

**Gwasanaethau Iechyd Meddwl ac Anableddau Dysgu**  
**Mental Health and Learning Disability Services**

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## **Eating and Drinking**

### **Report and Management Plan**

**Name:** Sarah Bellum

**Address:** The Provider, Care Agency, Pembrokeshire

**Date of Birth:** 01.12.1959

**Date of Report:** 26.11.2020 (compiled for consideration of CHC funding)

#### **Reason for Referral**

Review of eating and drinking plan.

#### **Background Information**

Sarah has Downs Syndrome and dementia.

#### **Communication**

Sarah has little communication now. Most of her needs have to be anticipated.

#### **Summary of Assessment**

Sarah was last seen by SLT at home with staff on 12.02.2020. She was seen eating lunch prepared to "soft and bite – sized" texture (IDDSI, 2017). She has a tendency to rush her meals and over load her fork/spoon. Sarah needs supervision during all mealtimes to try to manage this. However, he doesn't respond well to prompts to slow down. She can feed herself. Sarah was also seen drinking normal fluids from her two handled beaker. With both food and fluids Sarah demonstrated satisfactory spontaneous oral control of the bolus. Swallows appeared effective with no external signs of aspiration on this occasion. Sarah is reported to need increasing 1:1 supervision during the day now and often has a disruptive sleep pattern.

#### **Areas of Risk**

Aspiration and associated complications such as chest infections and pneumonia  
Choking

## Eating and Drinking Management Plan

<b>Food</b>  IDDSI Level 6 – soft and bite sized ( see attachment for details)
<b>Drinks</b>  Normal fluids.
<b>Specialist Equipment</b>  Sarah uses her two handled beaker to drink from.
<b>Positioning</b>  When eating and drinking, sit in a stable midline position, as close to 90 degrees as possible. Remain in this position for at least 30 minutes after eating.  Do not eat or drink whilst in a reclined position.
<b>Environment</b>  A quiet and relaxed environment will improve concentration on the process of eating and drinking.
<b>Assistance Required</b>  Sarah needs supervision to encourage him not to eat and drink too quickly.
<b>Oral Hygiene</b>  Oral hygiene is very important for people who have eating and drinking problems. Please advise your dentist that you have an eating and drinking plan and follow their advice about oral hygiene.  An oral hygiene routine should be performed after eating to remove residue from the mouth.

## Responsibilities of care provider

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- The plan above should be followed at all times whilst eating and drinking
- This includes any meals or drinks taken away from home, snacks and medication
- All staff should:
  - have read and signed this management plan
  - attend regular first aid training which includes management of choking incidents
  - notify the SALT of any difficulties following the management plan
- Please notify the SALT if support is required to follow this plan
- Notify the SALT of any problems at mealtimes including the signs of aspiration; coughing or throat clearing when eating or drinking, breathing problems whilst eating or drinking, chest infections/pneumonia, wet or gurgly voice when eating or drinking, multiple swallows, sweating, watery eyes, red face, startle reflex, vomiting, gagging, refusing food or drinks and choking incidents.

**Name:** Nigel Richards

**Designation:** Specialist Speech and Language Therapist

**Signed:**

**Date:** 26.11.2020

**Cc:** Care Partners

Name: Sarah Bellum





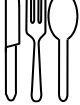


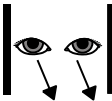

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### Eating and Drinking Careplan

 <p><b>Food</b></p> <p>"Soft &amp; Bite Sized" (IDDSI, 2017)</p>	 <p><b>Drink</b></p> <p>Normal</p>	 <p><b>Environment</b></p> <p>Quiet and Relaxed</p>
 <p><b>Position</b></p> <p>Sat as upright as possible in chair</p>	 <p><b>Equipment</b></p> <p>Use Sarahs two handled mug</p>	 <p><b>Medication</b></p> <p>Please make sure that my medication is given with the appropriate consistency drink. My medication is: Tablet <input type="checkbox"/> Liquid <input type="checkbox"/> Both <input type="checkbox"/></p>
 <p><b>Help I need</b></p> <p>I need supervision to encourage me to slow down when eating and drinking</p>	 <p><b>Things to look out for:</b></p> <p>Coughing or choking Recurrent chest infections Difficulties swallowing 'Wet' sounding breath or speech Signs of distress (see swallowing guidelines for further details)</p>	 <p><b>Risks</b></p> <p>It is the responsibility of the care provider to ensure all staff have read and understood this plan and to produce their own risk plan in line with their policies.</p>

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<b>Description/characteristics</b>  Texture restrictions shown in summary table	<ul style="list-style-type: none"> <li>• Can be eaten with a fork, spoon or chopsticks</li> <li>• Can be mashed/broken down with pressure from fork, spoon or chopsticks</li> <li>• A knife is not required to cut this food, but may be used to help loading a fork or spoon</li> <li>• Chewing is required before swallowing</li> <li>• Soft, tender and moist throughout but with no separate thin liquid</li> <li>• ‘Bite-sized’ pieces as appropriate for size and oral processing skills             <ul style="list-style-type: none"> <li>➢ <i>Paediatric, 8mm pieces</i></li> <li>➢ <i>Adults, 15 mm = 1.5 cm pieces</i></li> </ul> </li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• Biting is not required</li> <li>• Chewing is required</li> <li>• Tongue force and control is required to move the food for chewing and to keep it within the mouth during chewing</li> <li>• Tongue force is required to move the bolus for swallowing</li> <li>• Pain or fatigue on chewing</li> <li>• Missing teeth, poorly fitting dentures</li> </ul>
<b>TESTING METHODS</b>  See also <i>IDDSI Testing Methods</i> document or <a href="http://iddsi.org/framework/food-testing-methods/">http://iddsi.org/framework/food-testing-methods/</a>	
Fork Pressure test	<ul style="list-style-type: none"> <li>• Pressure from a fork held on its side can be used to ‘cut’ or break this texture into smaller pieces</li> <li>• When a sample the size of a thumb nail (1.5x1.5 cm) is pressed with the base of a fork to a pressure where the thumb nail blanches to white, the sample squashes and changes shape, and does not return to its original shape when the fork is removed.</li> </ul>
Spoon Pressure test	<ul style="list-style-type: none"> <li>• Pressure from a spoon held on its side can be used to ‘cut’ or break this texture into smaller pieces.</li> <li>• When a sample the size of a thumb nail (1.5 cm x1.5 cm) is pressed with the bowl of a spoon, the sample squashes and changes shape, and does not return to its original shape when the spoon is removed.</li> </ul>
Chopstick test	<ul style="list-style-type: none"> <li>• Chopsticks can be used to break this texture into smaller pieces</li> </ul>
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Finger test

- Use a sample the size of a thumb nail (1.5 cm x 1.5 cm). It is possible to squash a sample of this texture using finger pressure such that the thumb and index finger nails blanch to white. The sample will not return to its initial shape once pressure is released.

## FOOD SPECIFIC OR OTHER EXAMPLES

### MEAT

- Cooked, tender meat no bigger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 x 1.5 cm pieces*
- If texture cannot be served soft and tender at 1.5 cm x 1.5 cm, serve minced and moist

**Note - food size requirements for all foods in Level 6 Soft & Bite-sized:**

- **Paediatric, 8mm pieces**
- **Adult, 15mm = 1.5cm pieces**

### FISH

- Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks no larger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- No bones

### CASSEROLE/STEW/CURRY

- Liquid portion must be thick (as per clinician recommendations; refer to IDDSI levels 0-4)
- Can contain meat, fish or vegetables if final cooked pieces are soft and tender and no larger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- No hard lumps

### FRUIT

- Serve mashed
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- Fibrous parts of fruit are not suitable
- Drain excess juice
- Assess individual ability to manage fruit with high water content (e.g. watermelon) where juice separates from solid in the mouth during chewing

### VEGETABLES

- Steamed or boiled vegetables with final cooked size of
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- Stir fried vegetables are often too firm and are not soft or tender

Contd.

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## CEREAL

- Smooth with soft tender lumps no bigger than
  - Paediatric, 8mm pieces
  - Adults, 15 mm = 1.5 cm pieces
- Texture fully softened
- Any excess milk or fluid must be drained

## BREAD

- Pre-gelled 'soaked' breads that are very moist and gelled through the entire thickness
- No regular dry bread unless assessed as suitable by dysphagia specialist, on an individual basis (if considered appropriate bread must also conform to paediatric 8mm, and adult 1.5 x1.5 cm size requirements)

## RICE

- Not particulate/grainy, sticky or glutinous



## SOFT & BITE-SIZED



Thumb nail blanched to white



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

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