# “Risk Feeding” or “Eating and Drinking with acknowledged risks” (EDAR – current preferred terminology)

Previously, the focus of “risk feeding” has been around risk of aspiration. Current guidance encourages the multidisciplinary team (MDT) to consider that there are multiple different risks associated with dysphagia (malnutrition, dehydration, aspiration pneumonia, choking, social isolation, distress, and death). Furthermore, there is not a simple relationship between presence of aspiration and risk of aspiration pneumonia. It is only when we see aspiration in the presence of other factors such as poor oral hygiene, being dependent on others for assistance when eating and drinking, poor mobility, and multiple medical comorbidities that the risk of developing aspiration pneumonia is significantly increased.

Person-centred dysphagia management focuses on educating patients and carers around which of the above risks may be associated with a patient’s dysphagia and what interventions can be offered to minimize these risks. Interventions may include:

- modified diet and fluids  
- swallow rehabilitation exercises  
- short- or long- term clinically assisted nutrition and hydration (e.g. NGT, PEG/RIG feeds, TPN)  
- surgeries or procedures (e.g. pharyngeal pouch correction, cricopharyngeal botox)

In some cases a patient may not be suitable for or may decline these options. In some cases even with these interventions, significant health risks are associated with a patient’s dysphagia. EDAR is a protocol to support patients to manage their dysphagia in these situations. The following steps can be completed in any order but are all vital in supporting person-centred patient management for EDAR. Any step can be revisited if the patient’s situation or their wishes change. In patients with progressive dysphagia who are EDAR, discussions may need to be revisited regularly as dysphagia management plans and treatment escalation plans may change as the patient’s dysphagia changes.

1. **Ensure a clinical assessment of swallowing is completed by SLT.** They will be able to advise on the degree of risk of aspiration, pneumonia and choking. Dietitians will advise on associated risks of malnutrition and dehydration. They may offer management options to reduce these risks, for example diet and fluid modification.
2. **Assess the patient’s mental capacity to make a decision around their dysphagia management** (see mental capacity act (MCA) principles). SLT can support these discussions for patients with difficulties with cognition or communication. Ensure that the mental capacity assessment and its outcome are fully documented. If a patient is felt to not have capacity, their next of kin or an independent mental capacity advocate (IMCA) will be needed to support making a decision in the patient’s best interests.
3. **Establish the wider goals of medical intervention.** It is important to consider whether the patient’s general medical condition and dysphagia is likely to improve. Discussions around whether the proposed interventions to manage a patient’s dysphagia are likely to be short- or long- term may influence the decision a patient or their next of kin will make.
4. **Facilitate communication within the MDT.** A patient may already have a plan around EDAR in the community. It is important to establish what this is and continue it in hospital if this still aligns with the patient’s wishes. Documentation of an EDAR decision, dysphagia management plan and treatment escalation plan on a care passport, ReSPECT form, trust Treatment Escalation Plan form or discharge summary is recommended. Referral onto community SLT/dietitian services for follow-up may also benefit some patients who are EDAR outside of hospital.
5. **Set out an Advance Care Plan.** A patient’s dysphagia may mean that they are at risk of requiring further admissions to hospital, further antibiotics, and further use of clinically assisted nutrition and hydration. The medical team should discuss whether a patient is suitable for, or whether they would want these interventions as part of future care planning.

**Training available on iris**

More detail is included in the ‘Dysphagia Awareness’ training on iris: [Dysphagia Awareness (uhsussex.nhs.uk)](https://iris.uhsussex.nhs.uk/enrol/index.php?id=214)

**Useful resources**

<https://www.rcslt.org/wp-content/uploads/2021/09/EDAR-multidisciplinary-guidance-2021.pdf>

<https://www.rcplondon.ac.uk/projects/outputs/supporting-people-who-have-eating-and-drinking-difficulties>

[Handling difficult conversations: ten top tips – Improving medical education and practice across the UK (wordpress.com)](https://gmcuk.wordpress.com/2016/05/13/handling-difficult-conversations-ten-top-tips/)

[Conversations for ethically complex care | RCP London](https://www.rcplondon.ac.uk/projects/outputs/conversations-ethically-complex-care)