

Managing Temporary Swallowing Difficulties

How carers, nurses and family can support patient who have difficulty swallowing during temporary periods of ill health

Why is the patient having difficulty?

Swallowing is a complex process and requires precise co-ordination between your brain, nerves and muscles. The physiological and cognitive toll an infection or temporary illness can take on the body means that elderly patients can experience swallowing difficulties when they are unwell, even if this seems completely unrelated to the illness (e.g. UTI).

What to look out for?

- Taking longer to eat meals;
- Reduced appetite or reduced fluid intake;
- Increased tiredness at mealtimes;
- Coughing during drinks or meals that started when the patient became ill.

How to help:

- Refer to *Leaflet 1: Good practice in supporting patients at mealtimes*. Implement this advice;
- Offer the patient food and drink when they are awake, alert and feeling able to participate, this may not be during usual mealtimes;
- Offer drinks via an open cup, you can offer hand over hand support if the patient requires assistance. If this is difficult, try giving drinks from a teaspoon;
- Provide smaller, more frequent meals as the patient is likely to become tired during mealtimes;
- Foods that are soft and moist are likely to be easier for the patient to manage. You can also try adding sauces and mashing food to make them easier to eat;
- Stop the meal or drink if the patient becomes too tired or drowsy and try again later;
- Ensure the patient has regular and thorough mouth care. (See *leaflet 4: Mouth Care*).

Signs that things are improving:

- Improved alertness and energy levels;
 - Eating more easily;
 - Appetite returning;
 - Less coughing.
- When you notice things are improving, gradually return to the patient's usual oral intake.

When to seek medical advice for swallowing:

- If you have concerns regarding dehydration or significant weight loss;
- If the patient's swallowing difficulties continue when they have completely recovered from their illness;
- If the patient is completely unable to manage any oral intake;
- If the patient is showing signs of a chest infection, for example, fever, breathlessness.

Key messages:

- Temporary swallowing changes are common and usually reversible;
- Simple adjustments work (positioning, slow pacing, softer food choices);
- Focus on comfort, safety, and hydration;
- Monitor progress – most patients recover without specialist input;
- Use a team approach, share observations, document changes and strategies and ensure consistency across staff.

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