



Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/
Adverse Event Information

Medical Safety Information

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Provision of Unsuitable Food to a Patient with Impaired Chewing/Swallowing Function

Five cases have been reported in which a patient asphyxiated because bread was provided due to the meal type arrangements on the meal ordering system, even though a 100% rice gruel diet / soft diet, etc. had been ordered to suit the patient's chewing/swallowing function (information collection period: from January 1, 2016 to November 30, 2020). This information was compiled on the basis of the content featured in the Analysis Themes section of the 62nd Quarterly Report.

Cases have been reported in which a patient with impaired chewing/swallowing function asphyxiated because they were provided with food that did not match the meal ordered for them.

Meal Ordered	Food Provided	Main Background Factors
100% rice gruel diet	Bread	System <ul style="list-style-type: none"> • Even if a 100% rice gruel diet was ordered, the menu dictated that bread would sometimes be provided unless "No bread" was entered • The default setting for the breakfast menu for patients on a soft diet was bread • The standard practice was to provide bread for patients on a 100% rice gruel diet who needed a delayed meal
100% rice gruel diet / soft diet		Ordering physician <ul style="list-style-type: none"> • Did not know that the menu dictated that bread would be provided even if a 100% rice gruel diet was ordered • Did not know that the default setting for the breakfast menu for patients on a soft diet was bread and failed to change it to 100% rice gruel
100% rice gruel diet / soft bite-size diet		
Soft diet		
Low-residue diet (rice gruel as the staple dish)		

◆ The cases reported are those in which the report stated that the provision of bread was unsuitable for the patient's chewing/swallowing function.

Provision of Unsuitable Food to a Patient with Impaired Chewing/Swallowing Function

Case 1

At this hospital, the menu dictated that bread would sometimes be provided when a 100% rice gruel diet was ordered, unless “No bread” was entered. Unaware of this, the physician did not enter “No bread” on the system when ordering a 100% rice gruel diet for a patient with impaired swallowing function. On the third day after admission, bread was provided for breakfast and the patient began eating their meal, watched by Nurse A. As the patient had been able to eat without choking until the previous day, Nurse A left the patient’s side to go and deal with another patient. A few minutes later, Nurse B noticed that the patient’s monitor was showing a heart rate of 44 beats per minute, so they visited the patient’s room and discovered that the patient had stopped breathing. Nurse B removed a lump of bread from the patient’s oral cavity and performed cardiopulmonary resuscitation. The patient was then placed on a ventilator.

Case 2

At this hospital, the default staple dish setting for the breakfast menu for patients on a soft diet is bread. Unaware of this, the physician changed the meal type from 100% rice gruel/bite-size viscous diet to soft diet. Bread was provided for breakfast and the patient began eating their meal, watched by the nurse. The patient still had food in their oral cavity, so the nurse tried to stop them, but the patient continued eating the bread and subsequently asphyxiated.

Preventive measures taken at the medical institutions in which the events occurred

- Change the system’s settings to ensure that bread is not provided as part of meal types ordered for patients with impaired chewing/swallowing function, as a general rule.
- Make all staff at the hospital aware of the risk of asphyxia if bread is provided to patients with impaired chewing/swallowing function.

The measures above are examples. Please consider initiatives suitable for your own facility.

Key Preventive Measures

- Be aware that system settings allowing bread to be provided when a 100% rice gruel diet / soft diet is ordered run the risk of leading to asphyxia.

(Comprehensive Evaluation Panel)

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the “Comprehensive Evaluation Panel” to prevent the occurrence and recurrence of medical adverse events. See the Project website for details.

<https://www.med-safe.jp/>

* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.

