Actue Gastroenteritis

防噎注意事項-中英

I. Which diseases are likely to cause swallowing disorders? 一、那些疾病易造成吞嚥障礙

In addition to normal aging, many diseases can also cause swallowing disorders, such as stroke, brain injury, neurodegenerative diseases, cancer of the mouth, throat, etc.

除了正常的老化之外，許多疾病也會造成吞嚥障礙，例如：中風、腦傷、神經退化性疾病、口腔癌、喉癌等。

II. What are the dangers of swallowing disorders? 二、吞嚥障礙會造成哪些危險

About 30-65% of stroke patients have dysphagia, accompanied by many complications.

腦中風病人大約有 30～65%發生吞嚥困難現象，且伴隨許多合併症。

圖片來源：https://npower.heho.com.tw/archives/212238

III. Causes of difficulty swallowing 三、造成吞嚥困難原因

There may be problems in the oral or throat stage, such as: poor movement in the oral stage, frequent drooling, slow swallowing, chewing food for a long time but not swallowing; or problems in the throat stage, swallowing uncleanly, swallowing many times, because Insufficient swallowing force, food remains in the pharynx, easy to choke on saliva or food (especially liquid).

可能在口腔期或咽喉期出現問題，比如：口腔期動作不佳，常流口水，吞嚥動作緩慢、食物嚼很久卻吞不下去；或者咽喉期出問題，吞得不乾淨、吞很多次，因為吞嚥力量不夠、食物殘留在咽部，容易被口水或食物嗆到（尤其是液體）。

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IV. Difficulty swallowing food preparation 四、吞嚥困難食物準備

1. Nuts that are too hard, rice cakes with high viscosity, cakes that are easy to loose, etc. are not suitable for people with dysphagia.

1.太過堅硬的堅果、黏度高的年糕、易鬆散的糕餅等都不適合吞嚥困難者。

2. Liquids are usually more difficult to swallow than solids, such as water, juice, and coffee, are drinks with a higher risk for dysphagia.

2.液體通常比固體更難以吞嚥，例如：水、果汁和咖啡，對吞嚥困難者是風險較高的飲品。

3.Vegetables should be mainly leafy vegetables or melons that are easy to cook until tender; meat should be mainly tender parts of tenderloin, loin meat, or plum meat with even fat distribution; fish or tofu The texture of this kind is relatively soft, and it is also one of the items that can be selected by the user; any food preparation should be cut into appropriate sizes for the swallower to swallow.

3.蔬菜類應以烹飪易煮軟的葉菜類或瓜類為主；肉類以里肌、腰內肉、或脂肪分布較均勻的梅花肉質地較嫩的部位為主；魚類或豆腐類的質地是屬於較軟，也是可以選者的項目之一；任何食物準備都切割合適大小好讓吞嚥者吞嚥。

V. Proper eating posture 五、適當的進食姿勢

1. For patients with hemiplegia and stroke, they can turn their head to the paralyzed side when eating, and let the food bolus be swallowed by the pharyngeal tube of the healthy side.

1.半身癱瘓腦中風病人，在進食時可將頭轉向癱瘓側，讓食團由健側的咽部管道吞嚥。

2. Swallowing training: (1) Pronunciation practice: ask the patient to open their mouths and say, Ah, Yi, and woo (2) Adjust eating posture: adopt a 90-degree sitting posture, and give a small amount of food balls when eating to reduce the chance of choking. (3) Food Conditioning and material selection: solid→semi-solid→liquid order is better, if you have choking when drinking liquid, you can add food thickener Finally, (4)stimulate the soft palate, the base of the tongue and the posterior pharyngeal wall, and ask the patient to swallow to train their swallowing function.

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2.吞嚥訓練：(1)發音練習：請病人張口發、阿、伊、嗚；(2)調整進食姿勢：採 90 度坐姿，進食時給予小量的食團，減少嗆咳機會；(3)食物調理及材質選擇：從固體→半固體→液體順序較佳，飲用液體時如有嗆食，可加入食物增稠劑；(4)溫度觸覺 -吞嚥刺激（冰刺激）：將口腔棉棒沾水冰凍後，刺激軟顎、舌根及咽後壁，請病人做吞嚥動作，以訓練其吞嚥功能。

picture/taken from: https://www.uho.com.tw/article-62596.html

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VI. Precautions 六、注意事項

1. The choice of food texture, the size of each bite, and feeding techniques are in line with the patient's preference and eating ability. It is actually very important to choose the right food.

1.食物質地的選擇、每口的份量以及餵食的技巧配合病人的喜好及進食能力，選擇適當的食物其實非常重要。

2. After eating a few mouthfuls, pay attention to whether there is any food residue in the patient's mouth, or if there is a wet sound in the throat (ask the patient to make a long sound of "ah..." and listen for cloudy or watery sounds).

2.吃完幾口後，要注意病人口裡是否有食物殘留、或者有喉嚨濕濡音（叫病人發「啊…」的長音，聽有沒有混 濁或含水的聲音）。

3. Take small meals and eat frequently. After eating, you need to clean your mouth to avoid aspiration pneumonia caused by food residues，or oral pathogens cause pneumonia.

3.採少量多餐方式進食，進食後需清潔口腔，避免食物殘留造成吸入性肺炎，或是口腔的病原菌引發肺炎。

4. When eating, turn the head to the healthy side. When swallowing, swallow twice vigorously. After swallowing, clear the throat or cough to reduce food accumulation on the affected side.

4.進食時，頭部向健側，吞嚥時用力吞嚥動作兩次，吞嚥後做清喉嚨或咳嗽動作，減少患側食物堆積。

5. Do not talk, watch TV or use smartphones during eating. Focus on eating. If you have a cough, stop eating immediately.

5.進食過程中勿交談、看電視或使用智慧型手機，應將注意力專注於進食上，若有嗆咳、需立即停止進食。

6. During swallowing training, pay attention to whether the patient often coughs, whether the sputum becomes profuse and yellow, and whether he has a fever.

6.進行吞嚥訓練期間，要注意病人是否常咳嗽、痰是否變多變黃、是否有發燒。