

Food, Fluid & Nutritional Care Policy

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CONSULTATION AND DISTRIBUTION RECORD

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CHANGE RECORD			
Date	Author	Change	Version
05/2019	FFN	Policy doc revised	V2
13/01/2023	FFN	Policy document revised Pg 6/7 Vulnerable groups. Children and young people and Older people – rewritten. Pg 8 word change to high Muscle Tone Pg 9 Mental Ill-Health some wording revised. Pg 10 word change to where appropriate Pg 12 word change and punctuation corrected. Where possible added Pg14 resource implications updated References checked and updated	V3

1. **INTRODUCTION**

NHS Lanarkshire recognises the importance and value of effective nutritional care and hydration as an essential part of clinical care, and recognises that it is an integral part of the work of many staff disciplines. Leaders within the organisation have a particular role to play in developing a positive culture regarding nutritional care and hydration with staff. NHS Lanarkshire expects the co-operation and involvement of all those working in the food chain (clinical and non-clinical) such as catering, domestic staff, medical, nursing, allied health professional, portering, procurement and managerial staff.

This policy seeks to drive the quality of and improvements in the nutrition and hydration of patients as an integral part of demonstrating the delivery of safe, effective and person-centred care. The policy applies to all patients, paediatric and adult, in both community and hospital setting.

2. **AIM, PURPOSE AND OUTCOMES**

The purpose of this policy, supported by local guidelines is to support all staff in the delivery of high quality nutritional care for all patients. The Food, Fluid and Nutritional Care Standards (2014) and Food in Hospitals; National catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (2008) will be used to guide and to assess this provision of care.

This policy aims to support all staff working within NHS Lanarkshire involved at any stage of the process in providing nutritional care to patients.

The expected outcomes are:

- Patients have a good experience
- Patients maximise their nutritional status relevant to their condition
- Staff are fully engaged with improving nutritional care
- Staff have understanding of importance of nutrition and hydration in improving clinical outcomes.

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

All patients receiving care within NHS Lanarkshire either as an inpatient or through community services.

3.2 **Who are the Stakeholders?**

All staff working within an inpatient or community setting e.g. medical, nursing, AHPs, pharmacy, catering, support services and community nursing and AHP staff.

4. **PRINCIPAL CONTENT**

Policy and strategy

Each NHS board has a policy, and a strategic and co-ordinated approach, to ensure that all patients receive safe, effective and person-centred nutritional care, irrespective of specialty and location (hospital or community).

VULNERABLE GROUPS

Children and Young People

Significant numbers of children admitted to hospital or seen in the community have specific nutritional requirements as a result of disease. In addition, there are those who have nutritional problems due to poor diet. A paediatric dietitian gives advice, guidance and support to families based on the individual need of each child. Dependent on diagnosis, healthy eating advice may not always be appropriate for this group of children. The dietitian works closely with all members of the paediatric team and patients' families and carers. In addition to the option to choose from the main hospital menu there is an adapted menu available for children admitted to the inpatient ward.

A healthy, nutritious diet is essential for all children and young people's growth and development. Optimal nutrition during illness is even more important as it can aid recovery. A paediatric dietitian gives advice, guidance and support to families based on the individual need of each child and young person as nutritional requirements may change during illness and recovery. Sick children and young people are particularly vulnerable to nutritional deficit and there is evidence to suggest that children in UK hospitals often have a poor nutritional status. Poor nutrition leads to weight loss, a reduced immune response to infection, delayed wound healing and increased risk of pressure sores, and an increased length of stay in hospital. Children and young people can choose meals from the main hospital menu in addition to an adapted menu available for children admitted to the inpatient ward. The dietitian works closely with the patient, their families and carers as well as all members of the paediatric team.

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Dysphagia in Children

Eating and drinking difficulties in children can be associated with a number of different conditions.

- Prematurity
- Neurological deficits, e.g. acquired traumatic brain injury, Rett syndrome
- Oncology tumours
- Cerebral palsy
- Infectious diseases e.g. meningitis
- Neuro muscular disorders, e.g. muscular dystrophy
- Respiratory difficulties e.g. chronic lung disease, structural abnormalities of the upper respiratory tract, tracheostomy
- Cardiovascular disorders e.g. congenital heart disease
- Gastrointestinal difficulties e.g. gastro –oesophageal reflux, oesophagitis, oesophageal atresia
- Craniofacial conditions e.g. cleft palate, Pierre Robin sequence
- Congenital syndromes e.g. Prade- Willi, Down’s syndrome
- Learning disability
- Some children with autism have difficulties with food due to sensory disturbances with smell and texture. This is particularly so for children with autism and those with a traumatic feeding history.

Some children with autism may have difficulties with food due to sensory disturbances with smell and texture. This is particularly so for children with autism and those with a traumatic feeding history.

Breast-Feeding Mothers

Breast-Feeding should be encouraged and supported for infants admitted to hospital. Mothers of breast feeding infants should be provided with meals to ensure continued lactation.

Older People

Older people over 65 are more likely than any other age group to suffer from malnutrition. As much as 30% of older people living in the community are estimated to be at risk¹. This is exacerbated by long term conditions like dementia, with clinically significant weight loss occurring in as much as 30-40% of older people living with the condition². Inadequate nutrition contributes to frailty and the subsequent loss of muscle mass which can lead to falls. Studies show 50 -64% of frail elderly adults are malnourished, compared to just 2% of fit elderly people ^{3,4}, and those that are malnourished are significantly more likely to suffer a fracture than those that are well nourished ⁵. 63% of hip fracture patients have been reported as malnourished, which leads to slower recovery, delayed wound healing, longer rehabilitation and increased risk of complications ⁶. In order to treat frailty effectively it is also essential to identify and effectively treat malnutrition. Undertaking MUST screening⁷ and subsequent nutritional assessment by the dietetic service and or speech and language therapy as part of a nutritional care plan is essential to ensure optimal outcomes.

Individuals with Renal Disease (kidney problems)

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Nutrition therapy plays an important role in the management of renal failure. Often healthy eating guidelines and recommended daily fluid intake may not apply. Within this group individual patients will have different nutritional needs and a dietitian, with experience in renal treatments, will prescribe appropriate diet therapy. Advice on food and fluid will be tailored to the patients needs, taking into account blood biochemistry, type of dialysis, treatment and clinical condition. Patients will be monitored regularly as food and fluid needs may change over time. An adapted menu for patients with NHS Lanarkshire's renal unit is available.

Individuals with a diagnosis of Cancer

Nutrition therapy plays an important role in the management of people with cancer. There is a high risk of nutritional depletion therefore healthy eating guidelines may not apply. The main objective is to help people achieve an adequate diet to improve and maintain physical strength and quality of life.

People with cancer are at risk from numerous nutrition-related problems because of the cancer itself and the debilitating side effects of cancer treatment. Common problems experienced include:

- Sore mouth/taste changes
- Loss of appetite
- Nausea and vomiting
- Diarrhoea or constipation
- Weight loss
- Swallowing difficulties

At all stages of the disease management, a dietitian is crucial in identifying nutritional and dietary problems and prescribing appropriate dietary support measures.

Learning Disabilities

Healthy eating and daily fluid intake guidelines apply to most of the people under the care of the Learning Disabilities sector.

There are many reasons why this population group may have difficulties maintaining an adequate nutritional status:

- High muscle tone
- Inability to consume adequate quantities of food and fluid to maintain health
- Chewing and swallowing difficulties
- Vomiting
- Mental illness including anxiety and depression
- Side-effects of medication

Dysphagia

Studies have shown that people with a learning disability are more likely to have problems with swallowing (dysphagia) which can lead to respiratory tract infections, a leading cause of death. A multidisciplinary team approach to care is essential for assessment and care planning. The International Dysphagia Diet

FFNC Policy

Standardisation Initiative (IDDSI) Descriptors for texture modification for food and fluid are implemented within the learning disability service for this vulnerable group.

The specialist dietitian with experience in learning disabilities will work within the multidisciplinary team to provide an acceptable diet therapy to meet each individual's needs.

Mental Ill-Health

Healthy eating and daily fluid intake guidelines apply to most of the people under the care of the mental health services.

There are many reasons why this group may have difficulties maintaining an adequate daily nutritional intake.

- Increased activity due to anxiety and agitation.
- A psychotic episode where there is a delusion of food being tampered with
- Eating disorders
- Mood disorders such as bipolar, depression
- Dementia
- Side effects of medication
- Swallowing difficulties also known as dysphagia

The dietitian with experience in mental health or eating disorders will work within the multidisciplinary team to provide an acceptable diet therapy to meet each individual's needs.

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Individuals suffering from Dysphagia

Dysphagia is the term used when there is a problem with any of the phases of swallowing. There are three phases to swallowing:

Oral Phase	Food placed into the mouth where it is chewed into a 'bolus' (soft mass of food). This bolus is propelled to the back of the mouth in preparation of swallowing.
Pharyngeal Phase	At this stage the bolus may pass on into the oesophagus (correct swallow) or it can fall into the larynx (voice box) and on into the lungs (incorrect swallow). Swallowed material e.g. food or saliva entering the lungs is known as aspiration.
Oesophageal Phase	The bolus is passed along into the stomach by muscular relaxation and contraction of the oesophagus.

Dysphagia management in this section focuses mainly on the oral and pharyngeal phases of swallowing.

The speech and language therapist's role is to assess and treat any client with suspected dysphagia, where appropriate. If the swallow is not efficient then nutritional status can be compromised. If the swallow is not safe then there can be a risk of aspiration.

If a swallowing problem is apparent then the speech and language therapist, often working with other members of a multidisciplinary team, will attempt to make eating and drinking as safe and efficient as possible. Various strategies can be employed. One of these is consistency modification. For example, it may be that softer foods and thicker fluids are considered easier and safer for the patient to eat and drink. If consistency modification has been recommended, then specific, detailed advice will be given by the speech and language therapist or dietitian in each case.

Labelling of food and fluid consistency modification follows the International Dysphagia Diet Standardisation Initiative (IDDSI) a National Framework of Descriptors for Textured Modification and thickened liquids, using a continuum of 8 levels (0-7) Levels are identified by text labels, numbers and colour codes to improve safety and identification.

The speech and language therapist may refer such patients for a video fluoroscopy. This is a moving X-ray of the patient's swallow which allows the speech and language therapist a more objective assessment of both the patient's swallowing ability and the efficacy of any treatment strategies.

Individuals who require to be nil by mouth

Nil by mouth should be considered as the last resort. Clinicians refer to the guidance on Pathway for patients with suspected swallowing problems in acute care.

Individuals receiving Palliative care & end of life care

[Scottish Palliative Care Guidelines](#)

Assessment, screening and care planning

When a person is admitted to hospital, or to a community caseload, a nutritional care assessment is carried out. Screening for the risk of malnutrition is also undertaken, both initially and on an ongoing basis. A person-centred care plan is developed, implemented and evaluated.

All adult patients will be screened using Malnutrition Universal Screening Tool (MUST) within 24 hrs. Screening helps to identify individuals who may be at nutritional risk and who may benefit from nutritional intervention. Some individuals may be identified as needing some additional support with eating and drinking whilst others may be identified as needing more expert advice, intervention and referral to the dietitian.

MUST was developed by BAPEN (2003) as a means of identifying patients who are at risk of malnutrition whether they are underweight or obese.

This consists of a five-step approach that culminates in a score estimating the patient's risk and the development of an individualised plan of care

Step 1 – Body Mass Index Score

Step 2 – Weight Loss Score

Step 3 – Acute Disease Effect Score

Step 4 – Overall risk of malnutrition

Step 5 – Management Guidelines

All assessments and screening activity will be recorded and documented within the Personal Care Record, Multidisciplinary Notes or e health record System.

Dietetic Assessment

In-patients referred who are at high risk of malnutrition ('MUST' score ≥ 2) or who require an immediate referral as detailed within **management** guidelines. These patients must be seen within defined timescales (within 2 working days following receipt of the referral).

In the community setting patients who are screened and found to be at high risk of malnutrition should be referred for dietetic assessment and given first line advice in the interim. These patients must be seen within a maximum 12 weeks of referral.

Appropriate prescribing of Oral Nutritional Supplements (ONS)

ONS should only be prescribed to patients who meet the Advisory Committee for Borderline Substances (ACBS) prescribing criteria, have been identified through 'MUST' screening AND assessed by a dietitian.

Patients must be assessed and reviewed by a dietitian to appropriately determine clinical need, manage their ongoing care and identify the requirement for ONS prescribing. Clear goals should be set for patients who meet the prescribing criteria. The dose and type of nutritional supplements will be determined by the advising dietitian based on the clinical need of the patient and their tolerance and compliance of the product.

Oral nutritional supplements should not be used to replace food as this may result in the patient getting less nutrition.

Follow up care will be managed by the dietitian with decisions to continue with ONS determined by the patient's clinical need.

NHS Lanarkshire ensures that food and fluids are provided in a way that is acceptable to all patients in hospital.

Protected Mealtimes

Mealtimes are an integral part of the patients care and treatment.

Protected mealtimes are operated in all inpatient areas within the acute hospitals. The objective is to provide mealtimes free from avoidable and unnecessary interruption.

Limiting ward based activities, to provide an environment conducive to eating and drinking providing maximum support to patients who require support during mealtimes.

Equipment/Utensils

All nursing staff are aware of where the equipment is located

There should be adequate storage of the equipment within the ward

Placemats/coloured trays

Patients and relatives should be made aware of the significance of the coloured placemats/trays

All senior charge nurses will ensure systems are in place to provide patients with adapted equipment and appropriate level of assistance with eating and drinking where necessary.

Fluid balance monitoring

NHS Lanarkshire ensures that guidance and flow charts for the management of fluid balance are in place:

To provide instructions on accurate completion of fluid balance charts

To provide instructions for monitoring and review of patients who have been commenced/discontinued on a fluid balance chart

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NHS Lanarkshire ensures that patients have the opportunity to discuss, and are given information about their food, fluid and nutritional care; patient views are sought and inform decisions made about the food, fluid and nutritional care provided.

NHS Lanarkshire will ensure that staff have the knowledge and skills required to meet patients' food, fluid and nutritional care needs, commensurate with their duties and responsibilities, and relevant to their professional discipline and area of practice.

Oral hygiene

Oral health is a crucial component of general health and good oral health can produce real health gains in that it can improve general health, social acceptability, self-esteem and quality of life. Conversely, poor oral health may adversely affect general health and can place an additional burden on the hospitalised individual who is already compromised, patients experiencing pain or mouth discomfort will be at higher risk of eating and drinking problems.

The Public Dental Service Special Care Oral Health Team strive to improve the oral health of the hospitalised patient by ensuring care providers are trained with up to date and evidence based knowledge and skills to promote best practice. And in addition Hospital staff can refer a patient to the Public Dental Service in order to facilitate provision of clinical treatment where appropriate. Working in partnership with other disciplines to provide evidence based mouth care promotes a consistent and cohesive approach, ensuring oral care is carried out to a satisfactory level.

All dependent adults should have an oral health assessment carried out on admission. This identifies the current oral health status, any concerns and follow up action required, it also allows for the development of an individual care plan.

Transfer/Discharge

Where possible the discharge plan is developed with the patient and, where appropriate, carer, and includes information about:

- (a) the patient's nutritional status
- (b) Special dietary requirements, and
- (c) the arrangements made for any follow-up required on nutritional issues.

5. ROLES AND RESPONSIBILITIES

NHS Lanarkshire Board

NHS Lanarkshire Board has a responsibility for producing a Food, Fluid and Nutritional Care policy and a strategic plan for the implementation of the policy and will promote and support ongoing improvements by:

Implementing in full the NHS Healthcare Improvement Scotland (HIS) Clinical Standards for Food, Fluid and Nutritional Care (2014) and embedding these into daily practice.

Supporting recommendations made by the Scottish Government through the Integrated Programme for Improving Nutritional Care, and Food in Hospitals: National Catering and Nutrition Specification (2008).

The Executive Director of Nursing – is the executive lead for this policy area and is responsible for ensuring that appropriate governance systems are in place to support the delivery of nutritional care to patients

Senior Managers – (e.g. Chief Nurse/Chief Medic DND for HSCP) are responsible for ensuring that all staff groups support and adhere to the policy and that there are appropriate resources in place to implement the key aims of the policy.

All Medical Staff are responsible for ensuring that patients nutritional requirements receive appropriate medical care in hospital and on discharge to community setting.

All clinicians involved in providing care should ensure that there is good communication between health and social care teams and working with the patient and relatives to ensure that their wishes are appropriately incorporated into decisions about their management and care and that the patient and relatives are kept fully informed.

Operational FFNC Leads are responsible for ensuring that the policy is monitored and that any associated governance issues are highlighted through an appropriate route

Senior Charge Nurses carry the day-to-day operational responsibility for ensuring that all patients with identified nutritional care requirements, have a full holistic assessment of their needs and that the wider multidisciplinary team are able to appropriately provide management and care to the patient / client to meet these needs.

AHPs and Pharmacist - To provide expert advice and support to clinical staff concerning general nutritional care, artificial nutritional support and interactions between medications and nutrients.

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Head of Catering is responsible for ensuring that meals are provided and the food meets national standards for quality and nutritional value. This includes snacks and supplementary food where appropriate.

All Clinical Staff have a responsibility to provide management and care using the principles and care plans set out in the Nutritional Care Policy and ensure that this care is managed with the utmost respect and sensitivity.

NHS Lanarkshire FFNC Steering Group will:

lead a whole-system approach for the development, implementation and evaluation of the Food, Fluid and Nutritional Care policy and strategic plan, in association with operational services.

Seek advice from suitably experienced and qualified specialists and individual representatives throughout NHS Lanarkshire as necessary to ensure that:

Appropriate Policies, Protocols, Standard Operating Procedures and Risk Control Measures are established and revised in line with NHS Lanarkshire policy.

Systems are in place so that everyone in the organisation understands their role and responsibility relating to nutritional care and hydration, ensuring the involvement of individuals and the public in planning and delivering services.

A strategic plan and local service improvement plans with targets are developed that are measurable, achievable and realistic, and will help determine priorities.

6. **RESOURCE IMPLICATIONS**

Resources to support food fluid and nutritional care come from a number of different sources:

Catering staff time – food production and ward hostess.

Catering budget.

Nursing staff- time to support nutritional screening, ward preparation for meal times, assistance with feeding support.

Speech and language therapy staff assessment and investigation, provision of advice and treatment. Support to patient, carers, staff and follow up.

Dietetic staff –assessment, provision of advice/treatment support to patient, carers and staff and follow up.

Dental staff

Adapted cutlery

Weighing equipment

7. **COMMUNICATION PLAN**

This policy has been adapted by the FFNC Steering Group and was adapted for public use in June 2019. This will be communicated through:

- Staff Brief
- Pulse Newspaper
- NHS Lanarkshire Intranet (FirstPort)
- NHS Lanarkshire Public Website

8. **QUALITY IMPROVEMENT – Monitoring and Review**

It is the responsibility of the Food, Fluid and Nutritional Care Steering group to direct and monitor the quality of food, fluid and nutritional care within Lanarkshire. This is achieved through a number of methods.

The Steering group periodically benchmark the standard of care against the HIS Food, Fluid and Nutritional Care Standards 2014. From this benchmarking an action plan is developed which is delegated to the local operational groups to implement and report to the FFNC group on progress achieved.

The local operational groups are chaired by senior nursing staff and have multi-disciplinary representation including dietitians, speech and language therapists, catering colleagues and link nursing staff. The local group address local issues as well as area wide actions highlighted by the steering group.

There are strong links between the FFNC steering group and the acute FFN and Older People in Acute Hospitals (OPAH) groups which allows the FFNC group to become aware of FFNC issues in older people's care.

The FFNC group also receives information from the patient experience survey and from the PECOS survey which gives a perspective of the quality of care from patients and relatives.

NHS Lanarkshire has adopted the CAAS approach to care assurance. The quality and consistency of food, fluid and nutritional care is monitored and assured through the CAAS standards and PDSA work undertaken in individual wards.

The FFNC steering group also reviews performance and submits an annual report on the implementation of the Food, Fluid and Nutritional Care policy and strategic plan to The Healthcare Quality Assurance and Improvement Committee (HQAIC).

9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire's EDIA. A completed copy has been sent to corporatepolicies@lanarkshire.scot.nhs.uk



(tick box)

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