



Dysphagia Care Plan

Eating and Drinking with Acknowledged Risk

Name:		Location:	
Name		Location	
Equipment:			
Position of individual:		Position of person assisting:	
<p>The food and drink recommendations below are safer choices for XXX but they may choose to drink and eat out with this advice.</p> <p>Please support them in their choices [DELETE IF NOT APPROPRIATE]</p>			
DRINKS :			
IDDSI Level Nutilis Clear X scoops p/200m		Fluids	
0 THIN	3 MO	2 MILDLY THICK	4 EXTREMELY THICK
1 SLIGHTLY THICK			
FOOD:			
3 MODERATELY THICK	IDDSI Level	Diet	
4 PUREED	5 MINCED & MOIST	6 SOFT & BITE-SIZED	7 REGULAR
Supervision: Please see reverse for definitions of supervision			
Constant 1:1 Supervision		Intermittent Supervision	
Cohort Supervision		Independent	
Encouragement, Support & Assistance +/- Mealtime Set-Up			

Medication:

Please add

Strategies:

- 1. Add three**
- 2. Main**
- 3. Strategies**

You may notice the following signs that the person is having difficulty whilst eating and drinking

- They cough or choke during eating or drinking, their voice sounds wet
- They sound short of breath, their chest sounds worse or they may have a temperature

If you are concerned, please STOP, have a break from eating or drinking and try again later if appropriate

Speech and Language Therapist :
Date:

Contact Number:

Supervision Definitions

for People with Dysphagia

Constant 1:1 Supervision:

Is required for people who have been clinically assessed as requiring uninterrupted 1:1 supervision by a designated, appropriately skilled staff member who ensures the dysphagia care plan is adhered to in full. This type of supervision is only requested for people at the highest risk of aspiration or choke, who may have low insight into their swallowing difficulties or who require careful support to carry out strategies that help reduce risk.

Intermittent Supervision:

Is required for people who have been clinically assessed as requiring regular prompts to follow strategies. This level of supervision should be provided by a designated and appropriately skilled member of staff. This type of supervision is often used when independence is being encouraged or where recommendations have recently changed.

Cohort Supervision:

Is required for people who have been identified as having some managed risk of choke. This should be provided by an appropriate skilled member of staff who can see the person at all times and be close enough to respond to any incident immediately. This type of supervision is often used for people who have a history of intermittent choke or who are progressing in dysphagia rehabilitation.

Encouragement, Support and Assistance (+/- mealtime set-up):

Is required for people who have mild swallowing difficulties or people who require support with encouragement, prompting, or assistance with dexterity and coordination tasks. This level of supervision can be provided by any member of staff. This type of support can include ensuring all necessary items are in reach and assisting with opening, cutting or spreading.

Independent:

No supervision or support is required.