

Dysphagia Resource Pack

Basic dysphagia awareness for care home staff

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INTRODUCTION

It is essential that all staff working with residents have good basic dysphagia awareness. Mealtimes and enjoyment of food are an essential part of your resident's quality of life. It is equally important to ensure that residents are safe when eating and drinking and to understand the possible consequences of not following your residents' individual swallowing recommendations e.g. residents becoming unwell or choking.

There can be serious implications for care providers not following swallowing recommendations as detailed in the following link on the CQC Website:

<https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-6-caring-people-risk-choking>

This safety alert describes how a care provider was prosecuted and fined by the CQC for failing to provide a safe level of care for their residents. One of these failures was due to not following swallowing recommendations given by Speech and Language Therapy which resulted in a hospital admission.

This information pack provides an overview of the level of knowledge we expect carers to have. Please ensure all staff are familiar with the pack, its contents and where to find it (it would be helpful to print and file a copy). It would also be beneficial to include as part of the induction process when new carers start at your care home.

WHAT IS DYSPHAGIA?

Dysphagia is a medical term used to describe difficulties with swallowing. Speech and Language Therapists assess and manage swallowing at the oral (mouth) and pharyngeal (throat) stages of the swallow.

Some people with dysphagia have problems swallowing certain foods or liquids, or both whereas others cannot swallow at all.

It is often caused by a variety of medical problems e.g. dementia (see Appendix 1 for more detail), Stroke, Parkinson's Disease, MND, COPD and more. It is not a normal part of ageing.

What are the problems you might see?

When resident is eating or drinking:

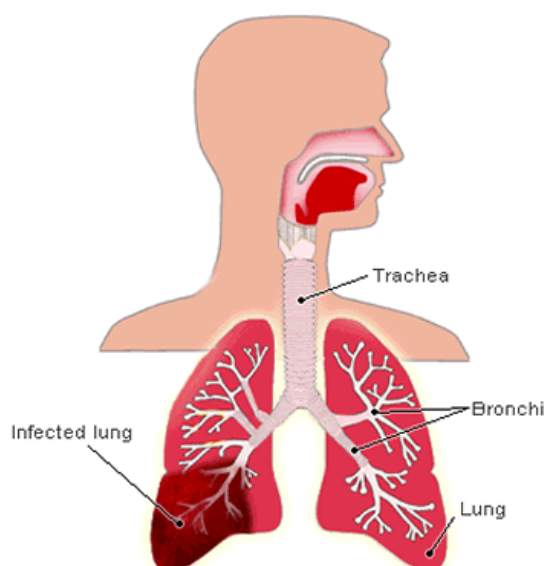
- Coughing or choking when eating or drinking
- Wet sounding/gurgling voice when eating or drinking
- Prolonged chewing, food being held in the mouth
- Food left in the mouth or cheeks after swallowing (pocketing)
- Complaints of feeling like food is sticking in the throat
- Taking a long time to finish a meal

Long term effects:

- Frequent chest infections
- Weight loss
- Dehydration

What is aspiration?

When we swallow, the muscles in our throat move in a certain way to close off our airway. If we do not manage to close the airway off in time, food or drink can enter the airway resulting in coughing to clear the food or drink out of the airway. If it is not cleared, food and drink can enter the lungs and be aspirated causing a chest infection known as an Aspiration Pneumonia.



What should I do?

If you notice ANY of the signs of dysphagia you should:

- Speak to colleagues and establish if there is a pattern / if the problem is occurring frequently
- Document any observations accurately. You may have your own system of recording or you may wish to fill in a cough chart (See printable cough chart in Appendix 2)
- Before you refer to Speech and Language Therapy (SLT), ensure that staff are providing good basic dysphagia care. Could making some small changes improve these symptoms? (See page 9).
- If not, refer to Community Speech and Language Therapy. Fill in referral form or speak to SLT if unsure.

HOW TO GET IN TOUCH:

Your local SLT Team Contact Details:

Community Adult Speech and Language Therapy
Denton Park Health Centre
West Denton Way
Newcastle upon Tyne
NE5 2QW

Tel: 0191 213 8841 Fax: 0191 267 8825

E-mail: tnu-tr.adultcommunityslt@nhs.net

Please note: We would appreciate if care homes could sent referrals by e-mail, which saves paper and processing time for our administrators.

WHEN NOT TO REFER TO SPEECH THERAPY?

Some patients have difficulty with meal and drink times but do not have dysphagia and are not candidates for speech and language therapy intervention. Care staff looking after people with these complaints are advised to seek support elsewhere and to apply general principles to safely manage eating and drinking.

Coughing on liquids very infrequently i.e. less than twice per day

Keep a record of the coughing using a cough chart (Appendix 2), note when and at what time of day it occurs. Note if any particular drinks are more likely to trigger coughing and adjust which drinks are offered accordingly. This may not be a cause for concern. Refer to SLT if the coughing becomes more frequent.

Please continue to refer residents who suffer recurrent chest infection.

Coughing on food infrequently i.e. less than twice per day

Keep a record of the coughing, note when and at what time of day it occurs. Note if any particular foods are more likely to trigger coughing and adjust diet accordingly. This may not be a cause for concern. Refer to SLT if the coughing becomes more frequent

No dentures or loose dentures

This will affect a person's ability to chew. Refer to a dentist. Make a reasonable adjustment to food texture – *this does not necessarily mean pureeing all food.*

Refusing Food in the absence of any signs of dysphagia

Monitor whether this is selective food refusal – does the person take some foods and not others – if so manage the diet accordingly. Does the person need gentle but consistent encouragement to take food? Seek medical advice if there is a possible psychological cause.

Reduced intake

If the resident reports a poor appetite, that they are depressed or is less alert, seek medical advice.

Regurgitating food

Seek medical advice from GP.

Vomiting food

Observe over time for any pattern – is vomiting triggered by certain foods, certain times of day? Seek medical advice from GP.

Difficulty self-feeding

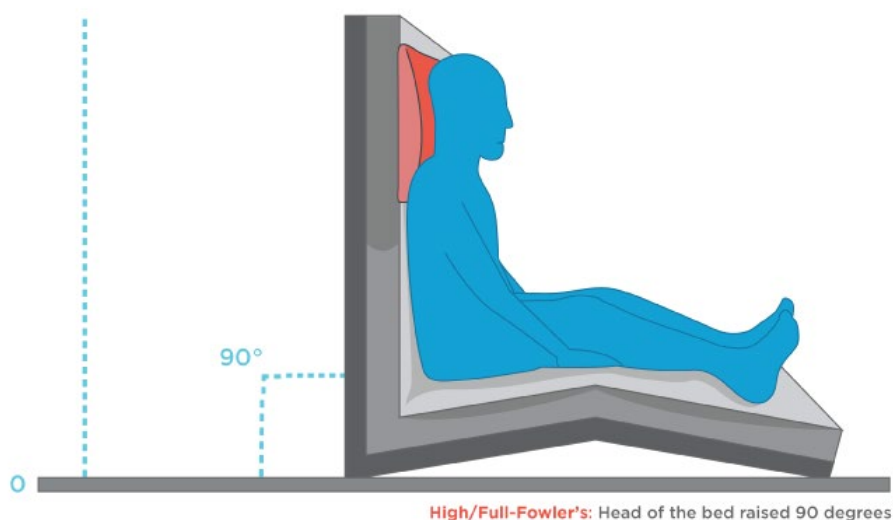
Consider adapted cutlery. Can the table be heightened? Are finger foods managed easier? Does the resident need assisted feeding?

TIPS FOR GOOD DYSPHAGIA CARE

Before giving residents any food or drink, it is important to think about their positioning, alertness level and environment.

POSITIONING

- The optimum position for safe swallowing is sitting in an *upright* position (as per diagram below) with the head tilted slightly forward.
- Ideally residents should be sat in midline position (i.e. not leaning to one side), supported by cushions if necessary.
- Prevent residents from tipping their head back when swallowing. Extra care needs to be taken when finishing the last mouthfuls from a cup or when taking medication to prevent the head tilting back.



ALERTNESS

- You must not attempt to give food or drinks to a resident if they are not alert. Some residents may keep their eyes closed even though they are awake. You can check this by:
 - Saying their name, touching their arm, placing a spoon on their lips and waiting for a response. If they do not respond, they are not alert enough for intake. **STOP** and try later.
- If the resident becomes sleepy during the meal and stops responding to the cues mentioned above, **STOP** and try again later.

ENVIRONMENT

Mealtimes should be calm and familiar to residents to prevent them being distracted:

- Ensure there is no loud music in the dining room.
- Consider seating residents who are very distractible at quiet tables.
- Reduce clutter on dining tables.
- If residents are eating in their own room, turn off the TV during mealtimes.

GOLDEN RULES FOR ASSISTING RESIDENTS AT MEALTIMES

There are some general “golden rules” (below) that apply to all residents when giving assistance at mealtimes. However, each resident is individual and will respond to some cues better than others. In our experience, carers who know their resident’s well are already aware of what does or doesn’t help. When new staff members start, consider giving opportunities to observe/give peer supervision for more complex residents with dysphagia.



- Ensure your residents dentures are in and look secure. Mouthcare has been carried out if required.
- Prompt residents to eat slowly and not to over-fill their mouth.
- Cut food into bite sized pieces if a resident struggles to do this independently.
- Give verbal prompts and hand on hand assistance when necessary (this may help residents finish their meal).
- **It is your responsibility to ensure that all of the food on the plate is safe for the resident you are serving – check their swallowing recommendations to confirm they have the correct food texture if you are not sure. Use the food testing methods if you are unsure if the food texture matches their recommended diet (see page 16 for more information on this).**

If residents need to be fed:

- Sit in front of or slightly to the side of your resident so they can see you.
- Talk about what is on the plate even if you feel the resident can't fully understand you.
- Give small amounts.
- Check the mouth is empty before giving more.
- Take your time.
- Give prompts and encouragement regularly.

See Appendix 3 for a visual diagram of all the above which can be displayed in your dining rooms.

***Task:** practise feeding each other using the golden rules of feeding and again when not using them e.g. feed quickly, give large spoonfuls, stand behind someone. How does it feel? How would you like to be fed if you relied on someone to do it? Imagine if you could not communicate how you felt or which foods you didn't like.*





THICKENED LIQUIDS



- Adding thickener to liquids makes them travel more slowly from the mouth down the throat. This gives the muscles more time to close off the airway therefore reducing the risk of aspiration.
- Residents will have been assessed by Speech and Language Therapists to find out if thickener helps and how much is needed to make swallowing safe.
- Not everyone needs thickened liquids. Some residents may need a modified diet but can manage thin fluids. Thickener may not be appropriate for some residents, which the Speech and Language Therapist will advise on.
- Thickener needs to be added to **all** liquids e.g. all drinks, soups, liquid medications if safe to do so.

All quantities in this document refer to **Nestle Resource ThickenUp Clear**. If you obtain a different thickener, please contact your pharmacy for advice.

Fluid Thickness Levels

LEVEL 1 (Slightly Thick)	 x1	1 Scoop per 200ml of fluid
LEVEL 2 (Mildly Thick)	 x2	2 Scoops per 200ml of fluid
LEVEL 3 (Moderately Thick)	 x4	4 Scoops per 200ml of fluid
LEVEL 4 (Extremely Thick)	 x8*	8 Scoops per 200ml of fluid

Recommended dosage:

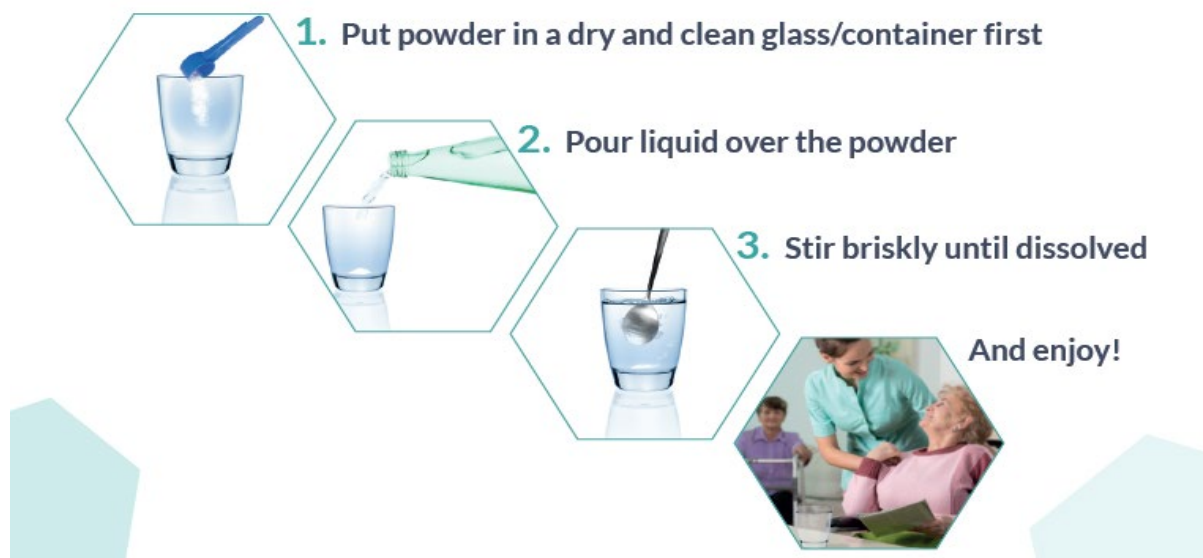
IDDSI Framework	Level 1 Slightly thick	Level 2 Mildly thick	Level 3 Moderately thick	Level 4 Extremely thick
200ml Liquids (water, juice, tea, coffee)	1 scoop	2 scoops	4 scoops	8 scoops*

New IDDSI recommended dosage table
Number of scoops needed per 200ml

This information with instructions on how to mix thickened fluids correctly is also found on the back of the tubs of Nestle Resource Thicken-Up Clear.

PREPARING THICKENED LIQUIDS

**ONLY USE THE MEASURING SCOOP PROVIDED IN THE TUB.
ALWAYS CHECK THE DYSPHAGIA CARE PLAN TO ENSURE
CORRECT THICKNESS GIVEN.**



Mixing tips:

Leave to stand for 1 minute (cold drinks) or 3 minutes (hot drinks) before drinking.

Hot drinks - make the hot drink up completely in a separate mug e.g. add milk and sugar to taste, then pour the finished hot drink into a new, clean mug with thickener in the bottom, then stir briskly and leave to stand.

Carbonated drinks - for optimal results, stir the carbonated drink to reduce the amount of carbonation.

Milk - leave to stand for a few minutes until the drink reaches the required thickness.

Serving and storing:

The product will remain stable, so you could make up a jug for the whole morning/ afternoon.

All pre-prepared thickened fluid must be **tightly covered** and **consumed within 6 hours** if stored at room temperature.

Be aware that **accidental inhalation of the thickening powder can be fatal**, please store thickening powder out of the reach of residents.

See page 21 for a link to a video demonstration.

MODIFIED DIET TEXTURES

- Some residents may struggle to chew and swallow certain food textures safely and may need all of their food prepared in a certain way.
- As of 1st April 2019, we will be using the International Dysphagia Diet Standardisation Initiative (IDDSI) diet texture descriptors (Regular, Regular Easy to Chew, Soft and Bite-sized, Minced and Moist, Pureed) and methods of testing foods. There is a wealth of information on the IDDSI website (<https://iddsi.org/>) including the diet advice sheets found in Appendix 4, videos and FAQs.

4 PUREED

7 REGULAR EASY TO CHEW

5 MINCED & MOIST

7 REGULAR

6 SOFT & BITE-SIZED

- The new descriptors and advice sheets focus on how to test food rather than giving a list of suggested meals. This empowers you to decide if a certain texture is suitable or not.
- Consider each resident's likes and dislikes. Offer choice where possible. For example, you can adapt Regular diet to Soft and Bite-sized by taking the batter off fried fish, the hard bits off chips and cutting both into 1.5cm pieces. Serve with a sauce if dry.
- If there are any exceptions to the information provided on the IDDSI advice sheet, this will be documented on the Dysphagia Care Plans that we provide after assessing every resident (see an example of our DCP in Appendix 5). Please also see a conversion chart in Appendix 6 for patients who have DCP's pre-dating April 2019.

IDDSI FOOD TESTING METHODS

If you are unsure whether an item of food is suitable for a patient on a modified diet:

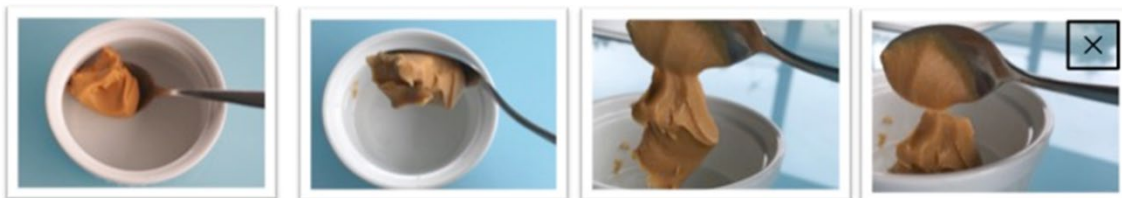
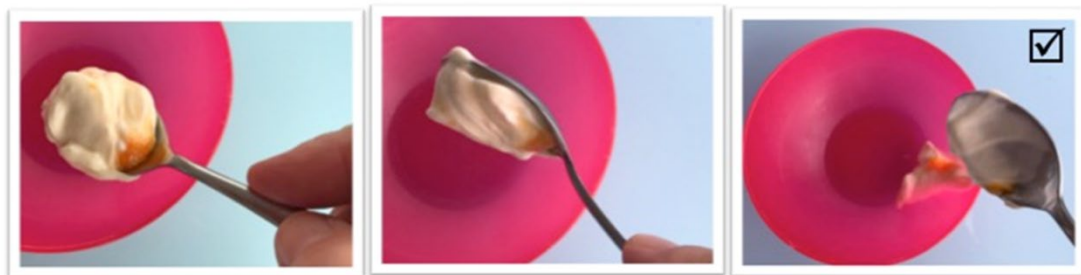
1. Check their Dysphagia Care Plan (an example is in Appendix 5), their diet and fluid recommendations are in the “Actions for Carers” section.
2. Read the IDDSI handouts for the specific Diet Texture level, including foods to avoid.
3. If you are still unsure, there are a set of simple, standardised, internationally recognised tests that you can do for each Diet Texture level. Most of which require you to use a fork or spoon.

You will find details of these on the bottom of the IDDSI handouts for each specific Diet Texture.

See the Helpful Links & Resources on page 21 for video examples of the tests.



IDDSI Spoon Tilt Test



IDDSI Spoon Tilt Test determines
Cohesion (ability to hold together) *and*
Adhesion (stickiness)

For safety the bolus should
be cohesive enough to hold
its shape but not sticky

Texture Testing

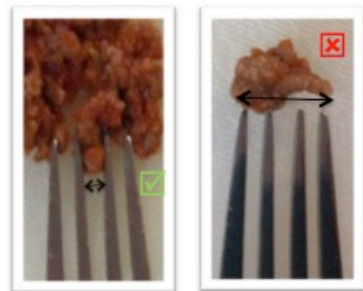


IDDSI Fork Test

The slots/gaps between the tines/prongs of a standard dinner fork typically measure 4 mm

Pediatrics 2mm; Adults 4mm

Compliance for particle size measurement (4mm)



5 MINCED & MOIST

4 PUREED

October 2017 –
Used with permission from IDDSI

Fork Pressure Test



6 SOFT & BITE-SIZED

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

A fork is used here with just enough pressure applied through the thumb to blanch the end of the nail. The fork pressure test is used for Levels 5-6 and transitional foods to determine if the food will meet the criteria. If a food does not meet the criteria, it should be considered Level 7 (Normal /Regular) and must then be modified further until it does meet the criteria for the Level specified for the individual with dysphagia.

Staff.

Adult Speech And Language Therapy, Newcastle Hospitals NHS Trust - 2019

MOUTH CARE

Providing regular mouth care (to those who are unable to manage it independently) should be an essential part of the basic daily care given to residents. This includes residents who do not have teeth or wear dentures. Poor oral hygiene can affect comfort and quality of life as well as eating and drinking:

- Residents may be reluctant to eat or drink due pain or discomfort.
- Bacteria in the mouth due to an unclean mouth can be swallowed with saliva or food/drink. **If this is then aspirated, there is an increased risk of developing pneumonia.**

Poor oral hygiene has also been found to have other health implications e.g. links general health and chronic systemic disease. There is a wealth of information and some excellent resources on the following website:

<http://www.mouthcarematters.hee.nhs.uk/>

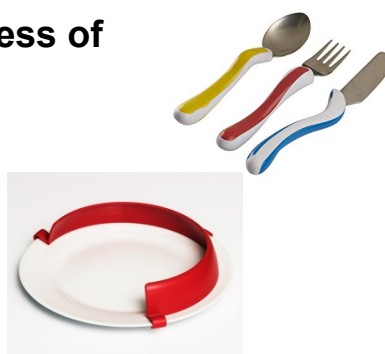
- Mouth care should be carried out before and after meals and throughout the day if your resident suffers from a dry mouth. At least twice a day, mouth care should be given using a pea sized amount of a non-foaming toothpaste.
- Use a soft, small headed toothbrush soaked in water or a dry mouth moisturising gel to carry out mouth care. There are also various products that can be used to soften any dried secretions, see the Mouth Care Matters website above for more detail.
- Dentures also need to be cleaned regularly (at least once a day) but with a specially formulated denture cleaning paste rather than toothpaste.

ADAPTED CUTLERY AND BEAKERS

Please note: The following is for information only. Any of the following equipment must be purchased by resident or the care home.

It is important to promote each resident's independence, and encourage self-feeding when possible. This can be assisted in some instances, with the use of adapted utensils:

- **Weighted utensils (increased awareness of utensil in hand)**
- **Easy grip/foam handle (easier to hold/manipulate)**
- **Plate guards**
- **Non-slip plate mats**



Some residents may benefit from adapted beakers, cups or straws to add their drinking and to make it safer.

- **'Pat Saunders' or 1-way valve straws**
- **Non-spill beaker (age-appropriate – see 'Kennedy Cup')**
- **'Nosey' cup (cut out to help reduce neck extension)**
- **Two-handled cup (increased control)**
- **'Handy Cup' (angled for reduce neck extension/wide base for stability)**
- **'Drink-rite Cup' (gives a controlled amount of fluids as either 5ml or 10ml)**



CHOKING

CARE OF THE CHOKING PATIENT

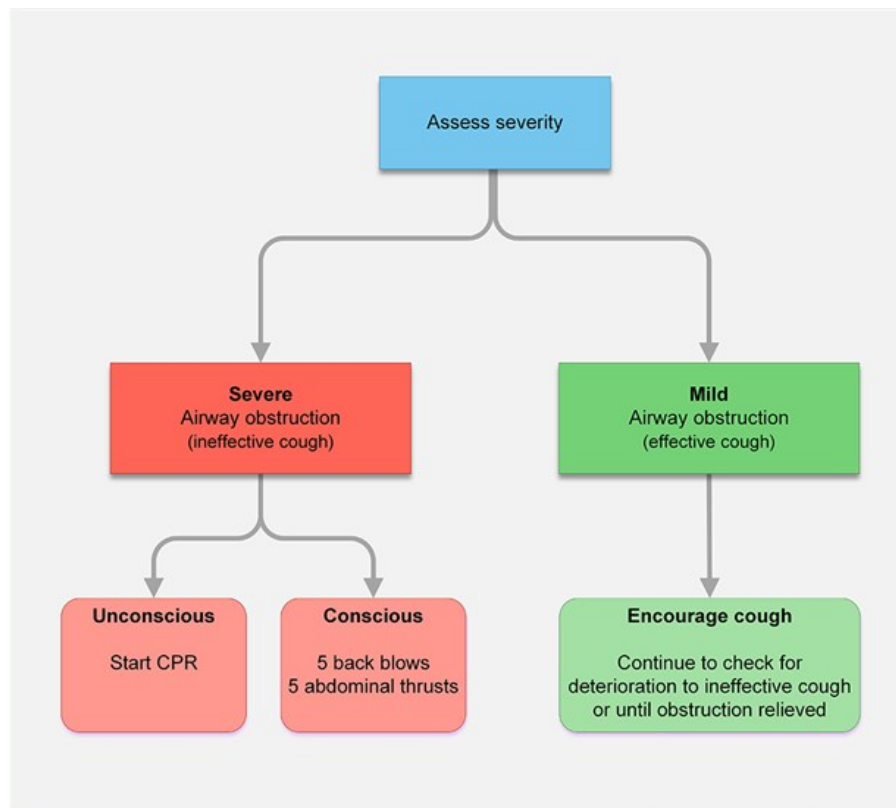
General signs of choking

Signs of mild airway obstruction

- Victim is able to speak, cough and breathe

Signs of severe airway obstruction

- Victim unable to speak
- Victim may respond by nodding
- Victim unable to breathe
- Breathing sounds wheezy
- Attempts at coughing are silent
- Victim may be unconscious



HELPFUL LINKS AND RESOURCES

For any information about the IDDSI changes, levels or updates to the framework, please visit the IDDSI website: <http://iddsi.org/>

(We recommend all managers/senior nursing staff/catering staff sign up to the IDDSI E-bite newsletter to stay up to date with IDDSI changes, previous E-bites can be found at <https://iddsi.org/resources/> go to General Resources, then E-bites).

For printable diet advice sheets, foods to avoid, food suggestions sheets and posters about the Fork Pressure and Spoon Tilt tests:

<https://iddsi.org/resources/> go to General Resources then Consumer Handouts (Adults).

Full Food and Drink Testing document:

<https://iddsi.org/Documents/IDDSIFramework-TestingMethods.pdf>

Fork and Spoon test videos: For staff who wish to see the IDDSI Fork Pressure or Spoon Tilt tests in action, there are a number of videos supplied by IDDSI and other sources.

Thickening drinks demonstration video from Chesterfield Hospital

NHS Trust: <https://www.youtube.com/watch?v=hzdXykWPrXE>

Frequently asked questions: The FAQ section of the IDDSI website is updated regularly with frequently asked questions from healthcare providers and services. This is an important place to check regularly as some of your staff's questions may get answered there. For any other questions please feel free to call the community Speech Therapy team on: 0191 213 8841

What about bread? https://iddsi.org/wp-content/uploads/2016/10/FAQs_IDDSI_FOOD-CHOKING_bread_10-October_final.pdf

Sandwiches and choking: https://iddsi.org/wp-content/uploads/2016/10/FAQs_IDDSI_FOOD-CHOKING_sandwiches-Level-5-minced-and-moist_10-October_final.pdf

What about medication? https://iddsi.org/wp-content/uploads/2016/10/FAQs_IDDSI_CHOKING-ASPIRATION_pills-capsules-tablets_10-October_final.pdf

Testing Videos:

These videos will give you an idea of what textures look like under the fork drip/fork mash/spoon tilt tests.

Level 4: Puree: Tomato Ketchup

<https://www.youtube.com/watch?v=dwQHMSByeEM>

Puree: Potatoes <https://www.youtube.com/watch?v=EIItIGY3ndo>

Level 5: Minced and Moist:

Testing Minced and Moist: Rice

<https://www.youtube.com/watch?v=YoOA6Co8rFM>

Testing Minced and Moist: Meat

<https://www.youtube.com/watch?v=9tMowfeuzVY>

Level 6 Soft & Bite Sized information video:

https://www.youtube.com/watch?v=moJpAqiL_xl

*Please keep checking IDDSI website and Youtube Channel for testing videos for Level 6 Soft & Bite Sized and Level 7 – Easy to chew as there are due to be more videos added.

APPENDIX 1:

DYSPHAGIA IN DEMENTIA

Cognitive difficulties:

- Difficulty recognising food, drink and utensils
- Decreased co-ordination – when handling cutlery or bringing food to mouth
- Forgetting to chew
- Eating too much or forgetting when they ate last
- Difficulty expressing food preferences or understanding mealtime instructions
- Eating quickly or cramming food into mouth
- Oral sensory changes – e.g. spitting outs bits, failure to recognise pureed food

Behavioural difficulties:

- Distracted, wandering, won't stay at table
- Unwilling to accept help, may lash out
- Depression
- Hallucinations or delusions

Advancing dementia – Oral and pharyngeal stage difficulties:

- Over chewing, holding food in mouth
- Delayed swallow
- Difficulty opening mouth for spoon (apraxia)

APPENDIX 2: PRINTABLE COUGH CHART

Cough chart for

Date:

Factors that can affect swallowing:

Food Textures

Some foods are known to be more difficult to chew and swallow than others. (e.g. foods that are crumbly, stringy, hard, mixed textures like cereal, salad items, foods with skins). Residents should take extra care when eating these foods. Foods that are soft and moist dry are generally the easiest to manage.

Positioning

Swallowing is safest when residents are sitting upright in a straight backed chair, ideally at a dining table. Ensure residents do not tip their head back when swallowing.

Fatigue

Swallowing may be more problematic towards the end of the day when residents are tired. Some people find they are more fatigued first thing in the morning. The muscles involved in swallowing may become tired at the end of a full meal.

Concentration

Full concentration is needed when eating and drinking. Avoid distractions e.g. turn off the T.V. Talking or laughing while eating increases the risk of coughing. You can still chat during meal times but encourage residents to do this in between mouthfuls.

Amount and Speed

Small mouthfuls at a slow pace are recommended. Prompt residents if they are eating too quickly or over-filling their mouth as this increases the risk of coughing. If feeding a resident, ensure all food has been swallowed before offering a further mouthful.

Filling in the chart:

Put a tally mark in the box when your resident coughs. Write in the comments box any relevant information that has been highlighted above. If it is with food, **always write down exactly what your resident was eating**. If you have not managed to observe a meal, put a large cross through that box so we have an accurate picture of what is happening. If you need to monitor for more than one week, please photocopy the following pages.

Patient's Name:

Day 1

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Day 2

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Patient's Name:

Day 3

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Day 4

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Patient's Name: _____

Day 5

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Day 6

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

Patient's Name:

Day 7

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

	Breakfast	Lunch	Evening meal	Other times
Food				
Drink				
Comments (e.g. food texture, positioning etc.)				

APPENDIX 3: GOLDEN RULES FOR FEEDING RESIDENTS

What makes a successful mealtime?

Oral

- **Essential!**
hygiene
- Regular: before and after mealtimes
- Thorough

Assistance

- The right amount
- Focus on the person
- Watch for cues
- Allow enough time

Communication

- Get to know the person
- Engage with them
- If necessary, explain what is happening



Environment

- Familiar
- Calm
- Uncluttered table
- Appropriate cutlery, or finger foods if suitable

Positioning

- Sitting as upright as possible
- 90°x 90°x 90°
- Ideally at dining table

Food and drink

- Appropriate consistencies
- Well-presented
- Little-and-often may help
- What do they enjoy?

APPENDIX 4: IDDSI DIET SHEETS



7 **REGULAR**



Level 7 Regular for Adults

What is this food texture level?

Level 7 – Regular Foods:

- ✓ Normal, everyday foods of various textures that are developmentally and age appropriate
- ✓ Ability to 'bite off' pieces of food is required
- ✓ Chewing ability is required for hard *and* soft food
- ✓ Ability to chew all types of food textures without tiring easily
- ✓ May include 'mixed consistency' foods (for example, cereal with milk or soup with vegetables pieces)
- ✓ Includes sandwiches



Why is this food texture level used for adults?

Level 7 – Regular food may be used if you *do not* have problems with chewing or swallowing that would increase your risk for choking. Serve food as normal without restriction on the size of the pieces or the texture of the food.

How do I test my food to make sure it is Level 7 Regular?

There are no specific tests for Level 7 Regular



Intended for general information only. Please consult with your health care professional for specific advice for your needs

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7 REGULAR EASY TO CHEW



Level 7 Regular *Easy to Chew* for Adults

What is this food texture level?

Level 7 – Regular *Easy to Chew* Foods:

- ✓ Normal, everyday foods* of soft/tender texture
- ✓ Any method may be used to eat these foods (e.g. fingers, fork, spoon, chopsticks etc.)
- ✓ Food piece size is not restricted in Level 7, therefore foods may be a range of sizes. Food pieces can be smaller or bigger than 1.5cm x 1.5cm
- ✓ **Do not use foods that are:** hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle
- ✓ You should be able to 'bite off' pieces of soft and tender food and choose bite-sizes that are safe to chew and swallow
- ✓ You should be able to chew pieces of soft and tender food, so they are safe to swallow without tiring easily
- ✓ Your tongue should be able to move food for chewing and apply pressure until the food is soft and moist enough to be easily swallowed
- ✓ You should be able to remove bone, gristle or other hard pieces that cannot be swallowed safely from your mouth without help or direction from others



*May include 'mixed thin and thick texture' food and liquids together – ask your clinician for direction on this.

Why is this food texture level used for adults?

Level 7 – Regular *Easy to Chew* food may be used if you have strong enough chewing ability to break down soft/tender foods into pieces without help, you have no increased risk of choking and do not have swallowing problems. This texture may be right for you if you usually choose to eat soft food, have weaker chewing muscles for hard/firm textures, but can chew soft and tender food without tiring easily. It may also be a good choice if you have been sick and are recovering strength. Your clinician might recommend this texture if they are teaching you advanced chewing skills.

Who should **not** have this texture level?

This level is not intended for people where there is an identified increased risk of choking. **People who are unsafe to eat without supervision are not considered suitable for this texture level.** People can be unsafe to eat without supervision because of chewing and swallowing problems and/or unsafe mealtime behaviours. Examples of unsafe mealtime behaviours include: not chewing very much, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food. Always consult with your health professional for specific advice for your needs, requests and requirements for supervision. *Where mealtime supervision is needed, this level should only be used under the strict recommendation and written guidance of a qualified health professional.

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Serve food as normal. If you notice the food pieces are not being chewed well enough, please contact your clinician to make sure you are on the correct food texture. See local guidelines for what to do in case of choking.

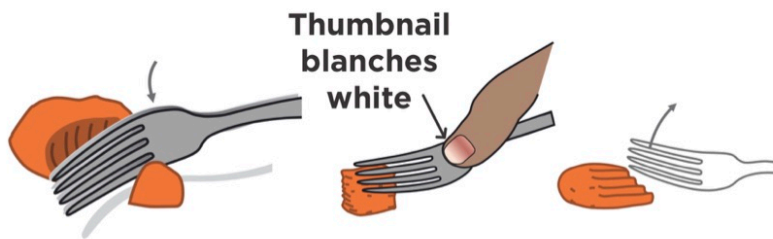
How do I test my food to make sure it is Level 7 Regular *Easy to Chew*?

Foods should be able to be cut or broken apart with the side of a fork or spoon. It is then safest to test Regular *Easy to Chew* food using the IDDSI Fork Pressure test.

See videos of the IDDSI Fork Pressure Test at www.IDDSI.org/framework/food-testing-methods/



7 EASY TO CHEW



Must be able to break food apart easily with the side of a fork or spoon

Easy to Chew foods must break apart easily and pass Fork Pressure Test!

IDDSI Fork Pressure Test

To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

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7 **REGULAR** **EASY TO CHEW**



Avoid these food textures for adults who choose Level 7 Regular *Easy to Chew*

Food characteristic to AVOID	Examples of foods to AVOID
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips/crisps
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Sticky or gummy food	Edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Extra Clinician notes	

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6 SOFT & BITE-SIZED



Level 6 Soft & Bite-Sized for Adults

What is this food texture level?

Level 6 – Soft & Bite-Sized Foods:

- ✓ Soft, tender and moist, but with no thin liquid leaking/dripping from the food
- ✓ Ability to 'bite off' a piece of food is *not* required
- ✓ Ability to chew 'bite-sized' pieces so that they are safe to swallow *is required*
- ✓ 'Bite-sized' pieces no bigger than 1.5cm x 1.5cm in size
- ✓ Food can be mashed/broken down with pressure from fork
- ✓ A knife is *not* required to cut this food



Why is this food texture level used for adults?

Level 6 – Soft & Bite-Sized food may be used if you are not able to bite off pieces of food safely but are able to chew bite-sized pieces down into little pieces that are safe to swallow. Soft & Bite-Sized foods need a moderate amount of chewing, for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. The pieces are 'bite-sized' to reduce choking risk. If you notice the food pieces are not being chewed well though, please contact your clinician to make sure you are on the correct food texture to reduce choking risk. Soft & Bite-Sized foods are eaten using a fork, spoon or chopsticks.

How do I test my food to make sure it is Level 6 Soft & Bite-Sized?

It is safest to test Soft & Bite-Sized food using the IDDSI Fork Pressure test.

See videos of the IDDSI Fork Pressure Test at

www.IDDSI.org/framework/food-testing-methods/

IDDSI Fork Pressure Test

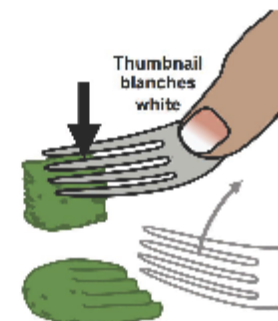
For **adults** the lump size is **no bigger than 1.5cm x 1.5cm**, which is about the **width** of a standard dinner fork.

To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

No bigger than 1.5cm x 1.5cm bite size for adults



Soft & Bite-Sized food must pass both size and softness tests!



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6 SOFT & BITE-SIZED



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 6 Soft & Bite-Sized Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli); dry cakes, bread, dry cereal
Tough or fibrous foods	Steak; pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits (add sauce to make these suitable)
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping; mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 1.5cmx1.5cm, fruit, vegetable, meat, pasta or other food pieces larger than 1.5cmx1.5cm
Extra Clinician notes	

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5 MINCED & MOIST



Level 5 Minced & Moist Food for Adults

What is this food texture level?

Level 5 – Minced & Moist Foods:

- ✓ Soft and moist, but with no liquid leaking/dripping from the food
- ✓ Biting is *not* required
- ✓ Minimal chewing required
- ✓ Lumps of 4mm in size
- ✓ Lumps can be mashed with the tongue
- ✓ Food can be easily mashed with just a little pressure from a fork
- ✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork



Why is this food texture level used for adults?

Level 5 – Minced & Moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food, but are not able to chew it down into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. It's important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.

How do I test my food to make sure it is Level 5 Minced & Moist?

It is safest to test Minced & Moist food using the IDDSI Fork Drip Test *and* the IDDSI Spoon Tilt Test.

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See videos of the IDDSI Fork Test and IDDSI Spoon Tilt Test at
www.IDDSI.org/framework/food-testing-methods/

IDDSI Fork Test
 For *adults* the lump size is **4mm**, which is about the gap between the prongs of a standard dinner fork

ADULT 4mm
CHILD 2mm

Minced & Moist food must pass both tests!

IDDSI Spoon Tilt Test
 Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should *not* be firm or sticky

Intended for general information only

Please consult with your health care professional for specific advice for your needs



5 MINCED & MOIST



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 5 Minced & Moist Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling; crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 4mmx4mmx15mm; fruit, vegetable, meat or other food pieces larger than 4mmx4mmx15mm
Extra Clinician notes	

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4 PUREED



Level 4 Pureed Food for Adults

What is this food texture level?

Level 4 – Pureed Foods:

- ✓ Are usually eaten with a spoon
- ✓ Do **not** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are **not** sticky
- ✓ Liquid (like sauces) must not separate from solids



Why is this food texture level used for adults?

Level 4 – Pureed Food may be used if you are not able to bite or chew food or if your tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

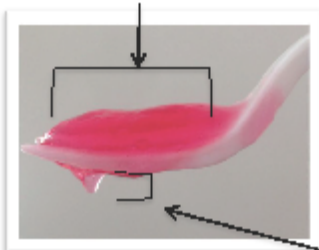
It's important that puree foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Pureed foods are best eaten using a spoon.

How do I test my food to make sure it is Level 4 Pureed?

It is safest to test Pureed Food using the IDDSI Fork Drip Test *and* the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at www.IDDSI.org/framework/food-testing-methods/

Extremely thick liquids sit in a mound or pile above the fork



IDDSI Fork Drip Test
Liquid does **not** dollop, or drip continuously through the fork prongs

A small amount may flow through and form a tail below the fork



IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky

Pureed food must pass both tests!

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4 PUREED



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 4 Pureed food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of an orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter; overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Visible lumps	Lumps in pureed food or yoghurt
Extra Clinician notes	

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TRANSITIONAL FOODS

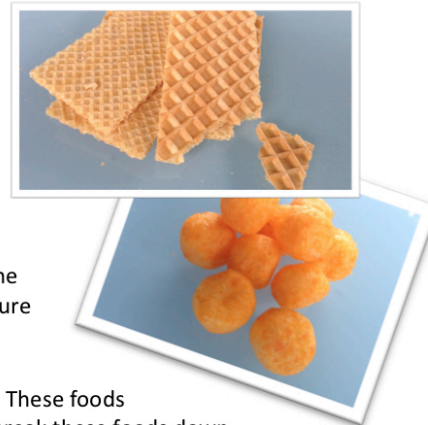


Transitional Foods for Adults

What is this food texture level?

Transitional Foods:

- ✓ Foods that start as one texture but change into another texture when moisture like water or saliva is added or when a change in temperature occurs (for instance, when the food is heated)
- ✓ Biting is not required
- ✓ Minimal chewing is required
- ✓ Tongue pressure can be used to break these foods once the texture has been changed by moisture/saliva or temperature
- ✓ May be used to teach chewing skills



Why is this food texture level used for adults?

Transitional food may be used to help re-teach chewing skills. These foods require very little chewing. Tongue strength alone is able to break these foods down when they are softened. Transitional foods often do not have much nutrition so they cannot be relied on for a full diet. Your clinician might suggest they be used together with Level 5 Minced & Moist, Level 6 Soft & Bite-Sized or Level 7 Regular Foods.

How do I test my food to make sure it is Transitional food?

To *test* transitional food, use a piece of food 1.5x1.5cm. Add 1 mL of water to the food and wait for one minute for the food to soften, then test using the IDDSI Fork Pressure Test. Serve food pieces in the size recommended by your clinician.

See videos of the IDDSI Fork Pressure Test at www.IDDSI.org/framework/food-testing-methods/

1. Add 1mL of water to 1.5cm x 1.5cm sample and wait 1 minute.

2. Then complete the IDDSI Fork Pressure Test.

Thumbnail blanches white

IDDSI Fork Pressure Test for Transitional Food

Take a piece 1.5cmx1.5cm, which is about the width of a standard dinner fork. Add 1 mL of water to the sample and wait 1 minute. *To make sure the food is soft enough*, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed, broken apart, and does not regain its shape

Some examples of Transitional foods include:

Wafers, shortbread, Veggie Stix™, potato crisps, Cheeto Puffs™, Rice Puffs™, ice chips, ice cream

Intended for general information only

Please consult with your health care professional for specific advice for your needs

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APPENDIX 5: EXAMPLE DCP



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

Speech and Language Therapy Department

Denton Park Health Centre, West Denton Way, West Denton, Newcastle upon Tyne, NE5 2QW.

Tel: 0191 2138841, Fax: 0191 2678825, E-mail: Tnu-tr.adultcommunityslt@nhs.net

SPEECH AND LANGUAGE THERAPY DYSPHAGIA CARE PLAN

PATIENT NAME:	DATE OF BIRTH:	NHS NUMBER:
Mr Test Patient	01 Jan 1955	000-000-0000
PROBLEM:		
Mr Test Patient has been coughing with thin fluid and normal diet. Carers have noticed signs of aspiration over the past week and have kept a coughing chart. Mr Test Patient struggles with difficult textures but has adequate chewing. No choking episodes.		
ACTIONS FOR CARERS:		
<ul style="list-style-type: none"> • Please ensure resident is fully alert and sat upright before eating and or drinking • Level 2 thickened fluids (2 scoops of Nestle Resource ThickenUp Clear per <u>200ml fluid</u>) • Soft and Bite Sized Diet (Previously known as Fork-Mashable) • Ensure no background distractions when eating • Encourage good Mouthcare before and after meals • Alert Speech and Language Therapist if you have further concerns about this resident's swallowing 		
RISKS TO THE PATIENT IF ACTIONS NOT TAKEN:		
Choking, Chest Infection / Pneumonia, Unable to Manage Medication, Weight Loss.		
ACTIONS FOR GP:		
Please prescribe Nestle Resource ThickenUp Clear. I estimate Mr Test Patient will need 5 tubs per month.		
Dysphagia requiring modified diet and fluids may affect the safe oral intake of medication. Please consider the need for modifying medication.		
FOLLOW UP ARRANGEMENTS BY SPEECH & LANGUAGE THERAPY:		
To be discharged from Speech Therapy – care staff to re-refer if any more problems.		
SPEECH AND LANGUAGE THERAPIST:	Named Speech Therapist	
SIGNED:	<i>Signature</i>	
GIVEN TO:	Care Staff, The Care Home (<u>sent via secure e-mail</u>); Dr Happy, The Medical Centre (<u>sent via secure e-mail</u>)	
DATE WRITTEN:	01/01/2019	
DATE SENT:	01/01/2019	

APPENDIX 6: FOOD TEXTURE CONVERSION CHART

