

Name:

\*Completed by:  Speech and Language Therapist Tel:  Date:

\*Please complete following the accompanying guidance notes ref: 9094 at www.ndr-uk.org

# First Steps to Easier Swallowing

## TEXTURE B



### THIN PURÉE

- Should be cooked until soft then puréed/liquidized to a thin smooth consistency.
- Cannot be eaten with a fork because it slowly drops through the prongs.
- Will not show clear marks when the prongs of a fork press its surface.

## TEXTURE C



### THICK PURÉE

- Should be cooked until soft then puréed/liquidized to a thick smooth consistency.
- Can be eaten with a fork because it does not drop through the prongs.
- Will show clear marks when the prongs of a fork press its surface.

## TEXTURE D



### PRE-MASHED

- Should be soft, tender and moist, easily mashed with a fork and served in a very thick smooth gravy or sauce.
- Must be mashed before it is served.
- Holds its shape on a plate or when scooped.

## TEXTURE E



### FORK-MASHABLE

- Should be soft, tender and moist but some chewing may be required.
- Pieces of food should be no bigger than a 5pence piece in diameter.
- It is not necessary to purée or sieve.

**AVOID THE FOLLOWING FOODS AS THEY PRESENT A HIGH-RISK FOR ANYONE WITH SWALLOWING DIFFICULTIES: DRY/STRINGY MEATS, MIXED THICK-THIN TEXTURES (SUCH AS SOUPS WITH BITS), HARD FOODS (SUCH AS BOILED SWEETS) FIBROUS FOODS (SUCH AS COARSE VEGETABLES AND STALKS).**

## Fluid/drinks Stages

You may be advised to thicken fluids/drinks, making it easier and safer to swallow. Remember to always follow the manufacturer's instructions and ensure that you leave the fluids/drinks to stand until the desired thickness is achieved.

### STAGE 1

You can drink this through a straw. It leaves a thin coat on the back of spoon.



### STAGE 2

You can drink this from a cup but not through a straw. It leaves a thick coat on the back of a spoon.



### STAGE 3

You cannot drink this. You need to take this with a spoon.



## Preparing Food

A change in texture may change the nutritional value of your food.

Always report if you are not eating meals.

Always report how much fluid you are taking.

Your dietitian can assist you to maintain a balanced diet that provides the energy and nutrients you need.

Dietitian's contact information

## Posture

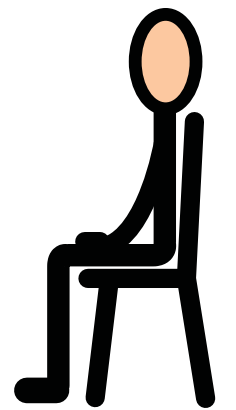
To maximise safety, try to sit as upright as possible and stay in this position for at least 30 minutes after eating and/or drinking.

### Useful contacts:

Physiotherapist/Occupational Therapist

## Aids and Adaptations

It may take you longer to safely eat and drink food and fluids that have been modified. This is normal. Your occupational therapist can assist you with aids and adaptations to help you to continue enjoying your food and drinks.



**Notes:** Please refer to the accompanying guidance notes ref: 9094 at www.ndr-uk.org for suggested notes to include.



## Guidelines for using 'First Steps to Easier Swallowing'

### Background

NDR-UK's Easier Swallowing range is designed to enable clients and their carers to:

- understand eating, drinking and swallowing difficulties common to dysphagia
- safely apply the dietary advice required to meet clients' nutritional and fluid requirements.

The pack was designed by expert health professionals to use with clients and updated to comply with Dysphagia Diet Food Texture Descriptors (2012 – National Patient Safety Authority (NPSA), British Dietetic Association (BDA), Royal College of Speech and Language Therapists (RCSLT), Hospital Caterers Association (HCA) and the National Nurses Nutrition Group (NNG)).

### AHPs involved in the Management of Dysphagia

The management of dysphagia requires a multidisciplinary approach by allied health professionals (AHP) to maximise clients' health, well-being and independence by:

- minimising the risk of:
  - coughing and choking
  - under-nutrition and dehydration
  - aspiration and associated chest infections
- maximising functional skill.

Speech and Language Therapists (SLT) assess, diagnose and treat clients with eating and swallowing difficulties. Specifically they advise on appropriate texture modification and fluid consistency.

Dietitians educate clients (and their carers) on appropriate food choices and fluid intake to meet their nutritional needs through texture modified diets and fluid requirements. They also assess the need for food fortification/supplements.

Physiotherapists advise on the optimum position for the client when eating and drinking. This helps to maximise head function and neck position to improve swallowing and minimise the risk of aspiration.

Occupational Therapists (OT) advise on appropriate aids and adaptations (such as seating, cutlery and crockery) for eating and drinking, to promote a positive environment and independence for clients. They may also assist on positioning for eating and drinking.

Other Health Professionals such as Nurses and Psychologists also play a key role in the multidisciplinary team involved in dysphagia management.

### Resource aims

- To provide a first-line, visual prompt to illustrate suitable texture and fluid thickness for clients' swallow.
- To support increased compliance with texture/fluid modification guidance prior to cross-referral from members of the multidisciplinary team and the client specific care plan being devised.
- To identify the health professionals, and their roles, involved in dysphagia management.
- It should **NOT** replace specific clinical notes or recommendations for the client.
- It should **NOT** be used in hospital or large-scale catering kitchens.

### The resource is intended to be used:

- with community-based clients who are dependant on carers
- in the client's own home (private residence)
- in sheltered or shared accommodation in the client's personal food storage spaces or
- in catering facilities of care homes or sheltered accommodation.

## How to use the resource

The resource should be printed in an appropriate size and given to clients, their carers or catering staff with support from an SLT.

### 1. In clients' own homes or personal food storage spaces in shared accommodation

SLTs should print the poster in A3 format and complete it as described below:

- Insert the client's name where marked.
- Insert the name of the assessing SLT and the date of the advice.
- Tick (or highlight as appropriate) the correct boxes for the texture and fluid consistency that the client is following.
- Insert contact number for the dietitian, physiotherapist and occupational therapist as appropriate.
- Fix the completed poster to a suitable location in the client's kitchen, for example the inside of a cupboard door.
- As the client's needs change, reprint and update with new food texture/fluid consistency and dated accordingly.

### 2. In catering kitchens in shared accommodation – this poster should NOT be used in hospital kitchens

SLTs should print the poster in A3 format and:

- Provide the completed poster as a visual aid for catering staff who prepare meals for clients with dysphagia.
- Prepare a list of each client's food texture/fluid consistency requirements, date and provide staff with the completed poster.
- As the client's needs change, the poster and accompanying list must be updated with new food texture/fluid consistency and dated accordingly.

### 3. Alternative uses including care-plans

The resource can also be used as a useful reference in a care-plan (or equivalent).

To use the poster in a care-plan:

- Fill in the details as described, to mirror the information in the poster.
- Retain these notes in the care-plan, and update with any revisions to the poster as a reference tool and as a record of the client's progress.

**Remember to always date the poster following any changes.**

## Using the Notes section

This section should be completed by the SLT with information specific to the individual client, for example:

- Communication – *Chris vocalises and smiles to show he is happy or wants more and purses his lips and drops his head to say "no".*
- Environment – *Chris is happiest with his back to the wall, facing the room, as he is easily distracted by noise, and likes to see what is going on around him.*
- Assistance required – *sit on Chris's right side to offer support. If Chris attempts to take another mouthful before he has cleared his previous mouthful, place your left hand gently on Chris's right hand and remind him to swallow first.*
- Likes – *Chris likes spicy food, like brown sauce or horseradish, he prefers cold drinks.*
- Dislikes – *Chris doesn't like bland food, bananas, porridge, tea or coffee.*
- Things to look out for – *Chris may eat too quickly and overflow his mouth. This can lead to his coughing, choking, wet voice and potentially contracting chest infections.*

This information has been produced and reviewed for Nutrition and Diet Resources UK (NDR-UK) by Registered Dietitians and other relevant health professionals. At the time of publication the information contained within the leaflet was, to the best of our knowledge, correct and up-to-date. Always consult a suitably qualified dietitian and/or your GP on health problems. NDR-UK cannot be held responsible for how clients/patients interpret and use the information within this resource. Visit [www.ndr-uk.org](http://www.ndr-uk.org) for more information and to contact the team on the development and evidence supporting this resource.

