Revised May, 2011

DYSPHAGIA

Resource Directory

Southeast Region Dysphagia Summit Task Force Committee
“Can you swallow this?”

To continue the ongoing effort aimed towards improving health outcomes for individuals with intellectual disabilities, the SE Region Dysphagia Summit Task Force reconvened to review and revise the Dysphagia Resource Directory, originally developed and distributed in May 2005. Members of the task force have met and compiled the additional resources in this publication.

One outcome, which resulted from the attention on the increased incidents associated with symptoms of Dysphagia, “choking” was added as a secondary category of incidents in HCSIS beginning in 2009. Since then, there has been an increase in awareness and education on the signs and symptoms related to this condition, as well as an increase in diagnosis. This progress has resulted in decreased injuries, emergency room visit, hospitalizations and deaths attributed to eating, drinking and swallowing issues related to Dysphagia.

As discussed at the Dysphagia Summit held in 2004, the Committee’s ultimate goal is to decrease deaths and incidents related to Dysphagia along with increasing awareness of this condition and achieving the following outcomes:

- Reduce the number of incidents of choking
- Reduce the number of Pneumonias
- Reduce the number of ER visits for pulmonary related issues
- Reduce the number of hospital stays
- Reduce the length of stay in hospitals
- Eliminate the need for feeding tube placement
- Reduce the amount of aspiration
- Improve condition of mouth/oral care
- Change in meal duration
- Increase diet level

As previously stated, the information in this Dysphagia Resource Directory is to be used as an aide in educating people about Dysphagia and its related issues. It can be used as a resource and a training guide. It provides samples and examples NOT specific to everyone’s case. Each person should be reviewed on an individual basis with clinical direction by a physician or specialist in this field.

We hope that this directory will be an aid in supporting someone with Dysphagia!

The SE Region PA Dysphagia Task Force
Dysphagia Resource Directory

Disclaimer

The information and educational resources included in this Dysphagia Resource Directory are designed as general information only and are not all inclusive or intended to replace physical, dental or behavioral health advice.

The samples and examples included are not all-inclusive of every situation and should not be followed strictly as described. They are to be used solely as a reference and resource.

If you believe that you, or someone you support, has physical, dental or behavioral health issues related to Dysphagia, please seek professional advice for specific recommendations.

Every person’s situation is unique!
# Table of Contents

I. Definition  
1. Health Care Alert – What is Dysphagia?  
2. Active News  

II. Policy  
1. Guidelines for Writing a Dysphagia Policy  

III. Dysphagia Diagnosis  
1. How to Obtain a Dysphagia Diagnosis  
2. *Eating, Drinking and Swallowing Checklist*  
3. Swallowing/Dysphagia Screen – English and Spanish  

IV. Plan of Care  
1. Creating an Appropriate Plan of Support  
2. National Dysphagia Diet (NDD)  
3. Health Promotion Activities Plan - Dysphagia  
4. Meal Profile  
5. Feeding Adaptations  
6. Keep Nutrition in Mind When Modifying Foods  
7. Medications  
8. Oral Issues  
   i. Oral Hygiene for People with Swallowing Difficulty/Dysphagia  
   ii. Health Promotion Activities Plan – Edentulous  
   iii. AAMR Article – *Oral Sensitivity, Dental Health, and Prevention*  

V. Training  
1. Sample Mealtime Routines  

VI. Ongoing Care  
1. Precautionary Foods  
2. Tips for Eating Out  

VII. Tools  
1. Sit for Safety!  
2. SAFE  
3. Skill Observation Checklist  
4. Mealtime Preparation Materials (sample)  

VIII. Resources  
1. Dysphagia Resource List  

IX. Acknowledgements
Pronounced: (dis Fay juh or dis Fah juh).

In simple terms, dysphagia is difficulty chewing and/or swallowing. Most of us swallow 1000 or more times a day without thinking about it, however the swallowing process is quite complicated. *Approximately one million people annually receive a new diagnosis of dysphagia including many people with developmental disabilities. Swallowing is a difficult, sometimes impossible, task for some people with developmental disabilities. In fact, choking and aspiration pneumonia are among the leading causes of death in adults with developmental disabilities.

Here are a few signs and symptoms of possible swallowing problems:

• More than one episode of gagging, coughing, or choking during or after eating/drinking
• Gurgley or wet voice during or after eating/drinking
• Swallowing food whole
• Frequent upper respiratory infections and/or pneumonia.

Here are some important steps to take if you suspect an individual may be experiencing swallowing difficulties:

• Gather information (signs and symptoms observed) and document them according to your agency policy (if applicable).
• Discuss suspicions/concerns with the individual’s primary care practitioner (PCP) and ask for a prescription for a tableside swallowing evaluation.
• Locate a speech pathologist who performs swallowing evaluations and accepts the person’s insurance (Note: services are usually available through outpatient services at community hospitals). Check the MCO/HMO directory or ask for a recommendation from the PCP.
• Obtain a tableside evaluation to determine if there is a swallowing problem and if further evaluation is needed.

Here are some tips on how to make sure an individual benefits from a swallowing evaluation:

• Make sure to inform the scheduler if the person uses a wheelchair.
• Provide the speech pathologist with a complete medical background/history including any previous swallowing evaluations, progress/therapy notes and mealtime plans (if applicable).
• If applicable, bring along or have available any assistive or augmentative devices that the individual uses to communicate.
• Arrange for appropriate staff to accompany the individual during the appointment.
• Ask questions about the evaluation process, results, and recommendations presented if you are unclear. Also obtain contact information in case future questions arise.
• Make sure a copy of the swallowing evaluation and/or specific feeding/swallowing guideline is received before leaving the appointment or visit.
• Send a copy of the swallowing evaluation to the PCP and obtain any diet orders.
• Assure that staff are trained on the recommended feeding/swallowing guideline specifically outlined for the individual by the speech pathologist and written as an order by the PCP. Training can be provided by a Community Speech-Language Pathologist.

Remember!

MAY

is

Better Speech & Hearing Month
Choking Precautions

Many individuals diagnosed with Dysphagia and other swallowing difficulties have “choking/aspiration precautions” as part of their care/support plan. Precautions may include types of foods to avoid, type of diet (chopped, mechanical soft, pureed, etc.), thickening of liquids (honey, nectar, etc.), and proper positioning during meal times. All precautions are designed specifically to meet the needs of the individual who has swallowing problems.

Whatever the precautions are, they should be followed and communicated by all staff, especially when moving to another home or residential agency. Historical incidents have highlighted the importance of communicating this life-threatening information. When a person has such choking/aspiration precautions, make sure they are part of his/her support/care plan and distributed to all staff members in the new home. You may even want to post or keep choking/aspiration precautions in the kitchen area for all staff to see and follow. It is everyone’s responsibility to ensure safety around mealtime.

General Mealtime Strategies

To ensure the health and safety of a person with dysphagia when eating, some basic guidelines should be followed. Below you will find some general strategies, but remember: Mealtime strategies should always be individualized and check with the individual’s doctor first for any contraindications.

- Follow prescribed diet
- Eliminate distractions
- Allow enough time for meals
- Do not eat while lying down or leaning back
- Position at 90 degree angle or as upright as possible
- Tilt head/chin slightly forward (45 degrees)
- Avoid tilting head back

- If you are feeding an individual do so slowly and sit within the individual’s visual field
- Offer small amounts (1/2 to 1 teaspoon at a time)
- Let the individual catch a breath between spoonfuls and sips (at least 10 seconds)
- Let the individual remain upright at least 30 minutes following meal

NOTE: All feeding guidelines should be individualized. It is important to be evaluated for specialized feeding strategies.

Dysphagia Resources

For more information on dysphagia and resources:

- Contact PCHC for a copy of the PCHC Dysphagia booklet.
- Download the revised Dysphagia Resource Directory from the PCHC website: www.pchc.org
- Contact a Speech-Language Pathologist for technical assistance.


REMEMBER: Dysphagia doesn’t disappear when the person is not home! It is important to share all information regarding someone’s prescribed diet with anyone supporting the person for any situation.

The information presented to you is to increase your awareness of this medical conditions. It is not intended to replace medical advice. If you believe you or someone you support has this condition, please seek the advice of a physician.

FUNDING PROVIDED BY PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL DISABILITY/MENTAL RETARDATION SERVICES, THE BUCKS, CHESTER, DELAWARE, AND MONTGOMERY COUNTY OFFICES OF MENTAL RETARDATION AND THE OFFICE OF DEVELOPMENTAL PROGRAMS.
Dysphagia = difficulty chewing, swallowing, or passing food or fluid from the mouth to the stomach.

Dysphagia may occur because of problems in the mouth or throat.

Why is it important to learn about Dysphagia?

Eating and drinking keeps our bodies strong and healthy. If we have trouble chewing and swallowing foods and drinks we need, then our bodies could get sick.
10 signs of Dysphagia you can look for

1. If your eyes/nose are watery during or after eating
2. If you are coughing/choking during or after meals
3. If you have a wet/gurgled voice during or after meals
4. If you have to clear your throat often
5. It hurts when you swallow
6. If you are vomiting after eating
7. If you have shortness of breath while eating or drinking
8. If you need many attempts to swallow
9. If you are holding or pocketing food/liquids in your cheeks
10. If you have a hard time swallowing medication

If you think something is wrong with your chewing and swallowing;
1. Tell staff
2. Talk to your agency nurse
3. See your doctor

For items from our “Eating, Drinking, Swallowing Checklist” visit our website www.PCHC.org
Ways to stay safe while eating:

- Don’t take another bite until food in your mouth is chewed and swallowed
- Only use a small spoon or adapted spoons
- Listen to soft slow music
- Take small bites and cut food in small pieces
- Don’t talk and eat
- Have good posture while eating
- Chew slowly
- Sit at the table when eating

Remember, follow your doctor’s orders for your diet.
Dysphagia Resource Directory, Revised May 2011

Philadelphia Coordinated Health Care (PCHC)

Southeast Regional Health Care Quality Unit
1601 Market St., 5th Floor
Philadelphia, PA 19103
(215) 546-0300
Extension 3685

A Core Program of

Funding provided by Philadelphia Department of Behavioral Health/Intellectual disAbility Services, the Bucks, Chester, Delaware and Montgomery County Offices of Intellectual/Developmental Disabilities and the Office of Developmental Programs, Pennsylvania Department of Public Welfare

VISIT OUR WEBSITE AT

www.pchc.org

Information and education provided by PCHC is intended as general information only and is not all inclusive or intended to replace medical advice. If you believe that you, or someone you support, has medical issues, please seek the advice of medical professionals.

Active News
Guidelines for Writing a Dysphagia Policy

I. Write a policy statement that explains the need for a dysphagia policy and that the policy aims to ensure best-practice healthcare support when screening individuals for dysphagia or dysphagia is diagnosed.

II. Include key points in your policy and how they will be addressed throughout your agency:

   a. Staff and providers must receive general training on dysphagia prior to working with individuals who have dysphagia. State when your agency will provide training; identify who will provide the general training.

   b. State how frequently your agency requires the ‘Eating, Drinking and Swallowing Checklist’ is to be completed. Identify who will complete the checklist and what will be done with it.

   c. Staff and providers working with an individual who is diagnosed with dysphagia must receive person specific training on each person’s dietary modifications. Identify who will provide the training.

   d. Describe how competency will be measured after person specific training. State how competency will be demonstrated by trained staff and providers before they work with individuals with dysphagia. Identify who will assess competency and how frequently it will be measured.

   e. Explain how the agency will assure that only staff and providers who can demonstrate competence will be able to prepare meals for individuals who have dysphagia. This will include the proper documentation to support the attainment of competency by staff and providers. State who will be responsible for assuring staff assignments and related documentation.

   f. Describe what documentation must be in place to safely support an individual with dysphagia, i.e. Speech Language Pathologist written recommendations around the type of dietary modification. Clearly define the level of supervision individuals need at meal times. State who will be responsible for assuring that the written recommendations are in place and understood by staff.

   g. Describe what support and services will be provided in regards to assessment, care planning and support for the individual when not eating at home. Identify who will be responsible for assuring supports and services are provided.

   h. Describe how information around diagnosis, dietary modifications and meal time supervision will be communicated to day programs, workshops and family members. Identify the staff person responsible for disseminating information.
HOW TO OBTAIN A DYSPHAGIA DIAGNOSIS:

• The first step in the process for obtaining a diagnosis of Dysphagia is the recognition and reporting of a problem or the identification of a risk per the Eating, Drinking and Swallowing Checklist.

• Once a problem is reported or a risk is identified, an appointment should be scheduled with your primary care physician to meet and review the concerns.

• The primary care physician will determine if referrals to consulting specialists are indicated and/or if there is a need for diagnostic testing.

• A referral may be made to a gastroenterologist, an ENT (Ear, Nose and Throat) specialist, a speech therapist and/or a dentist. Other referrals may be necessary depending on the individual needs of each person.

• Diagnostic testing can involve a Tableside Speech Evaluation and/or a videofluoroscopic swallow study. Other diagnostic testing may be recommended depending on the findings of each consultant.

• Once all specialist visits and testing is completed a diagnosis of dysphagia and specific type (oral, pharyngeal, or esophageal) should be confirmed or ruled out.

• The diagnosis of Dysphagia should be reviewed at least annually by the primary care physician.

• When an individual has a diagnosis of Dysphagia, this process should be repeated whenever a new problem is recognized and reported and/or whenever a new risk is identified per the Eating, Drinking and Swallowing Checklist.
Eating, Drinking and Swallowing Checklist

Individual Name: __________________________ Date of Completion: __________________

Instructions: The purpose of this checklist is to document information gathered about the eating, drinking and swallowing habits of the person you support. Please circle Yes or No for each item, and give the completed checklist to the person who coordinates medical care for the individual or the individual’s primary care physician.

Type of setting where form is completed (i.e., home, day program, employment site, etc): _________________________________________________________________

Challenging Eating & Drinking Habits:  (consider behavioral supports if any are checked)

Yes/ No  Steals food
Yes/ No  Hides food
Yes/ No  Generally grabs food
Yes/ No  Takes in too much food and or liquid at one time (i.e., doesn’t stop & take a breath or unable to limit bite/sip size) *
Yes/ No  Eats while moving around environment
Yes/ No  Eats with a tablespoon
Yes/ No  Excessive length of time to complete meal

Risky Swallowing & Eating Concerns

Yes/ No  Loss of food or drink out of mouth during or after meals
Yes/ No  Holding or pocketing food/liquids *
Yes/ No  Swallow foods whole *
Yes/ No  Inadequate chewing *
Yes/ No  Repeated attempts to swallow *
Yes/ No  Watery eyes/nose during or after eating
Yes/ No  Difficulty swallowing medication (i.e., unable to swallow large or multiple pills gags, spits out, pocket/hold pills in mouth) *
Yes/ No  Poor positioning risk factor (tilts head back/leans forward while eating and drinking)

Yes/ No  Episodes of coughing/choking during or after meals *
Yes/ No  Wet/gurgly voice during or after meals (if possible listen to the person say “ah” or vocalizing) *
Yes/ No  Increased congestion/secretions following meals *
Yes/ No  Excessive throat clearing *
Yes/ No  Increased temperature of an unknown cause (temperature spikes) *
Yes/ No  Frequent upper respiratory infections/pneumonia *

Yes/ No  Vomiting **
Yes/ No  Burping or indigestion (i.e., sour breath) **
Yes/ No  Weight loss **
Yes/ No  Regurgitation (during or following meals) **
Yes/ No  Complaint or indicate discomfort when swallowing **
Yes/ No  Shortness of breath while eating or drinking **

Other observations/comments: _________________________________________________________________

________________________________
Form completed by: ______________________________ Title(s): ______________________________

Others present: __________________________________________________________________________
_______________________________________________________________________________________
***To Be Completed By The Person Coordinating Medical Care For The Individual*** *(if applicable)*

Living arrangement (i.e., home, residential agency, family living, etc): _____________________________

Current diet/liquid level consistency: _______________________________________________________

Dentition (i.e., edentulous, dentures, etc): ___________________________________________________

Oral hygiene routine ___ independent? ___ dependent? ___ with assistance? Type of oral hygiene products used? (i.e., paste, mouth wash, toothbrush, swab, etc):_________________________________________________________________________________

Any aspiration precautions/guidelines?  Yes/ No

Any adaptive feeding equipment used?  Yes/ No  if yes, what type(s)?

____________________________________________________

Current or past diagnosis of dysphagia? Yes/ No

Current or past diagnosis of GERD?  Yes/ No

Other medical/psychiatric diagnoses: (list all)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Current medications, list all including “over-the-counter”: (attach list if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Form reviewed by: _______________________________ Title(s): _______________________________

Action Taken:

____________________________________________________________________________________

____________________________________________________________________________________

Don’t forget to include any issues noted in the ISP  
Don’t forget to take completed form to PCP @ Annual Physical

**KEY:** * indicates see PCP to consider possible tableside and/or video swallow evaluation  
** indicates see PCP for appropriate referral
Most of us never think of the possibility of not being able to eat or drink safely. It does happen and in very large numbers. Dysphagia (dis-FA’jE-a) is the term that means difficulty in swallowing. Many adults with developmental disabilities have or may develop difficulty swallowing. This screening tool was created to assist you in the identification of possible problems with swallowing. If you fill out this tool and you find several boxes checked, we suggest that you bring it to your case manager, care staff, or physician’s attention right away.

La mayoría de nosotros nunca pensamos en la posibilidad de no poder tragar o tragar con problemas pero esto ocurre bastantemente. Disfagia es el término que significa dificultad para tragar. Mucho de los adultos con discapacidad de desarrollo tienen o pueden desarrollar de disfagia más tarde. Esta forma de detección fue creada para que tú pueda identificar problema en el tragar. Si tú llena o marca varias casillas es impotente que usted se lo traiga a la atención medico profesional y al trabajador del caso.

- Frequent episodes of gagging, choking, or coughing
- Episodios frecuentes de tos, tienes arcadas o ahogos
- Coughing or choking during eating or drinking
- Ahogos y tosiendo cuando bebe o comes
- Excessive drooling
- Babendo excesivo/mucho
- Gurgling voice after eating or drinking
- Gorgoteo de voz después de comer o beber
- Watery eyes during or after eating or drinking
- Ojos lloroso después de comer o beber
- Frequent upper respiratory infections or pneumonia
- Frecuente infección del respiratorio superior o neumonía
- Swallow food whole
- Tragan los alimentos entero
- Regurgitation after meals, especially while reclining
- Regurgitación después de comer, especialmente mientas está reclinado.
- Eating rapidly
- Rápidamente comiendo
- Difficulty chewing or swallowing
- Dificultades en masticar o tragar
- Storing food in mouth
- Acumulando los alimentos en la boca

(Continued on back)
- Loss of food from mouth or nose during or after meals
- Perdidas de los alimentos por la nariz o boca después de comer

- Unusual head or body movements during drinking or eating
- Movimientos de poca común mientras comen o beben

- Difficulty maintaining posture during or after eating
- Dificultades en manteniendo su postura durante o después de comer
CREATING AN APPROPRIATE PLAN OF SUPPORT

- A plan to support the diagnosis of dysphagia should be individualized.

- The plan should be based on the recommendations of the primary care physician and consulting physicians, as well as the outcome of any medical testing/evaluations that were completed (see How to Obtain a Dysphagia Diagnosis).

- The plan should identify a specific goal and objective(s).

- The plan should include:
  - Identifying information: date of birth, date of plan
  - Dysphagia diagnosis, specific type (oral, pharyngeal or esophageal)
  - Food allergies, restrictions, foods to avoid
  - Specific diet level (for solids and liquids)
  - Specific instructions for administration of medications, if applicable
  - Body positioning during and after food/liquid intake
  - Level of staff supervision that is necessary during food/liquid intake
  - Additional instructions and/or specific actions to be taken by the caregiver, if applicable
  - Documentation

- The plan should include ongoing observation to measure the progress, stability or the identification of concerns or problems. The Eating, Drinking and Swallowing Checklist can assist with this.

- Evaluation of the plan should be completed quarterly with an annual update.
National Dysphagia Diet (NDD)

NDD Food Texture Levels:

NDD Level 1 • Dysphagia Pureed
Smooth pureed, homogenous, very cohesive, pudding-like foods that require very little chewing ability.

General Guidelines:
1. Bread should be pre-gelled through the entire thickness, pureed, or pureed into other foods in accordance with recipes.
2. Fruits and vegetables should be pureed with no pulp, seeds, or chunks.
3. Mashed potatoes should be served with gravy, sauce, butter, or margarine to moisten.
4. Soups should be pureed smooth.
5. Avoid scrambled, fried, or hard-boiled eggs. Soufflés are allowed.
6. Avoid fruit yogurt, un-blended cottage cheese, peanut butter, and any food with lumps, including soups and hot cereal.

NDD Level 2 • Dysphagia Mechanically-Altered
Cohesive, moist, semisolid foods that require some chewing ability. Included in this level are fork-mashable fruits and vegetables. Excluded are most bread products, crackers, and other dry foods.

General Guidelines:
1. Bread should be pre-gelled through the entire thickness or pureed according to recipe.
2. Fruits should be soft, canned, or cooked. Soft, ripe bananas are allowed. Avoid canned pineapple.

NDD Liquid Levels:

Thin
Thin liquids include clear liquids, milk, commercial nutritional supplements, water, tea, coffee, soda, beer, wine, broth, and clear juice. Individuals tolerating thin liquids will also be able to tolerate foods containing thin liquids, such as watermelon, grapefruit or oranges. Foods like ice cream, frozen yogurt, or plain gelatin which turn to liquid in the mouth are also considered thin liquids.

Nectar-like
Medium thickness liquids include nectars, vegetable juices, and handmade milkshakes; shakes made with thickeners. Thin liquids can be thickened with commercial thickeners or purchased pre-thickened to nectar-like thickness.

3. Vegetables should be soft, well cooked, easily mashed with a fork, and in pieces smaller than ½ inch.
4. Meat should be tender and moist, ground, or cubed smaller than ½ inch. Moisten with gravy.
5. Avoid dry whole grain cereal with nuts, seeds and coconut.
6. Avoid items that are difficult to chew, including large chunks or nuts.

NDD Level 3 • Dysphagia Advanced
Soft-solid foods which require more chewing ability. This level is nearly regular textures. Included are easy-to-cut whole meats, fruits, and vegetables. Excluded are hard, crunchy foods and vegetables, sticky foods, and very dry foods.

General Guidelines:
1. Breads and cereals should be well moistened.
2. Fruits such as bananas or soft, peeled fruits such as peaches, berries, nectarines, kiwi or melon without seeds may be tolerated.
3. Avoid potato skins, corn, and raw vegetables.
4. Meat must be very tender, small pieces, or ground, and well moistened.
5. Avoid items that are difficult to chew: nuts, seeds, popcorn, potato chips, coconut, etc.

NDD Level 4 • Regular
Any solid food texture.

Honey-like
Honey-like is thicker than the nectar-like level and resembles the consistency of honey at room temperature. Commercial thickeners can be added using package instructions to bring any liquids to this level of thickness or purchased commercially pre-thickened to honey-like thickness.

Spoon-thick
This includes high viscosity liquids too thick for a straw. Commercial thickeners can be added to any beverage to obtain this level of thickness or purchased commercially pre-thickened to spoon-thick.

**This sample is to assist you in developing a health promotion activity plan. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

<table>
<thead>
<tr>
<th>Health Concern/Issue * (Diagnosis)</th>
<th>DYSPHAGIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>What is it? (Provide definition)</td>
<td>Difficulty chewing, swallowing or passing fluid from the mouth to the stomach.</td>
</tr>
<tr>
<td>Signs and Symptoms (general)</td>
<td>Coughing, gagging, choking (during or after eating/drinking), wet &quot;gurgly&quot; voice, frequent upper respiratory infections or pneumonia, increased temperature(spikes), pocketing/holding food, extra effort swallowing/chewing, drooling</td>
</tr>
<tr>
<td>Signs and Symptoms (specific to the person)</td>
<td></td>
</tr>
<tr>
<td>Promotion/strategy support required *</td>
<td>Watch (name of person) for signs and symptoms listed above and report immediately to (title of person in agency who is responsible to receive this information).</td>
</tr>
<tr>
<td></td>
<td>Follow meal plan as written by speech language pathologist and located (list where plan can be found in the home).</td>
</tr>
<tr>
<td></td>
<td>Ensure that (name of person) receives diet recommended by physician (list diet here).</td>
</tr>
<tr>
<td></td>
<td>Include any specific instructions from the treating physician.</td>
</tr>
<tr>
<td></td>
<td>Documentation about this condition can be found in the medical record under (list section here).</td>
</tr>
<tr>
<td></td>
<td>Receive training regarding this diagnosis and plan of care (include when to notify the physician) by (title of person who provides medical training) at least (indicate frequency of training) or as changes occur. This should be documented for all staff in the home.</td>
</tr>
<tr>
<td>Frequency of support *</td>
<td>Fill in what physician (e.g. primary care physician, gastroenterologist) treats this condition and how often the person is seen.</td>
</tr>
<tr>
<td>Desired outcome *</td>
<td>To recognize symptoms as soon as possible and obtain treatment; to keep (name of person) safe from choking</td>
</tr>
<tr>
<td>Person/Agency responsible *</td>
<td>(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)</td>
</tr>
</tbody>
</table>

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP
### Meal Profile

<table>
<thead>
<tr>
<th>Name:</th>
<th>Diet Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Solid Food Consistency</td>
</tr>
<tr>
<td></td>
<td>Liquid Consistency</td>
</tr>
<tr>
<td></td>
<td>Food Allergies</td>
</tr>
<tr>
<td></td>
<td>Dietary Restrictions (foods to avoid)</td>
</tr>
<tr>
<td></td>
<td>Precautions</td>
</tr>
<tr>
<td></td>
<td>Dislikes</td>
</tr>
<tr>
<td></td>
<td>Adaptive Equipment Needed</td>
</tr>
<tr>
<td></td>
<td>Plate</td>
</tr>
<tr>
<td></td>
<td>Cup</td>
</tr>
<tr>
<td></td>
<td>Tray Y/N</td>
</tr>
<tr>
<td></td>
<td>Dynamat Y/N</td>
</tr>
<tr>
<td></td>
<td>Straw Y/N</td>
</tr>
<tr>
<td></td>
<td>Utensils</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Environmental Considerations</td>
</tr>
<tr>
<td></td>
<td>Positioning</td>
</tr>
<tr>
<td></td>
<td>Supervision or Assistance Needed</td>
</tr>
<tr>
<td></td>
<td>Special Instructions and/or Strategies</td>
</tr>
</tbody>
</table>

---

*For further information refer to related reports from PCP, Speech Pathology, Occupational Therapy, and Dietician or Nutritionist*
Feeding Adaptations
What can be adapted?

1) Plates/Bowls
2) Cups
3) Utensils
4) Miscellaneous
Plate Guards

• Can be used to keep food from being pushed off the edge of the plate
• Also helps guide food onto utensils more easily
• Beneficial for people who have limited use in one of their upper extremities
Scooper Plate/Dish

- Used to help scoop food onto utensils without the food spilling out of the dish
- Assists those with limited muscle control or those with use of only one hand
Suction/ Non-Skid Surfaces

• Keeps plates from sliding around on tables
• Helps prevent spilling
• Gives plate/dish more stability when person is scooping food out of it
T Handles

• Handle accommodates for a variety of grasping patterns vs. a standard curved handle
Nosey Cup

• Allows for drinking without needing to bend one’s neck or tilting their head
• Drinking made easier due to proper head and neck position being maintained during swallowing
• Beneficial for people with arthritis or limited range of motion of the head, neck or upper extremities
Straws

• Provide hands free drinking
• Ideal for those with weak grasp or decreased strength/function in upper extremities
Weighted Cups
(can also be weighted dishes)

• Helps reduce tremors of the hands
• Reduces chances of spilling drink
• Beneficial for those with Parkinson’s Disease and other illnesses/injuries resulting in tremors
Curved Handles

• Angling the utensil helps to reduce wrist strain while eating
• Beneficial for people with upper extremity weakness or reduced range of motion of the wrist
Built Up Handles

- Larger, easier to hold handles
- A variety of materials can be used to build up handles
- Beneficial for persons who have had a stroke, and for those with arthritis and/or weak grasps
Coated Spoons

• Used to protect teeth and lips for persons with biting reflexes
• Beneficial for those with biting reflexes, limited coordination, spasticity, or limited hand control

***Not recommended for those with heavy biting reflexes***
Rocker Knife

• Has curved blade and allows food to be cut with a rocking motion with just one hand
• Requires minimal arm strength
• Beneficial for those unable to use a knife and fork simultaneously due to Parkinson's Disease, muscle weakness, or arthritis
Weighted Utensils

• Helps reduce tremors of the hands
• Reduces dropping of food from fork/spoon and allows for smoother transfer of food onto utensils
• Beneficial for those with Parkinson’s Disease, spasticity, and other illnesses/injuries resulting in tremors
Red Dishware

- Studies show Alzheimer patients increase food intake by 24% and liquid by 84% due to red color*
- Red dishware offers a high contrast to the food and drink

*http://www.caregiverproducts.com/site/270651/product/CMF74538
*Disclaimer*

Same with many aspects of health, a case by case approach needs to be considered when selecting feeding adaptations. If you feel you or someone else would benefit from a feeding adaptation, it is important to consult with a licensed Occupational Therapist before buying/using them in order to see which adaptations will best benefit each person’s situation.
Acknowledgements

• Presentation created by Robert Walsh, OTS
supervised by E. Adel Herge, OTD, OTR/L
Keep Nutrition in Mind When Modifying Foods

- People with dysphagia are at a higher risk for malnutrition and dehydration.
- It is important to ensure adequate nutritional intake of calories, protein, and nutrients.

- 1 cup of food prior to modification is still the same serving size after modification.
- Food consistency may have to be modified according to diagnosis.

Listed below are the food groups, recommended daily intake, and suggestions for each group for a dysphagia diet:

**Fluid Intake:** 8 ounce servings (6-8 per day)

**Recommended Liquids:** Water, 100% juices, decaffeinated tea.

**Avoid:** Caffeinated beverages, whole or 2% milk, beverages with lumps, pulp, or seeds.

**Tips:** Dilute juices and sodas with water, offer beverages between meals to promote adequate hydration.

**Grains (breads, cereals, pastas):** 1 ounce servings (6 per day)

**Recommended Foods:** Well moistened 100% whole wheat bread, pancakes, French toast, pureed bread mixes, cooked cereal, mashed potatoes (w/gravy, butter, sour cream), pasta (well cooked).

**Foods to Avoid:** Dry toast/crackers, rice, dry cereals, cooked cereals w/lumps or seeds, white or enriched flour, white bread.

**Vegetables:** ½ cup servings (5 per day)

**Recommended Foods:** Moist, well cooked vegetables, tomato paste or sauce without seeds, tomato juice or vegetable juice (V8).

**Foods to Avoid:** Tomato sauce w/seeds, cooked corn, raw, hard vegetables, celery, asparagus and other tough, stringy vegetables.

**Tips:** Add vegetable/tomato juice for desired consistency.
**Fruits:** 1 cup servings (2 per day)

**Recommended Foods:** Fruit juices (100% juice), soft peeled fresh fruit (peaches, cantaloupe), canned fruit, well mashed fresh bananas, and natural applesauce.

**Foods to Avoid:** Whole fruits, stringy or high pulp fruits (papaya, pineapple, mango), uncooked dry fruits (prunes, apricots), fruit leather, fruit roll ups, grapes (skin is hard to chew/swallow), oranges.

**Tips:** Add fruit juice for desired consistency.

---

**Dairy/Milk:** 1 cup servings (3 per day)

**Recommended:** Milk, yogurt, pudding, and cheese (as recommended by your speech language pathologist).

**Foods to Avoid:** Yogurt with nuts or fruit chunks or seeds; hard or chunk cheeses.

**Tips:** Cheese can be used in cooking.

---

**Meat/Protein:** 3 ounce servings (2 per day)

**Recommended Foods:** Eggs, hummus, softened tofu, meats cooked to desired consistency.

**Foods to Avoid:** Whole/ground meats, tough dry meats, fish with bones, chunky peanut butter, hot dogs, bacon.

**Tips:** Add gravy, sauce, or broth to meats, fish, poultry when pureeing.

---

**Fats/Oils/Sweets:** Use sparingly

**Recommended Foods:** Butter, margarine, ketchup, smooth jellies/jams, puddings, mayonnaise, smooth sauces.

**Foods to Avoid:** Seeds, nuts, sticky foods, chunky/seedy jelly/jam, chewy candy.

**Tips:** Add condiments for flavor.

---

**Tips to Increase Nutritional Density of Food**

- When pureeing foods, rather than using water, use milk or cream for more protein & energy.
- Whole milk can be fortified by adding milk powder (4 tbsp per pint/glass of milk).
- Add fortified milk to potatoes before pureeing.
- Add cream, custard, or yogurt to cooked fruits and desserts.
- Offer high calorie foods or snacks modified as ordered to increase caloric intake.
- Don’t forget to add condiments or seasonings to food to provide for good tasting meals.

---

**Tips to Decrease Caloric Density of Food**

- Avoid fruit juices or dilute them with ½ water, ½ juice ratio.
- Use low fat or fat free dairy products and yogurts.
- Use broths or natural applesauce as moisteners instead of fats and oils.
- Use low fat or skim milk instead of whole milk.
- Offer pureed low calorie vegetables as snacks.
Medications

Certain medications may affect the way people chew or swallow. Medications may irritate the esophagus; weaken muscle tone which in turn may cause a swallowing problem. It is important that when dysphagia is diagnosed that the physician review the medications to determine if there may be side effects causing the swallowing issue/dysphagia.

The physician along with the pharmacist should review the person’s treatment plan to determine safe administration of medication. Sometimes recommendation of a liquid may be too thin or a suspension too thick. There may also be a speech language pathologist consulted.

When new medications are ordered it is important to monitor for any changes in the person including chewing/swallowing changes. If changes occur this should be reported to the physician immediately.

People react differently to medications and even if the person is ordered a medication which is not included in the following information, observation for dysphagia should still be done.

Medications Which May Cause Problems With Swallowing

Xerostomia (dry mouth) is a side effect of many medications. Dryness in the mouth can impair the bolus (food) transport and it also may decrease salivary gland performance which aids in neutralization of esophageal acid. Medications which help in lowering blood pressure, slowing the heart rhythm, preventing nausea and vomiting, and used to treat depression may cause this condition. Some examples of these medications are Prozac, Paxil, Zestril, Reglan, Compazine, Benadryl, Sudafed and Elavil.

People who have a mental health illness may be treated with antipsychotic medications. These medications may cause abnormal involuntary movements. These movements can affect chewing and swallowing. Some examples of these medications are Seroquel, Zyprexa, Risperdal, Lithium, Haldol, Clozaril.

There are cancer therapeutic agents which may cause damage to the esophagus. They may also cause opportunistic infections (such as herpes virus infection, thrush) which can affect chewing and swallowing,

Medications which weaken the lower esophageal sphincter muscle (LES) of the stomach may increase gastric reflux which may lead to esophageal strictures (narrowing of the esophagus) and damage to swallowing parts used in the esophageal phase of swallowing. Some food examples which may cause this are chocolate, peppermint, coffee and alcohol. Medications which may cause these are sedative and narcotic agents. These are generally
used during sedation. Some medications are Atropine, Theophylline, Neurotensin, Progesterone.

There are also medications which change acidity in the body. Some of these medications are antibiotics. Medications such as Doxycycline, Tetracycline, Ascorbic Acid, Ferrous Sulfate are a few.

Medications which may build up in the blood stream may also cause toxicity causing a decrease in mental awareness and muscle weakness. Some of these medications are anticonvulsants. A few examples include: Tegretol, Depakote, Dilantin.

**Remember:** Anytime a medication is prescribed, it is important to observe for changes especially difficulty in eating and drinking, and report these changes promptly. It is also important to complete the *Eating, Drinking, and Swallowing Checklist* when there are medications additions, changes in dosages, changes in mental condition and changes in medical conditions.
General Information Sheet

Oral Hygiene
For
People with Swallowing Difficulty/Dysphagia

**For people diagnosed with a swallowing disorder, oral hygiene will need special attention. A specific plan must be developed with the dentist or primary care physician that includes steps to complete oral hygiene as well as safeguards because of the individual’s specific swallowing difficulty.**

Even if a person takes nothing by mouth (receives all nutrition/liquids from a feeding tube), or has no teeth (edentulous), oral hygiene is still an important part of ensuring good health.

Some general guidelines include:

- **Use the least amount of water as possible.**
  - Whatever you are using to clean the mouth (washcloth, toothette sponge, or toothbrush) squeeze until it is almost dry.

- **Watch how you position the person for care.**
  - Leaning someone back could allow even a small amount of fluid to get into the lungs.
  - Improper position may cause gagging and choking.
  - Care should be given at face level (you are face to face with the person).

- **Having oral hygiene completed by a caregiver may be difficult for the person receiving care.**
  - Please be patient with the person.

- **Develop an oral hygiene plan with the dentist or primary care physician.**
  - Make sure that the plan includes what products to use, positioning, and frequency of care.
  - This plan should be discussed with the dentist/primary care physician if it is not working and changes made; it should be updated annually.
**Health Promotion Activities Plan**

**This sample is to assist you in developing a health promotion activity plan. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

<table>
<thead>
<tr>
<th>Name of Individual:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Concern/Issue * (Diagnosis)</strong></td>
<td><strong>EDENTULOUS</strong></td>
</tr>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td>What is it? (Provide definition)</td>
<td>Having no teeth</td>
</tr>
<tr>
<td>Signs and Symptoms (general)</td>
<td>No teeth remain in the mouth</td>
</tr>
<tr>
<td>Signs and Symptoms (specific to the person)</td>
<td>Watch (name of person) for any problems with his/her gums (bleeding/sores) and report to (title of person in agency who is responsible to receive this information).</td>
</tr>
<tr>
<td></td>
<td>Ensure that (name of person) receives diet recommended by physician (list diet here).</td>
</tr>
<tr>
<td></td>
<td>Include any specific instructions regarding this diagnosis from the treating physician. For example, rinsing after meals, cutting food into bite size or smaller pieces so that there are no choking risks</td>
</tr>
<tr>
<td></td>
<td>Documentation about this condition can be found in the medical record under (list section here).</td>
</tr>
<tr>
<td></td>
<td>Receive training regarding this diagnosis and plan of care (include when to notify the physician) by (title of person who provides medical training) at least (indicate frequency of training) or as changes occur. This should be documented for all staff in the home.</td>
</tr>
<tr>
<td>Frequency of support *</td>
<td>Fill in what physician (e.g. primary care physician, dentist) treats this condition and how often the person is seen.</td>
</tr>
<tr>
<td>Desired outcome *</td>
<td>(Name of person) gums will remain healthy and experience no problems with his/her eating ability.</td>
</tr>
<tr>
<td>Person/Agency responsible *</td>
<td>(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)</td>
</tr>
</tbody>
</table>

Dysphagia Resource Directory, Revised May 2011

Edentulous HPAP
Oral Sensitivity, Dental Health, and Prevention

Lee Barks, RN, MN, ARNP, FAAMR and Debbie Lord, MA, CCC, SLP/L, FAAMR

Oral Health—An important part of any regimen

To a person with disabilities, oral healthcare may cause pain rather than a sense of well being. Instead of the normal sensation of tooth brushing, these stimuli may feel like burning, cold, searing pain, or some other sensation. The person naturally defends him- or herself. The natural response of many parents is to “be kind” to their child, do what is comfortable and hope for the best. Many say, “We just do the best we can.”

The child who is orally hypersensitive may gag at the sight of a toothbrush, vomit, and engage in a battle royal at oral hygiene time. Sometimes compounding the problem, use of some medications like Dilantin can cause overgrowth of the gums, resulting in extra trapping of bacteria and plaque below the gumline. Without treatment, this accelerates and worsens infection and decay.

Good oral healthcare measures are an important part of any regimen.

OUTCOMES

Over time, even if some brushing takes place, some mouth areas may be avoided, and gingivitis, bleeding, then periodontal disease with bone loss, caries (cavities), and sometimes abscesses develop. Tooth mobility (loosening of teeth) develops. At this point, either teeth shed (fall out), or dental acute care takes place.

For the child or young person with oral pain and hypersensitivity, dental acute care can be extremely trying. Sometimes it is difficult to find someone who will prescribe sedation without general anesthesia, and this can further delay care. Medicaid and most health insurance often deny coverage of the expenses involved.

Another outcome for some children and young people is that as teeth are lost oral control of food and fluids decreases. Teeth are needed to provide the structural support to initiate a normal swallow. When they fall out or are pulled, keeping food and fluid moving in the right direction may no longer be possible. The child may begin to experience increased respiratory secretions, coughing, some aspiration, and their voice quality may seem like they are underwater.

Respiratory infections like bronchitis or pneumonia may occur. In some cases, there is a refusal to eat, weight loss, and continual crying.

Oral Motor Therapy and Normalizing Sensation at Home

For children who are orally defensive, this decline is preventable and even reversible, if it has already begun, with consistent, therapeutic oral hygiene. Actually more appropriate stimulation, not less, is needed, and there is hope. Begin with an evaluation from an occupational therapist or a speech pathologist. Following the evaluation, the devel-
The first step in preventing oral disease is recognizing when your child is orally defensive and engaging an oral motor specialist to provide an evaluation.

If the child is eating orally, but is defensive orally, a gradual introduction to brushing may begin with the use of wet gauze or a washcloth in the mouth. Gradually move to a soft toothbrush (small head). Once a dry toothbrush is accepted, a soft wet toothbrush is introduced. It is important that the child is positioned appropriately (as recommended by an occupational therapist). When possible use a nonalcoholic antibacterial mouthwash. This can be used as the cleansing agent rather than toothpaste, particularly with children who are unable to rinse or spit.

ORAL HYGIENE PLANS
The first step in preventing oral disease is recognizing when your child is orally defensive and engaging an oral motor specialist to provide an evaluation. This person should be either a speech therapist or occupational therapist with oral motor experience with children with special needs. Even when there are no mealtime issues, if oral care is difficult, an evaluation is in order, with the expectation that a specific oral hygiene plan that you can execute at home will be written and demonstrated for you. Your child’s body position during oral care should be addressed in the plan. You should require that the therapist train you in how to accomplish the plan at home, with follow up and modification if needed, and periodic evaluation of its effectiveness.

Lee Barks, MN, ARNP, FAAMR, is a nurse clinical specialist-consultant in developmental disabilities. She specializes in working with families and health care delivery systems on disabilities health issues. Lee is an active member of AAMR and serves on the Health Promotion and Prevention Committee. She can be reached at LeeBarks@cfl.rr.com.

Debbie Lord, MA, CCC, SLP/L, FAAMR is the Director of Clinical and Healthcare Services at KenCrest Services, Plymouth Meeting, PA. She can be reached at dlord@kencrest.org.

Resources
Mr. H’s Sample Mealtime Routine

Date Initiated:

Involving Mr. H in the meal preparation as much as possible to give him a sense of control and so he can visually determine by sequence how long he will have to wait until he eats.

The table should be set with plates, utensils, napkins, etc. and food in serving dishes. Everything should be on the table before the meal begins so that everyone is seated throughout the entire meal. Beverages should include water as well as other choices in pitchers on the table. There should be a container of beverage in the appropriate serving size (no more than 8 ounces) for Mr. H which is separate from the cup out of which he drinks.

Explain to Mr. H what is expected of him before the food is served, and assist him to serve his own plate, but the portions on his plate should not be full serving sizes. Instead, the full serving size should be divided either in half or thirds. His plate should therefore be replenished at least once.

The routine for Mr. H should be:

- A bite of food (no bigger than a slightly rounded teaspoon or fork)
- Place the fork down.
- Chew the bite and swallow.
- Pick up napkin and wipe mouth.
- Put napkin down.
- Take a drink (no more than one swallow) from his cup.
- Put cup down.
- Refill cup (one swallow) from the serving container.
- Pick up napkin and wipe mouth.
- Put napkin down.

And repeat for the entire meal.

Eating an appropriately portioned meal should take a minimum of 20 minutes.

Be sure to encourage Mr. H through positive approaches and good preparation. Give him instructions about what to do. It is very important to create a very positive atmosphere during the meal.
Mr. M's Sample Mealtime Routine

Date Initiated:

Involve Mr. M in the meal preparation as much as possible so he can see what is being prepared and what it looks like before it goes into the food processor.

The table should be set with plates, utensils, napkins, etc. and food in serving dishes. Everything should be on the table before the meal begins so that everyone is seated throughout the entire meal. Beverages thickened to a honey consistency should include water as well as other choices in small pitchers (10 - 20 ounces each) on the table.

Explain to Mr. M what is expected of him before the food is served – Eat slowly; swallow what’s in your mouth before you take another bite, and a sip of beverage every 1-2 bites.

Because Mr. M does not have teeth, all food presented to him must be cut into pieces smaller than a grain of rice and moistened with gravy, sauce or the liquid in which it was cooked. Anything that cannot be easily mashed with the back of a fork must be processed.

To present the food to Mr. M, two plates are needed. One plate will be used as a serving plate with the food prepared safely for him and put one or two bites of each food item on the second plate for him. As he eats a bite and swallows it, add another bite of food to his plate.

The routine for Mr. M should be:
- Sit up very straight (90 degrees) before each bite or drink at the dining room table.
- A bite of food (no bigger than a slightly rounded teaspoon).
- Place the fork down.
- Chew the bite and swallow.
- Pick up napkin and wipe mouth.
- Put napkin down.
- Take a drink (no more than one swallow) from his cup.
- Put cup down.
- Refill cup (one swallow) from the serving container.
- Pick up napkin and wipe mouth.
- Put napkin down.

And repeat for the entire meal.

Eating an appropriately portioned meal should take a minimum of 20 minutes.

Be sure to encourage Mr. M and avoid critical feedback. Give him instructions about what to do, but don’t scold or correct him. It is very important to create a very positive atmosphere during the meal. To slow him down between bites, give him a prompt to finish or swallow what he has in his mouth and if needed, place your hand between his mouth and the utensil as a visual cue. It is not necessary nor should you touch his hand.

M should be up right for at least 30 minutes after eating or drinking anything. A short walk, a car ride, or if he insists on lying down, then try to prop him up in bed. Be sure to document his position after meals and your attempts to encourage him to be upright.
Ms. P’s Mealtime Routine

Date Initiated:

Current Dietary Consistency:
Pureed foods, honey thick liquids, feed with spoon

Ms. P’s prepared plate of food should be placed on a warming tray so that the food stays warm for the entire meal. Beverages should be chilled. The contrast between the warm food and the cold beverage helps stimulate the muscles to make it easier for Ms. P to swallow.

Correct Position: Ms. P is to be upright in her wheelchair any time she eats or drinks. It is important that her body brace be properly positioned and fastened and her feet are flat on her footrests. Her head rest should be engaged so that her head is positioned upright and not tilted to either side. If she has equipment problems, then rolled towels or other adaptations should be made to ensure good body alignment. Each bite or beverage should be offered on a spoon with P’s chin slightly tucked at a 90 degree angle to her spine.

Environment: Should be as quiet and non-distracting as possible. Ms. P should face away from the television if her roommates are watching it. It is preferable for the television to be off. There should be no music playing, unless it is calming to Ms. P. There is data to suggest that playing music by Mozart is very effective for supporting organized muscle movements.

Equipment care: Hand wash food processor parts – do not use the dishwasher because it makes the parts brittle. Use only coated teaspoons in perfect condition, or thick, plastic non-disposable spoons (Maroon spoon). Disposable utensils are unsafe.
Precautionary Foods

A precaution is a protective measure taken in advance. There are many precautionary foods to be aware of when supporting a person with the diagnosis of dysphagia. Food that is difficult to chew or swallow because of its shape, size, or texture further increases the risk of aspiration or choking. Some examples of precautionary foods to avoid include:

- Hot dogs
- Peanut butter
- Popcorn
- Pizza
- Block of cheese

Mixed Textures

All foods have different textures. A mixed texture is just what it sounds like. It is a food which combines one or more texture. Individuals diagnosed with dysphagia have difficulty eating food with two or more different textures. Some examples of mixed textures to avoid include:

- Soup
- Apple pie
- Sandwich
- Cereal in milk

Melt Downs

Any food that has the potential to melt into a thin liquid while being consumed can be categorized as a “melt down”. Foods in this category place an individual with dysphagia at risk. Some examples of melt downs to avoid include:

- Ice Cream
- Sherbet/Sherbert
- Jello
- Water ice
Precautionary Foods

Hotdog

Peanut Butter

Popcorn

Block of Cheese

Pizza
Mixed Textures

Soup

Apple Pie

Sandwich
Melt-down

Ice Cream

Jello

Water Ice

Dysphagia Resource Directory, Revised May 2011

Precautionary Foods
TIPS FOR EATING OUT

Check out menus online to determine if they have food that is appropriate for a particular dysphagia diet.

Call ahead and ask if they will accommodate special diets. Will they modify foods or allow you to bring adaptive equipment? Let them know ahead of time that you require special modifications.
Tips for Eating Out

Check out calories and other nutrition information online or ask them if they have it available.

Remember to bring your own thickener and any other “portable devices” with you (i.e. food processor).

Keep a list of positive experiences to share with others.

*NOTE: All food (including pasta) may need to be modified to accommodate some special diet levels such as pureed.
Sit for Safety!

Choking can happen to anyone!
(even to people without the diagnosis of dysphagia)

Choking is an extremely frightening breathing emergency. It only takes a moment for a choking episode to occur. While some choking episodes are uneventful, others can result in serious injury or death.

Sit for Safety!

Don’t let people eat or take medication alone.

If we remain with people when they are eating or taking medication, we can reduce the chance of choking episodes.

If you are feeding someone or administering medication, taking a seat to do so may reduce the chance of choking.

Many times people with intellectual/developmental disabilities eat alone.

Being able to intervene early when someone is choking is essential.

If you are not hungry at the time someone is eating, just sit and have a drink while the person eats.

It is important to stay with the person while they are taking their medication.

•
•
•

Dysphagia Resource Directory, Revised May 2011

I pledge to be part of the Sit for Safety Campaign!

√ YES !
Individuals who have been diagnosed with dysphagia (difficulty swallowing) need to be kept SAFE. We can do this by asking these questions at each meal:

**S**
- **Seating**
  - √ Is the person sitting upright?
  - √ Are his/her feet supported?
  - √ Should his/her head be in a special position?

**A**
- **Assistance**
  - √ Does the person need physical assistance?
  - √ Does the person need verbal reminders to slow down or put less food on his/her spoon or fork?

**F**
- **Food Modifications**
  - √ Is the person’s food made as it should be (chopped, ground, pureed)?
  - √ Is the liquid thickened if ordered?

**E**
- **Equipment**
  - √ Does the person have a special spoon, dish or mat?
  - √ Is the person using a teaspoon?

**NO TABLESPOONS ALLOWED**
Individuals who have a diagnosis of dysphagia need to be kept **SAFE** during **Medication Administration**. We can do this by asking these questions each time medications are administered:

**S** Seating
- √ Is the person sitting upright?
- √ Are the feet supported?
- √ Should the person be in a special position?

**A** Assistance
- √ How does the person take medications?
- √ What kind of assistance does the person need to take medications (extra time, extra beverage, prompts)?

**F** Follow Medication Modifications
- √ Do modifications need to be made?
- √ Are medications prepared according to modifications?

**E** Equipment
- √ Is special equipment needed?
- √ Is special equipment available?
- √ Is equipment used as indicated?
Skills Observation Checklist
Dysphagia Diet

**Purpose:** This checklist is used to directly observe skills involved with providing a dysphagia diet. This will help ensure the safety of the person receiving the diet and identify areas where re-training may be necessary.

**Directions:** The person completing the observation checklist will observe staff supporting and/or feeding the person for a minimum of 15 minutes. Check marks will be placed when the staff person has demonstrated competency in each particular skill. Any skill level not met will require re-training before the staff person can provide mealtime supports again.

The following skills were observed by ________________ on ________________

for staff person ____________________________ for individual ____________________________

Prior to observation, the staff person was able to verbalize the person’s specific diet and/or food modifications and provide the reason for the diet and/or food modifications.

**Feeding Plan Skills:**

- □ Demonstrates proper solid food preparation technique for ________________ texture/consistency food.
- □ Demonstrates proper liquid preparation technique for ________________ consistency liquids.
- □ Uses proper adaptive equipment as prescribed: List equipment or not applicable: ____________________________
- □ Follows any specific food to liquid cyclical pattern prescribed: List pattern or not applicable: ____________________________
- □ Follows nutritional guidelines/diet order: List prescribed diet: ____________________________
- □ Ensures proper positioning with meal: Describe position: ____________________________
- □ Provides supervision as prescribed: What supervision level is ordered: ____________________________
- □ Follows feeding plan as written and demonstrates proper feeding technique (observe staff supporting and/or feeding the person for minimum of 15 minutes).
- □ Encourages proper positioning after meal.
- □ Identifies and completes any required documentation.
- □ Identifies several signs and symptoms of dysphagia and agency protocol of who to notify if concerns.

Retraining Needed? _____ Yes _____ No
(Any skill level not met requires retraining) OVER
<table>
<thead>
<tr>
<th>Skill</th>
<th>Retraining Date</th>
<th>Trainer Signature</th>
<th>Date Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This document may be used to provide information about supporting a safe and preferred eating experience for a person with dysphagia. Include known preferences and review regularly with the person for any changes or updates. (Blank form on next page.)

### Mealtime Preparation Materials for _____SAMPLE_____

**Food Processor**  
2 or 3 extra bowls  
1 extra blade  
1 backup processor  
Silicone spatula  

**Adaptive equipment:**  
Non-skid placemat  
Plate guard  
Chair with armrests  
Utensil  
Clothing protector  
Sip Cup with no-spill lid  
Scoop bowl for soups, cereal  

**Preferred Condiments/Moisteners:**  
Ketchup  
Mayonnaise  
Ranch dressing  
Mustard  
Mayonnaise  
Chicken Gravy  
Vegetable Broth  
Honey  
Margarine  
Mrs. Dash  
Herbs, spices  
Sour Cream  
Pancake syrup  
Butter  
Grape Jelly  

**Typical Menu Substitutions:**  
Pureed pasta instead of bread  
Poached pears or apples instead of fresh fruit  
Lactaid instead of regular milk  
Non-dairy creamer instead of milk  

**Emergency supply suggestions:**  
Battery-powered Food processor or Blender  
Batteries  
Thick-It Omelet with Sausage Puree (canned)  
Pudding cups  
Applesauce cups in a variety of flavors  
Potted meat  
Canned corned beef hash  
Canned beef chili no beans  
Roma or Cava coffee substitute  
Cooler or Ice chest  
Silicone spatula  
Thick-It Seasoned Green Bean puree (canned)  
Canned refried beans  
Powdered drink mix  
Ovaltine  
Powdered creamer  
Parmalat (milk in a box)
Date:

Meal Preparation Materials for ______________________

Processing Equipment:

Adaptive equipment:

Condiments/Moisteners:

Typical Menu Substitutes:

Emergency Supplies:
Dysphagia Resource List

Book list:

The Dysphagia Cookbook: Great Tasting and Nutritious Recipes for People with Swallowing Difficulties.
**Author(s):** Elayne Achilles

Dysphagia: Oral Health Care Tips for Individuals That Have Difficulty Swallowing (August/08), Halton Region Health Dept. [www.halton.on.ca](http://www.halton.on.ca)

**Author(s):** Pam Womack

Easy to Swallow, Easy to Chew Cookbook: Over 100 Tasty and Nutritious Recipes for People with Difficulty Swallowing
**Author(s):** Donna L. Weihofen, Joanne Robbins, Paula A.

Food Molds, Puree Recipes (Hormel Health Labs, Inc. Call 800-866-7757. See also [http://www.hormelhealthlabs.com](http://www.hormelhealthlabs.com)

Food Thickener Demonstration – Proper Technique Video


I Can’t Chew Cookbook: Delicious Soft Diet Recipes for People with chewing, Swallowing, and Dry Mouth Disorders
**Author(s):** J. Randy Wilson, M.D. Mark A. Piper

The National Dysphagia Diet (Ndd: Standardization for Optimal Care)
**Author(s):** National Dysphagia Diet Task Force, American Dietetic Association

The Official Patient’s Sourcebook on Dysphagia: A revised and Updated Directory for the Internet Age.
**Author(s):** Icon Health Publication

Pureed Foods with Substance and Style
**Author(s):** Maria Seppi Ferraco, William Richman

Revised 2009 Scoop It, Mold It, Pipe It!!! Dysphagia Textures with Thickeners To Include HACCP Guidelines and Food Code 2007 (Challenge Books, Vol.2)
**Author(s):** Pam Womack
So What If You Can’t Chew, Eat Hearty!: Recipes and a guide for the Healthy and Happy Eating of Soft and Puree Foods.
**Author(s):** Phyllis Z. Goldberg

Soft Foods for Easier Eating Cookbook
**Author(s):** Sandra Woodruff, Leah Gilbert-Henderson

Soft Options: For Adults Who Have Difficulty Chewing
**Author(s):** Rita Greer

Standardizing Dysphagia Diets: National Dysphagia Diet & Other Considerations (CD & Manual)
**Author(s):** American Speech-Language-Hearing Association (ASHA)

**Article List:**


- “**Establishing an Effective Dysphagia Program in a Long Term Care Facility**” (Thayer, Kathy; 09/15/2003)

- “**Feeding and Swallowing Disorders: Causes and Number**” (American Speech-Language-Hearing Association 1997-2010)

- “**Feeding and Swallowing Disorders (Dysphagia) in Children**” (American Speech-Language-Hearing Association 1997-2010)

- “**It’s Tough To Swallow: A Practical Approach to Nutritional Care of Dysphagia**” (Dorner, Becky – Long Term Care Magazine, vol. 10, no. 3)

- “**Managing Dysphagia Through Diet Modifications**” (AJN, November 2010, Vol. 110, Nol. 11) ajonline.com


“Swallowing Disorders (Dysphagia) in Adults” (American Speech-Language-Hearing Association 1997-2010.)


“When It’s a Hard Act to Swallow…Dysphagia in Home Care” (Bottino-Bravo, Patti; Thomson, Jeanne – Home Healthcare Nurse vol. 26, no. 4, April 2008)

Website Links List:

Nadona.org/dysphagia

SE Outreach Services- Foundations of Dysphagia
http://www.iidc.indiana.edu/Training

Swallowing Problems – Medline Plus

Products list:

AliMed prepared food products and Swallowing Guide (Item #8818)
http://www.alimed.com/swallowguide.html
297 High Street, Dedham, MA 02026
800-225-2610
info@alimed.com

3D Anatomy for Speech Language Pathology DVD-ROM
Head Office: Primal Pictures Ltd
4th Floor Tennyson House
159-165 Great Portland St
London W1W5PA
United Kingdom
Email: Sam@primalpictures.com
www.primalpictures.com

Blue Tree Publishing
www.bluetteepublishing.com
Blue Tree Publishing, Inc
8927 192nd Street SW
Edmonds, WA 98026 USA
Dysphagia Products For Modified Consistency Diets.
RSOURCE® PUREE SOLUTIONS®, PUREE APPEAL® and THICKEN UP® products.
Nestle Nutrition
The Nestle Line of Dysphagia Products
www.nestlenutrition.com/US    Tel:1800-422-ASK2 (2752)

The IOPI System
www.IOPImedical.com

Managing Swallowing Difficulties
www.swallowing.nestlenutritionstore.com
Tel: 1-888-898-1173

Red Flags for Swallowing Difficulty
www.Dysphagia-Diet.com

SIMPLY THICK
Simply Thick, LLC
200 South Hanley Road
Suite 1102
St. Louis, MO 63105
www.simplythick.com

THICK-IT (instant food thickener)
Aqua Care H2O (clearly superior,Inc)
Precision Foods, Inc
11457 Olde Cabin Road
St. Louis, MO 63141
Tel: 1800-333-0003
www.thickitretail.com

Time Timer Software
www.timetimer.com
7707 Camargo Road
Cincinnati, OH 45243
Tel: 877-771-TIME
Fax: 513-561-4699
Groups for Speech, Language, and Swallowing Disorders

The following organizations sponsor self-help groups for people with speech, language, and/or swallowing disorders. This is not all inclusive, nor does the inclusion here indicate endorsement by the American Speech –Language Association (ASHA).

**About Face U.S.A**  
123 Edward Street, Suite 1003  
Toronto, ON Canada MSG 1E2  
416-597-2229  
800-665-face  
[http://www.aboutfaceusa.org](http://www.aboutfaceusa.org)  
info@aboutface.ca

**Ameriface (NACFC)**  
P. O. Box 751112  
Las Vegas, NV  89136-1112  
888-486-1209  
info@ameriface.org

**The Alzheimer's Association**  
225 North Michigan, FL 17  
Chicago, IL  60601-7633  
800-272-3900 (V)  
866-403-3073 (TDD)  
312-335-8700 (V)  
312-335-5886 (TTY)  
[http://www.alz.org](http://www.alz.org)

**American Dietetic Association**  
120 South Riverside Plaza  
Suite 2000  
Chicago, IL 60606-6995  
800-877-1600  
[http://www.eatright.org](http://www.eatright.org)

**American Speech-Language and Hearing Association**  
10801 Rockville Pike  
Bethesda, MD 20852  
800-638-8255  
[http://www.asha.org](http://www.asha.org)
Amyotrophic Lateral Sclerosis Association (ALS)
1275 K Street, Suite 1050
Washington, DC   20005
202-407-8580 (National Headquarters)
818-782-4747 (V / TTY) Media Center
800-782-4747 (Info and referral)
http://www.alsa.org

Aphasia Hope Foundation
2436 W. 137th Street
Leawood, KS   66224
913-402-8306
http://www.aphasiahope.org

The ARC
1660 L Street, NW, Suite 301
Washington, DC   20036
202-534-3700
800-433-5255
info@thearc.org
http://www.thearc.org

Autism Society of America
4340 East-West HWY, Suite 350
Bethesda, MD   20814
800-3-autism (800-328-8476)
301-657-0881
http://www.autism-society.org

The Brain Injury Association of America
1608 Spring Hill Road, Suite 110
Vienna, VA   22182
703-761-6750
800-444-6443 (info only)
http://www.biausa.org

The Childhood Apraxia of Speech Association
416 Linciln Avenue, 2nd Floor
Pittsburgh, Penna.   15209
412-343-7102 (Adminstration Phone)
Email: helpdesk@apraxia-kids.org
http://www.apraxia-kids.org (* Use web to contact)
The Childhood and Adults with Attention Deficit Disorder (CHADD)
8181 Professional Place, Suite 150
Landover, MD 20785
301-306-7070
800-233-4050 (National Resource Center)
http://www.chadd.org

Huntington's Disease Society of America
505 8th Avenue, Suite 902
New York, NY 10018
800-345-4372 (consumers)
212-242-1968 (professionals)
http://www.hdsa.org

International Association of Laryngectomees
925 B Peachtree Street NE, Suite 316
Atlanta, GA 30309
866-425-3678
Email: ial@larynxlink.com
http://www.larynxlink.com

International Dyslexia Association
40 York Road, 4th Floor
Baltimore, MD 21204
800-ABCD-123
410-296-0232
http://www.interdys.org

Learning Disabilities Association of America (LDA)
4156 Library Road
Pittsburgh, Penna. 15234-1349
412-341-1515
http://www.ldanatl.org

National Aphasia Association
350 Seventh Ave., Suite 902
New York, N Y 10001
212-267-2814
800-922-4622 (V / TTY)
naa@aphasia.org
http://www.aphasia.org
National Coalition of Parent Centers
8615 Wandering Fox TR, #207
Odenton, MD  21113
410-695-1910
dfluke@verizon.net

National Easter Seal Society
233 South Wacker Drive, Suite 2400
Chicago, IL  60606
800-221-6827 (V)
312-726-6200
312-726-4258 (TTY)
http://www.easterseals.com

National Multiple Sclerosis Society
733 Third Avenue, 3rd Floor
New York, NY  10017
800-344-4867
http://www.nmss.org

**National Coalition on Auditory Processing Disorders**
http://www.ncapd.org

National Parkinson Foundation
1501 NW, 9th Avenue
Miami, Fl 33136
800-327-4545 (V/TTY)
www.parkinson.org

National Spasmodic Dysphonia Association, Inc.
300 Park Boulevard, Suite 350
Itasca, IL 60143
Phone: 800-795-6732
E-mail: NSDA@dysphonia.org
http://www.dysphonia.org
**National Stuttering Association**  
119 W. 40\textsuperscript{th} Street, 14\textsuperscript{th} Floor  
New York, NY 10018  
800-937-8888 (V)  
212-944-4050  
212-944-8244 (Fax)  
[www.nsastutter.org](http://www.nsastutter.org)

**Speak Easy International Foundation**  
233 Concord Drive  
Paramus, NJ 07652  
201-262-0895  
[www.speakeasyinternational.com](http://www.speakeasyinternational.com)

**Stuttering Foundation of America**  
1805 Moriah Woods Blvd.  
Sweet 3  
P.O. Box 11749  
Memphis, TN 38117-0749  
800-992-9392 (V)  
901-761-6343 (V)  
901-761-0484 (Fax)  
[http://www.stutteringhelp.org](http://www.stutteringhelp.org)

**TASH**  
1001 Connecticut Ave, NW, Suite 235  
Washington, DC 20036  
Phone: 202-540-0920  
Fax: 202-540-9019  
Email: [info@TASH.org](mailto:info@TASH.org)

**United Cerebral Palsy Association, Inc.**  
1660 L Street, NW, Suite 700  
Washington, DC 20036  
800-872-5827  
202-776-0406  
[http://www.ucpa.org](http://www.ucpa.org)

**Victory Over Impairments of Communication, Expression, and Speech (VOICES)**  
11132 S. Freeman Ave., Suite C  
Inglewood, CA 90304  
[http://www.4voices.org](http://www.4voices.org)
WebWhisper Nu-Voice Club
6115 North Park Ave
Indianapolis, IN 46220
Email: webmaster@webwhispers.org
http://www.webwhispers.org
Acknowledgements

Task Force Members:

Karen Boyce, RN, Community Based Nurse, Philadelphia Coordinated Health Care (PCHC)
Tammy Cross, ASD, Step By Step, Inc.
Melissa DiSipio, MSA, Assistant Director, PCHC
Loretta Eastburn, ID Program Specialist, Chester County MH/IDD
Donna Filippi, RN, Wellness Manager, Jevs Human Services
Patricia D. Graves, BSN, RN-BC, CDDN, Director of Nursing Services, PCHC
Carla A. Higgins, M.Ed, Assisting Director, Professional Development, SPIN
Debbie Lord, MA, CCC, SLP/L, Director, Health Clinical & Program Supports, KenCrest Services
Kathy Potena, Residential Coordinator, Bucks County Department of Mental Health/Developmental Programs
Connie Reifsnyder, MA, Step by Step, Inc.
Carol Thomas, RN, BSN, Community Based Nurse, PCHC
Linda Ulinski, RN, CDDN, Assistant Director of Nursing Services, PCHC
Robert Walsh, OTS, Jefferson University Hospital
Socorra B. Ward, Program Manager, Step By Step, Inc.
Jean Warner, Program Director, Bucks County Salvation Army
Susan Weiss, Assistant Director for Developmental Disabilities Services, Step By Step, Inc.

Technical Assistance Provided By:

Peggy Cragin, Administrative Coordinator, PCHC
Sally Hamid, Intern, Temple University School of Public Health, Spring and Fall 2011

Booklets produced by Philadelphia Coordinated Health Care (PCHC), Pennsylvania Southeast Regional Health Care Quality Unit (HCQU)
A Core Program of MHCC