

DYSPHAGIA

TRAINING BOOK



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NDIS Commission's response to dysphagia management

In March 2022 the NDIS commission released its practice standards for providers on how to support participants with dysphagia.

Recommendations include:

Staff must know dysphagia symptoms and risks

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To support participants with possible swallowing difficulties to be assessed by a speech pathologist and then if they have dysphagia to develop a mealtime management plan

•

Participants should see a Doctor at least yearly and whenever medication is changed to see if it affects swallowing

•

Knowledge and training provided by a speech pathologist to help prevent risks and so staff know how to follow the Plan

•

The mealtime plan or oral eating and drinking care plan should be reviewed regularly

•

Participants should see a dentist at least yearly as good oral hygiene reduces the risk of aspiration pneumonia

**For more information, please watch the following video:
<https://www.youtube.com/watch?v=mqYJzo9z3Jk>**

What are your obligations?

The NDIS Code of Conduct requires all NDIS providers and workers who deliver NDIS supports to NDIS participants to, among other things:

- Provide supports and services in a safe and competent manner with care and skill.
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.

This booklet provides support staff with the information required to help keep a client with swallowing difficulties safe. It is also highly recommended that a speech pathologist provide general training to staff when a participant has a mealtime management plan.

We want to educate you and allow you to feel confident and supported when working with a client with Dysphagia, and to know when to raise any concerns.

If you have any concerns regarding dysphagia management, please contact your client's Speech Pathologist or Pearson Services on 8322 2792 during business hours.

Part One:

What is Dysphagia?

What does a normal swallow look like?

4 Phases of swallowing

Why do people have difficulties with eating and swallowing?

Why do people have difficulties with drinking
and swallowing?

What are the signs of swallowing difficulties?

Choking & coughing

What is Dysphagia?

Swallowing difficulty = problems swallowing.

Swallowing difficulties can affect how a person can eat food, drink fluids, and take medication. It can affect how people can swallow their saliva.

Swallowing is complex – it involves a lot of muscles and nerves in the body.

Dysphagia is the medical term for difficulty in swallowing. This includes problems with sucking, swallowing, drinking, chewing, eating, dribbling saliva, closing lips, or when food or drink goes down the wrong way.

It can lead to aspiration, which means food or drink go into the airway rather than the stomach.

Early signs of dysphagia are coughing, gagging or choking while eating and drinking.

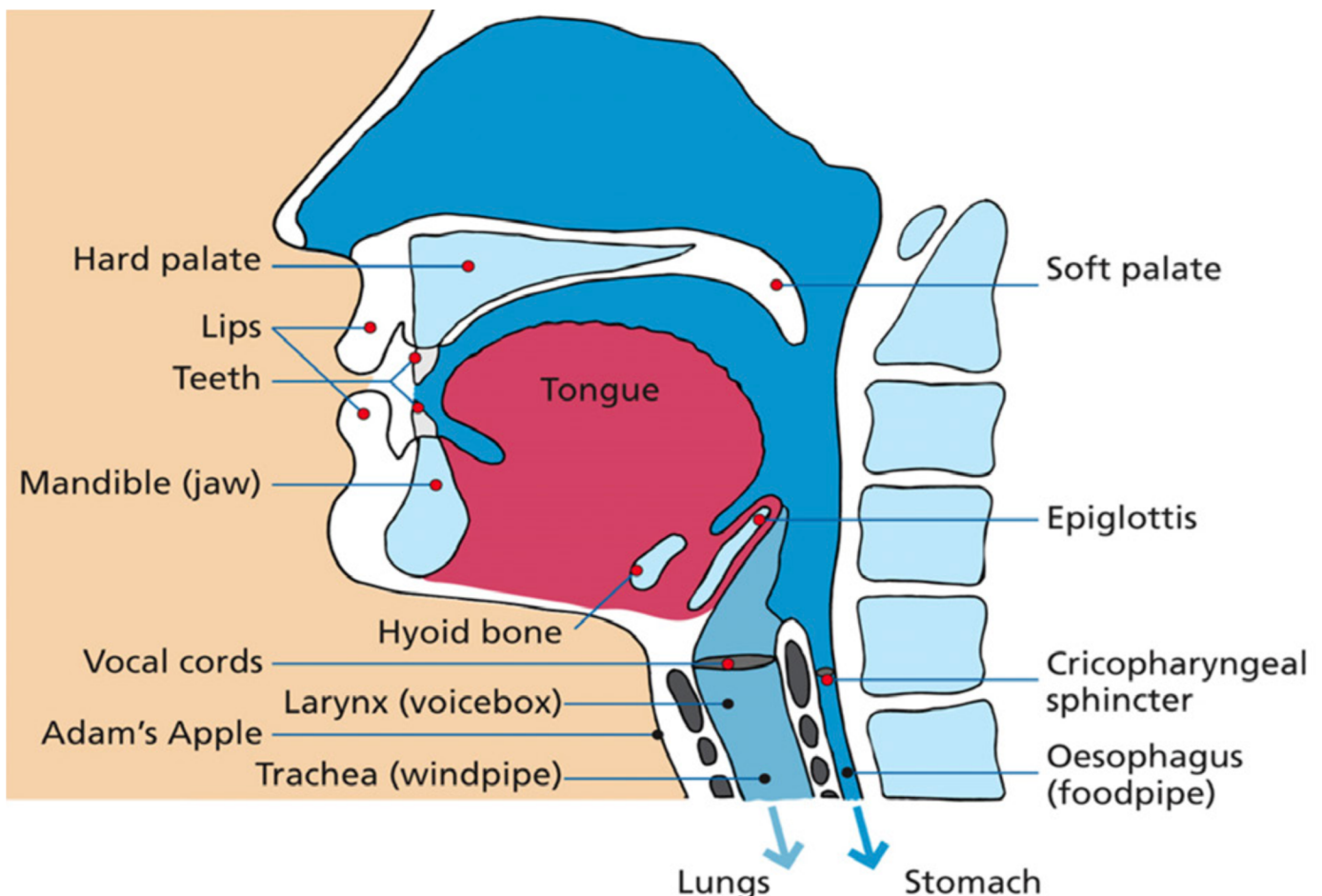
Dysphagia and aspiration can lead to dehydration, malnutrition and pneumonia.

Adults with dysphagia may also experience disinterest, reduced enjoyment, embarrassment, and/or isolation related to eating or drinking.

What does a normal swallow look like?

To understand how dysphagia impacts a person, we need to understand a bit about the normal swallow process.

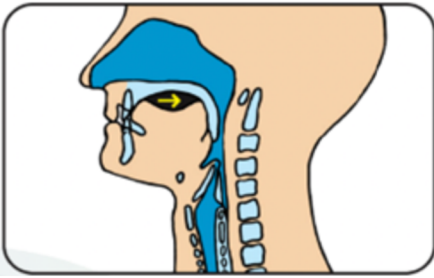
The diagram below shows the anatomy of our swallowing system. But basically, lots of muscles and nerves work together throughout the process of swallowing. Most people do not think about chewing and swallowing, but next time you have something to eat, pay attention to the amount of work your brain prepares the food to be swallowed.



There are 4 phases of swallowing

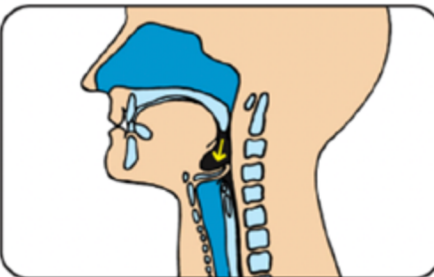
1. Pre-oral Phase

Sensory recognition of food approaching the mouth. That triggers the salivatory glands to produce saliva.



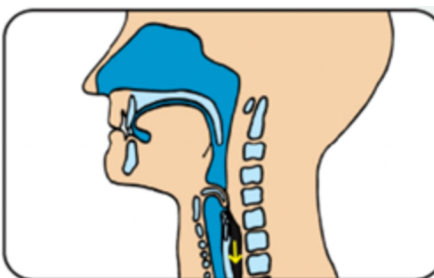
2. Oral Phase

Chewing occurs mixes saliva to create a bolus the tongue propels the food bolus to the back of the mouth in preparation for the swallowing process to be initiated. People with disabilities can overfill their mouth at this stage.



3. Pharyngeal Phase

Swallowing reflex is triggered, the pharynx contracts to move food through. This takes 1 second to complete in a healthy young adult. If you look at someone's larynx or Adam's apple you will see it move up when a person is swallowing. Put your fingers on your own larynx and feel the movement up as you swallow.



4. Oesophageal Phase

Sphincter at opening of oesophagus relaxes as bolus enters then closes to prevent reflux, the bolus then enters the stomach. Stages one and two are voluntary, stages three and four are involuntary. This means that the individual has a degree of control over stages one and two but not over stages three and four. Swallowing involves the coordination of 25 muscles and 5 nerves. We all swallow approximately 3000 times per day. Consequently, there are many opportunities for risk factors to impact an individual's safety and wellbeing.

Why do people have difficulties with swallowing?

Having an intellectual disability

Having an intellectual disability puts someone at high risk of having swallowing difficulties; in fact it is very common and affects most people with an intellectual disability. Swallowing difficulties can be 'mild' 'moderate' 'severe' or 'profound'.

Medications can cause swallowing problems such as:

Abilify, Clozaril, Zyprexa Risperidone (Risperdal) Seroquel, Geodon.

Different diseases can also affect the ability to safely swallow

There are many different diseases and conditions that can cause difficulties in safely swallowing, these include (not inclusive):

- Strokes
- Traumatic Brain Injury
- Brain Tumour
- Cerebral Palsy
- Medication Induced
- Surgery Induced
- Dementia
- Movement Disorders i.e., Parkinson's disease, Huntington's disease
- Multiple Sclerosis

Even getting older can cause swallowing difficulty, and with intellectual disability, even over the age of 25 or 30, the swallow can be impacted.

What do people do who have difficulties eating and swallowing?

- They can heap food on a spoon or fork, take too large or too small bites. Eat too fast.
- Lose food outside of the mouth, on the face, chin, or onto clothing.
- Chomp up and down without really chewing, or don't chew at all.
- Pocket food in their cheeks.
- Put more food in their mouth before they swallow what is already in their mouth.
- The food moves more slowly or disappears from the mouth before the person has swallowed, or it takes the person many swallows before the food leaves their mouth.
- The larynx (Adam's Apple) doesn't move up and down before they take another bite (indicating they haven't swallowed).
- A person may also place non-food objects into their mouth, which causes them to choke. Pica is the term used for eating non-food items such as plaster, coal, faeces, soil or anything.

What do people do who have difficulties drinking and swallowing?

- They tip the chin up and pour liquids into the airway.
- Drink too fast.
- Breathe in when using a straw.
- Breath-holding is not coordinated; sometimes people inhale while drinking. Which may cause the liquid to be regurgitated through the nose, or may end up being aspirated in their lungs.

Some people have problems after the meal or snack

- For some people, food and liquid will go down to the stomach but come back up later after a meal or snack. This is called Gastro Oesophageal Reflux or GERD.
- Stomach contents may go in the lungs after the meal or at night.
- Some people swallow partially chewed food, but it doesn't go to the stomach, it comes back up and is chewed and swallowed again. This is called rumination and is also dangerous.

It is important to note that although there is a fairly typical profile of swallowing difficulties the presentation of dysphagia can vary in severity, rate of progression and general characteristics.

When a disease impacts someone's swallow the following table shows some of the physical difficulties that may occur, and the effect they have on the individual's ability to safely manage food and drink.

What do people do who have difficulties eating and swallowing?

Physical Sign	Effect on Swallowing
Involuntary arm and trunk movements make it difficult to cut food into manageable pieces and transfer this food adequately from the plate to the mouth.	Person often takes overly large amounts of food or drink at a time, increasing their risk of choking. Person often spills large amounts of food -resulting in embarrassment and reduction in the amount of food that is consumed.
Unexpected gulps of air during swallowing.	Often result in *aspiration or choking episodes. (*aspiration is when food or fluid travels into the airway instead of the food pipe. This can cause a serious condition known as 'aspiration pneumonia')
Reduced strength of muscles in the throat, result in difficulties moving the food through the throat to the stomach.	Need to swallow several times per mouthful. Feeling that there is food still "lodged" in the throat.
Involuntary movements of the lips and tongue result in difficulties controlling saliva.	Results in drooling (when the saliva leaves the lips) and coughing (when the saliva flows into the throat unexpectedly).
Involuntary movements within the chest cavity result in difficulties containing the food in the stomach	Regurgitation (reflux), vomiting or sensation of food being stuck at the bottom of the throat
Reduced desire to eat a full meal on a regular basis.	Results in weight loss (this is made more serious by the fact that the person's involuntary movements burn vast amounts of energy per day and therefore significant weight loss occurs).

Warnings

- Remember, sometimes people with intellectual disabilities may eat or drink things that might look like food or beverages but are not.
- Be careful with containers or wrappers that might make things look like candy, soda pop cans bottles.
- Look for things around the person's house that might look like food.
- Some cooking supplies can be dangerous, put away bottles of oils and vinegars.
- Some common things that people swallow can corrode and cause serious infection such as coins, batteries, paper clips and other small metal objects.

What are the signs of swallowing difficulties?

There are several signs and symptoms that are possible indicators of dysphagia. People may not experience of all these factors when they have a swallowing difficulty.

- Changes in eating patterns e.g., reluctance or refusal to eat/drink, effortful eating/drinking, lengthy meals or changes in the ability to eat certain foods.
- Wet, gurgly voice after eating or drinking.
- Frequent coughing and spluttering or gagging during or after a meal.
- Obvious facial/oral musculature paralysis or weakness (including low muscle tone, delayed developmental reflexes, poor gag reflex).
- Weak and or poor control of the muscles of the face, mouth or tongue (e.g., Low muscle tone) or poor sensation of the face, oral or throat musculature (e.g., can be reflected in mouth stuffing of food in some children).
- Drooling.
- Not chewing enough.
- Food or liquid remaining in the oral cavity after the swallow (oral residue).
- Inability to maintain lip closure, leading to food and/or liquids leaking from the mouth.

- Extra time needed to chew or swallow.
- Food and/or liquids leaking from the nasal cavity.
- Complaints of food “sticking” or complaints of a “fullness” in the neck (globus sensation).
- Complaints of pain when swallowing.
- Changes in vocal quality (e.g., wet or gurgly sounding voice) during or after eating or drinking.
- Coughing or throat clearing during or after eating or drinking.
- Difficulty coordinating breathing and swallowing.
- Recurring pneumonia/respiratory infection and/or fever.
- Changes in eating habits, for example, avoidance of certain foods/drinks.
- Weight loss, malnutrition, or dehydration from not being able to eat enough.
- Bolting or eating food too fast.
- Pica- eating non-food items.

What can happen to someone who has an eating or swallowing problem?

- Can choke, stop breathing and possibly die!
- Can swallow food or liquid into their lungs (called aspiration,) get sick, and possibly die!
- Can be eating and drinking but lose weight, have poor nutrition and no energy, get sick and possibly die!
- Can get dehydrated, some liquids go in the lungs.

Swallowing or eating problems can be life threatening

Risk factors: Secondary conditions/consequences that may occur in the presence of dysphagia

Dysphagia is a debilitating and potentially life-threatening condition.

There are 5 major secondary conditions that occur as a consequence of dysphagia:

- 1. Choking:** occurs when the airway becomes completely obstructed or partially obstructed, and the person's breathing is compromised.
- 2. Aspiration:** occurs when food, fluid, saliva, or mucous enters the airway without total obstruction. Signs of aspiration include coughing, gagging, sneezing, watering eyes, gurgly-sounding voice, wheeziness, and shortness of breath. Aspiration can be silent – without any visible signs. Material entering the lungs can result in chest infection or aspiration pneumonia, which can be fatal.
- 3. Malnutrition:** a condition that develops when the body does not get the right amount of nutrients to maintain healthy tissues and organ function.
- 4. Dehydration:** a condition that is caused by failure to intake sufficient fluids or excessive loss of fluids from the body.
- 5. Constipation or Bowel Impaction**

These all have the potential to be life-threatening conditions if not treated. The debilitating effects of dysphagia are not just physical. When oral intake is disrupted, this can have a seriously detrimental impact on quality of life. This can include loss of dignity, poor self-esteem, loss of pleasure and enjoyment, social isolation, diminished quality of life, or depression.

How do you know if someone is having trouble eating or swallowing?

Watch and listen during or immediately after meals and snacks



LOOK:



LISTEN:

- Eating too fast or too slow.
- Pocketing food in cheeks.
- Food coming out of the person's nose.
- Difficulty breathing during or immediately after a meal or snack.
- Choking, turning blue.
- Lungs sounds, raspy, wheezy, gurgly.
- Weight loss, even though the person is eating.
- Food coming out of the mouth.
- Coughing during or immediately after a meal or snack.
- Wet gurgly voice sounds.
- Frequent throat clearing.
- Wheezing or wet breathing.
- Choking.
- Reluctant to eat certain foods.

What can you do?

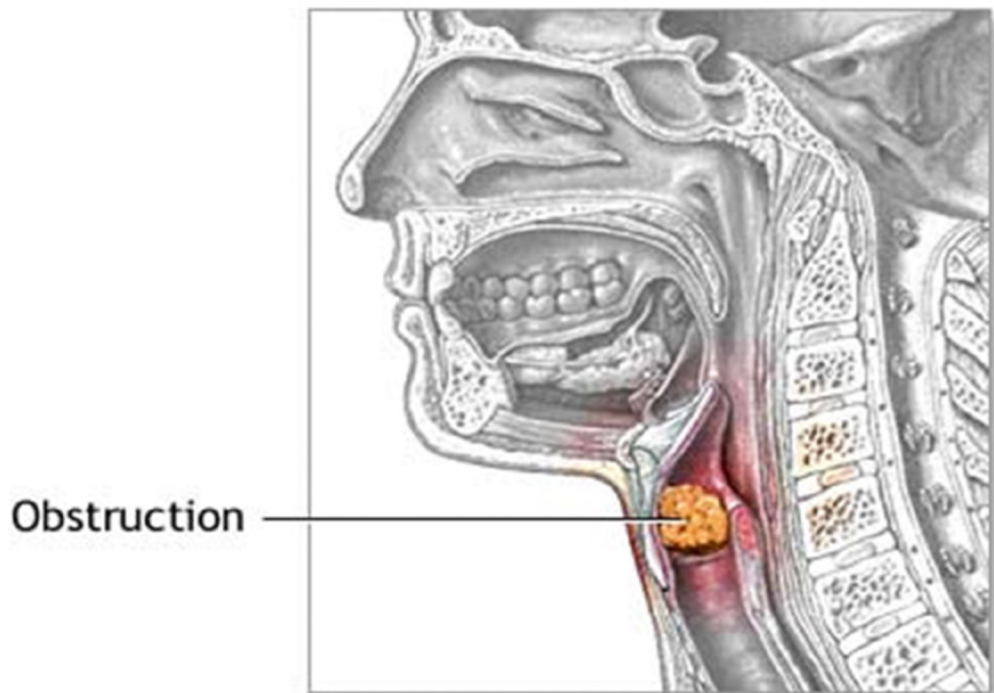
Report what you have seen and heard immediately

If a participant shows any sign or symptom of swallowing difficulty, they should be supported to see a GP or a speech pathologist promptly, so they can assess their swallowing and mealtime assistance needs as well as review their general health.

What about if someone starts Choking? What do I do?

Choking is defined as:

- Occurring when the airway becomes partially or completely obstructed, and the person's breathing is compromised.
- Partial obstruction allows some air to go through to the lungs. Breathing may be noisy due to obstructed airway.
- Prolonged or complete choking can be fatal.



Symptoms of choking may include:

- **Panicked and distressed behaviour.**
- **Inability to talk in complete sentences or at full volume.**
- **Frantic coughing.**
- **Unusual breathing sounds, such as wheezing or whistling.**
- **Clutching at the throat.**
- **Watery eyes.**
- **Red face.**
- **Signalling for help, typically by holding their hands around their throat.**
- **Skin, lips and nails turning blue or dusky.**
- **Flushed skin, then turns pale or bluish in colour.**
- **Loss of consciousness.**

What do you do if a participant appears to be choking?

1. Keep calm.
2. Try to keep the participant calm.
3. Call out to see if another person is nearby to help.
4. Ask the client to keep coughing to try to remove the object themselves.
5. If coughing does not remove the blockage, call triple zero (000) for an ambulance.
6. Bend the participant well forward and give up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.
7. Check if the blockage has been removed after each blow.
8. If the blockage has not cleared after 5 back blows, give up to 5 chest thrusts.
9. Give chest thrusts by placing one hand in the middle of the patient's back for support and the heel of the other on the lower half of the sternum. Thrusts should be slower and sharper than CPR compressions.
10. Check if the blockage has been removed after each thrust.
11. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
12. If there is a full obstruction, use the Life Vac anti choking device (if trained).

Use the LIFE VAC device

Lay the participant on their back, keep them seated upright or administer whilst standing.

STEP 1: Assemble the LIFE VAC (mask + valve).

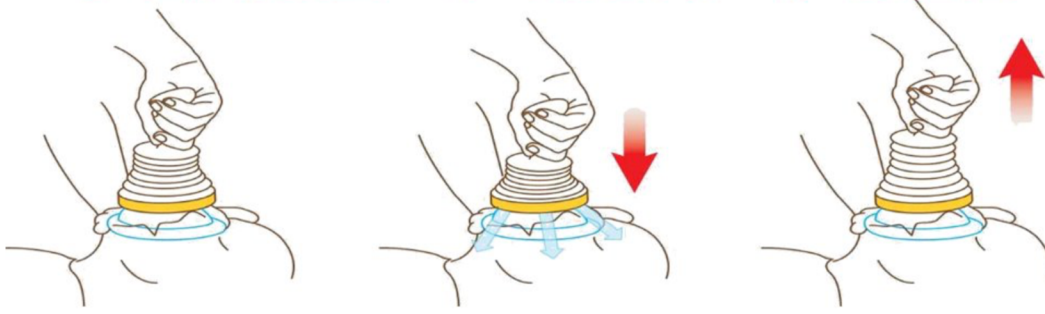
STEP 2: Place mask over mouth & nose creating a seal.

STEP 3: Push down the device.

STEP 4: Pull handle sharply to create suction.



① PLACE ② PUSH ③ PULL



13. if the patient becomes blue, limp, or unconscious, follow DRS ABCD

DRS ABCD stands for DANGER, RESPONSE, SEND, AIRWAY, BREATHING, CPR, DEFIBRILLATION.

STEP 1: Open the Airway, chin lift, tilt the head.



STEP 2: Compressions

- 30 compressions (do not provide 2 breaths)
- Pressure: Heels of 2 hands (1/3 chest depth)
- Positioning: lower half of breastbone in the centre of the chest



STEP 3: Continue until the ambulance arrives or the participant starts breathing again.

How to perform back blows

1. Stand to the side and just behind a choking adult.
2. Place one arm across the person's chest for support.
3. Bend the person over at the waist so that the upper body is parallel with the ground.
4. Deliver 5 separate back blows between the person's shoulder blades with the heel of your hand.

How to perform chest thrusts

1. Get the person to stand up.
2. Position yourself behind the person.
3. Place one foot slightly in front of the other for balance.
Tip the person forward slightly.
4. Wrap your arms around the waist.
5. Make a fist and place it just above the navel, thumb side in.
6. Grab the fist with your other hand and push it inward and upward at the same time. Perform five of these chest thrusts.
7. Deliver 5 thrusts.

Alternatively, if the person can't stand up, straddle their waist, facing their head. Push your fist inward and upward in the same manner as you would if they were standing.

Seek medical attention afterward. This is to ensure no physical damage has occurred to their throat and airways.

If the person becomes unconscious, perform standard cardiopulmonary resuscitation (CPR) with chest compressions and rescue breaths immediately.



5 back blows



5 chest thrusts

Please see the following charts regarding choking and aspiration

Choking Incident

If client:

- Can't talk/cough/breathe
- Has wide eyes and panicked look
- Has watery eyes
- Face colour changed red to blue
- Is clutching at throat or neck

1. **CALL 000 immediately**

2. **Follow First Aid**

3. Give 5 sharp back blows
4. Give 5 chest thrusts
5. Clear any visible blockage
6. Repeat steps 3-5 until client can breathe, cough, speak or the ambulance arrives
7. Update 000 operator

If client losses consciousness, commence DRSABCD:

1. Move client to the floor
2. Check breathing and pulse:
 - **If pulse**- place into recovery position
 - **If no breathing/pulse**- commence CPR
3. Continue until breathing/pulse or ambulance arrives
4. Report incident to leadership once client is safe
5. Complete incident report and document in progress/shift notes
6. If concerned about the incident reach out to the EAP (8237 0509)

Leadership:

- In the unfortunate event that the client passes, lodge a report to the NDIS Commission **within 24 hours**
- If the client recovers investigate the incident and document any actions required to support continuous improvement

Choking Incident Completed

Aspiration Incident
If client: • Is Coughing • Is trying to clear their throat • Has a wet gurgly voice • Appears unwell or has a fever during/after meal
1. Encourage coughing 2. Do not give more food/drink until they recover 3. If vomit present, place in recovery position to drain vomit/fluids 4. Call leadership to notify of incident 5. Complete incident report & document in progress
Leadership: 1. Confirm health and safety of client 2. Confirm wellbeing of staff 3. Confirm completion of incident report and documentation 4. Organise for the client to have a medical review 5. Contact treating Speech Pathologist within 1 business day for referral or interim advice
Aspiration Incident Completed

What about when a participant is coughing during or after a meal?

- Stop the person from eating or drinking until the coughing stops.
- Try eating or drinking again. If the coughing continues, remove that item from the table and future meals until a speech pathologist has assessed.
- Document the coughing or choking event; be sure to include what you think may have caused the event.
- Report the coughing or choking event according to your agency's procedures.
- Ideally, a speech pathologist or a GP's visit will be arranged promptly to do further investigations.



Part two:

Meal management strategies

How to ensure mealtime safety

What to do before the meal

What to do during the meal

When feeding someone

How to slow down the pace of a meal

Positions for eating & drinking

Use extra strategies

Mealtime aids

Adapted equipment

Importance of oral health

Managing reflux

Medication & swallowing safety

Creating a comfortable and relaxed mealtime environment

Teamwork

Meal management strategies

Meal management strategies are recommendations made by Speech Pathologists (together with other professionals where appropriate). These strategies reduce the risks associated with dysphagia.

They ensure plans are put in place to support the child at mealtimes and help manage the child's ability to eat and drink. Assessments and recommendations are made specifically for each child, according to the presentation of their dysphagia (and will be monitored and reviewed as appropriate, pending the child's abilities).

Common meal management and risk management strategies include (but are not limited to) the following:

- Ensuring appropriate levels of supervision at mealtimes by support personnel who have current First Aid training.
- Procedures for dealing with an emergency situation.
- Setting up an appropriate environment for mealtimes.
- Positioning, posture and seating for the child and support person.
- Equipment (such as specialised cups and utensils, tray tables, grab rails, arm splints, footrests).
- Texture modification of food & fluid (see International Dysphagia Diet Standard Initiative IDDSI for further information <https://iddsi.org>).

How to ensure mealtime safety

A Mealtime Management plan provided by a speech pathologist will provide an individualised plan to keep the participant as safe as possible while eating or drinking.

What to do before the meal? To prepare the person for a safe and enjoyable meal:

- Make sure the person is fully alert before eating. You could try upbeat music or help them wipe their face with a cool cloth. If that doesn't work, delay the meal until the person is alert.
- Tell the person it's nearly time for the meal. If possible, involve the person in preparing the meal or dinner table. These activities encourage appetite and prepare the mind and body for safe swallowing.
- Pay attention to how the food looks. Keep each food type separate on the plate, even if pureed.
- Bring everything needed for the meal to the table before starting the meal, so you can stay seated with the person or group.
- When you serve the meal and drinks, check the texture and consistency is correct and matches the person's Mealtime Management Plan.

What to do during the meal?

Remember:

- If the person has a Mealtime Managing Plan, follow that.
- Know current emergency first aid for choking.
- Allow time for a meal. Don't rush. Go slow when helping someone eat and drink. Help the person eat and drink safely:
- Put the plate in front of the person who is eating, rather than in front of the support person.
- Keep the environment quiet and non-distracting so the participant can focus on eating and drinking. Ideally have the TV turned off.

When feeding someone

- Watch and wait for the person to swallow a mouthful before offering them more. You may be able to see their Adam's apple move up and down, or you may be able to hear the swallow.
- Watch to see when they are ready for more. They may let you know by looking at you, nodding, or opening their mouth. If the person turns their head away, they are probably not ready to eat.
- Watch and wait for the person to let you know they are ready for the next mouthful. Watch and wait for the person to swallow a mouthful before offering them more.
- When you're helping, clearly explain what you are about to do, especially when you are about to put anything near the mouth.

1) Tell the person what kind of food or drink they are about to receive, especially for a person with visual difficulties.

2) For a person with visual and hearing difficulties, a light touch to the shoulder may let them know you are offering food or drink.

- Give the person small amounts.
- Bring the spoon just in front of the person's mouth, at the level of their lower lip. Wait for the person to open their mouth and bring their head down slightly, before moving the spoon into their mouth.
- Don't provide food from above or behind. Doing so can encourage the person to turn their head or raise their chin during the swallow. This can move the person out of a safe swallowing position. Think about the angle of the spoon or fork when you bring it to the person's mouth.
- If the person eats independently, encourage them to put only small amounts of food or drink in their mouth, for example, ask the person to use a small spoon. If they are unable to cut up or divide the food into bite size themselves then ensure food is presented in bite size ready to eat.

Help the person maintain a safe swallowing position.

- If the head is tipped back, do not put food into the person's mouth.

How to slow down the pace of a meal

Some people, especially with an intellectual disability will often 'bolt food down' this is a choking risk and so it is crucial that we slow the pace of the meal down.

Why does the person eat quickly?

When we know the reasons for fast eating, we can work toward solutions. Try to understand why the person is eating quickly, for example the person might:

- Have difficulty coordinating or slowing arm movements.
- Put another mouthful in their mouth before swallowing the first one.
- Be worried that someone else might eat their food.
- Rush to get to another preferred activity.
- Be generally stressed, tense or anxious.
- Feel rushed or hurried by support people.
- Have a compulsive eating disorder.
- Be taking a medication that is having an impact on their eating.

When will the person learn to slow down?

It may take a long time for the person to learn to eat and drink more slowly, and to maintain their new skills.

In one study, people with a disability successfully learned to slow down when guided consistently by the same support person for an average of 20 meals.

How can I help the person slow down?

Strategies to help the person to slow down must be designed for that person. Think about the person's strengths and functional abilities, learning style, communication skills and sensory preferences.

Try several strategies to find what's effective for the person. Ask the person, their support network, speech language pathologist and occupational therapist.

Practical strategies for slowing down

- Tell the person the benefits of slower eating and drinking, such as health and enjoyment
- Use gestures to prompt the person:
- Encourage the person to put down the utensil on the plate between mouthfuls.
- Show the person how to do this by having your own plate and demonstrating the action.
- Use rhythm, for example slow, rhythmical music, a metronome or tapping on the table.
- Create a relaxed environment at mealtimes—for example:
 1. play quiet background music.
 2. chat quietly about the day with the person and their housemates
 3. check lighting (avoid flickering or glare).
 4. let the person eat alone sometimes (if that is the person's choice).
- Sit everyone down for the whole meal, including support workers. This makes the environment more relaxing and helps support people to notice what is happening.
- Sit at the table with the person and model slower eating and drinking
Use a smaller fork or spoon. Some people find a long-handled dessert spoon useful.
- Present a meal as several smaller dishes or portions.
- Use two plates—a serving plate, and an eating plate for everyone at the table.
This naturally slows down the meal.
- Fill cup to one quarter full and use a small jug for refills.
- Use a straw for drinking; however, check first with a speech language pathologist, because some people find it difficult to coordinate straw use with swallowing.

Watch and listen when the person has swallowed. You may be able to see their Adam's apple move up and down, or you may be able to hear them swallowing.

Provide verbal prompts, for example:

- 'Take your time'
- 'Remember to chew'
- 'Well done; now take a break'
- 'Take a break between mouthfuls'
- 'Put your cup/fork/spoon on the table'.
- Be careful with verbal prompts because some people may become reliant. Use the person's preferred communication methods

Positions for eating and drinking

What is a safe eating position?

Appropriate positioning of the person's head, neck and body can make the difference between safe and unsafe swallowing. An ideal safe eating position (see illustration below) means: Seated, as upright as possible

- '90-90-90,' meaning the hips, knees and ankles are each positioned at 90 degrees
- Head is not turned to either side, not tilted up and not excessively tilted down.
- The mealtime position that can be achieved in reality will vary with the person's physical abilities.

What kind of chair supports safe swallowing?

Use a chair with a back. The chair back supports the trunk to keep the person upright. Cushions, footstools or headrests may help.

Use a chair of the correct height. The person should have both feet comfortably resting on the floor and their knees at 90 degrees to the floor. If the person's feet don't reach the floor, use a footrest to bring their knees to 90 degrees.

The person should sit with their hips as far back in the chair as possible and still have a small space between the back of their knees and the front of the seat.

Wheelchairs, if used, must support good positioning for meals. Customised chairs and 'Tilt in space' chairs which might be prescribed for specific posture or pressure management purposes might need special consideration for safe swallowing. Ask an occupational therapist and physiotherapist for help.

What if the person can't keep a safe position

- Check the person's Mealtime Support Plan, which should recommend seating for the person.
- An occupational therapist or physiotherapist can recommend an appropriate seating position and equipment for the person.

The support person's body position

The support person's body position during mealtimes can affect the person's mealtime safety and enjoyment.

The support person should sit down for every meal and snack, unless the Mealtime Support Plan gives other advice.

The benefits of sitting with the person at mealtimes include:

1. You can see when the person is ready for their next mouthful.
 2. You can see if the person is eating and drinking safely.
 3. The environment becomes more natural and relaxing.
 4. There's less strain on your body.
 5. It's easier for you to encourage slower eating.
 6. It's easier for the person to communicate with you.
 7. You can give the prompts and support the person needs.
 8. You can model 'safe eating'.
- Generally, the support person should sit with the person for every meal and snack.
 - Check your seat position. The person's chair should be directly in front of you, or at 90 degrees to you, facing you across the corner of the table. In this position, you can better support a person with complex communication needs to understand your signs, gestures, and other communication.
 - Check the height of your seat. Sitting at eye level helps you communicate with each other.

Use extra strategies, as needed:

- Encouraging the person to hold the spoon or fork with you may help them feel more prepared for each mouthful.
- Discuss the meal with the person to maintain their interest and to help them feel relaxed and concentrate on enjoying the meal safely. However, talking or laughing while eating increases choking risk. Some people may need support not to talk or laugh during meals. For example, you could guide the person away from excitement and distractions.
- If the person eats slowly, perhaps keep half their meal warm and serve it after the first half is eaten.
- Encourage the person to breathe out before placing food into the mouth.
- Ask the person to breathe in and out through his/her nose
- Ask the person to chew the food, then pause; ask him/her to stop breathing and swallow. You cannot breathe and swallow at the same time.
- If the person feels that the food is sticking in his/her throat, ensure that the food is of the correct consistency and the texture is not too dry. Encourage the person to cough and try to clear his/her throat between courses and at the end of a meal. DO NOT introduce more food into the person's mouth until the previous mouthful has been swallowed.
- Allow for frequent rests and pauses throughout the meal. Always watch for signs of fatigue or anxiety, and re-commence feeding at a more appropriate time.
- Encourage assistance from the person who is eating. Perhaps they could manage drinking from a straw by themselves or holding small pieces of finger food.

Mealtime aids

There are many aids available that, although fairly simple in context, can make mealtimes more pleasant and safer. The following information gives a summary of useful aids and some hints on how to use equipment that is already available in the average household.

Plastic cups, plates, and bowls are light in weight, durable, and easy to manage when there is poor control of movement.

Scoop bowls and plate guards can be used to stop food from being pushed off the plate.

A preheated warm plate maintains the warmth of the main course throughout the meal, an important necessity, as the person may require more time to eat, and this ensures that the meal remains warm and appetising.

Cutlery is easier to hold if the handles are large and “fat”. You can build up handles yourself, using rubber and taping them in place. Some brands of bicycle handlebar grips fit ordinary household cutlery; the “fatter grip” can lessen choreic movements. Some people have improvised their cutlery quite satisfactorily using rubber hair rollers or the foam type.

A hand strap or grip can be added to cutlery. The strap, often of Velcro, fits around the fingers and makes the utensil easier to grip and hold during eating.

A double handed cup, preferably with a spout, is an important piece of equipment to aid drinking. Ordinary cups and mugs can be made into a double-handed cup by using Gripkit. A two-part epoxy compound which, when mixed together, rather like plasticine can be moulded to any shape and stuck to any surface. When fully hardened, it is very strong.

Plastic tablecloths can be attractive, useful, and easy to keep clean. Also, warm plates will not slip on a plastic cloth.

Fill any cup or mug only halfway to cut down on the chance of spills.

A non slip mat will stop the plate, bowl, or cup from moving during eating. A damp flannel placed under the plate has proved equally useful.

Adapted equipment

A speech pathologist may also recommend in the Mealtime Management Plan certain adapted equipment, including cutlery, plates, and cups, which can help people better manage their eating and drinking.

Examples of adapted equipment include:



Adapted bowls make it easier to scoop food onto fork or spoon and reduce spillage



Adapted cups may have large gap handles, be weighted for stability, sit on a stand to be easier to pick up, or be cut away to give room for the nose



Adapted cutlery may be lightweight with a shallow bowl, have thick handles, be weighted or use angled necks, depending on individual needs



Non-slips mats keep things in place

The person's adapted equipment should be available at every meal or snack, even away from home. Plan ahead so the adapted equipment goes with the person for daytrips and travel.

What to do after the meal?

Encourage the person to clear their mouth of food before they leave the table. They may need an extra drink to help them swallow the remaining food. Ideally, the person should clean their teeth.

Everyone should stay upright (sitting or standing) for at least 30 minutes after every meal.

People with swallowing difficulties must stay in an upright position for at least 30 minutes after every meal.

Importance of oral health

Another important component of supporting safe mealtimes for participants is promoting good oral health.

Good oral health contributes to our nutrition, general health, appearance, and social relationships. The oral health of people with disability needs particular attention, especially if they have swallowing difficulties.

Good oral health contributes to mealtime safety and enjoyment. Poor oral health can cause tooth decay, tooth loss, and gum infections, and can lead to increased risk of pneumonia and other chronic health conditions.

Supporting the person's oral health

It may take time to learn the best ways to support each person's oral health. These questions may help you:

Oral health routine

- What is the person's oral health routine?
- Are the person's teeth being cleaned effectively at least twice every day?
- Would another kind of toothbrush, for example, an electric or other toothbrush, help to improve teeth cleaning?
- What type of toothpaste does the person prefer?
- How can the person be supported to be more independent and effective in teeth cleaning?

The person

- How does the person understand oral health and what are the best ways to share information with them?
- What strategies would prepare the person to learn new skills?
- What aspects of oral health work well for this person and what aspects don't work well?
- How can we find solutions for the aspects that don't work well?
- How does the person communicate toothache or painful gums?

Poor oral health increases general health risks, including the risk of pneumonia. Follow all oral health recommendations.

Brushing and flossing

Everyone should thoroughly clean their teeth at least twice every day. This involves brushing teeth for 2 minutes. The brush should be replaced at least every 3 months.

Flossing should be considered for everyone. Support people can use floss holders to make flossing more comfortable and effective.

If someone doesn't like help with brushing and flossing, they may be feeling sore or have sensitive areas. Think about their position and comfort. Talk with your team and ask for help from specialists.

Oral care products

Discuss suitable oral care products with the person's dentist. Others, such as speech language pathologists, occupational therapists and carers may also contribute to decisions and monitoring the person's oral health routine.

Oral care products include:

- Oral swabs
- Specialised toothpastes
- Fluoride mouthwash
- Products to strengthen tooth enamel
- Oral irrigator/dental jet

Encourage a tooth-friendly diet and pay attention to the timing of snacks and drinks. Collaborating with a dietitian can improve oral health.

Regular Check-ups

Regular dental check-ups (every 6 months) are very important. Some people will need support to relax in the chair and feel comfortable about the dentist checking inside their mouth.

Think about what you can do before and during the check-up to help the person feel comfortable.

Preparing for the check-up

- You could help the person in a supportive way by:
- Arranging for a familiar person to attend on the day.
- Helping the person to understand and feel ready, for example, by using a social story.
- For a person who feels uncomfortable about visiting the dentist, gradually introducing the idea so the person feels more comfortable.
- Making sure the dentist has information about the medication the person uses, and any relevant health issues (if you are not sure, check with the person's GP).
- Finding a dentist or oral health service that is a good fit for the person.

On the day

Support on the day could include:

- Supporting the person to communicate their message.
- Supporting the dentist in communicating with the person.
- Bring the person's communication tools.
- If relevant, telling the dentist about successful behavioural support strategies for the person.

Oral health for a person without teeth

If a person has no teeth, oral health is still important. Twice daily brushing of gums with a soft toothbrush limits bacterial build-up in the mouth.

Oral Health Resources

How to brush your teeth at: <https://www.dhsv.org.au/dental-advice/general-dental-advice/how-to-brush-your-teeth>

Dental Health Services Victoria 2008, Oral health information for people with an intellectual disability (Dental Health Services Victoria, Melbourne) gives useful strategies for managing behaviours that may discourage carers from assisting with oral health. See: https://www.dhsv.org.au/__data/assets/pdf_file/0018/3258/information-for-people-with-an-intellectual-disability.pdf

Promoting oral health within disability services at: <https://www.dhsv.org.au/oral-health-programs/disability>

Practical guides to oral care for people with autism, cerebral palsy, Down syndrome, and other developmental disability at <https://www.nidcr.nih.gov/health-info/developmental-disabilities>

Managing reflux

Gastro-oesophageal reflux is also called reflux, heartburn or regurgitation. Reflux happens when the band of muscle in the lower part of the food pipe relaxes, so that acidic stomach contents move back up into the food pipe and then the throat. This can cause burning sensations and pain.

Reflux can lead to other medical conditions, including cancer of the food pipe. If a person has signs of reflux, seek medical advice.

Signs of reflux

You are an important observer of the person. People with a disability may not be able to tell anyone about their significant discomfort from reflux. Pay attention to see if the person shows signs of reflux, such as:

- Self-injury
- Weight loss
- Low iron levels
- Refusal to eat
- Disturbed sleep
- Recurrent vomiting
- Night-time coughing
- Pain when swallowing
- Pain behind the chest bone
- Bad breath
- Distress during or after meals
- Teeth damaged by stomach acid

To identify reflux, a doctor may need to investigate by placing a small camera in the food pipe.

How to manage reflux

Practical approaches to reducing reflux include:

Staying upright after meals (get advice about how long the person needs to remain upright after meals).

Serving smaller, more frequent meals.

Avoiding food and drinks known to affect reflux.

Following medical advice regarding medication, sleep positioning and diet.



Medication and swallowing safety

If you are concerned about whether the person can swallow their medication safely, get advice. A speech pathologist can provide the necessary information about the person's swallowing to the GP or pharmacist. Pharmacists have resources detailing how medication can be safely altered or substituted.

In the Mealtime Management Plan, it will detail how medications are to be provided to the client, if medication is altered in a way, a pharmaceutical review will be required.

Never crush or modify medication without a GP or pharmaceutical review.

Remind the person's doctor about swallowing difficulties whenever a change of medication is discussed or recommended.

Medication side effects

Medication side effects can affect swallowing. Side effects and strategies to increase safety include:

Ways to reduce/ compensate for side effects of medication	
Dry mouth	Think about how moist a meal must be for this person to swallow safely. Use one of the Saliva replacement gel or spray Pay attention to the person's oral health. Seek advice from a speech pathologist
Variable alertness	Time meals to coincide with the person's periods of high alertness or check the timing of medication compared to the timing of meals.
Nausea	Seek medical advice to reduce the person's nausea.

Medication can also affect the taste of food, the person's appetite, and nutritional absorption of food. Record side effects that could be caused by the person's medication and seek medical advice.

When people have difficulty swallowing medication

Some people with swallowing difficulties find it challenging to swallow medication. Talk to a GP or pharmacist if you are concerned about the person's ability to swallow their medication.

A person may refuse medication because they can't swallow it safely. A medical practitioner or pharmacist can find solutions with the support of a speech pathologist.

Keep these points in mind when supporting someone with swallowing difficulties who needs to take medication:

- It may be easier for the person to swallow tablets one at a time, rather than many at once.
- Eating tablets with yoghurt may assist some people.
- If you are concerned the person can't swallow medication safely, seek advice from a medical professional, or a speech pathologist.
- Medication can come in different forms, for example liquids or dissolvable tablets. Talk to a pharmacist and GP about other forms.
- You need to check with a pharmacist whether or not a tablet can be crushed.
- Never cut or crush medication without medical advice and consulting with the Pharmacist.

Medications taken regularly, which may impact swallowing

Potential Side Effects and Ways to reduce/ compensate		
Magnesium	Nausea	Seek medical advice to reduce the person's nausea.
Tetrabenazine	Difficulty in swallowing Choking attacks	Notify doctor immediately
Dutasteride - Tamsulosin	Dizziness	Time meals to coincide with the person's periods of high alertness or check the timing of medication compared to the timing of meals.
Sertraline	Dizziness	Time meals to coincide with the person's periods of high alertness or check the timing of medication compared to the timing of meals.
	Dry mouth	Think about how moist a meal must be for this person to swallow safely. Pay attention to the person's oral health. Seek advice from a speech language pathologist and an occupational therapist.
	Increased or decreased appetite	Observe if any change in food intake. Slow down speed of intake using strategies from ' <i>Practical strategies for slowing down</i> ' section in ' <i>How to Manage Someone with Dysphagia During Mealtime</i> ' Provide food with varied temperature to increase oral stimulation.

Pantoprazole	Dizziness Weakness or tiredness Dry mouth	Time meals to coincide with the person's periods of high alertness or check the timing of medication compared to the timing of meals. Think about how moist a meal must be for this person to swallow safely. Pay attention to the person's oral health. Seek advice from a speech language pathologist.
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Creating a comfortable and relaxed Mealtime environment for the participant

Mealtimes are often the social focus for households. Food is part of many social activities. While it is important for people to have safe meals, we need to balance safety with enjoyment.

Enjoyment is personal

These questions will aid reflection and discussion about the enjoyment of meals mean for the person you support.

You may also like to record this information and provide it, along with the Mealtime Management Plan, to anyone not familiar with the person who may support them, for example relief, respite, a mentor, or work staff.

Remember, the person's food and drink preferences may be different to yours.

Personality and culture

- What are this person's favourite foods and drinks? How do they show this?
- What cultures does the person identify with? What cultural events or foods are important to them?

Family

- What does this person eat at home with their family? What family events would this person like to join and contribute to?
- How can we plan ahead for special occasions such as cultural festivals and parties?
- How can we make sure there are plenty of options for the person, so that others won't be tempted to give them unsuitable foods?

Routine

- Does this person have a preferred mealtime and snack routine, for example a quiet cup of tea on the deck each morning, or a glass of wine with the evening meal?
- How does this person prefer to have meals? In a quiet environment? In a social environment? Does this vary?
- How do this person's mealtime preferences fit with those of other household members?

Social life

- Does this person like to prepare snacks, for example muffins or smoothies, for the household?
- Does this person like to eat out? Do they have opportunities for this?

You could set up a familiar, comfortable, social routine for mealtimes. Families or groups could eat at a regular time, with everyone seated together and with each person seated at a familiar place at every meal.

If people have good concentration, a group seated together at a dining table makes mealtimes more social and enjoyable. The people you are supporting should each have enough space to comfortably eat their meal and choose where they sit.

Larger tables or separate smaller tables can be used if someone needs more space or to avoid interruption from others. Allow enough room for support people to also sit comfortably and safely, minimising physical strain.

Finding help

Enjoyable meals are important for quality of life. If it's a challenge to make mealtimes enjoyable, safe and nutritious, seek advice from others, such as the person, family members, support workers, a speech language pathologist and occupational therapist.

Teamwork

Safe and enjoyable mealtimes are best supported by a collaborative team. A range of people who work together to find solutions to mealtime support challenges.

The person, their family, and support team are crucial members of the team.

You can help by knowing the person, their needs, abilities, likes and dislikes. If the person has complex communication needs, and share information about the person's needs and preferences with their support people.

If a person has swallowing difficulties, always include a Speech Pathologist as a member of the team.

Role of a Speech Pathologist

Speech Pathologists have a pivotal role to play in the assessment and management Dysphagia.

The role of the Speech Pathologist is to diagnose and manage the swallowing difficulty. Speech Pathologists can assess the person's swallow by taking a case history, examining the oral structures, conducting an assessment of the muscles of the mouth and throat, and doing a mealtime assessment.

Other assessments that may follow include a modified barium swallow, which is X-ray of the swallowing process while the person is eating or drinking.

Recommendations will then be made based on the assessment, including modifying food and drink textures and other strategies to support the person.

Occupational Therapists

Occupational Therapists can advise on safe positioning and help develop and maintain independence in managing food and eating implements and other mealtime tasks.

Dentists

Healthy teeth and gums are necessary for safe swallowing, so dentists are a key part of the team. A participant should see the dentist at least yearly. Please see Page 31 for information on good oral care.

Pharmacists and General Practitioners

Some medication affects appetite, alertness and saliva.

Pharmacists and General Practitioners can provide advice about medication effects and safe swallowing of medication.

Dietitians

Dietitians can support people who experience difficulties with chewing and swallowing and those placed on a texture-modified diet. They ensure modified diets have the right amount of nutrients to keep the person healthy, which is enjoyable and safe for the person.

Mentors and Carers

Mentors and carers have throughout knowledge about the person and their daily routine. They can provide assistance by understanding and watching out for the signs of choking and swallowing difficulties, preparing safe food and fluids with adequate nutrition, and applying mealtime strategies.

Mentors and carers should also keep track of food intake and details of food preparation for reference and review purposes.

Team members should do their part to share information, solve problems together and use strategies consistently.

Part Three:

Mealtime management plan

What training should support staff have?

Modifying food

How to prepare pureed foods and thickened fluids

Changing the thickness of fluids

Recipes

Mealtime management plan (MMP)

A mealtime management plan (MMP) or Oral Eating and Drinking Care Plan (OEADCP) is a document written by a speech pathologist with input from the participant and the participant's support team.

It outlines findings and describes eating and/or swallowing difficulties, with recommendations and plans about safely supporting the individual at mealtimes.

A Mealtime Management Plan helps to achieve a consistent approach to mealtime assistance.

All staff who support the individual at mealtimes need to be familiar with the plan. This document should be stored with other information about the client and needs to be easily accessible.

You can find the following information in a Mealtime Management Plan:

- Improvements in seating and positions that support a person's safe positioning during meals.
- Modification of food and drink textures to make the food or drink easier to chew and swallow.
- Specific mealtime assistance techniques (e.g., safe rate of eating, safe amount of food in each mouthful, etc.)
- Respond to coughing or choking, and how to monitor the risks during mealtime.
- Feeding equipment for people who have severe dysphagia, including:

Assistive technology such as spoons, plates, cups and straws; and tube feeding equipment for those with severe or profound difficulty swallowing who require tube feeding.

You must:

- Read the plan carefully.
- Ensure you are trained properly to undertake the plan.
- Monitor for warning signs and symptoms.
- Give feedback to the Speech Pathologist if the plan is NOT working for you or the client.
- Stop and seek assistance if you are unsure.
- **YOU ARE MANDATED TO FOLLOW the Mealtime Management Plan.**

What training should support staff have?

Staff should have training on:

- The signs and symptoms of swallowing and feeding difficulties;
- Risks associated with eating and swallowing;
- Risks associated with not following the mealtime plan;
- Awareness of procedures and methods for including medication in food where this is required by the plan including an understanding of crushable/ non-crushable medication; common terminology related to mealtime preparation and modified meals.
- Read, interpret, understand and implement an individual's prescribed mealtime management plan;
- Support and implement the person's recommended regular oral hygiene practices;
- Prepare and provide food and fluid of the correct texture as recommended in the mealtime plan;
- Communicate with the person about their mealtimes and food/fluid preferences;
- Follow recommended procedures for food and fluid preparation techniques, mealtime positioning, and the use of mealtime equipment;
- Support the person's independence, participation in, and enjoyment of the meal;
- Monitor the person during and after eating, drinking, or having a tube feed.
- Identify and immediately respond to risks, incidents, and emergencies related to eating or drinking.
- *Contact Pearson Services head office on 8322 2792 to book in training.

Modifying foods as part of a mealtime management plan

Staff should have training on:

- The signs and symptoms of swallowing and feeding difficulties;
- Risks associated with eating and swallowing;
- Risks associated with not following the mealtime plan;
- Awareness of procedures and methods for including medication in food where this is required by the plan including an understanding of crushable/ non-crushable medication; common terminology related to mealtime preparation and modified meals.
- Read, interpret, understand and implement an individual's prescribed mealtime management plan;
- Support and implement the person's recommended regular oral hygiene practices;
- Prepare and provide food and fluid of the correct texture as recommended in the mealtime plan;
- Communicate with the person about their mealtimes and food/fluid preferences;
- Follow recommended procedures for food and fluid preparation techniques, mealtime positioning, and the use of mealtime equipment;
- Support the person's independence, participation in, and enjoyment of the meal;
- Monitor the person during and after eating, drinking, or having a tube feed.
- Identify and immediately respond to risks, incidents, and emergencies related to eating or drinking.
- *Contact Pearson Services head office on 8322 2792 to book in training.

One of the strategies a speech pathologist may recommend is to modify the textures of foods, and to remove or modify foods that cause the participant difficulties in swallowing.

The speech pathologist will first assess the person and then write up the modified texture diet in the Mealtime Management Plan.

Support Staff must follow all recommendations by the speech pathologist and that includes modifying the foods to the correct standards.

Levels of texture-modified food

From May 1, 2019, Australia has been following the International Dysphagia Diet Standardisation (IDDSI) framework. This is a change from the Australian Food Texture Scale previously utilised. There are seven different levels of texture modified Foods:

LEVEL 7 – Regular diet

LEVEL 7* – Easy Chew

LEVEL 6 – Soft and Bite Sized

LEVEL 5 – Minced and Moist

LEVEL 4 – Pureed

LEVEL 3 – Liquidised

Transitional Foods - suitable for participants from Level 7 Regular to Level 5 Mince & Moist.

Level 7 – Regular

What is a Regular diet? It is a diet which has:

- Normal, everyday foods of various textures. The type of diet that most people eat.
- Any method may be used to eat the foods
- May be hard and crunchy or naturally soft
- Sample size not restricted, includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy or crumbly bits includes food that contains pips, seeds, pith inside skin, husks or bones
- Includes 'dual consistency' or 'mixed consistency' foods and liquids

Level 7* – Regular easy chew

What is Easy chew food?

- Normal, everyday foods of soft/tender texture
- Any method may be used to eat these foods (e.g., fingers, fork, spoon, chopsticks etc.)
- Food piece size is not restricted in size. They can be smaller or bigger than 1.5cm x 1.5cm
- Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, pip/seeds, bones or gristle
- You should be able to 'bite off' pieces of soft and tender food, so they are safe to swallow without tiring easily
- You should be able to remove bone, gristle or other hard pieces that cannot be swallowed safely from your mouth without help or direction from others.

Level 6 – Soft and bite-sized

What is a Soft & Bite-sized diet? It is a diet which:

- Can be eaten with a fork, spoon or chopsticks
- Can be mashed/broken down with pressure from a fork/spoon/chopsticks
- A knife is not required to cut food, but may be used to help load fork/spoon
- Chewing is required before swallowing
- Is soft, tender, moist throughout
- Has no separate thin liquid
- Bite-sized pieces as appropriate for size and oral processing skills (Paediatric = 8mm pieces, Adults = 15mm pieces)

Testing method:

If you are unsure whether the food is the correct consistency for a Soft and Bite-sized Diet, you can test it using the fork pressure test:

- Pressure from fork held on its side can be used to cut/break this texture
- Sample size (1.5×1.5cm) squashes and changes shape (not returning to its original shape) when pressure applied with base of fork (firm pressure – thumb nail blanches to white)

Level 5 – Minced and moist

What is a Minced and Moist diet? It is a diet which:

- Can be eaten with a fork or spoon
- Can be scooped and shaped on a plate
- Soft and moist with no separate thin liquid
- Small lumps visible within food (Paediatric= 2mm lump size, Adult = 4mm lump size)
- Lumps are easy to squash with tongue

Testing method:

If you are unsure whether the food is the correct consistency for a Minced & Moist Diet, you can test it using the Fork pressure test:

- Particles should easily be separated between and come through the prongs of a fork when pressed
- Particles can be easily mashed with little pressure from a fork

This consistency can also be tested using the fork drip test:

- The scooped sample sits in a pile or can mound on the fork
- It does not easily or completely flow or fall through the prongs of a fork

N.B. Lump sizes must be no bigger than:

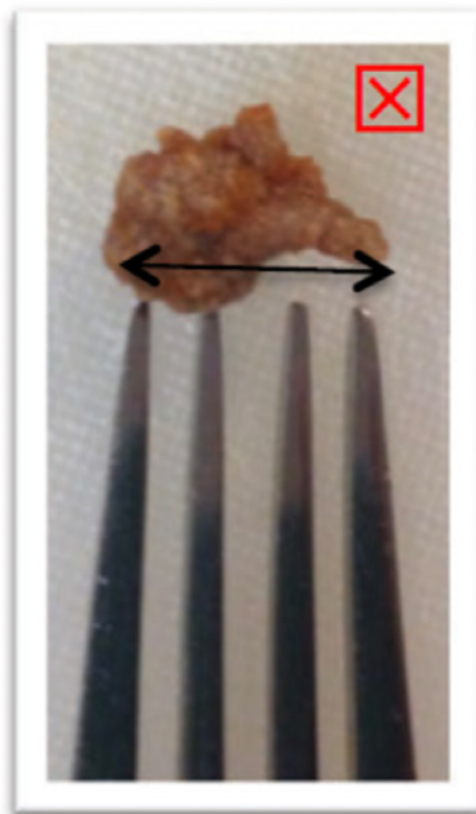
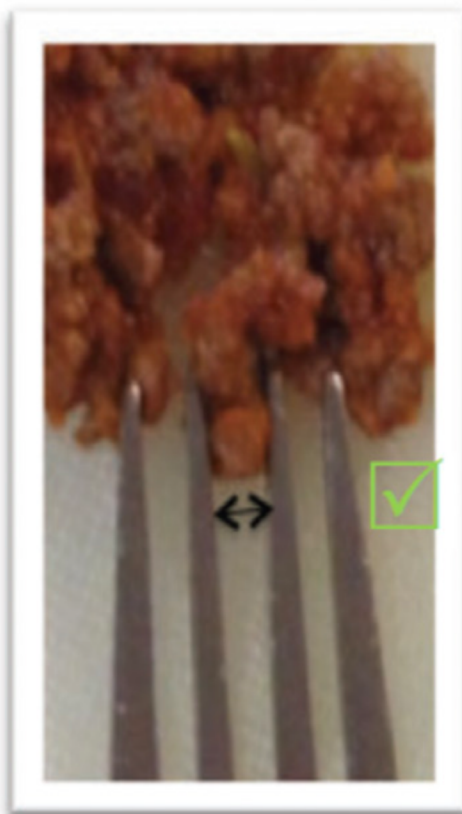
- 2mm for children
- 4mm for adults

5

MINCED & MOIST



Use slot between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size



Level 4 – Pureed

What is a Pureed diet? It is a diet which:

- Is usually eaten with a spoon (fork is possible)
- Does not require chewing
- Can be piped, layered or moulded
- Has no lumps
- Is not sticky
- Liquid must not separate from solid

Testing method:

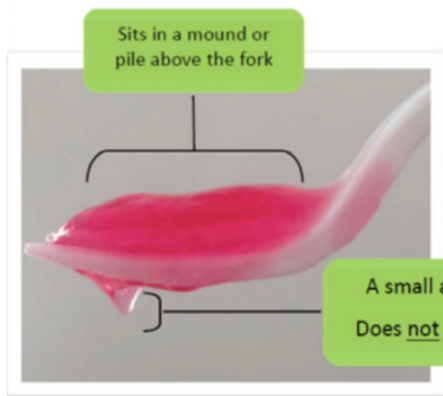
If you are unsure whether your food is the correct consistency for a Pureed Diet, you can test it using the spoon tilt test:

Take a spoonful of food and tip it off of the spoon. The food should be:

- cohesive enough to hold its shape on the spoon
- the full spoonful must plop off spoon if tilted/turned sideways (sliding off easily with very little left on the spoon)

Take a forkful of food. The food should: Sit in a mound or pile above the fork

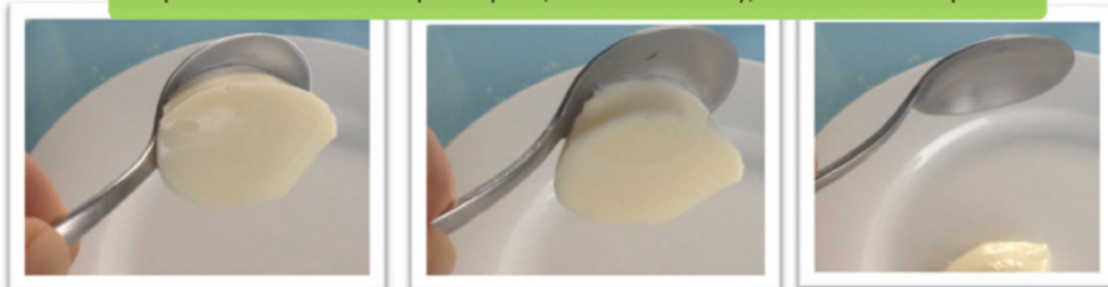
- A small amount may flow through and form a tail below the fork
- Does not dollop, flow or drip continuously through the fork prongs



4 PUREED
4 EXTREMELY THICK



Spoon Tilt Test: Holds shape on spoon; not firm and sticky; little food left on spoon



Level 3 – Liquidised

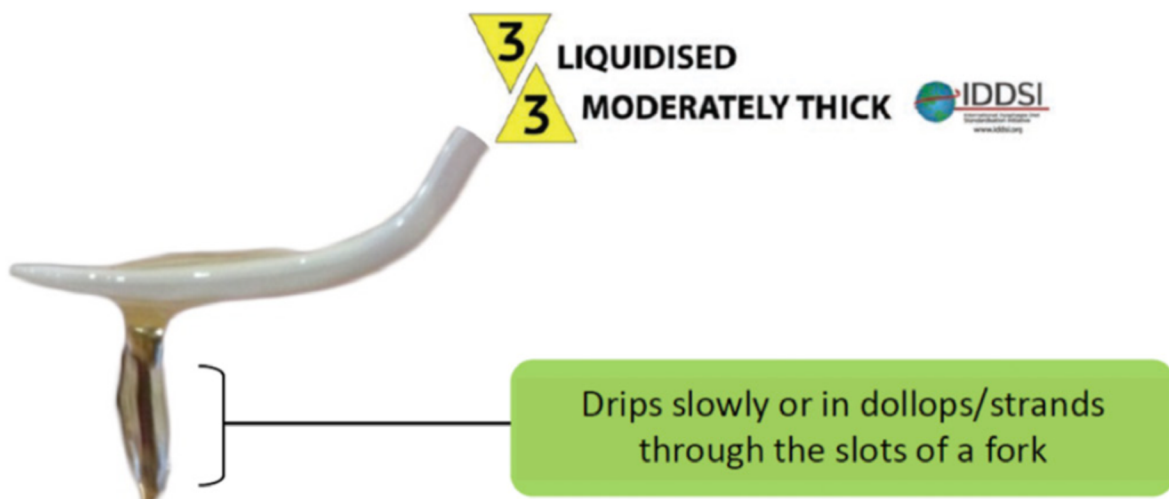
What is a liquidised diet? It is a diet which:

- Cannot be piped, layered or moulded on a plate
- Cannot be eaten with a fork because it drips slowly in dollops through the prongs
- Can be eaten with a spoon
- No oral processing/chewing required—can be swallowed directly
- Smooth texture with no ‘bits’ (lumps, fibres, bits of shell or skins, husk, particles of gristle or bone)

Testing method:

If you are unsure whether your food is the correct consistency for a Liquidised Diet, you can test it using the fork drip test:

- Scoop up the food with a fork
- The food should drip slowly or in dollops/strands through the slots of the fork



Transitional foods

What are Transitional Foods? They are foods which:

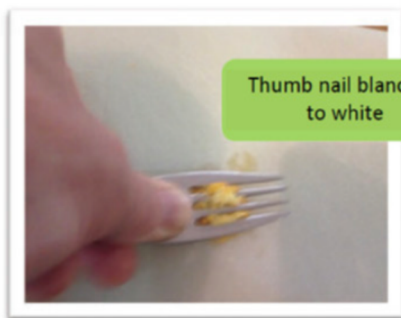
- start as one texture (e.g., firm solid) and change into another texture specifically when moisture (e.g., water or saliva) is applied, or when a change in temperature occurs (e.g., heating)

Testing method:

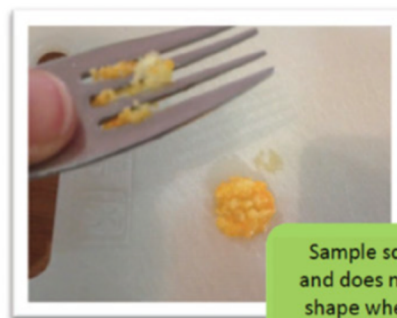
If you are unsure whether your food is a transitional food, you can test it using the fork pressure test:

- After moisture or temperature has been applied, the sample can be easily deformed and does not recover its shape when force is lifted

- Apply 1 ml of water to sample
- Wait 1 minute



Thumb nail blanched to white



Sample squashes and fractures, and does not return to its original shape when pressure is released

TRANSITIONAL FOODS



6 SOFT & BITE-SIZED



Level 6 Soft & Bite-Sized for Adults

What is this food texture level?

Level 6 – Soft & Bite-Sized Foods:

- ✓ Soft, tender and moist, but with no thin liquid leaking/dripping from the food
- ✓ Ability to 'bite off' a piece of food is *not* required
- ✓ Ability to chew 'bite-sized' pieces so that they are safe to swallow *is required*
- ✓ 'Bite-sized' pieces no bigger than 1.5cm x 1.5cm in size
- ✓ Food can be mashed/broken down with pressure from fork
- ✓ A knife is *not* required to cut this food



Why is this food texture level used for adults?

Level 6 – Soft & Bite-Sized food may be used if you are not able to bite off pieces of food safely but are able to chew bite-sized pieces down into little pieces that are safe to swallow. Soft & Bite-Sized foods need a moderate amount of chewing, for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. The pieces are 'bite-sized' to reduce choking risk. If you notice the food pieces are not being chewed well though, please contact your clinician to make sure you are on the correct food texture to reduce choking risk. Soft & Bite-Sized foods are eaten using a fork, spoon or chopsticks.

How do I test my food to make sure it is Level 6 Soft & Bite-Sized?

It is safest to test Soft & Bite-Sized food using the IDDSI Fork Pressure test.

See videos of the IDDSI Fork Pressure Test at
www.IDDSI.org/framework/food-testing-methods/

IDDSI Fork Pressure Test

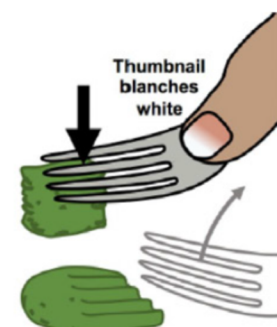
For **adults** the lump size is *no bigger than 1.5cm x 1.5cm*, which is about the **width** of a standard dinner fork.

To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

No bigger than
1.5cm x 1.5cm bite size
for adults



Soft & Bite-Sized food must pass both size and softness tests!



Intended for general information only. Please consult with your health care professional for specific advice for your needs

6 SOFT & BITE-SIZED



EXAMPLES of Level 6 Soft & Bite-Sized Food for Adults

- * **Meat** cooked tender and chopped so pieces are no bigger than 1.5cmx1.5cm lump size. If cannot serve soft and tender, serve as Minced and Moist
- * **Fish** cooked soft enough to break and serve in pieces no bigger than 1.5cmx1.5cm
- * **Fruit** soft and chopped to pieces no bigger than 1.5cmx1.5cm pieces (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be extra careful if you are eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for instance, fruits like watermelon or other melons)
- * **Vegetables** steamed or boiled with final cooked size no bigger than 1.5cmx1.5cm. (Stir fried vegetables are *too firm* and are *not* suitable)
- * **Cereal** served with pieces no bigger than 1.5cmx1.5cm, with their texture fully softened. Drain excess liquid before serving
- * **NO REGULAR DRY BREAD due to high choking risk!** See <https://www.youtube.com/channel/UC0I9FDJwJR0L5svIGCvIqHA/featured?reload=9> for instructions on how to make a Level 5 Minced & Moist sandwich, as this is also suitable for use on Soft & Bite-Sized diet
- * **Rice** requires a sauce to moisten it and hold it together. Rice should *not* be sticky or gluey and should *not* separate into individual grains when cooked and served. May require a thick, smooth, non-pouring sauce to moisten and hold the rice together



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See videos of the IDDSI Fork Pressure Test at www.IDDSI.org/framework/food-testing-methods/

IDDSI Fork Pressure Test

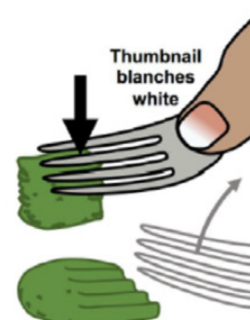
For **adults** the lump size is **no bigger than 1.5cm x 1.5cm**, which is about the **width** of a standard dinner fork.

To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

No bigger than
1.5cm x 1.5cm bite size
for adults



**Soft & Bite-Sized food
must pass both
size and softness tests!**



Intended for general information only. Please consult with your health care professional for specific advice for your needs



MINCED & MOIST



Level 5 Minced & Moist Food for Adults

What is this food texture level?

Level 5 – Minced & Moist Foods:

- ✓ Soft and moist, but with no liquid leaking/dripping from the food
- ✓ Biting is **not** required
- ✓ Minimal chewing required
- ✓ Lumps of 4mm in size
- ✓ Lumps can be mashed with the tongue
- ✓ Food can be easily mashed with just a little pressure from a fork
- ✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork



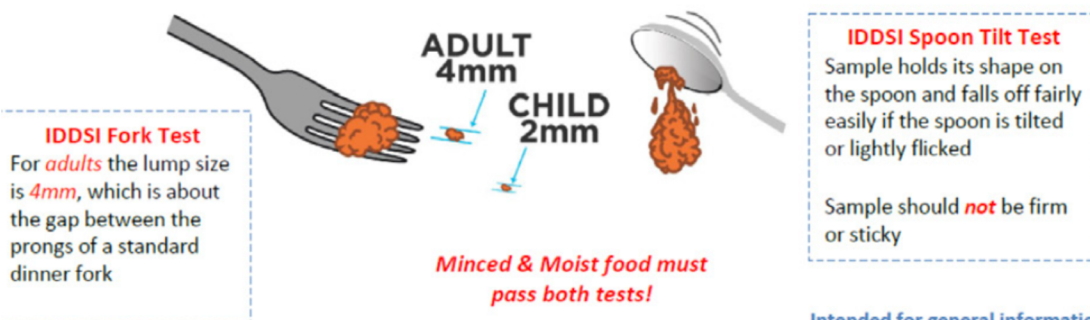
Why is this food texture level used for adults?

Level 5 – Minced & Moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food, but are not able to chew it down into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. It's important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.

How do I test my food to make sure it is Level 5 Minced & Moist?

It is safest to test Minced & Moist food using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Test and IDDSI Spoon Tilt Test at
www.IDDSI.org/framework/food-testing-methods/



Intended for general information only

4 PUREED



Level 4 Pureed Food for Adults

What is this food texture level?

Level 4 – Pureed Foods:

- ✓ Are usually eaten with a spoon
- ✓ Do **not** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are **not** sticky
- ✓ Liquid (like sauces) must not separate from solids



Why is this food texture level used for adults?

Level 4 – Pureed Food may be used if you are not able to bite or chew food or if your tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

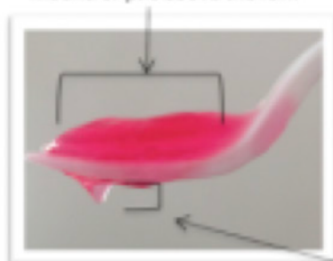
It's important that puree foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Pureed foods are best eaten using a spoon.

How do I test my food to make sure it is Level 4 Pureed?

It is safest to test Pureed Food using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at
www.iddsi.org/framework/food-testing-methods/

Extremely thick liquids sit in a mound or pile above the fork



IDDSI Fork Drip Test

Liquid does **not** dollop, or drip continuously through the fork prongs

A small amount may flow through and form a tail below the fork



IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky

Pureed food must pass both tests!

Intended for general information only
 Please consult with your health care professional for specific advice for your needs

3 LIQUIDISED



Use of Level 3 Liquidised Food for Adults

What is this thickness level?

Level 3 – Liquidised Food:

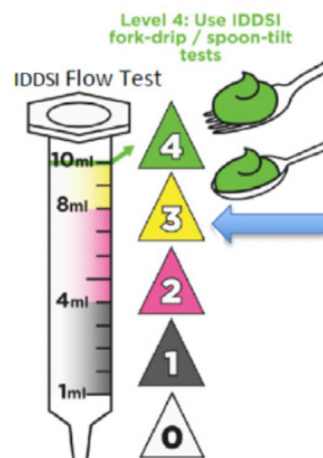
- ✓ Can be eaten with a spoon or drunk from a cup
- ✓ **Cannot** be eaten with a fork because it drips through the fork prongs
- ✓ Has a smooth texture with no 'bits' (lumps, fibers, husk, bits of shell or skin, particles of gristle or bone)

Why is this thickness level used for adults?

Level 3- Liquidised foods may be used if you have trouble moving your tongue. The thicker consistency gives more time for the tongue to "hold and move" the liquidised food. It is easiest to eat liquidised food with a spoon. Seek help about nutrition when using this texture to be sure you are getting the right amount of nutrition to meet your needs.

How do I measure my liquid or drink to make sure it is Level 3 Liquidised?

It is safest to measure the thickness of Liquidised food using the IDDSI Flow Test *and* the IDDSI Fork Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 – Liquidised foods there should be **no less than 8 mL remaining** in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid drips slowly in dollops through the prongs of a fork.

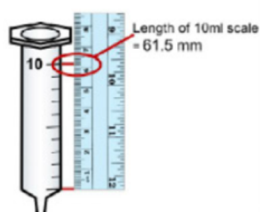


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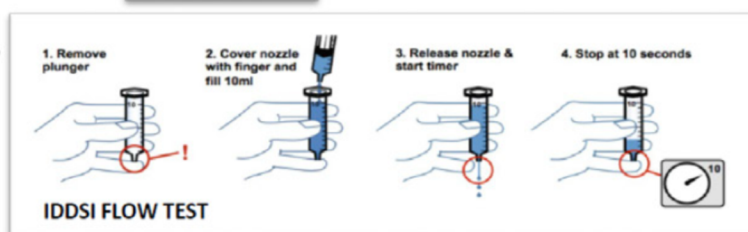
See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...

You **must** **check** your syringe because there are differences in syringe lengths. Your syringe should look like this



IDDSI Fork Drip Test
Drips slowly in dollops through the prongs of a fork



Intended for general information only. Please consult with your health care professional for specific advice for your needs



SOFT & BITE-SIZED



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 6 Soft & Bite-Sized Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli); dry cakes, bread, dry cereal
Tough or fibrous foods	Steak; pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits (add sauce to make these suitable)
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping; mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 1.5cmx1.5cm, fruit, vegetable, meat, pasta or other food pieces larger than 1.5cmx1.5cm
Extra Clinician notes	

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MINCED & MOIST



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 5 Minced & Moist Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling; crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 4mmx4mmx15mm; fruit, vegetable, meat or other food pieces larger than 4mmx4mmx15mm
Extra Clinician notes	

Intended for general information only. Please consult with your health care professional for specific advice for your needs

4 PUREED

For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 4 Pureed food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of an orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter; overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Visible lumps	Lumps in pureed food or yoghurt
Extra Clinician notes	

Intended for general information only. Please consult with your health care professional for specific advice for your needs

Avoid risky foods

Know the characteristics of choking risk foods and know about edibles that need special care.

What are choking risk foods?

For safer and more enjoyable meals, know the foods that pose a choking risk. These food should be modified into appropriate texture or consistency before serving or should be completely avoided.

What are High risk foods

Stringy, fibrous texture e.g. Pineapple, runner beans, celery, lettuce, onions, pickled vegetables, sausages, melted cheese.

Vegetable and fruit skins e.g. Beans e.g., broad, baked beans, soya, black-eye, peas. Orange and mandarin segments, grapes, tomatoes, peppers, jacket potatoes.

Mixed consistency foods e.g. Cereals which do not blend with milk, e.g., muesli, mince with thin gravy, soup with lumps, soaked bread.

Crunchy foods e.g. Toast, flaky pastry, dry biscuits, crisps.

Crumbly foods e.g. Bread crusts, pie crusts, crumble, dry biscuits.

Hard foods e.g. Boiled and chewy sweets and toffees, nuts and seeds.

Husks e.g., Sweetcorn

Bread: Bread requires the ability to both bite and chew. The muscle activity required for each chew of bread is similar to that required to chew peanuts or raw apple. For this reason, individuals who fatigue easily may find bread difficult to chew.

Bread requires moistening with saliva for effective chewing. Bread does not dissolve when wet; it clumps. It poses a choking risk if it adheres to the roof of the mouth, pockets in the cheeks or if swallowed in a large clump

Ice-cream and ice are often excluded for people who require thickened fluids, because ice-cream and ice melt and becomes a thin liquid at room temperature or in the mouth

Jelly may be excluded for individuals who require thickened fluids. This is because jelly melts in the mouth (becomes thin liquid) if not swallowed promptly.

People prescribed any form of texture-modified food or fluids may have difficulties swallowing medication (see section 'medication' on P.no). If in doubt, consult your GP or pharmacist.

For people prescribed Smooth Puréed-Texture C food (foods that are smooth and lump free but may have a grainy quality), whole tablets or capsules are not safe. Consult your GP or pharmacist.

Thickened fluids

Thickened fluids are used to slow fluids down. Thickened fluids should only be given following advice from a speech pathologist or doctor.

The Mealtime Management plan should include a clear description of how thick the participant's fluids should be stating the level and dosage required (for example: level 2, 2 scoops of Resource Thicken Up Clear per 200mls).

The 'thickness' of the fluids is very important. Thickened fluids are now described using four levels (previously three stages).



SLIGHTLY THICK



Use of Level 1 Slightly Thick Liquids for Adults

What is this thickness level?

Level 1 - Slightly Thick drinks:

- ✓ Are thicker than water
- ✓ Can flow through a straw

Why is this thickness level used for adults?

Level 1 – Slightly Thick is most often used if you have swallowing problems with thin liquids. Slightly Thick liquids are thicker than water, but still thin enough to flow through a straw.

Some drinks may naturally be slightly thick (like some fruit nectars or milks). Thin liquids like water, milk, tea, coffee, juice and others may need to be thickened to the Slightly Thick level.

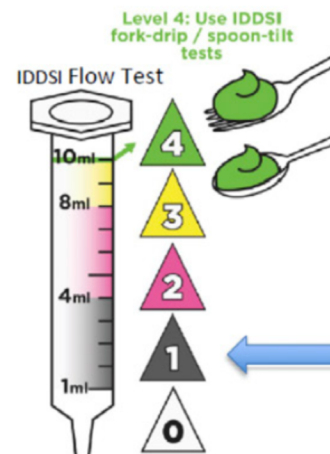
Your clinician will help you find a thickener to help thicken your drinks, or help you find some pre-thickened drinks. Slightly Thick drinks can be taken using a straw or from a standard cup.

How do I measure my liquid or drink to make sure it is Level 1 Slightly Thick?

It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below.

For Level 1- Slightly Thick liquids, there should be **1-4 mL remaining** in the syringe after 10 seconds of flow.

Your clinician may give you a specific number between 1-4 mL to aim for.

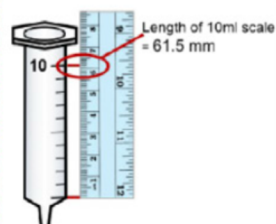


See videos of the IDDSI Flow Test at

www.IDDSI.org/framework/drink-testing-methods/

Before you test...

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



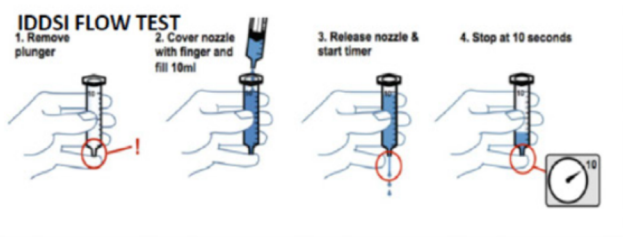
IDDSI FLOW TEST

1. Remove plunger

2. Cover nozzle with finger and fill 10mL

3. Release nozzle & start timer

4. Stop at 10 seconds



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2 MILDLY THICK

Use of Level 2 Mildly Thick Liquids for Adults

What is this thickness level?

Level 2 - Mildly Thick liquids:

- ✓ Are 'sippable'
- ✓ Pour quickly from a spoon but slower than Thin drinks and Slightly Thick drinks
- ✓ Need some effort to drink this thickness using a standard straw

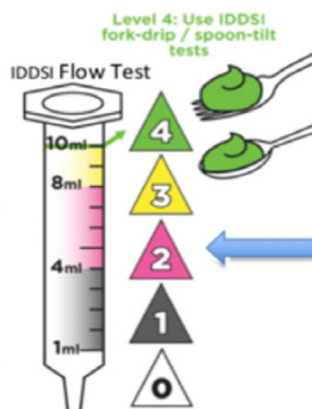
Why is this thickness level used for adults?

Level 2 – Mildly Thick drinks may be used if Thin drinks (water, milk, and others) and Level 1 Slightly Thick liquids flow too quickly for you to swallow them safely. Some milk shakes and thick shakes may be this thickness level already, but other drinks may need thickener added to reach the correct thickness level. Use the IDDSI testing methods below to check.

Mildly Thick drinks flow at a slower rate. Your clinician will help you find a thickener to thicken your drinks or help you find some pre-thickened drinks. Mildly Thick can be taken using a straw or from a standard cup.

How do I measure my liquid or drink to make sure it is Level 2 Mildly Thick?

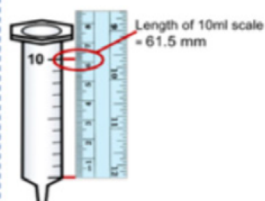
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 2- Mildly Thick liquids, there should be **4-8 mL remaining** in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 4-8 mL to aim for.



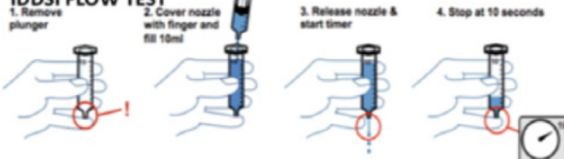
See videos of the IDDSI Flow Test at

www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



IDDSI FLOW TEST



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MODERATELY THICK



Level 3 Moderately Thick Liquids for Adults

What is this thickness level?

Level 3 - Moderately Thick drinks:

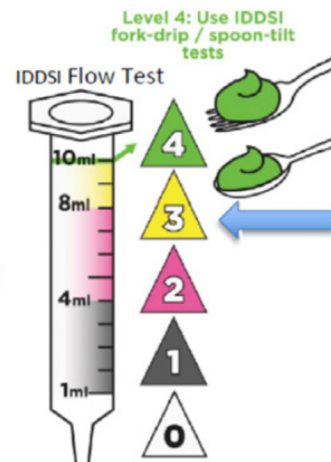
- ✓ Can be drunk from a cup or taken with a spoon
- ✓ Need some effort to drink them through a *wide* diameter straw
- ✓ Have a smooth texture with no lumps, fibers or seeds

Why is this thickness level used for adults?

Level 3 – Moderately Thick drinks may be used if your tongue control is not good enough to manage Mildly Thick, Slightly Thick or Thin drinks. Moderately Thick drinks allows more time for the tongue to “hold and move” the drink. These drinks are best taken from a cup or using a spoon.

How do I measure my liquid or drink to make sure it is Level 3 Moderately thick?

It is safest to measure Moderately Thick drinks using the IDDSI Flow Test *and* the IDDSI Fork Drip Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3- Moderately Thick liquids there should be *no less than 8 mL remaining* in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid should drip slowly in dollops through the prongs of a fork.

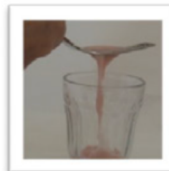
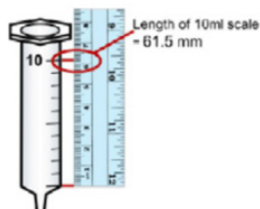


See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at

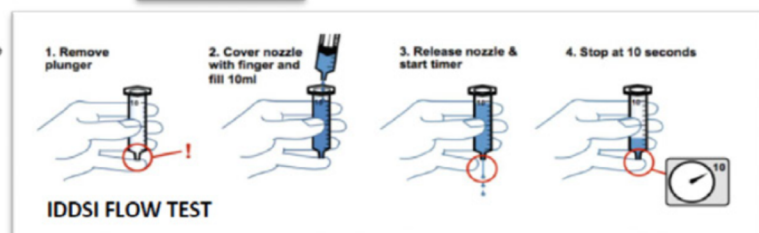
www.IDDSI.org/framework/drink-testing-methods/

Before you test...

You *must* *check* your syringe because there are differences in syringe lengths. Your syringe should look like this



IDDSI Fork Drip Test
Drips slowly in dollops through the prongs of a fork



Intended for general information only. Please consult with your health care professional for specific advice for your needs



EXTREMELY THICK

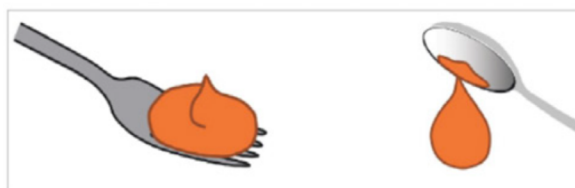


Level 4 Extremely Thick Liquids for Adults

What is this thickness level?

Level 4 – Extremely Thick drinks:

- ✓ Are usually eaten with a spoon
- ✓ Cannot be drunk from a cup or sucked through a straw
- ✓ Do **not** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are **not** sticky



Why is this thickness level used for adults?

Level 4 - Extremely Thick drinks may be used if your tongue control is not good enough to manage Moderately Thick, Mildly Thick, Slightly Thick or Thin drinks. Extremely Thick drinks allows more time for the tongue to “hold and move” the liquid. It’s important that Extremely Thick drinks are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Extremely Thick drinks are best taken using a spoon.

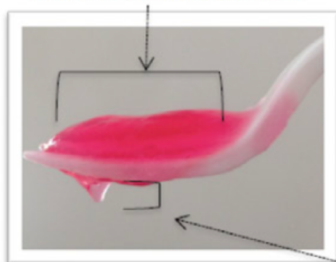
How do I measure my liquid or drink to make sure it is Level 4 Extremely thick?

It is safest to measure Extremely Thick drinks using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at

www.IDDSI.org/framework/food-testing-methods/

Extremely thick liquids sit in a mound or pile above the fork



IDDSI Fork Drip Test

Liquid does **not** dollop, or drip continuously through the fork prongs

A small amount may flow through and form a tail below the fork



IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky

Extremely Thick drink or liquid must pass both tests!

Intended for general information only. Please consult with your health care professional for specific advice for your needs

Mealtime questionnaire

Name:

Date:

1. What is dysphagia?

- a. Difficulty eating
- b. Difficulty coughing
- c. Difficulty swallowing
- d. Difficulty speaking

2. All the following are symptoms of dysphagia except:

- a. Coughing when eating
- b. Hoarse voice
- c. Drooling
- d. Jaw pain

3. How can dysphagia be treated?

- a. Thickening foods
- b. Thickening fluids
- c. Changing the person's position
- d. All of the above

4. When feeding someone should you:

- a. Sit to the side of them
- b. Stand in front of them
- c. Sit in front of them

5. Pop a mouthful in when you have time

- 5. One of the main concerns with dysphagia is the potential for aspiration
 - a. True
 - b. False

6. When caring for a client with dysphagia, a support worker should:

- a. Position the client lying down
- b. Become offended during the meal
- c. Try to engage in a full conversation
- d. Make sure the client is fully awake and alert before beginning a meal

7. Dysphagia can be caused by:

- a. A stroke
- b. Cancer surgery
- c. Parkinson's disease
- d. Aging
- e. Having an intellectual disability
- f. Overfilling the mouth
- g. All of the above

8. For a client with dysphagia, liquids can often be the most difficult to swallow.

- a. True
- b. False

9. A support worker should:

- a. Always follow the Mealtime Management Plan and be aware of where it is and to review regularly
- b. Just make some minor changes to what the Mealtime Management Plan says, because the client likes it
- c. Feed the client whatever they want to eat and ignore the Mealtime Management Plan because the client has rights.

10. Choking is life threatening, a support should:

- a. Encourage the client to keep coughing
- b. Get help
- c. Call 000
- d. If coughing is not clearing the blockage, lean the client forward and deliver a sharp blow to the back, checking to see if the objects being cleared
- e. All of the above

Total score: /10

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