



Thickeners are used to thicken fluids for people with dysphagia (swallowing difficulties). Thickening a fluid slows down its movement through the mouth and throat, which can help people swallow more safely. It can prevent foods and fluids from entering the lungs and causing complications such as chest infections, pneumonia and choking. Some thickeners are starch based, and some are gum based.

Care home residents prescribed thickeners are more likely to be dehydrated. Patients with dysphagia should have food and fluid intake monitored and if necessary referral to a dietitian ⁽¹⁾.

Thickeners should only be prescribed on the recommendation of a Speech & Language Therapist



Which Thickener?

- **Thick & Easy Clear** is now first choice thickener in East Lancashire for most patients. It is more cost effective and more palatable for patients. It does not thin in the mouth, or thicken upon standing.
 - The amount of thickener required by each patient will vary and is dependent on how much fluid they drink and required consistency.
 - Care Homes should have all patients on the same thickener (Thick & Easy Clear) to avoid errors.
 - Care must be taken when changing between different thickeners as they differ in how they are prepared.
- The manufacturer's directions should be followed.**
- Thickeners in sachets **should not be used**; patients should be converted to tins.



Fluid Consistency

Fluid consistency is recommended by Speech and Language Therapists using IDDSI classifications⁽³⁾ in one of the following ways:

Level 1	Slightly thick
Level 2	Mildly thick
Level 3	Moderately thick
Level 4	Extremely thick

These consistencies are achieved using the following number of scoops:

Thick & Easy Clear (Gum Based)		
<i>Amount required to thicken 200ml fluid:</i>	Level 1	One scoop
	Level 2	Two scoops
	Level 3	Three scoops
	Level 4	Six scoops



How to use

- Follow the directions on the manufacturer's tin.
- For Thick and Easy Clear the required number of scoops should be added to a DRY container and then 200mls of drink should be added.
- If **not** using Thick and Easy Clear, check the manufacturer's instructions.
- The scoop size for different thickeners varies and scoops are NOT interchangeable.
- Measure accurately; do not guess. Do not use heaped scoops or a teaspoon.
- Water is not very palatable when thickened; try refrigerated squashes or juices instead.
- Thin soups and sauces may also need to be thickened to the correct consistency.
- Whisk milky drinks before adding to thickener.
- Do not use to thicken foods or pre-soak foods except on the specific advice of SLT.
- Thick & Easy Clear can be used to pre-thicken drinks (jug pre-prepared and kept in fridge) for the day as it does not thicken on standing. (Ensure you maintain the ratio of scoops per 200ml).
- Beakers and shakers are available from the manufacturers upon request.



Monitoring

- Signs of aspiration include coughing /choking when eating or drinking, recurrent chest infections, wet or gurgly voice after eating/drinking, continued weight loss, breathlessness during and after eating/ drinking. Patients and carers should monitor for these signs and contact SLT with any concerns.
- Thickeners are not an alternative for reducing supervision and support needed for patients with dysphagia at drink and meal-times.
- Patients with dysphagia more like to be dehydrated. Signs of dehydration include dark and or strong smelling concentrated urine, dry mouth and eyes.



Recording

- **Care plan:** this must contain clear documentation of consistency of food and drinks, and duration of treatment.
- **Prescription:** Consider requesting that directions regarding the number of scoops per 200ml and /or the IDDSI level descriptor are added to the prescription, or “as directed by Speech and Language Therapy” if it is documented elsewhere.
- **Fluid Intake Chart or Thickener Record Charts:** The approximate volume and consistency of fluids consumed should be recorded. Some homes choose to keep a separate record chart for thickeners.
- **MAR charts:** should list the thickener and consistency prescribed. It is not appropriate to record every administration on the MAR, as MAR design does not usually support this, but it should refer the reader to the fluid intake chart/thickener record used.



Storage

- There has been a case of death by accidental ingestion of thickening powder by a care home resident. Consider carefully where thickeners are kept to minimise risk to residents⁽²⁾. Consider completion of risk assessment documentation if thickener is to be left out to be readily available to a resident.



Medications

- Any drinks (e.g. water) given with oral medication will need to be thickened.
- Medication in liquid form may also need to be thickened to the correct consistency. Seek pharmacist advice to ensure this is appropriate as not all liquid medicines can be thickened. Thickening a medication can also affect how a medicine works and monitoring will be required after a change. Generally speaking, medication is more slowly absorbed from thicker fluids and not all medicines have been tested with thickeners.
- Seek review of other medications to ensure they are suitable for those with dysphagia. In particular, seek medical advice if a patient needing thickener is prescribed a bisphosphonate (alendronic acid, risedronate) as these drugs are unsafe in patients with swallowing problems.



Prescription ordering

- Check stocks before ordering further supplies of thickeners to reduce overstocking and waste.
- Medication should not be disposed of automatically each month; stocks should be carried forward.



Contact Numbers

Care Homes Medicines Management Team: 01282 644799
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References:

1 Presquipp Bulletin 100 Appropriate prescribing of thickeners in dysphagia may 2015

2 NHS England. Patient safety alert- Risk of death by asphyxiation after accidental ingestion of thickening powder Feb 2015

<https://www.england.nhs.uk/2015/02/psa-fluidfood-thickening-powder/>

3. International Dysphagia Diet Standardisation Initiative <https://iddsi.org/>