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### **HANDOUT-ABLE: NPO has been Recommended, What Does This Mean?**

Typically, if a patient has been recommended to be placed on NPO status (nothing by mouth) due to swallowing concerns, instrumental testing has been conducted, such as a video swallow assessment (also called a modified barium swallow study or videofluoroscopy) or FEES (fiber optic endoscopic evaluation of swallow) that shows a high risk of aspiration, and the swallow has been deemed not safe at this time. In some cases, this may be recommended at a bedside swallow evaluation.

When patients and families are faced with this information, there are typically a lot of questions, because decisions have to be made in how to proceed medically.

The purpose of this resource is to: explain what the term NPO means, what the term “alternative means of feeding” means, what medical implications are involved in the recommendation for alternative means of feeding, what the options are for swallows treatment, how alternative means of feeding as an intervention can assist with patient swallow rehabilitation, options for alternative meals of feeding in terms of option types and time-frames, positive and negative considerations of alternative means of feeding, options if alternative means of feeding are not for the patient, options on hospice, how a swallowing problem is typically managed in a hospice setting vs, a traditional medical model and what questions to ask the provider and speech pathologist when NPO is recommended.

#### **Explanation of the term “NPO”**

NPO stands for “non-per-oral,” which is another way to communicate “nothing by mouth.” Some people are placed on NPO status temporarily before surgeries or as part of some sort of treatment or testing, but these tend to be very short-lived, perhaps only part of a day or one night. When a patient does not perform well on a swallow study and NPO is recommended, this type of swallowing status change can last weeks, months, or even years — depending upon how the patient responds to speech pathology swallowing treatment, and one factor in this is if alternative meals of feeding are pursued to allow for nutrition for healing/strengthening in therapy. NPO status beyond a day or night in preparing for a test or surgery is categorically a different statement and in a longer context as compared to a swallowing recommending of NPO in the purpose of allowing for safety to prevent aspiration, choking and other potential negative consequences of dysphagia (weight loss, dehydration, recurrent UTIs, skin breakdown, fatigue, malnutrition). If a speech pathologist recommends NPO for a patient after speech pathology swallowing testing, the expectation is that the patient remains NPO until a repeat test occurs to lift the restriction due to improvements/passing of consistencies that can be presented orally.

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For a patient that performs on speech pathology instrumental testing with the level of difficulty to the extent that NPO is recommended, there are no strategies, consistencies, etc. that were able to be identified to allow for any safety of oral intake. In instrumental testing, techniques are attempted such as use of chin tucks, smaller bites/sips, placing food in one side of the mouth, etc. When NPO is recommended after swallowing testing, it has been deemed that at this point in the patient's medical course that it is unsafe to swallow any intake orally. After treatment occurs, repeat instrumental testing can occur to allow for consideration of a change to an oral status for swallowing. It is important that the patient understand that until testing by a speech pathologist is re-conducted, that the recommendation remains, even if the patient feels he or she would pass but decide to not to testing. Speech pathologists make recommendations on swallowing to MDs, who then create physician orders on NPO status, or diet/liquid consistencies. Physicians tend to respect and seriously consider the recommendations of speech pathologists as part of the patient's overall medical care team.

#### Explanation of the term "alternative means of feeding"

When providers and other clinicians mention "alternative means of feeding," they are primarily referring to peg-tubes or j-tubes, which are feeding tubes that are inserted during a surgery that is typically performed under general anesthesia. Peg tubes are the primary option for patients, but j tubes also are an option if a feeding tube needs to occur higher in the GI tract, due to other medical reasons. These are tubes that allow for the administration of a feeding solution, much like a health shake, direct access into the stomach or GI tract for access, bypassing the traditional method of swallowing orally. This intervention allows for the halting of the "swallowing-causing weakness-causing more swallowing problems and other medical complications" cycle that can snowball if an intervention does not occur. Alternative means of feeding can also refer to a more temporary feeding tube in the nasal passage, also called a naso-gastric (NG) tube, which does not require surgery but an x-ray to ensure proper placement into the esophagus and not into the lungs. Another source of alternative meals of feeding that is less permanent than a feeding tube is TPN (Total Parenteral Nutrition, which allows for a PICC (peripherally inserted central catheter) line to provide nutrition through the patient's veins. This access bypasses the GI tract altogether and may be an option for patients that cannot or choose not to pursue a feeding tube (this is a rare procedure for a swallowing deficit only).

#### Medical implications are involved in the recommendation for alternative means of feeding

When a patient consents to alternative means of feeding due to unsafe swallowing, the expectation is that the patient will receive nutrition via this alternative route until swallowing testing shows the patient is safe to swallow again. For some patients, not having the ability to orally eat or drink is undesirable to the extent that they decide to not pursue this route. In this case, there is a good chance that the potential negative medical consequences that accompany aspiration will present themselves more intensely over time and it will be

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harder to fight these effectively if the patient continues to orally swallow food/liquid that has been deemed unsafe. For patients that do consent to alternative means of feeding, there are different types of feeding schedules and methods for the person with a feeding tube. There is a continuous feed, which means the patient is receiving a slow-drip of the feeding solution and will require to be hooked up to a machine. There is also a bolus feeding, which is where a caregiver pours in the solution at recommended times of the day, which is less restrictive since the hookup to a machine would not be continuously required. There is also feeding tube care and cleaning that would need to occur for feeding tube use. A feeding tube is inserted via surgery, but could be removed if it is no longer needed, and the primary doctor and surgeon who conducted the surgery tend to confer when removing the feeding tube later down the line is considered if the patient recovers and doesn't need the feeding in tube anymore. It also should be noted that patients sometimes receive alternative means of feeding not related to safety of swallowing — be due to an oral aversion, poor oral intake, or other factors, etc. It should be noted that feeding tube presences, if a peg or j-tube, may or may not be a permanent part of the patient's ongoing medical care. Once improvements are made and there is not a need for a feeding tube, it is up to the doctor to consider.

#### Options for swallowing treatment if the patient is recommended to be NPO

Treatment options range from oral motor exercises, laryngeal strengthening exercises, Vitalstim/neuro-muscular-electro-stimulation treatments. On rarer occasions, thermal stimulation may be utilized. For NPO patients, placing frozen lemon glycerin swabs orally are helpful to assist with addressing the desire to eat/drink and help patients tolerate the fact they are not safe to eat and drink as before. The glycerin evaporates, so this is a safe product to use in the event of the patient aspirating on the saliva produced with it. It is important to maintain good NPO oral care at this time to avoid bacteria from growing in the mouth, as this could lead to lung bacteria growth when the patient will swallow saliva.

#### How alternative means of feeding as an intervention can assist with recovering from dysphagia

The aspects of swallowing recovery are complex, but one very important aspect is building up strength in muscles that have atrophied that contribute to the dysfunction of the swallow. For re-strengthening of the swallow, the patient will need adequate nutrition and hydration so for treatments to work to the full capacity that is possible. Alternative means of feeding are the intervention that provides 100% of the nutrition and hydration, if feedings are administered correctly, so this will mean that the exercises and other treatments that will build muscle have the full capacity for strengthening. Without this nutrition and hydration via alternative access, the patient may not have the full benefit of nutrition in order to build muscles back up to a level that allows for a safe swallow.

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### Factors that could be considered positive and negative considerations of alternative means of feeding

—Positives in choosing alternative means of feeding and following NPO guidelines when it has been recommended:

- 100% of nutrition and hydration needs should be met (patients should follow-up with a dietician this if this not the case for further recommendations in feeding solutions, and different methods of using alternative means of feeding)
- Because all nutrition/hydration needs are met, the patient has the nutritional building-blocks for allowing for speech treatment progress, as much as it is possible. There is potential for improvements in the swallowing function.
- Other treatments like physical therapy and occupational therapy have the best chance of the most potential outcomes.
- There are opportunities to managing oral cravings, such as using frozen lemon glycerin swabs
- There is a chance that the alternative meals of feeding can be halted when it is no longer necessary
- There exists an easy access process to adding-in additional water if the patient requires it.

—Drawbacks in choosing alternative means of feeding and following NPO guidelines when it has been recommended:

- For some, the tubing is restricting and depending upon the method of alternative means of feeding and the setting, it can be isolating
- Patient's miss out on the social aspect of eating
- There is still a risk of aspirating on saliva or refluxed feeding solution (risk of medical effects from this can be avoided with good NPO oral care and medical management of GERD)
- Placement of a feeding tube requires outpatient or inpatient surgery
- There is a risk of infection at the feeding tube site, but it can be avoided with good feeding tube care

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Factors that could be considered positive and negative consideration of not following an NPO recommendation by a speech pathologist

—Positives of continuing to eat when NPO has been recommended:

- Patient's will then not need to modify their lifestyle due to swallowing problems. They would enjoy eating and drinking what they desire for quality of life
- There are palliative care programs and hospice programs to provide support as negative medical consequences arise from the continuous aspiration
- Families do not have to feel guilty at holidays and meals, knowing their loved one isn't able to eat
- Quality of life can be the focus

—Drawback of continuing to eat when NPO has been recommended:

- There are likely negative medical consequences that accompany aspiration: such as aspiration pneumonia, other upper respiratory infections, dehydration, malnutrition, weight loss, loss of energy/fatigue, recurrent urinary tract infections, skin breakdown, etc. When aspiration pneumonia diagnoses occur, and the patient continues to eat and drink when it has been recommended that NPO status be maintained, each time the aspiration pneumonia occurs, it will be more difficult to treat, and eventually, many persons with recurrent aspiration pneumonia diagnoses pass away.
- The protein and other nutrients that are necessary for building muscle will likely not be available, as alternative meals of feeding has been recommended as alternative access because of the disordered swallow.
- If a patient and family members choose to not pursue alternative meals of feeding when NPO has been recommended due to a swallowing problem — and if hospice or palliative care is not consented to — this is an "in limbo" position for the patient. This is because the medical model would not be pursued for rehabilitating the swallow, and at the same time, quality of life/hospice care is not being pursued due to this not being the focus in the care. Neither benefits of each model can fully be attained. If a family denies hospice or palliative care in this case, the specialized care is not available to prepare the family and patient for end-of-life issues to the full extent that is available with hospice or palliative care.
- Modifications of food or using techniques have likely proven to not be effective in preventing aspiration, so attempts at reducing the aspiration may not be an option that would reduce aspiration.
- If a patient is a silent aspirator, it may appear to the family or other caregivers that the swallow is intact — which can be confusing. Confirmation of silent aspiration can only be determined via instrumental testing, and only so many instances of instrumental testing can occur each year for safety.

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### Questions to ask the provider and speech pathologist when NPO is recommended

- “What are his risk factors for having difficulties with the feeding tube?”
- “If the feeding tube is pursued, and based on the treatment you are recommending, what would be the likely time frame range for when you would like to repeat instrumental testing, so we can see if he/she is cleared to eat again?”
- “What resources do you have to help me understand the swallowing problem?”
- “What can we do outside of speech treatment sessions to help make improvements?”
- “What is the most significant part of the follow that isn’t functioning correctly?”
- “Can you show me how to perform NPO oral care?”
- “What tips can you suggest that will help him/her tolerate not being able to swallow food or liquid?”

Questions to ask the provider and speech pathologist when NPO is recommended that will vary based upon the diagnosis that caused the swallowing problem

- “If a feeding tube is placed, what is the prognosis for improvements in the swallow?”
- “If a feeding tube is not placed, what is the prognosis for improvements in the swallow?” (The answer will depend upon the diagnosis that caused the swallowing problem)
- What are the options for speech treatment if we decide to not pursue a feeding tube?”
- “What are the options for speech treatment if we decided to pursue a feeding tube?”