Complete if swallowing difficulties are observed. This checklist is also part of the swallow screen process.

1. Complete the resident and staff details below (table 1) and the swallow difficulties observed (table 2)
2. Complete the checklist table (table 3), considering the resident’s typical presentation when eating and drinking currently. If required, complete a mealtime observation to enable accurate identification of any swallowing difficulties and possible strategies.
3. Trial the relevant strategies identified and complete the final column ‘success?’ (table 3). A second trial can be carried out if the first was inconclusive.
4. Complete the outcomes box (table 4) with identified strategies
5. Place this form in the care plan and document that the feeding safely checklist has been done. Ensure the swallow management plan is being implemented consistently by the resident, all staff & visitors.

Table 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident’s name** | **Staff name** *HEE ELearning training completed* | **Current IDDSI food level** | **Other feeding strategies in use** |
| **Date of birth** | **Job role** | **Current IDDSI drink level** |
| **NHS number** | **Date & time** | **Current level of assistance** |
| **Care home** | **Unit/floor** | **Current level of supervision** |

Table 2

**\* Which of the following swallow difficulties have been observed?**

□ Significant choking episode on food

□ Regular coughing or excessive throat clearing when eating or drinking

□ Voice regularly sounding wet when eating or drinking

□ Gasping for breath &/or change of colour in the face when eating or drinking

□ Food residue remaining in the mouth after eating

□ Slow chewing of food

□ Recent diagnosis of aspiration or aspiration related chest infection/ pneumonia

□ Recurrent chest infections

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 3

Table 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Feeding Safely Area** | **Questions to consider** | **Is this an issue?**  **(Yes, no or sometimes)** | **Feeding strategy options** | **Strategies trialled** | **Success? (yes, no or sometimes)** |
| 1. Alertness level | Is the resident awake and alert enough to eat and drink?  **If the resident is acutely unwell follow escalation protocols for emergency or hospital care** |  | Feed at the times when resident is most awake |  |  |
| 1. Positioning the resident | Does the resident sit fully upright for all oral intake?  Does the person eat/drink in bed? |  | Sit fully upright (use pillows/cushions, profiling bed or chair adjustments etc)  Sit out in an upright chair for all meals  Consider OT referral if specialist assessment for seating required |  |  |
| 1. Positioning yourself | Are you able to sit in an appropriate position to assist the resident? E.g. eye level, close by. |  | Feeder to be positioned at eye level & close enough to be heard |  |  |
| 1. Distraction | Is the resident distracted by environmental factors e.g noise, TV, other residents?  Does the person talk when eating? |  | Reduce distractions eg. Quieter area of dining room; turn off TV  Encourage resident not to talk while eating & drinking |  |  |
| 1. Glasses/hearing aids | Is the person wearing them when eating/drinking? |  | Ensure hearing aids / glasses are working or worn  Refer on to optician or audiology if required |  |  |
| 1. Dentition | Does the resident have dentures and if so are they worn at meal times?  Does the resident have natural teeth and if so are they in good condition? |  | Ensure dentures are worn  Referral to dentist if required |  |  |
| 1. Oral hygiene | Does the resident have specific oral hygiene needs e.g. thrush, bad breath, dentures?  Does the person have a toothbrush?  Is there food residue in the mouth after eating/drinking? |  | Regular mouth hygiene including brushing teeth at least twice a day  2 hourly mouth hygiene if required  Check for food reside in mouth during &/or after meals  Refer to GP/ANP or dentist if specific assessment required |  |  |
| 1. Utensils | Does the person use/need specialist equipment? E.g. plate guard, plate warmer, adapted cutlery, dysphagia cup  Does the person use a spouted cup? If so, why? |  | Use of specific cups or utensils.  If swallow difficulties seen on drinks, try an open top cup as an alternative to a spouted beaker |  |  |
| 1. Portion size | Does the person require smaller portions?If so are smaller portions given more often during the day? E.g. snacks |  | Small portions, spread regularly over the day ‘little & often’ |  |  |
| 1. Independence | How much assistance does the person need to eat/drink? E.g. verbal prompts, hand over hand, full assistance |  | Supervise at a distance, or one to one.  Fully assist feeding if required- different levels of support may be required for food and drink |  |  |
| 1. Time | How long does the resident need to finish their drink or meal? |  | Give enough time to finish meal/drink without rushing |  |  |
| 1. Cognition levels | Does the resident have a medical diagnosis eg. Dementia which impacts cognitive processing?  Does the resident keep food and/or drink in their mouth for prolonged periods of time, as if they’ve forgotten to swallow it?  Does the resident overfill their mouth, as if they have no pause button between mouthfuls? |  | See dementia specific tips below for ideas that may help anyone with a cognitive impairment, including   * Verbal prompts to swallow * Visual prompts to swallow * Tactile prompts to swallow |  |  |
| 1. Size of mouthful | Does the person need to use a teaspoon to reduce volume size of each food or fluid mouthful?  Does the person take large/repetitive mouthfuls vs small controlled sips?  Are they fed with a spouted cup? Is the sip size controlled? |  | Supervise and prompt to take small single sips/mouthfuls, using hand over hand guidance if required  Use a teaspoon for all food delivery to reduce size of mouthfuls if required |  |  |
| 14. Use of pre-existing modified diet | If the resident is advised modified foods are they receiving the correct IDDSI level consistency? E.g. is the puree smooth, is the fluid too thick?  Is the food presentation maximising appeal to the resident? |  | Refer to the IDDSI & ELHT SLT websites for resources to help you optimise accuracy & appeal of modified food. Discuss variety and presentation of modified foods with kitchen staff if you feel it can be improved.  If you suspect an increase in food modification is required, start swallow screen |  |  |
| 15. Other professionals | Have referrals to other agencies been made if required eg. Dietician if MUST is 2 or more; pharmacist if there are issues with taking medications; Occupational Therapy (OT) if there are seating/positioning issues? |  | Onward referral if required  Note – use of food & drink charts to track intake amounts/types are useful for any resident with low food/drink intake |  |  |

Table 4 - **OUTCOMES**

**Drinks**

Current IDDSI drinks level

Delivery method

Level of assistance and/or supervision required

**Food**

Current IDDSI food level

Bread:

Delivery method

Level of assistance and/or supervision required

**Other feeding strategies**

**General mealtime considerations for residents with dementia**

1. Plan doses of medication around mealtimes (medication may affect the person’s desire or capacity to eat).
2. Ensure that the person has been to the toilet beforehand, and that they are equipped with well-fitting glasses/hearing aids/dentures.
3. Keep the environment calm with reduced noise.
4. Consider if the person eats better when alone or in company.
5. Ensure that the person is seated in an upright position and is well supported in the chair/wheelchair; there should be no gap   
   between the seat pad and the seat back.
6. Clear the table of clutter; only give the cutlery needed for each individual course. Less clutter results in less confusion.
7. If a person needs help feeding, sit at the same level to assist them.
8. Encourage eating by talking about the meal (eg what the food is called, what does it taste/smell like?)
9. Consider the colour of foods on the plate - a variety of colours is helpful. A blue plate is a good choice. Not many foods are blue and therefore they will contrast with the plate making them easier to see.

**Useful website resources**

<https://iddsi.org/framework/> IDDSI website including framework and testing techniques

<https://elht.nhs.uk/services/speech-and-language-therapy> ELHT SLT webpage including clinical resources

<https://www.e-lfh.org.uk/programmes/dysphagiaguide/> Health Education England ‘Dysphagia Guide’ eLearning

www.bapen.org.uk MUST scoring & Food Fortification