Manual for Mealtimes

Speech and Language Therapy Guidance for Problems with Eating, Drinking and Swallowing

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Speech and Language Therapy Guidance for problems eating, drinking and swallowing

Please use this before referring to Speech and Language Therapy (SLT).

For completion by senior staff or with their supervision.

If you notice a problem with eating and drinking:

1

- **First,** check whether the person has been seen before by SLT and advice is in place.
- **If SLT advice is in place** make sure it is being followed consistently.

2

- Also, **check with other members of staff** that they agree with you about what is happening.
- **Check with the person themselves** if possible, and **with their family,** what they think they can manage and what the problems are.

3

- **In all cases, keep careful records and check what has been recorded by others**. It is very important that everyone knows what is happening and up to date information is shared with all the people involved, including preferences and routines, as well as problems.

4

- **If there is no advice in place, or existing advice isn't working, follow the guidance in this booklet**

Contents

General Information

Please read this before using the manual.

People with dementia and other conditions may have or may develop difficulties eating and drinking, especially in the later stages of an illness. Although this document focuses on dementia, much the advice is applicable to anybody who is having difficulty. Sometimes problems are due to muscles not moving so well, but often there are other reasons.

Changes in the brain may mean the person cannot recognise what they see, hear, taste, smell or feel, or understand their own sensations of hunger or thirst, or what is in their mouth.

All these things can have a huge impact on eating and drinking.

Your careful management to compensate for these difficulties can prevent or reduce swallowing difficulties, and not all problems will require the intervention of a Speech and Language Therapist.

This guidance is designed to help you manage eating and drinking problems and know when to refer to SLT. It is arranged in sections so you can look things up easily. You don't have to read it all at once.

We want to make sure our SLT resources are targeted where they are needed most, so that we can give you a prompt and efficient service.

Other services can be involved with supporting eating and drinking, such as a dietitian for nutrition, OT or physio for positioning, balance and environmental adaptations, physio for mobility and respiration, pharmacist, nursing staff, dentist and GP.An accompanying training presentation has been provided to all care homes, and can be found on the NHS Lothian Speech & Language Therapy website.

Refer to SLT immediately only if:

There have been several recent chest infections and you think there is a connection with eating and drinking,

or

There are **frequent** signs of aspiration (food or drink going into the airway) when eating or drinking i.e. one or more of the following:

- frequent and troublesome coughing during mealtimes
- more than one choking incident, or one choke plus other signs
- wet breath sounds or gurgly voice after swallowing
- change of breathing after swallowing
- change of colour after swallowing
- eye watering whilst eating or drinking

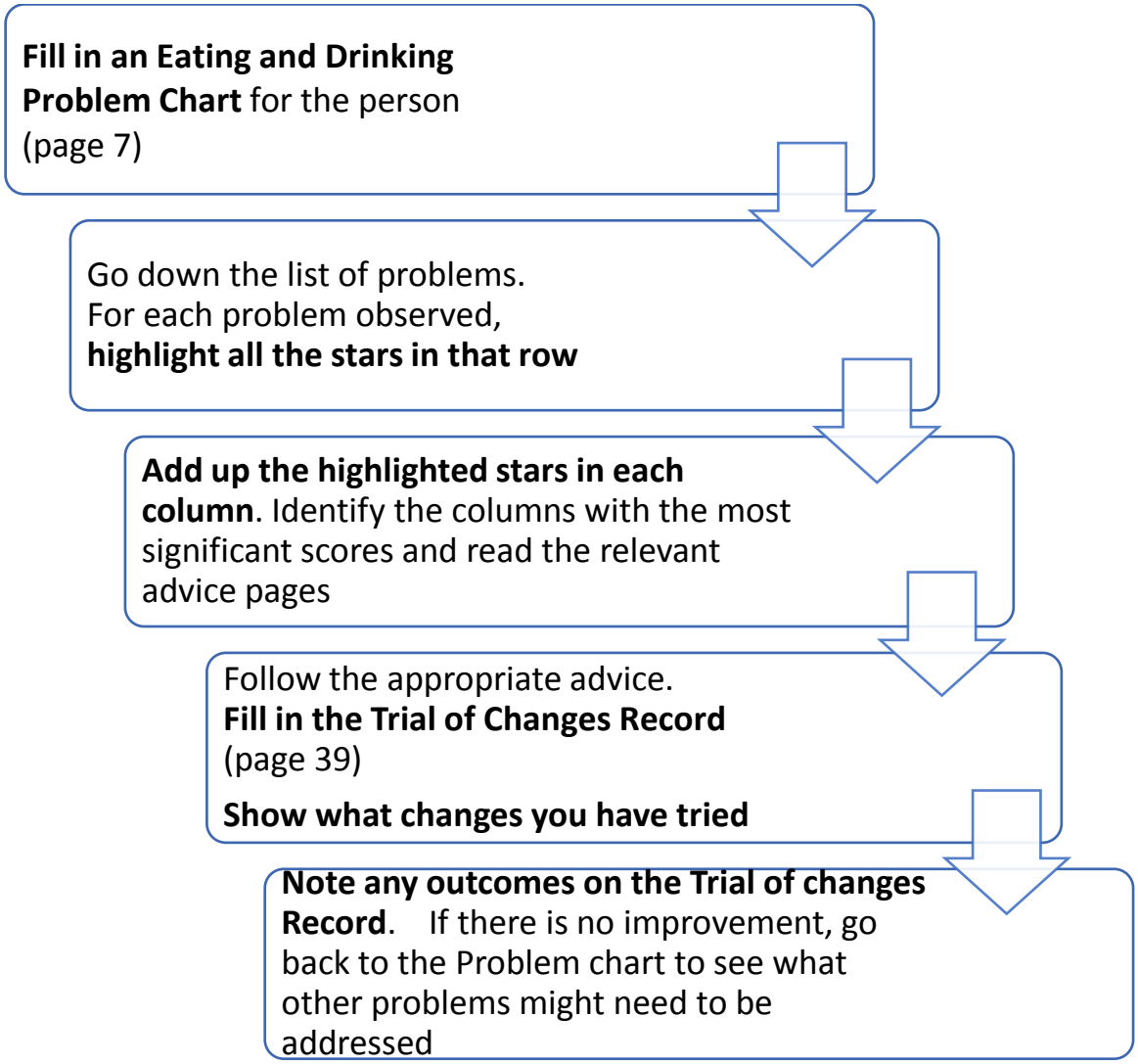
How to refer: See page 36. Please give as much detail as you can so the therapist knows what has been happening.

If you have identified other problems with eating and drinking

do not refer to SLT yet.

Follow the good management advice in this manual.

How to use this Manual (see Appendices for a worked example)



If problems have resolved, you do not need to refer to SLT. The forms are sufficient evidence for the Care Inspectorate.

If you feel you have made all the possible changes and things have not improved, refer to SLT. Use the form in this folder.

How to refer: See page 36. **Please give as much detail as you can so the therapist knows what has been happening.**

Please liaise with your colleagues. A structured approach to sharing communication in the team is a key part of effective management.

NHS Lothian

Eating and Drinking Problem Chart

(see instructions on page 6 of Manual for Mealtimes)

Patient's Name and DOB:	Factors to Consider													
Problems	Alertness	Environment	Sensory	Position	Pain	Mouth care	Helping	Medication	Reflux	Social	Texture	Preferences	Rights	Cognition
Holding food in mouth	☆	☆	☆	☆	☆	☆	☆				☆	☆		☆
Refusing food	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	☆
Eating too fast			☆				☆							☆
Distractible		☆	☆		☆					☆		☆		
Taking other people's food		☆	☆	☆						☆		☆	☆	☆
Walking at mealtimes		☆	☆											☆
Spitting out food	☆	☆	☆	☆	☆	☆	☆				☆	☆		
Sleepy or passive	☆		☆		☆			☆					☆	
Not aware it's a mealtime	☆	☆	☆				☆			☆		☆		☆
Not eating/drinking enough	☆	☆	☆	☆	☆	☆	☆	☆		☆	☆	☆	☆	☆
Eating very slowly	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	
Overfilling mouth	☆		☆				☆				☆		☆	☆
Talking whilst eating		☆	☆				☆			☆			☆	
Tongue thrust							☆				☆			
Swallowing without chewing	☆		☆				☆				☆			☆
Difficulty with tablets			☆	☆									☆	
Food residue in mouth after swallowing	☆		☆	☆			☆				☆			
Difficulty getting food or drink to mouth				☆										☆
Drooling			☆	☆		☆		☆	☆					
Feeling of a lump in the throat									☆					
Coughing at night									☆					
Lots of mucus in the morning									☆					
Problems with particular foods or liquid	☆		☆	☆			☆				☆	☆	☆	
Moderate coughing at meals	☆			☆		☆	☆	☆	☆		☆	☆	☆	
Not following advice	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	☆
Totals														
Date: Signature: Print name: Designation:	Alertness	Environment	Sensory	Position	Pain	Mouth care	Helping	Medication	Reflux	Social	Texture	Preferences	Rights	Cognition
Refer to page number	8	10	12	14	16	18	20	22	24	26	28	30	32	34

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Alertness	

It is important for the person to be wide awake to eat and drink. If they are drowsy, food is more likely to go down the wrong way, and they are unlikely to eat and drink enough.

Give the person plenty of time to wake up before a meal, and lots of verbal and sensory prompts (see pages 12 -13) about what is happening. This helps the swallow mechanism to work.

Check if there is a time of day when they are more alert. Can you give them their biggest meals at their best times of day?

Could medication be making them drowsy? Discuss with the GP if so.

Check for illness or infection, which could make them very passive or sleepy.

Give high calorie foods. If they are too sleepy to eat much, make sure the nutritional content of what they do eat is as high as you can, e.g. by adding cheese or cream.

Make sure snacks are available so you can give them something in between mealtimes if they wake up. Night time or early morning agitation may signify hunger, so may be a good time to offer food.

Dehydration can cause **drowsiness.** Encourage drinks at every opportunity.

	Alertness

Keep the person's mouth clean (see pages 18 -19). If someone is drowsy, mouth care is particularly important to keep them comfortable and reduce the build-up of bacteria in the mouth which can lead to chest infections and other problems.

Think about whether their mood is low

- Talk to the GP if you think the person is depressed
- Are they bored during the day? There is evidence that people in care homes eat better and sleep better if they can engage in purposeful activity during the day.
- Involving people in food preparation, such as making smoothies, can increase alertness and interest in food.
- Is the person getting exercise, and do they have a chance to spend time outdoors? This helps mood and appetite.
- Are you familiar with their best ways of communicating, and supporting them to engage in conversations and social interaction?
- Are you using their life story to focus on their proud moments?
- Do you know their favourite music and why it is important to them?

If the person is not responding to offered food or drink, it could be because they are nearing the end of life. Talk to the GP. If care is palliative, take your cue from the person. It is important to make sure nourishment is offered, but not forced.

Environment	

The environment can make a huge difference to how well a person can eat and drink. See the sensory section pages 12-13 also.

Everybody is different. **Find out what suits the person.**

Keep the environment as calm as possible. A lot of chatter, clatter and people moving about at mealtimes, can be very distracting or even distressing for someone with dementia.

Try to make sure there is plenty of space, so table settings are not too close together and the person does not feel crowded.

Try playing soft music. This has been shown in studies to help people to be settled at mealtimes. Turn off any other radio or TV.

Many people eat better if they are sitting with other people, but some are better at a table on their own.

- **Can staff sit and eat with residents**? Studies show this helps.
- **Can you group people together** who need the same level of prompting or assistance?
- Does the person eat better if there is **someone to copy**?
- **Is everyone at the same table on the same course**? It can be confusing if your neighbour gets their pudding while you are still eating your soup.
- **Avoid asking people what they want for their next course** while they are still eating their first course, as this is confusing.
-

Environment

If you are not physically and mentally prepared for a meal, your swallow does not work so well.

Long before we begin to eat our brain gets our muscles and digestive system ready.

If you have dementia, you are less likely to be aware when it is a mealtime and you may not recognise when you feel hungry**.**

Use the environment to show the person it will soon be time to eat.

Appetising smells help to encourage people to eat. Make sure any off putting smells are eliminated.

Moving to the dining room, setting the table and talking about what is on the menu can all help. Make sure you don't set the table too early though as this is likely to lead to agitation.

If someone is eating in their own room, try:

- bringing cutlery and an apron
- talking about the food
- sitting the person up
- perhaps having a routine of turning off the TV and switching to some quiet music

Make sure they have had a chance to go to the loo before the meal.

People can forget what is happening during the meal. For some people, salt and pepper, a water jug, menu card or table decoration can all help to maintain the atmosphere. For others, these things could be a distraction and you may need to keep the table clear of unnecessary objects. Use lots of verbal reminders instead.

If the person is restless and walking about, check for pain and side effects of medication. Let them walk about until the food arrives. Give snacks between meals if they aren't eating enough at the mealtime. Remember that people who move about a lot need extra calories.

Sensory changes	

We are used to thinking of dementia as a disease of the memory, but it is important to remember that it affects many other brain functions, especially the senses.

Sensory changes mean that many people with dementia have difficulty recognising what they can see, hear, smell, taste or feel. They may also be much more distractible. Sit in the dining room at a mealtime and think about all the senses one by one. Little things matter and small things you do can make a big difference.

Try to keep noise and movement to a minimum. Turn off the TV or radio, apart from quiet music. Sounds can be frightening, for example, the bang of a saucepan lid. Sometimes, it just takes much longer and much more concentration to recognise what the sound is. Trying to work out what is happening takes the person's attention away from what they are doing, so for example a sudden noise might make them forget they are eating.

Good lighting is important, but watch out for shadows which can be frightening. Diffuse light is best.

Make allowances for other visual changes. It can be difficult for people to tell how near an object is, and how far they have to move to sit down, reach their cutlery or take a mouthful. Reflections in glass or shiny surfaces can also be very confusing. If they have lost part of their visual field and cannot see on one side, make sure items are visible on the good side.

Make sure the food contrasts with the colour of the plate. Mashed potato, for example, may be invisible on a white plate, but obvious to see on a blue plate.

Use a plain table cloth, as people with dementia often think a pattern is objects or bits of food which they try to pick up.

Familiar crockery can help people to realise what is happening. A person may not see that a plastic beaker is a cup of tea, but recognise a china tea cup, especially if it is a favourite pattern. Safety reasons may mean you have to use a beaker, but use familiar items if you can.

	Sensory changes

Be aware of what the person's body language is telling you, and keep records of this.

A person with dementia may be unable to identify the cause of their discomfort or distress.

They might deny they are in pain, hungry or thirsty or even too hot or too cold, because they do not recognise what these feelings mean.

They may be unaware when saliva is building up in their mouth and need a reminder to close their mouth and swallow.

Tastes can change when a person has dementia, and they may like different foods, but also when they smell or taste something they may not be able to remember what it is.

With all these changes, it is often enough to remind the person what is happening. Even if they cannot understand every word, your speech will convey encouragement and some meaning. Use their name to engage their attention. Allow time between phrases.

Give lots of verbal prompts, for example:

"It is nearly lunchtime..... I expect you're hungry."
"That soup smells good!..... It's parsnip soup today."
"You look a bit chilly.....shall I fetch your cardigan?"
"Here's your sponge pudding and custard..... It looks delicious!"

Positioning	

This may make all the difference to enable a person to eat and drink comfortably and safely.

We recommend an upright posture for eating and drinking, including if they are in bed. This protects the airway and also helps food and drink to pass down to the stomach without causing reflux.

Keep the person sitting up after the meal for at least half an hour. This reduces the risk of food coming back up, which could then go into the airway and cause a chest infection.

Think about the head position. Ideally, the head should be straight with the chin level.

Try this for yourself. If your head is tipped back it is much harder to drink. The liquid runs straight back to the throat, so if there is any delay in the swallow some of the mouthful may run in to the airway.

Another position which makes it harder to swallow is when the neck is stretched forward. This tightens the throat muscles so that they cannot move freely. Try to make sure the person does not have to crane forwards to reach their food or drink.

	Positioning

Use a wide or shallow cup or glass if possible, preferably with sides which slant outwards. A narrow glass or cup, or one which is angled inwards, makes it harder to drink safely. Towards the end of the drink the person has to tip their head right back. A wide cup spills more easily so you may need to fill it less full and top up. Handles are helpful especially with wider cups and glasses.

A beaker with a lid may also cause coughing as it often requires the head to be tipped back. If an open cup or glass is not possible, can the person use a straw? This can be clipped in to position so it doesn't swivel.

Make sure the person can reach their food. If their plate is too far away, food will be lost, or the plate may be tipped off the table. Also, the person will crane forward to avoid dropping food, which is not a good position for swallowing (see previous page).

An upright head position helps to limit drooling. You may also need to remind the person to close their mouth and swallow, especially before speaking or eating. If drooling is a big problem, talk to the GP.

Pain	

Many studies have shown that pain is under-treated for people who have dementia.

Pain makes a person less likely to eat and drink, and carers must be alert for this.

A person with dementia may be unable to report their own pain. They may deny pain even when it is severe. This is because they can no longer remember what the sensation of pain means, though they are disturbed and distressed by it.

There are various tools such as Doloplus 2 for assessing whether someone who does not express their needs verbally is in pain. You can find these on the internet.

The better you know the person, the more able you are to interpret their body language and behaviour and recognise how they are feeling.

Pain

If someone is not eating or drinking, consider whether pain might be a factor.

It could be pain in the mouth, or anywhere else in the body.

In most care homes, the drugs round is at mealtimes, since a lot of medication has to be taken just before or just after food. Unfortunately, this often means that painkillers are not effective during the meal.

Can you give medication an hour before the meal so that pain is under control before it is time to eat?

Seek medical or dental advice if you think pain is not controlled.

Mouth care	

Poor oral hygiene is a very significant risk factor for chest infections, and puts people off their food, so good mouth care is very important.

Help the person clean their mouth and teeth twice a day with a brush and toothpaste. Let the person do it for themselves if they can.

The mouth should be cleaned even if there are no teeth. A soft toothbrush is best for this.
Low foaming toothpaste (you can browse for this) is best if a person has swallowing difficulties. Use a pea sized amount.
To protect teeth, 1350-1550 parts fluoride per million is recommended.

Mouth and dentures may need to be cleaned after every meal, especially if the person has difficulty eating and drinking and there is food residue in the mouth.

If dentures are loose, chewing and talking are difficult. Try different fixatives.

Some people prefer to take dentures out for eating but like to wear them for their appearance between meals. Take them out for naps especially if they are loose.

Mouth care

Make sure there is plenty of Vitamin C in the diet as this protects from gum disease and infection. People with no teeth or poor dentition tend to eat less fruit and vegetables.

It is very important to drink enough to keep the mouth moist. It is very hard to swallow if the mouth is dry, and saliva is also important to fight infection. (See also medication on pages 22-23, which can dry the mouth.)

If you notice saliva is very thick, try giving more drinks, especially water. Thinner saliva can be easier to swallow and may help reduce drooling. If you see other secretions, such as a white coating on the tongue, or discoloured or bad smelling mucus, the person may need medical treatment and should be seen by a doctor or dentist.

For further information see:
http://www.knowledge.scot.nhs.uk/media/7460397/caringforsmilescarehomes2013.pdf

Good mouth care:

- Keeps the mouth feeling fresh and comfortable
- Helps taste and smell and increases the enjoyment of food
- Helps you notice if there are any problems in the mouth
- Protects from pain and infection
- Lets you see if there is any food residue -this can be a sign of swallowing difficulties.

Helping	

Many people with dementia need assistance getting food or drink to their mouth.

Helping somebody is not easy and can feel awkward or embarrassing for the person who is eating. Ask a friend to assist you to eat a whole meal so you know how it feels.

When you help the person, make sure you know what they like and what they can manage. **Check records for recommendations**.

If possible, keep to their preferred routines and staff they know well. Ensure staff are familiar with the best ways to support the person's communication.

Make sure the environment and positioning are suitable, and allow for their sensory difficulties.

Check dentures, hearing aids and glasses. Are they the right ones? Does the person need them? Are they clean? Is the hearing aid working and at the right volume?

Give lots of cues before the meal so they feel ready to eat and drink.

Give them as much choice as you can. Use picture menus or show them the actual meals to choose from.

Make sure you are comfortable. Sit on a level with the person and opposite them as much as possible so that they are facing the front while they eat and not turning sideways. Stay with them and avoid talking to other people as this is distracting.

Make sure the meal looks appetising. Tell them what it is and what is in each mouthful.

Make sure they can see the food (as able) so they know what it is like and how much is left.

	Helping

Support the abilities of the person and let them do as much as they can for themselves. This gives them control and helps the swallow mechanism. Try finger foods if they cannot manage cutlery. If necessary, put cutlery or food in their hand, and guide their hand to their mouth (hand under hand assistance). Sometimes giving them the first taste helps to get them started.

Give lots of verbal prompts but don't get them to chat whilst eating.

Watch for the swallow to happen. You should be able to see the lump in the front of the neck which is the voice box go up and down in a sort of clunk. If this isn't visible, listen or feel for a good swallow. This is important as the front of the mouth may look empty when the food is still in the throat, waiting to be swallowed. The food needs to be cleared before you put the next mouthful in, otherwise a build-up in the throat may cause coughing or choking.

The person may need more than one swallow per mouthful. Allow time for this and see if softer food helps. Try placing an empty spoon on their lip or in their mouth to help trigger the extra swallow if necessary. A sip of water after each mouthful is helpful for some people.

Make sure the pace and mouthful size are suitable. Swallowing problems are sometimes completely resolved by taking more time. If the person is eating too fast, try cutting the food smaller, or giving them a smaller spoon or fork. It may be necessary to keep the next mouthful out of reach or sit by them and gently put a hand on their arm to prompt them to wait before loading their mouth. Give verbal prompts if this helps, as they may not realise when their mouth is full.

If they eat very slowly, try using a warming plate to keep food hot, or serving several very small helpings. A long chewing phase may be very tiring, so think about giving smaller meals with snacks in between. Try giving some food in a form that slips down more easily, e.g. yoghurt or custard, but avoid giving pureed diet for all meals unless this has been advised.

Medication	

If the person has difficulty swallowing tablets, talk to the GP.

The GP and pharmacist will review the medication. They will decide whether medicine can be given in a different form or stopped.

If the person is refusing medication, **the doctor will need to be involved. It is against the law to hide medication in food or drink and give it to the person without their knowledge.**

A person with capacity has a right to refuse. If the person refuses and does not have capacity, and medication is considered essential, a Covert Medication Pathway should be followed.

The pharmacist will advise which tablets can be crushed, and whether tablets can be taken with a spoonful of food. Sometimes, a large tablet can be prescribed as two smaller tablets, which might be easier for the person to swallow. Once again, everyone is different. Some people find larger tablets easier. If one tablet is a problem, it does not mean they all have to be changed.

In general, a caplet shape is easier than a round tablet.

Give tablets one at a time.

Some medication can be given in liquid form, but liquid preparations tend to be more expensive and don't keep so well, so GPs will only prescribe them when it is really necessary. If a person is on thickened drinks, liquid medication may need to be thickened too, and this should be checked with the pharmacist in case the thickening powder affects the medicine. (See page 29 regarding thickeners).

Liquid medication is often given in a little measuring cup which requires the person to tip their head back to drink it. Although you have to measure the dose carefully, it is often better to give it to the person from a spoon so that they can keep their head at a good angle for swallowing.

Medication

Medication can have side effects which influence eating and drinking.

These include:

- Dry mouth (it is very difficult to swallow if your mouth or throat are very dry, however specific medication is sometimes needed to dry excessive saliva too)
- Nausea
- Loss of appetite
- Shaky or weak muscles
- Reduced alertness
- Confusion or hallucinations

For some conditions, such as Parkinson's, the timing of medication can be very important.

Swallowing may be better once the dose has had time to work.

If a person starts having swallowing problems, think about whether there has been a recent change in medication and if this could be having an effect.

Reflux	

There are many different reasons why people cough. Acid reflux is one of them, and it can make swallowing difficult too.

Acid reflux is common and can irritate the throat.

This may make a person more likely to cough, particularly on certain sharp or spicy foods, or on the first mouthful of a cold drink for example.

Persistent reflux can cause tightness and discomfort in the throat and make swallowing more difficult.

Reflux can be silent, and a person may not be able to tell you if they are experiencing symptoms such as indigestion or heartburn.

Signs to look out for are:

- frequent throat clearing during the day
- coughing at night
- excessive mucus, especially in the morning,
- unusually hoarse voice
- runny nose
- burping
- a sensation of a lump in the throat

Reflux

If these are happening it could be worth discussing this with the GP who may consider whether a double action antacid with an alginate would help. The alginate forms a floating layer over the stomach contents which acts as a barrier to stop bile or acid coming up.

Other things to try are:

- raising the head of the bed
- avoiding tight clothing
- avoiding rich or spicy foods
- avoiding acidic food or drink (eg orange juice, tomatoes)
- avoiding lying down for at least an hour after eating.

If the person can swallow water, sipping water through the day is good for the throat.

Social aspects	

Mealtimes are when we eat and drink, but they are also a social time.

For many people they are the key times of day to look forward to, when we chat, share news, and have a laugh.

We often celebrate special events with food, and most festivals revolve around traditional meals.

These aspects can be lost for people who have swallowing problems. This can mean they don't enjoy mealtimes and eat less.

Try to make some time for social interaction before or after the meal. This could involve food preparation or food reminiscence activities which help to motivate the person and interest them in food. It can also help combat "menu fatigue" which is particularly important for people on modified textures.

If a person has any difficulty eating and drinking, they need to concentrate fully on the meal and should not be distracted by chat.

It is important for them not to talk whilst eating and drinking, but for many people, the situation is more relaxed and friendly if there is some conversation.

Think very carefully about your own speech. Try to talk to the person in a way which does not make them laugh or talk during a mouthful.

	Social aspects

During the mealtime, if the person is easily distracted, keep your conversation focused on the meal and do not talk about other things.

You may need to give verbal prompts throughout the meal to remind them what is happening and encourage them to eat, but be careful not to ask questions that they will want to answer when their mouth is full! Save questions until they have finished.

Note: asking a question such as “is that nice?” can be a good way to get the person to vocalise so you can hear whether their mouth and throat are clear and ready for the next mouthful. Only do this after you think they have swallowed.

Interaction is important even if the person has very limited language. Familiarise yourself with what they understand and how they express their needs and feelings. Is there a reliable way for them to indicate Yes and No? Allow the time they need to process what you say, keep speech simple and use visual cues. Remember that the sound of your voice and your manners will be meaningful even if the words themselves are not fully understood.

It is important to try to make sure people who have to eat modified textures do not feel excluded or different. Aim to make their mealtime experience as much like what they are used to as you can.

If food needs to be cut up or mashed, do this before the meal is served so the person does not feel patronised.

Texture	

Changes in sensation, reduced muscle strength and movement, poor dentition, ill-fitting dentures, or discomfort in the mouth can all make chewing difficult.

This can result in:

- Holding food in the mouth and not swallowing
- Taking a long time to chew each mouthful
- Bits of food left in the mouth after swallowing
- An increased risk of coughing, choking or silent aspiration
- Spitting bits out
- Getting too tired to finish the meal

The foods which are most difficult to chew and swallow are:

- Dry crumbs or flakes, rice unless very soft and in a sauce
- Pips, seeds and husks
- Hard or chewy lumps, including dried fruit
- Bits, strings and skins
- Floppy leaves such as cabbage or lettuce, most salad

High-Risk Foods

- Crisps (starch based snacks are better as they break down in the mouth.)

If you notice the person has problems, try avoiding these high-risk foods.
Try adding thick sauce or gravy which helps the food hold together.

Don't puree all the meals unless this has been advised. Some people need puree after an illness, but then get better. If chewing has recovered, you may be able to try more textured food. This should be done in small stages.

Texture

Keep records of what the person finds easiest. Everyone is different. People may manage quite different textures with different types of food.

Some people find mashed potato sticky and difficult, or scrambled egg too bitty even though it is soft.

Bread can be cloying, but chips are often managed well.

Biscuits vary: some stay very dry and crumbly in the mouth, but others dissolve down to a pulp.

Food which has a mixture of liquid and solid bits, such as muesli, broth, or mince in a thin gravy, can be hard to manage. Try blending soup, thickening gravy, and serving porridge or wheat biscs instead of more bitty cereals.

If the person is coughing on liquids, think about their head position and the shape of the cup. Are they better with a wider cup or a straw so that they keep their chin level while drinking?

Thickeners should be avoided unless absolutely necessary. They can cause dehydration and constipation and may not reduce the risk of chest infections. **Try other strategies.** A sharp flavour like sour lemon, carbonated drinks, or ice-cold temperature might help to trigger the swallow.

If the person has been advised to use thickener, make sure it is not too thick. Follow the instructions carefully and allow enough time for the mixture to thicken before giving it to the person. Also be aware that drinks tend to thicken further when left standing for a long time, so it is important to make fresh drinks regularly.

Naturally thick Eg Smoothie Milk shake			
Level 1 slightly thick	Level 2 mildly thick	Level 3 moderately thick	Level 4 extremely thick

As with puree, if the person is recovering from a temporary illness, they may not need to stay on thickener long term.

Preferences	

It is very important to find out as much as you can about the person. Speak to family and friends, check records, give appropriate choices and note what works well.

Know what they like to eat, and when, and what environment suits them.

Observe cultural or ideological preferences. Check for allergies.

Find out what interests the person, and what activities they enjoy during the day, as happy, motivated people eat better.

Try to find out what kind of cup or glass they always liked to use in the past. It may not be possible to use their favourite mug, but if they are having difficulties, using familiar items may help.

Preferences

Offer visual choices using picture menus, or show the actual meal.

Make sure choices refer to the meal which is going to be eaten next. It is confusing if there is a different meal in between.

Remember that tastes may change, so keep good records of this.
Experiment with different flavours if you think tastes are changing. This can happen suddenly so don't assume if something was enjoyed yesterday it will still be a favourite tomorrow.

If a person cannot speak, their eating habits may be a way of communicating.
For example, closing their mouth or holding food in their mouth may be a way of telling you they do not like the meal, although it could also indicate a swallowing problem.

It is important to use verbal and other prompts to remind them what the food is, as they may not recognise the flavour.

If they aren't able to tell you, use your observations to work out whether they like the food. Remember a variety of tastes and textures stimulates the senses, and the noise and feel of food in the mouth can be important as well as the taste. Perhaps they have been eating softer foods and miss the crackle and crunch. Are there some crunchy foods they can manage, such as starch based snacks? (see page 28)

Portion size can be a significant factor. A large portion may put a person off, so be aware of their preferences as to how the meal is served.

People with dementia often develop a taste for sweeter food and may not enjoy the savoury dishes. This is because the sensory messages to the brain have changed, and they cannot detect flavours and smells as they used to.
If they are refusing savoury food, try adding sweet sauces such as chutney, ketchup or honey, and using naturally sweet vegetables such as carrots, sweet potato, peppers or beetroot.

Remember that even when the SLT has advised softer textures for some foods there will normally be exceptions, and favourite foods are often eaten better.

Rights and risks	

The person has a right to quality of life as well as a right to safe and effective care. We tend to think of safety as the critical issue, but this can sometimes mean that other aspects of the person's well-being are not taken into account.

Safety is important. People with advanced dementia often have a swallowing difficulty, and this increases the chance of food or drink going in to the airway and causing choking or chest infections.

In many cases a Speech and Language Therapist will do an assessment and make recommendations to reduce the risk. The advice may involve changing positioning, or the way food is served or fed to the person, or, if necessary, modifying food consistencies.

Sometimes the person does not want to follow the advice or finds the modified food unappetising.

This is always a difficult situation because you do not want to increase the likelihood of choking or chest infections.

As well as the risk of infection, we must consider the risk of poor nutrition or hydration due to the person not eating enough if they don't like thickener or soft food.

We must also take in to account that choosing to eat foods they enjoy, in spite of a risk, may improve the person's quality of life.

When a person has capacity, we can explain the likely consequences of different options, and allow them to make a choice.

If they do not have capacity, we must still make every effort to respect their wishes, as well as the judgement of the person legally nominated to act for them. The law says our intervention must restrict the person as little as possible, so we should only suggest changes we consider necessary.

	Rights and risks

These can be difficult decisions.

Work is being done on ways to balance the different risks associated with eating and drinking. It is important to remember that although the SLT advice may reduce the risk of aspiration, sometimes there are other significant factors.

Evidence shows that poor mouth care is a bigger cause of chest infections than a poor swallow.

The SLT assessment is only part of a wider picture, including your knowledge of the person's own wishes, their eating history and how successfully they are already compensating for any difficulties. **Input from the whole multi-disciplinary team is very important.** Sometimes, even after full assessment and consultation, we are balancing probabilities and cannot be 100% sure what will help.

Occasionally we give advice as a trial, to see if there is benefit.

Other key factors include the person's alertness, mood, interest in the food, distractibility, positioning, mouth care, medication and general health.

The skill and support of the person assisting them can make a huge difference too.

It could be that these additional factors are just as important as keeping rigidly to the texture recommendations. Following these other aspects of the advice may sometimes be what achieves the best results.

Sometimes the SLT does not have any advice to offer which will improve the person's well-being.

There are times when there is no option but to give a person food and drink even though there is a significant risk of aspiration. This can be stressful for you as the carer as well as for the person who has difficulty swallowing. Food and drink must be offered if the person needs it.

In these situations, it is important to understand the views of all the people involved so that a care plan can be developed which is in the best interest of the person in terms of their quality of life as well as their safety.

Cognition

It is important to remember that the person with dementia still thinks about things, and this may affect their eating and drinking.

For example, if they are holding food in their mouth, it may be because they are thinking it is not the food they chose or expected.

They might refuse food because they think they need to pay for it and are worried they have not got the money.

They might eat too fast because they think that is the only meal they will get or worry that the food will be taken away.

They might not eat because something distracts them or frightens them and makes them think they are in a different environment.

They might be worrying about an appointment or a visit, or maybe something that has happened earlier that day.

They may not understand what is difficult or risky and have no idea why it is important to avoid certain foods.

They might want to give their food to somebody else because they are thinking of someone they looked after in the past.

They may take another person's food without any awareness that it is not theirs or put non-food items in to their mouth because they are hungry and do not recognise what they see.

They might feel ashamed or embarrassed or worry about being a nuisance.

	Cognition

You may be able to reassure the person with patient verbal explanations, but sometimes they will not understand.

Try to see the world through their eyes and work out how to resolve the specific issues, through positioning, environment, non-verbal cues and modelling.

Once again, keeping records is very important so you can see what leads up to particular thoughts or behaviours, and build on the positive routines.

The person may need constant supervision at mealtimes, even if they do not have a swallowing problem.

How to refer to Speech and Language Therapy

After following the advice, if help is still needed, please complete the SLT Referral Form from the Manual. Please tell us as much as you can about what has been happening so that we can prioritise appropriately. Please include the Eating and Drinking Problem Chart and Eating and Drinking -Trial of Changes Record with the referral. Copies of all the documents are on the CD.

If you have a SECURE email, eg nhs.net, gsx.gov or local gov, the form can be emailed to us at:

Edinburgh: SLT.EAC@nhslothian.scot.nhs.uk

Midlothian: SLT.MAC@nhslothian.scot.nhs.uk

East Lothian: SLT.ELAC@nhslothian.scot.nhs.uk

West Lothian: SLT.WLAC@nhslothian.scot.nhs.uk

Otherwise, the form must be put in the post to ensure confidentiality.

Edinburgh	Edinburgh Adult Community Speech and Language Therapy Service Psychology Hut, Astley Ainslie Hospital 133 Grange Loan Edinburgh EH9 2HL 0131 537 9577
Midlothian	Midlothian Adult Community Speech and Language Therapy Service Newbattle Medical Centre Blackcot Mayfield Dalkeith EH22 4AA 0131 454 9544
East Lothian	East Lothian Adult Speech and Language Therapy Service East Lothian Community Hospital Alderston Road Haddington EH41 3PF 01620 642 704
West Lothian	Speech & Language Therapy Department St John's Hospital Howden Road West Livingston EH54 6PP Tel: 01506 524 191

APPENDIX 5.1 **EXAMPLE - EATING AND DRINKING PROBLEM CHART**

Name and DOB: / Problems	Factors to Consider													
	Alertness	Environment	Sensory	Position	Pain	Mouth care	Helping	Medication	Reflux	Social	Texture	Preferences	Rights	Cognition
Holding food in mouth	☆	☆	☆	☆	☆	☆	☆				☆	☆		☆
Refusing food	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	☆
Eating too fast			☆				☆							☆
Distractible		☆	☆		☆					☆		☆		
Taking other people's food		☆	☆	☆						☆		☆	☆	☆
Walking at mealtimes		☆	☆											☆
Spitting out food	☆	☆	☆	☆	☆	☆	☆				☆	☆		
Sleepy or passive	☆		☆		☆			☆					☆	
Not aware it's a mealtime	☆	☆	☆				☆			☆		☆		☆
Not eating/drinking enough	☆	☆	☆	☆	☆	☆	☆	☆		☆	☆	☆	☆	☆
Eating very slowly	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	
Overfilling mouth	☆		☆				☆				☆		☆	☆
Talking whilst eating		☆	☆				☆			☆			☆	
Tongue thrust							☆				☆			
Swallowing without chewing	☆		☆				☆				☆			☆
Difficulty with tablets			☆	☆									☆	
Food residue in mouth after swallowing	☆		☆	☆			☆				☆			
Difficulty getting food or drink to mouth				☆										☆
Drooling			☆	☆		☆		☆	☆					
Feeling of a lump in the throat									☆					
Coughing at night									☆					
Lots of mucus in the morning									☆					
Problems with particular foods or liquid	☆		☆	☆			☆				☆	☆	☆	
Moderate coughing at meals	☆			☆		☆	☆	☆	☆		☆	☆	☆	
Not following advice	☆	☆	☆		☆	☆	☆	☆			☆	☆	☆	☆
Total	(3)	2	(4)	(3)	1	2	(3)	1	1	1	2	2		2
Date Signed Print Designation	Alertness	Environment	Sensory	Position	Pain	Mouth care	Helping	Medication	Reflux	Social	Texture	Preferences	Rights	Cognition
Refer to page number	8	10	12	14	16	18	20	22	24	26	28	30	32	34

Please note, this is an imaginary example to show you how to use the chart.

The form has been filled in for a resident where the following problems have been observed:

- Tendency to hold food in the mouth.
- Lack of awareness when it is a mealtime
- Food residue is left in the mouth after swallowing
- Drooling of food, drink or saliva

For each of the problems, the **whole row→** has been highlighted.

The number of highlights in each **column↓** has then been added up.

The **highest scores** (highlighted in the **Totals** row) are in the columns for

Alertness

Sensory

Positioning

Helping

These are the advice sheets that staff should look at first to see if there are any changes they can make which might alleviate the problems.

There are also scores of 2 for

Environment

Mouth care

Texture

Preferences

Cognition

These should also be considered if other changes have not had an effect. Read the advice sheets for each one to see if there is anything relevant to that person which you could improve.

Every time you make a change, write it in the 'Eating and Drinking Trial of Changes Record' See the completed example at Appendix 5.3

Eating and Drinking -Trial of Changes Record

Please refer to SLT Manual for Mealtimes. Fill in the 'Eating and Drinking Problem Chart' first.

Name and CHI/DOB of client:	Name of person completing:	Designation and base:

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Alertness	Extra prompts and time to rouse		
	Meals at best times of day		
	Medication side effects?		
	Check for illness or infection		
	Snacks and high calorie foods		
	Extra mouth care		
	Activities to lift mood		
	Treat for depression		
Environment	Reduce noise and movement		
	More space, adjust table layout		
	Soft music playing		
	Routine to prepare for meal		
	Staff eat with residents		
	Others to copy, all on same course		
	Lots of prompts		
	Walk until meal arrives		
Sensory	Allow for visual changes		
	Colour contrasts		
	Plain cloth and simple layout		
	Familiar items		
	Observe body language		
	Has taste changed?		
	More reminders		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Positioning	Sitting up well		
	Staying upright after meal		
	Head in good position		
	Wide or shallow cup		
	Food/drink within reach		
Pain	Non-verbal pain scale		
	Consider if pain is a factor		
	Pain treated **before** mealtime		
	Consult GP		
Mouth care	Clean mouth as well as dentures		
	At least twice a day		
	Clear residue every meal		
	Do they want dentures for eating?		
	Is fixative working?		
	Drink more to thin saliva		
Helping	Good environment and position		
	Are you comfortable too		
	Glasses, hearing-aid and dentures		
	Check for recommendations		
	Know what they like		
	Doing as much as possible for themselves		
	Meal in view and appetising		
	Give choice		
	Wait for swallow		
	Pace and mouthful size		
	Finger foods/adapted cutlery		
	Eat little and often		
	No chat during mouthful		
Medication	Check with pharmacist		
	Crushed medication with food		
	Some medication in liquid form		
	Giving liquid medication from a spoon		
	Consider side effects eg nausea, dry mouth		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Reflux	Coughing between meals		
	Sharp or spicy foods set it off		
	Mucus in the morning		
	Hoarse voice or runny nose		
	Feeling of lump in throat		
	Talk to GP		
Social	Times for interaction		
	Enjoyable experience of meal		
	Meal as like the norm as possible		
	Cut up or mash food out of sight		
Texture	Avoid high risk foods		
	Check records		
	Keep good records of what works		
	Posture for eating and drinking		
	Sharp or cold drinks		
	Following recommendations well		
	Accurate use of thickener		
Preferences	Good knowledge of person		
	Likes and dislikes		
	Cultural preferences		
	Familiar utensils		
	Record taste changes		
	Prompts about flavour		
Rights	Is texture the biggest factor?		
	Impact on quality of life		
	Skill level of carer		
	Risk of dehydration with thickener		
	Discussion with all parties		
Cognition	Check for worries		
	Observe behaviour patterns		
	Verbal reassurance		
	Keep good records of what works		
	Increased supervision		

APPENDIX 5.3 EXAMPLE - Eating and Drinking Trial of Changes Record Sheet

Refer to SLT Manual for Mealtimes. Fill in the Eating and Drinking Problem Chart first.

Name and CHI/DOB of client:
Mo Bloggs, 02/02/2002

Name of person completing: S Brown also M Green, C. Black

Designation and base. S/N, Alpha Nursing Home Senior carers

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Alertness	Extra prompts and time to rouse	Mo is very sleepy at breakfast, which is when problems are worst. We have tried giving him breakfast a bit later.	Mo is eating better and not holding food in his mouth so much S Brown 16.10.17
	Meals at best times of day		
	Medication side effects?		
	Check for illness or infection		
	Snacks and high calorie foods		
	Extra mouth care		
	Activities to lift mood		
	Treat for depression		
Environment	Reduce noise and movement		
	More space, adjust table layout		
	Soft music playing		
	Routine to prepare for meal		
	Staff eat with residents		
	Others to copy, all on same course		
	Lots of prompts		
	Walk until meal arrives		
Sensory	Allow for visual changes	We have started giving Mo lots of prompts about the food. Carers spend more time telling Mo when a meal is going to happen, putting out cutlery and talking about it. We also turn off the TV.	This hasn't made much difference M Green 10.10.17 Mo seems to be a bit more aware when it is time to eat . S Brown 16.10.17
	Colour contrasts		
	Plain cloth and simple layout		
	Familiar items		
	Observe body language		
	Has taste changed?		
	More reminders		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Positioning	Sitting up well	We are taking more care to make sure Mo is sitting up well. He tends to slip down again.	His swallow works better when he is sitting up. M Green 10.10.17 He's still drooling quite a bit but it is slightly better. 13.10.17
	Staying upright after meal		
	Head in good position		
	Wide or shallow cup		
	Food/drink within reach		
Pain	Non verbal pain scale		
	Consider if pain is a factor		
	Pain treated **before** mealtime		
	Consult GP		
Mouth care	Clean mouth as well as dentures		
	At least twice a day		
	Clear residue every meal		
	Do they want dentures for eating?		
	Is fixative working?		
	Drink more to thin saliva		
Helping	Good environment and position	We have been watching for the swallow and encouraging an extra swallow on each mouthful. We have also tried giving a slightly smaller mouthful.	Staff are reporting that it is slow but he is eating better. C Black 20.10.17
	You comfortable too		
	Glasses, hearing-aid and dentures		
	Check for recommendations		
	Know what they like		
	Doing as much as possible for themselves		
	Meal in view and appetising		
	Give choice		
	Wait for swallow		
	Pace and mouthful size		
	Finger foods/adapted cutlery		
	Eat little and often		
	No chat during mouthful		
Medication	Check with pharmacist		
	Crushed medication with food		
	Some medication in liquid form		
	Giving liquid medication from a spoon		
	Consider side effects eg nausea, dry mouth		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Reflux	Coughing between meals		
	Sharp or spicy foods set it off		
	Mucus in the morning		
	Hoarse voice or runny nose		
	Feeling of lump in throat		
	Talk to GP		
Social	Times for interaction		
	Enjoyable experience of meal		
	Meal as like the norm as possible		
	Cut up or mash food out of sight		
Texture	Avoid high risk foods	We are choosing foods which hold together better and don't separate in to bits, eg mixing rice in a thick sauce	This seems to be helping a lot. C Black 20.10.17
	Check records		
	Keep good records of what works		
	Posture for eating and drinking		
	Sharp or cold drinks		
	Following recommendations well		
	Accurate use of thickener		
Preferences	Good knowledge of person	Mo used to like cheese but we realised he wasn't eating cheesy meals well. We're avoiding cheese now or adding chutney to make it sweeter.	He's not holding it in his mouth without swallowing so much. C Black 20.10.17
	Likes and dislikes		
	Cultural preferences		
	Familiar utensils		
	Record taste changes		
	Prompts about flavour		
Rights	Is texture the biggest factor?		
	Impact on quality of life		
	Skill level of carer		
	Risk of dehydration with thickener		
	Discussion with all parties		
Cognition	Check for worries		
	Observe behaviour patterns		
	Verbal reassurance		
	Keep good records of what works		
	Increased supervision		

IDDSI Framework

From April 2019 the new international descriptors in the centre diagram are being used in NHS Lothian.

See additional forms for a fuller description including '7 Easy to chew'.

(Textures do not correspond exactly to the old ones.)

Old Lothian FOOD Descriptors
NORMAL
SOFT EASY CHEW
MINCE MASHED
THICK PUREE
THIN PUREE

Old Lothian DRINK Descriptors
PUDDING
CUSTARD
SYRUP
NATURALLY THICK
NORMAL

Description/ Characteristics There are NO texture restrictions at this level	• **Normal, everyday foods of various textures that are developmentally and age appropriate** • **Any method may be used to eat these foods** • **Foods may be hard and crunchy or naturally soft** • **Sample size is not restricted at Level 7, therefore, foods may be of a *range of sizes*** ➢ **Smaller or greater than 8mm pieces (Paediatric)** ➢ **Smaller or greater than 15mm = 1.5cm pieces (Adults)** • **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**
Physiological rationale for this level of thickness	• Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is 'swallow ready' • An ability to chew all food textures without tiring easily • An ability to remove bone or gristle that cannot be swallowed safely from the mouth

7

Swallowing Advice:

Easy to chew

Why do I need easy to chew food?

- You have some difficulty chewing food.
- This texture is recommended as these everyday foods require less chewing and reduce the risk of choking.

What is easy to chew food?

 **Easy to chew**	✓ Food is soft, tender and moist. ✓ Chewing is required before swallowing. ✓ You should be able to bite off pieces of food. ✓ You should be able to remove hard pieces of food from your mouth independently.
 **Can be eaten with a fork**	✓ Food can be eaten with a fork, spoon or your fingers.
	✓ There is no size restriction. Food can be a range of sizes.
	✓ Solids and liquids can be mixed together.

How do I prepare easy to chew food?

- When a mouthful of food is pressed with the back of a spoon/fork it stays squashed when pressed. It does not return to the original shape when the cutlery is removed.

DIFFICULT FOODS !

These foods can be especially hard to chew or swallow so need to be <u>avoided or specially prepared</u> so that they are soft to eat.
Please discuss them with your Speech and Language Therapist.

	**Dry foods** Dry Crackers.	✗
	**Crumbly Foods** Biscuits, pie crust without a sauce.	✗
	**Hard foods** Boiled sweets, Whole nuts and seeds.	✗
	**Tough or chewy foods** Steak, crispy bacon, dried fruit.	✗
	**Crispy or crunchy foods** Crisps, flaky pastry, crunchy fruit.	✗
	**Stringy or fibrous foods** Pineapple, celery, runner beans.	✗
	**Pips, seeds, pith/inside skin. No skins or outer shells** Peas, grapes, fruit skins or husks like sweetcorn. Seeded bread.	✗
	**Skin, bone or gristle**	✗
	**Round or long shaped foods** Sausages with the skin on, sprouts.	✗
	**Sticky foods** Marshmallows.	✗
	**Floppy foods** Lettuce, thinly sliced cucumber, spinach.	✗

Individual advice:

6

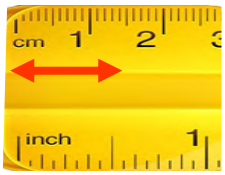
Swallowing Advice:

Soft and Bite Sized

Why do I need soft and bite sized food?

- You have some difficulty chewing and swallowing food.
- This texture is recommended because these are **everyday foods** that require less chewing and reduce the risk of choking.

What is soft and bite sized food?

 **Easy to chew**	✓ Food is soft, tender and moist. ✓ Chewing is required before swallowing
 **Easy to break up with a fork**	✓ Food can be eaten with a fork, spoon or chopsticks. ✓ Food can be mashed or broken down using a fork, spoon or chopsticks.
 **Sometimes needs a sauce**	✓ Thick sauces may be required.
 **Pieces are smaller than 1.5cm x 1.5cm**	✓ Food should be bite sized and **not bigger** than 1.5cm x 1.5cm.

How do I prepare soft and bite sized food?

- Most everyday foods can be changed to make them softer and easier to eat.
- When a bite sized piece, the size of a thumbnail (1.5cm x 1.5cm) is pressed with the back of a spoon/fork it squashes and changes shape and does not return to the original shape when the cutlery is removed.

Here are some examples of Soft and Bite sized food:

For more information go to: http://iddsi.org/framework/:

Meat and Poultry:

Cooked tender meat no bigger than 1.5 cm by 1.5cm.

Remove all skin, bones and gristle.

If texture cannot be served soft and tender, serve minced and moist.

Casserole/curry liquid should be as per Speech and Language therapist's recommendations.

Fish:

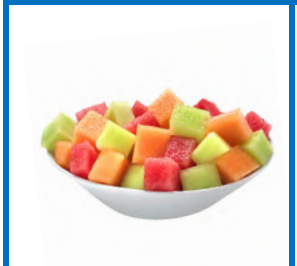
Remove skin and bones.

Soft enough cooked fish - break into pieces no larger than 1.5cm x 1.5cm..

Vegetables, Potatoes:

Steamed or boiled vegetables with a final cooked size of 1.5cm x 1.5cm.

Avoid stir fried vegetables.



Fruit:

Drain excess juice. Remove pips, fibrous parts and skin.

Pieces should be soft and no bigger than 1.5cm x 1.5 cm.

Mash as required eg apple.

Please refer to Foods to Avoid list.

Cereal:

Smooth, fully softened lumps no bigger than 1.5cm x 1.5cm.

Drain any excess milk or fluid before serving.

Rice.

Not sticky and should not separate into individual grains when cooked.

Preferably fluffy with a sauce.

Bread:

Bread must be assessed by a Speech and Language Therapist.

No dry or seeded breads.

DIFFICULT FOODS !

These foods can be especially hard to chew or swallow so need to be avoided or specially prepared so that they are soft to eat.
Please discuss them with your Speech and Language Therapist.

	**Dry foods** Crackers, cake, bread...	✗
	**Crumbly Foods** Biscuits, pie crust, wheaten...	✗
	**Hard foods** Boiled sweets, nuts...	✗
	**Tough or chewy foods** Steak, bacon, harder vegetables...	✗
	**Crispy or crunchy foods** Crisps, flaky pastry...	✗
	**Stringy or fibrous foods** Pineapple, celery...	✗
	**Pips, seeds, pith/inside skin. No skins or outer shells** Peas, grapes, fruit skins or husks like sweetcorn...	✗
	**Skin bone or gristle**	✗
	**Round or long shaped foods** Sausages, grapes, sweets. Hard chunks, like pieces of apple...	✗
	**Juicy food where the juice separates off in the mouth** Melon...	✗
	**Floppy foods** Lettuce, thinly sliced cucumber, spinach...	✗
	**Sticky foods** Some cheese, marshmallows...	✗
	**Mixing solid food with liquid** Hard cereal, fruit salad with juice and soups with food pieces...	✗

If you have any concerns regarding your diet or you need to follow a special diet due to a medical condition, please speak to your GP who may refer you to a dietitian.

Created by Harrogate and District NHS Foundation Trust.

Here are some examples of easy to chew food and how to prepare it :

Most everyday foods can be changed to make them softer and easier to eat.

Cook foods in liquid such as broth, water or juice until soft.

Mix foods with butter, gravy, sauce, mayonnaise or cheese to add extra moisture and calories.

Try ready made foods such as frozen dinners or canned foods.

Meat and Poultry:

Cooked tender meat with bone and gristle removed.

Examples: lasagne, spaghetti Bolognese, tender meat stews, curries, shepherd's pie, stovies, skinless sausages, pate.

Fish:

Remove skin and bones.

Examples: grilled, poached or fried fish, prawn cocktail, fish pie, tinned salmon or tuna.

Vegetables, Potatoes, Vegetarian:

Examples: steamed or boiled vegetables, omelettes, jacket potatoes, macaroni cheese, cauliflower cheese, risotto, rice or pasta served with a sauce.

Cereal:

Examples: weetabix, cornflakes or branflakes softened with milk, porridge.

Fruit:

Remove pips and fibrous parts.

Examples: banana, berries, stewed fruit, melon, pears, nectarines, peaches

Bread:

Avoid dry or seeded breads or very chewy bread like bagels.

Examples: muffins, crumpets, soft bread rolls, naan, soft pitta bread.

4

5

Swallowing Advice:

Minced and Moist

Why do I need minced and moist food?

- This texture is recommended because you are at risk of choking or chest infections on other food. This food is easy to chew. You can cope with some soft lumps.

What is minced and moist food?

 **Easy to chew**	✓ Food is soft and moist, it needs very little chewing. ✓ Small bite-sized pieces. 4mm by 4mm. ✓ Can be eaten with a spoon or a fork. ✓ Lumps are easy to squash with the tongue.
 **Holds its shape**	✓ Holds its shape. Can be scooped and shaped into a ball.
 **Often needs a sauce**	✓ Sauces should be extremely thick, smooth and non pouring,
 **Mashed**	✓ Foods can be easily mashed with a fork. ✓ Food pieces should not be bigger than 4mm by 4mm. ✓ It can be piped layered or moulded. ✗ If texture cannot be finely minced it should be pureed.
 **Avoid**	✗ Avoid all difficult foods - see list.

How do I prepare minced and moist food?

You can change everyday foods by finely mincing or mashing. If the food cannot be finely minced then you should puree. Please read the list of suggestions overleaf on how to prepare minced and moist foods.

Cont...

Here are some examples of Minced and moist food:

For more information go to: http://iddsi.org/framework/:

Meat and Poultry:

Meat must be finely minced.

Pieces must not be bigger than 4mm by 4mm.

Remove all skin, bones and gristle.

Serve in an extremely thick non pouring sauce.

Sausages should be skinless and minced.

Fish:

Remove skin and bones.

Finely mash in extremely thick smooth non pouring sauce.

Vegetables, Potatoes:

Cook until soft.

Finely minced, chopped or mashed.

Fruit:

Serve mashed.

Drain excess thin juice.

Remove pips and skin.

Cereal:

Very thick and smooth, fully softened.

Drain excess fluid before serving.

Rice, Pasta and Noodles:

Not sticky and should not separate into individual grains when cooked.

Add plenty of extremely thick, smooth, non-pouring sauce.

Cut up pasta/noodles no bigger than 4mm by 4mm with lots of sauce.

Desserts and snacks:

Extremely thick and smooth.

Custard, creamed, rice pudding, semolina, yoghurt (no bits).

Sponges and crumbles can be softened and mashed with cream or custard.

No jelly or ice cream if you require thickened fluids.
(Seek advice from the Speech and Language Therapist.

2

DIFFICULT FOODS !

These foods can be especially hard to chew or swallow so need to be avoided or specially prepared so that they are soft to eat.
Please discuss them with your Speech and Language Therapist.

	**Dry foods** Crackers, cake, bread...	✗
	**Crumbly Foods** Biscuits, pie crust, wheaten...	✗
	**Hard foods** Boiled sweets, nuts...	✗
	**Tough or chewy foods** Steak, bacon, harder vegetables...	✗
	**Crispy or crunchy foods** Crisps, flaky pastry...	✗
	**Stringy or fibrous foods** Pineapple, celery...	✗
	**Pips, seeds, pith/inside skin. No skins or outer shells** Peas, grapes, fruit skins or husks like sweetcorn...	✗
	**Skin bone or gristle**	✗
	**Round or long shaped foods** Sausages, grapes, sweets. Hard chunks, like pieces of apple...	✗
	**Juicy food where the juice separates off in the mouth** Melon...	✗
	**Floppy foods** Lettuce, thinly sliced cucumber, spinach...	✗
	**Sticky foods** Some cheese, marshmallows...	✗
	**Mixing solid food with liquid** Hard cereal, fruit salad with juice and soups with food pieces...	✗

If you have any concerns regarding your diet or you need to follow a special diet due to a medical condition, please speak to your GP who may refer you to a dietitian.

Created by Harrogate and District NHS Foundation Trust.

4 4

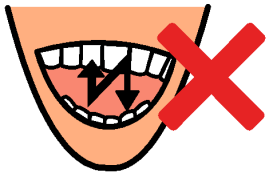
Swallowing Advice:

Pureed or Extremely Thick

Why do I need pureed food?

- You find it hard to swallow or may get tired easily when eating more solid food.
- This texture is recommended because you may also be at risk of choking or chest infections on other food.

What is extremely thick pureed food?

 **Smooth, no lumps**	✓ Food is smooth and moist with no lumps. ✓ It is not sticky.
 **No chewing**	✗ No biting or chewing is required.
 **Can be eaten with a fork**	✓ It is usually eaten with a spoon but can be eaten with a fork because it does not drop through.
 **Holds its shape**	✓ It falls off a spoon in a single spoonful when tilted. ✓ It continues to hold shape on a plate. ✓ It can be piped layered or moulded. ✗ It cannot be poured, drunk from a cup or sucked through a straw.

How do I prepare extremely thick pureed food?

You can puree food using a blender, food processor or it can be mashed with a fork then sieved. It is important that it tastes, looks and smells good.

- ✓ Remove tough skins and large seeds before blending.
- ✓ Cut food into small chunks before processing.

Cont...

How do I prepare extremely thick pureed food?

- ✓ Always puree dry foods with extra liquids such as gravy, milk or stock (try not to use water as this reduces the goodness in the food). Fluid in or on food must match your recommended fluid thickness.
- ✓ Puree small quantities at a time to avoid lumps.
- ✓ A thickener may be added to maintain thickness.

The presentation of extremely thick pureed food is very important to encourage appetite.

- ✓ It is a good idea to puree each food separately so that there are individual portions of each food on the plate. This helps each part of the food to keep its taste and colour.
- ✗ Do not puree a whole meal together as it looks less appetising.
- ✓ Pureed food can be put on a plate with an ice-cream scoop or by piping it through different nozzles in different shapes or using food or jelly moulds to make it look tasty.
- ✓ As the food looks different it is important to be told what it is before you eat it.

Check before eating.

- ✗ No hard pieces, crust or skin have formed during cooking or standing.
- ✗ Fluid/gravy/sauce/custard in or on the food has not thinned out or separated off.

Pureed food examples:

Most foods can be pureed eg. Family dinners; cheesy potato or carrots with butter.

Difficult foods like bread, cake and biscuits can be prepared using a soaking solution.

Eg. 1 scoop of thickener whisked with 200ml fruit juice or water. Soak a 1cm slice of bread or cake in the soaking solution. Dip for 30 seconds, drain and leave in fridge for 1.5 hours. This changes the texture from crumbly to puree. If you are using the solution for cakes, use cakes that do not contain fruit or nuts, eg. Ginger cake, Swiss roll or Madeira cake.

Please note: No ice cream or jelly unless advised as suitable by a Speech and Language Therapist.

If you have any concerns regarding your diet or you need to follow a special diet due to a medical condition, please speak to your GP who may refer you to a dietitian.

3 3

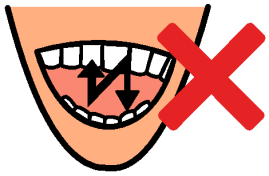
Swallowing Advice:

Liquidised or Moderately Thick

Why do I need liquidised food?

- You find it hard to swallow or may get tired easily when eating more solid food.
- This texture is recommended because you may also be at risk of choking or chest infections on other food.

What is liquidised food?

 **Pureed and sieved**	✓ Food is smooth and moist with no lumps. ✓ It has been pureed. ✓ It may also need to be sieved to remove particles.
 **No chewing**	✗ It does not need to be chewed.
 **Eat with a spoon**	✓ It needs to be eaten with a spoon. ✗ It cannot be eaten with a fork because it drops through.
 **Does not** hold its shape	✓ It can be poured and drunk from a cup. ✓ It does not hold its own shape on a plate. ✗ It cannot be piped layered or moulded.

How do I prepare liquidised food?

You can liquidise food using a blender, food processor or it can be mashed then sieved. It is important that it tastes, looks and smells good.

- ✓ Remove tough skins and large seeds before you liquidise.
- ✓ Cut food into small chunks before you liquidise.

Cont...

Based on the IDDSI Framework and Descriptors September 2018. http://iddsi.org/framework/

How do I prepare liquidised food?

- ✓ Always liquidise foods with extra liquids such as gravy, milk or stock. The fluid should be totally incorporated into the food.
- ✓ Liquidise small amounts of food at a time to avoid lumps.
- ✓ A thickener may be added to maintain thickness.

How the liquidised food looks is very important to encourage appetite.

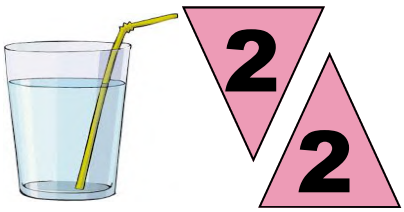
- ✓ It is a good idea to liquidise each food separately so that there are individual portions of each food available. This helps each part of the meal keep its taste and colour.
- ✗ Do not liquidise a whole meal together as it looks less appetising.
- ✓ As the food looks different it is important to be told what it is before you eat it.

Check before eating.

- ✗ No hard pieces, crust or skin have formed during cooking or standing.
- ✗ It has not thinned out and any liquid within the food has not separated off.
- ✗ Any food in or on the food must be as thick as the liquidised food itself.

Please note: No ice cream or jelly unless advised as suitable by a Speech and Language Therapist.

If you have any concerns regarding your diet or you need to follow a special diet due to a medical condition, please speak to your GP who may refer you to a dietitian.



Swallowing Advice:

Mildly thick

Why do I need mildly thickened fluids?

- This texture is recommended because it slows down the speed of drinking.
- You may also be at risk of choking or chest infections on other drinks.

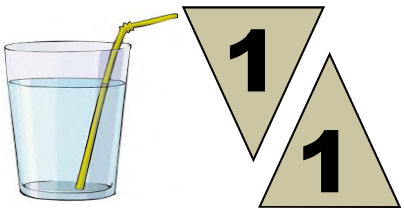
What does a mildly thick drink look like?food?

- ✓ You can sip them easily from a cup or wide straw.
- ✓ They move more slowly than normal fluids.
- ✓ Drinks flow from a spoon.

- ✓ Add **2** green scoops of Nutillis Clear to clean, dry cup. Add 200ml of fluid. Mix with a fork or shaker until smooth and leave to sit for 1-2 minutes
- ✓ When making a hot drink, make this in a separate cup. Then put 2 green scoops of Nutillis clear into a clean, dry cup and add the hot drink. Stir whilst you pour to avoid lumps.

Individual recommendations:

Based on the IDDSI Framework and Descriptors September 2018. http://iddsi.org/framework/



Swallowing Advice:

Slightly thick

Why do I need slightly thickened fluids?

- You find it hard to drink because the fluid moves too fast.
- This texture is recommended because it slows down the speed of drinking. You may also be at risk of choking or chest infections on other drinks.

What does a slightly thick drink look like?

- ✓ You can sip them easily from a cup or straw.
- ✓ They move slightly more slowly than normal fluids.
- ✓ Drinks flow easily from a spoon.
- ✓ Some milky drinks or fruit juices are naturally slightly thick such as smoothies, mango juice or milkshakes.

- ✓ Add **1** green scoop of Nutillis Clear to clean, dry cup. Add 200ml of fluid. Mix with a fork or shaker until smooth and leave to sit for 1-2 minutes.
- ✓ When making a hot drink, make this in a separate cup. Then put 1 green scoop of Nutillis clear into a clean, dry cup and add the hot drink. Stir whilst you pour to avoid lumps.

Individual recommendations:

Based on the IDDSI Framework and Descriptors September 2018. http://iddsi.org/framework/

Description/ Characteristics	• **Flows like water** • **Fast flow** • **Can drink through any type of teat/nipple, cup or straw as appropriate for age and skills**
Physiological rationale for this level of thickness	• Functional ability to safely manage liquids of all types

New scoops for thickener

The scoops in the tubs of Nutilis Clear are changing in size.

The names of the level of thickness are also changing.

Each measure relates to 200ml fluid.

Previous - Purple scoop		New - Green or Purple scoop
	→	
Naturally thick or lightly thick with ½ scoop	→	**Slightly thick**, 1 scoop
Syrup thick, 1 level scoop	→	**Mildly thick**, 2 level scoops
Custard thick, 2 level scoops	→	**Moderately thick**, 3 level scoops
		Extremely thick, 4 level scoops

June 2018

Mealtime Memo

Make sure I am comfortable, in a good position and not in pain

Everybody is different, find out what I like

Appetising smells and presentation help me enjoy my food

Let me feed myself if possible, but help me if I need it

Tell me what I am eating and go at my pace

I like a calm environment without clutter, clatter and chatter

Modify the consistencies to suit me

Eat with me when you can

SPEECH AND LANGUAGE THERAPY: Weekly Diary of Eating and Drinking Difficulties

Describe: 1. the food and drink given 2. the amount eaten and drunk 3. any difficulties experienced by the person

Patient's Name/DOB:	**Date:**

Meal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Snacks							

Speech and Language Therapy Referral Form

For details of where to send this form: see page 36 of the Manual for Mealtimes

NHS Lothian

Name of Client	**CHI No. or date of birth**
Address	**Medical diagnosis**
	GP
Telephone Number	**Practice**
Next of Kin/Contact	**Relationship**
Social situation	

Name of Referrer	**Address**
Designation	
Telephone Number	**Secure Email**

Why are you referring the person to SLT?	**Swallowing** ☐	**Communication** ☐
Has the client or their proxy consented to this referral?	Yes ☐	No ☐
Is this a new difficulty?	Yes ☐	No ☐
When did it start?		
Note any recent change of medication		
Describe the problem		
Are problem chart and trial of changes sheets attached? Yes ☐ No, meets criteria for immediate referral ☐		
If the person is already known to SLT: Have abilities changed significantly since the last SLT contact? Yes ☐ No ☐ Comments:		

FOR ISSUES WITH SWALLOWING ONLY			
What diet/fluid consistency is the person currently taking?			
What assistance does the person have with eating and drinking?			
Is there coughing or choking during eating or drinking?	No ☐	Occasional ☐	Frequent ☐
Is the voice wet/gurgly during or immediately after eating/drinking?	No ☐	Occasional ☐	Frequent ☐
Have there been any recent chest infections?	No ☐	Occasional ☐	Frequent ☐
Have there been any recent urinary tract infections?	No ☐	Occasional ☐	Frequent ☐
Is the person losing weight?	Yes ☐	No ☐	
Has the person been referred to a dietitian?	Yes ☐	No ☐	

DATE COMPLETED _____ **SIGN** _____