嚥問題，很容易被忽視而引致吸入性肺炎。

Dept. of Geri, RTSKH 2010

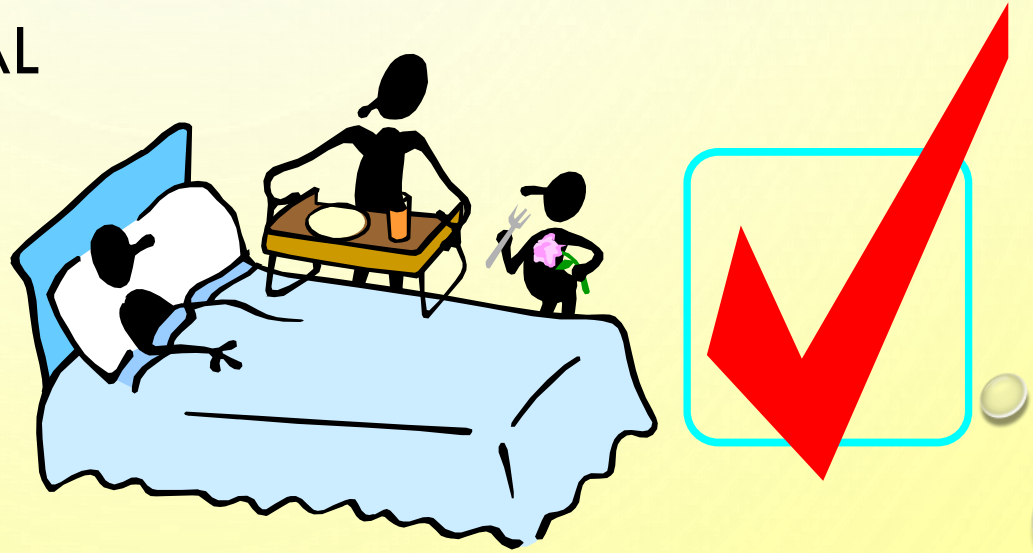
PROMOTE SWALLOWING

- **HOLD THE LIPS CLOSED** FOR SOME PATIENTS WHILE THEY EAT
- **FOR PEOPLE WITH POOR LIP & TONGUE SEAL**, USE A **STRAW** OR FEEDER MUG WITH A SPOUT TO DRINK
- TILT HEAD **TOWARDS THE STRONGER SIDE** TO REDUCE FOOD COLLECTING
- NEVER INTRODUCE FOOD TO THE WEAK SIDE OF THE MOUTH

Weetch, R. (2001)

AFTER FEEDING:

- CHECK FOR RESIDUE IN ORAL CAVITY
- KEEP THE PATIENT UPRIGHT FOR AT LEAST 20 MINUTES AFTER MEAL



醫管局港島東聯網醫院
言語治療部
舒適餵食建議

致: 家人 / 照顧者
病者姓名: ____________________
日期: ____________________

言語治療師: ______________________ (簽名: ____________________)

舒適餵食

病者從口飲食均有誤入氣管的情況，而其誤入氣管情況未因改變食物和飲品的狀態、杰度或份量而有所改善。
病者或/及其家屬(姓名)______________________(關係：______________)已表達明白繼續從口飲食可能會引致的各種嚴重後果(肺炎、窒息等)。
因個人意願，病者不接受喉管餵食，經醫生同意下，接受舒適餵食方案。

病者進食時，請遵照以下 ✓ 指示。

食物類的處理：

餐類	食物狀態	狀態定義
□粥餐	粥/碎肉/碎菜/切碎的生果/切細後浸軟的蛋糕、麵包及餅乾	無骨，無核，軟身食物，每粒食物體積小於4立方毫米，食物粒的互相黏連性低
□軟滑餐	爛飯/軟滑肉（例：蒸水蛋狀）/軟滑瓜/軟滑生果（例：熟香蕉）/布甸狀甜品/切碎後浸軟的蛋糕	無骨，無核，軟身食物，只需輕壓便能成為小食物粒，食物粒的互相黏連性高，但不黏口
□糊飯餐	爛飯/肉糊/杰菜糊/杰生果糊/杰糊狀甜品	特杰糊狀，食物粒的互相黏連性高，稍為黏口
□糊粥餐	白粥/肉糊/菜糊/生果糊/糊狀甜品	中杰糊狀，食物粒的互相黏連性高，不黏口
□全糊餐	糊/肉糊/菜糊/生果糊/糊狀甜品	中杰糊狀，粒子極幼細，互相黏連性高，不黏口
□全流餐	粥水/無渣湯/奶/菜汁/果汁	幼滑流質

飲品類的處理：(包括清水、茶、無渣湯、無渣果汁、奶等)
□ 可飲稀流質
□ 不可直接飲稀流質，只可飲已加入凝固粉(例：凝固樂, 快凝寶)的杰流質(濃稠流質)：
- ○ 微杰流質: 每100毫升水加2茶匙凝固粉，杰度如同粥水/罐裝雜菜汁
- ○ 少杰流質: 每100毫升水加3茶匙凝固粉，杰度如同合桃露/流質純蜜糖
- ○ 中杰流質: 每100毫升水加4茶匙凝固粉，杰度如同糊狀/盒裝乳酪
- ○ 特杰流質: 每100毫升水加5茶匙凝固粉，杰度如同爛飯/薯蓉

□ 每一口食物 /飲品份量：半 / 1 茶匙  □ 針筒餵食每一口份量：1/2/3/5毫升

吞食藥丸的方法：
□ 把藥丸磨粉 □ 把藥丸切細 □ 整粒吞服, 每口一粒
□ 放於 微 / 少 / 中 / 特 杰流質中吞食 □ 用__茶匙 / 湯匙 份量的水輔助吞食
(備註: 某些藥物壓碎後可能會影響其藥性，於處理藥物前，請先徵詢醫生的意見)

舒適餵食

舒適餵食

進食時注意事項：

- ✓ 病人需由 照顧者 協助進食 /餵食
- ✓ 照顧者餵食時，應全程專注於餵食過程，切勿分心。應留意病人非言語的提示，包括接受或拒絕繼續進食。
- ✓ 不要同一時間進食、飲水及講話
- ✓ 避免吃混合不同稠度或多汁的食物(例：橙、西瓜、雪梨)、高韌度的食物(例：年糕、麵包)、 乾脆的食物(例：餅乾、花生)、太滑溜的食物(例：椰果、"者"厘)
- ✓ 每次吞嚥 食物 / 流質 後, 檢查口腔無積聚 食物 / 流質, 才繼續進食下一口
- ✓ 進食後，坐立 20-30分鐘
- ✓ 如病者不願進食或不能控制吞食，請不要勉強餵食
- ✓ 口腔應保持清潔。如病者不清醒，可用濕紗布或海綿清潔口腔，之後用噴霧水瓶噴出少量食水濕潤口腔

附加進食時注意事項：

□ 進食時 戴上 /脫下 假牙。每次用餐後應脫下假牙清洗
□ 飲 / 食時，身體保持
○ 坐直 ○ 平臥 ○ 向右側臥 ○ 向左側臥

□ 吞嚥 流質 / 食物 時，頭部保持
○ 垂下 ○ 轉向右 ○ 轉向左 ○ 側向右 ○ 側向左

□ 食物及飲料放置在口的
○中間 ○右邊 ○左邊

□ 大力吞嚥
□ 每口 食物 / 流質 吞嚥 ________次
□ 吞嚥 ________口 食物/流質 後用力咳/清喉嚨
□ 連續吞嚥 ________份量的 食物/流質 後，讓病人休息________分鐘，才繼續進食

若病人持續咳嗽/不適/呼吸困難，請停止餵食。
食物分類只作參考，如有關營養及食物質地調配，請向醫生或營養師查詢。

調校所需杰度的方法：
- 標準參考杰流質度：100毫升室溫清水加上指定茶匙數量的指定品牌凝固粉 (例：凝固樂, 快凝寶)。因不同流質的配方及凝固粉的配方有異，所用的凝固粉比例可能需要微調。
- 基本上，把已知道份量的流質倒進杯中，然後按比例加入相對份量的凝固粉，慢慢攪拌便成為所需的杰流質。
- 凝固粉比較難溶解於部份流質（例：奶類、油性流質），可把流質及凝固粉放在有密邊蓋的杯中大力搖晃，或用攪拌器攪拌，便能關成所需的杰流質。
- 食物及飲品的杰度可能會隨著餵食時間增長而變稀，適當地使用凝固粉可維持理想杰度。
- 可配合烹調技巧，製造所需食物及飲品杰度。

舒適餵食

RUTTONJEE HOSPITAL | TANG SHIU KIN HOSPITAL

DEPARTMENT OF GERIATRICS

Consent of Careful Hand Feeding (Comfort Feeding)

建議選擇舒適餵食方案同意書

Please Affix Gum Label or Use Block Letters

Name: _____(中文)_____

Sex/Age: _____ ID No.:_____

Dept: _____Ward/Bed:_____

Address: _____

_____Tel No.:_____

Next of Kin: _____ Tel No.:_____

After assessment on the swallowing ability of the patient, there was clear evidence of aspiration on oral feeding of different consistencies and non-oral feeding was suggested. Results of the swallowing examinations had been explained to relatives &/or patient. However relatives &/or patient declined feeding tube insertion despite risks and complications of aspiration (including malnutrition, pneumonia, severe respiratory distress and even death) explained.

This document states the consensus reached by case doctor with relatives &/or patient for trial of careful hand feeding[1] as the preferred care plan. The alternative of careful hand feeding has been explained to the relatives&/or patient who have been instructed in practical methods and risks, and the patient will be monitored at regular intervals.

(Remark: For patients living in Residential Care Homes for the Elderlies (RCHEs), relatives should achieve consensus with RCHEs staff on the arrangement for Careful Hand Feeding (Comfort Feeding) at RCHEs, together with CGAT team support)

病人經過吞嚥評估，吞食不同黏稠度的食物均有氣嗆的明証，病人因而被建議以非口腔方式餵食。有關吞嚥評估的結果已向*病人家屬及/或其本人解釋。氣嗆的風險及併發症(包括營養不良、肺炎、嚴重呼吸阻礙、甚至死亡)已向*病人家屬及/或其本人明確闡述，惟*病人家屬及/或其本人仍拒絕插入鼻胃管作餵食用途之建議。

本同意書註明經主診醫生向*病人家屬及/或其本人明確闡述非口腔進食方式(如鼻胃管、胃造口等)的建議，並解釋其實踐方法及風險後，主診醫生及*病人家屬及/或其本人有一致共識，仍建議病人選擇舒適餵食方案。病人情況亦會得到定時跟進。

(備註：若病人居住於安老院舍，家屬必須先與安老院舍職員及老人評估小組就舒適餵食方案能夠在院舍內進行達成共識)

*Doctor 醫生 / Speech Therapist 言語治療師: _____(Signature 簽名: _____)

*Patient 病人 / relatives 家屬姓名: _____ (Signature 簽名: _____)

Relationship with patient 與病者的關係: _____

Date 日期: _____ Next review date (if applicable)下次評估日期(如適用者):_____

References:

[1]Patient Safety & Risk Management Department / Quality & Safety Division (2015). HA Guidelines on Life -sustaining Treatment in the Terminally Ill. Chest, 27-30 &41-44.

*Please delete if inappropriate 請刪去不適用者

Remark: Please attach this consent to the Advanced Care Planning of patient 請將此同意書和病人的預設照顧計劃釘在一起

be monitored at regular intervals.

(Remark: For patients living in Residential Care Homes for the Elderlies (RCHEs), relatives should achieve consensus with RCHEs staff on the arrangement for Careful Hand Feeding (Comfort Feeding) at RCHEs, together with CGAT team support)

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*Doctor 醫生 / Speech Therapist 言語治療師: _____(Signature 簽名: _____)

*Patient 病人 / relatives 家屬姓名: _____ (Signature 簽名: _____)

Relationship with patient 與病者的關係: _____

Date 日期: _____ Next review date (if applicable)下次評估日期(如適用者): _____

References:

[1]Patient Safety & Risk Management Department / Quality & Safety Division (2015). HA Guidelines on Life -sustaining Treatment

"CAREFUL HAND FEEDING"

- SITTING IN UPRIGHT POSITION
- MOISTENING FOODS WITH WATER OR SAUCES
- FREQUENT REMINDERS TO SWALLOW
- MULTIPLE SWALLOWS ONE TEASPOON
- JUDICIOUS USE OF THICKENERS

- OBSERVE PATIENT FOR NON-VERBAL CUES WHICH FACILITATE INTAKE, CHOKING & POCKETING OF FOOD IN THE MOUTH
- CARER SHOULD FOCUS ON THE OLDER PERSON DURING THE ENTIRE FEEDING PROCESS AND AVOID DISTRACTION
- CAN BE A TIME-LIMITED TRIAL WITH DEFINED THERAPEUTIC GOALS AND END POINTS

CAREFUL HAND FEEDING PROGRAM

INTERDISCIPLINARY RISK MANAGEMENT PROTOCOL FOR FEEDING PROBLEMS IN SEVERELY FRAIL ELDERS WITH ADVANCED NEURODEGENERATIVE DISEASES

Methods

Interdisciplinary Protocol

- Identify feeding issues
- Target patients which triggers care plan

Patient identification

- Elderly in **End of Life care** with feeding problems
- Assess by speech therapist or geriatrician
- Relatives preferred non-tube feeding

Collaborative Care Plan and documentations

- Consult dietitian as indicated
- Communicate feeding options, risks and outcomes with patient / relative
- Document **Advance Care Plan** and informed consent for CHF

Staff empowerment

- CHF in-service training for frontline staff
- Enrich knowledge and skills in CHF

Carer empowerment

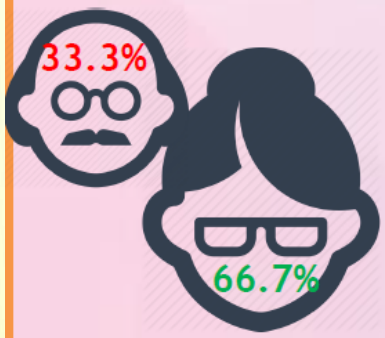
- Educate feeding technique at bedside
- Flexible visiting hours
- Holistic approach in feeding regime

Community support

- Communicate feeding care plan to community team
- Support by Community Geriatrics Assessment Team and Community / Out patient Speech Therapy Services

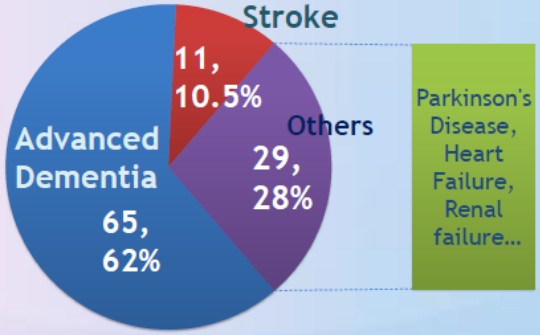
STATISTICS

105 patients recruited
Aug 2016 - Nov 2018

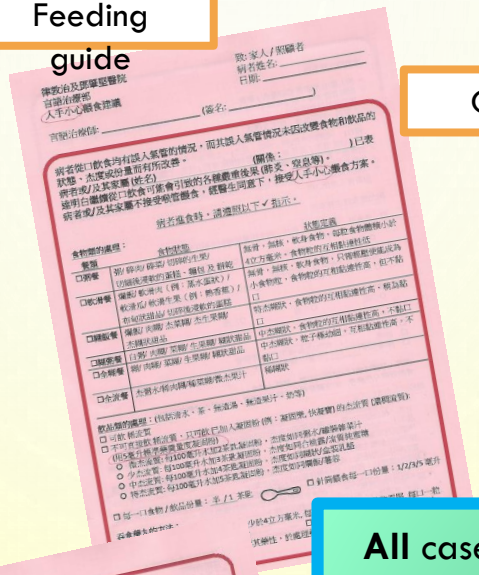


mean age 89

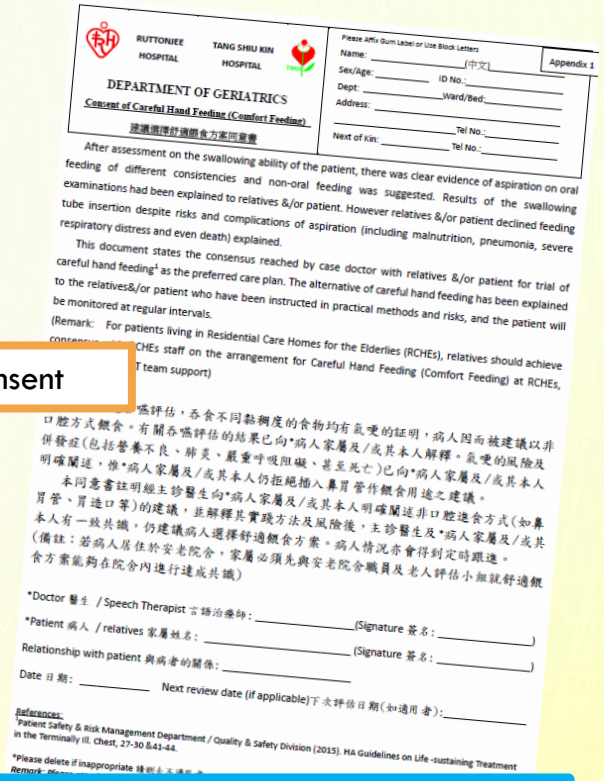
Comorbidity



Feeding guide



Consent

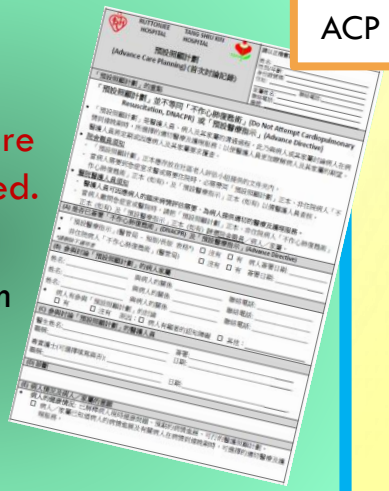


All cases has **DNACPR** form signed.

83(79%) joined EOL care program with **ACP** signed.

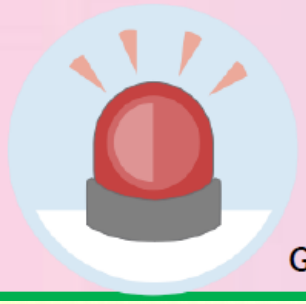
67(63.8%) signed **additional consent** form for CHF

ACP



OUTCOMES

Shorten duration for 'nil by mouth' in Geriatrics wards



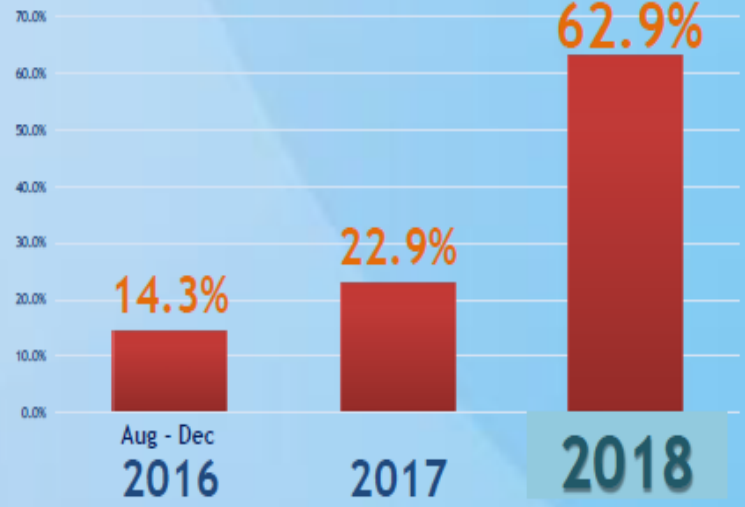
6.9 days Non-Geriatrics **VS** 3.6 days Geriatrics

Increased nursing buy-in & participation in CHF

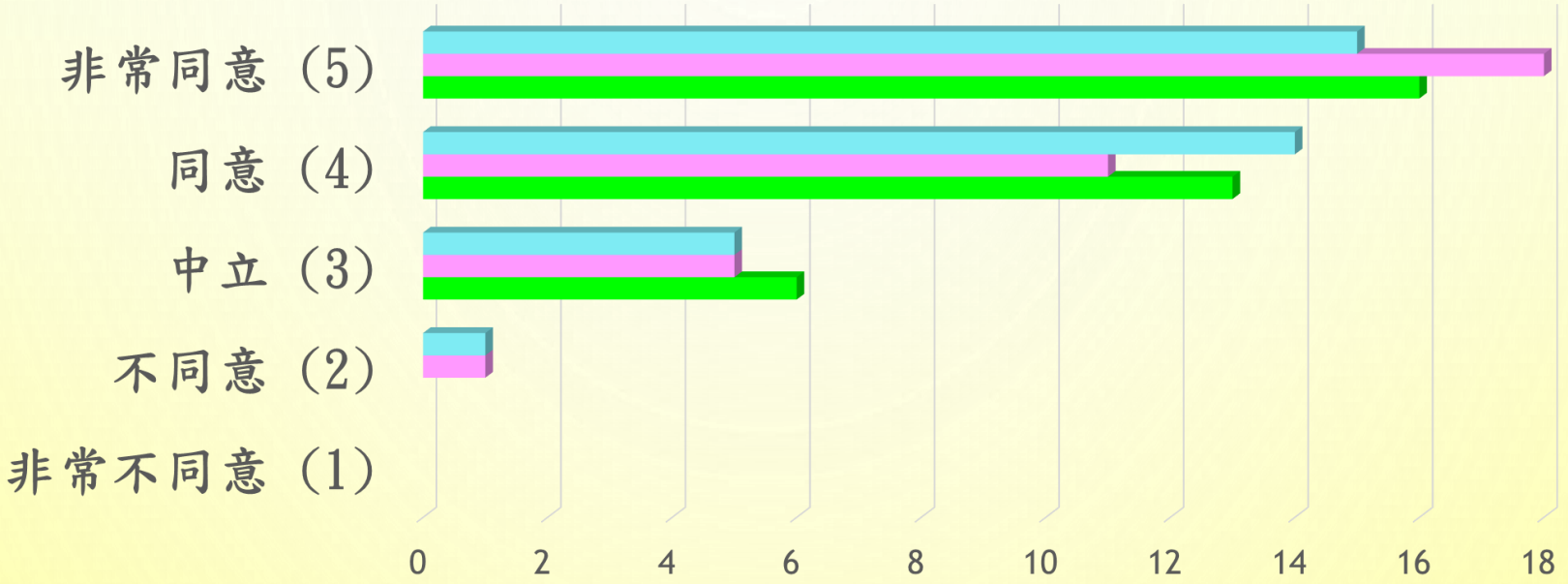
33.3% in 2016/17

59.6% in 2018

Increasing trend of carers prefer CHF



建議選擇人手小心餵食方案問卷調查



1. 醫生或言語治療師能夠提供足夠的資料及清楚解釋餵食方案的風險
2. 言語治療師或護士能夠清楚解釋餵食的技巧
3. 整體而言，您對服務的安排感到滿意

CASE SHARING

M/91, HT, DEMENTIA WITH BPSD, GOUT.

C/O FEVER, PNEUMONIA

29/12/2018 ADMITTED ACUTE MED, STARTED COMFORT FEEDING, FED BY FAMILIES ONLY.

13/2/2019 transfer to Geri EOL bed.

Start comfort feeding by nurse

17/2 deteriorated

18/2 CXR increased haziness, further deteriorated. Certified death in pm

Family raised concern that patient's death was caused by poor feeding skills of ward staff

Learning points

1. Improve communication at handover of case transfer on plan of comfort feeding
2. Inform relatives / families the change of practice in Geri ward to gain consensus
3. Compromised with families on feeding schedule