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| **Step one: BEFORE eating/drinking checks** |
| ***Environment*** | * Is the environment clean and clutter free?
* Is the patient prepared e.g. clean hands, toileted & sat upright?
* Is the patient in the correct environment to meet their needs e.g. quiet or social?
* Is mealtime assistance given if needed e.g. 1:1 or close supervision?
* Are swallowing recommendations easily available (for all staff)?
* Does the patient have known ‘Swallow Recommendations?
	+ If so, is this identifiable to all staff e.g. on a sign/board or placemat?
 |
| ***Food and menu*** | What diet consistency is the patient on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Did the patient have the correct menu / food texture?
* Was the patient given the correct food texture, by kitchen/ staff?
* Were dietary and/or taste preferences accounted for?
 |
| ***Drinks*** | What fluid consistency is the patient on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How are drinks given (circle)? * + Teaspoon
	+ Open cup
	+ Beaker
	+ Straw
	+ Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were drinks mixed to the recommended consistency?
* If having thickened fluids, does the patient have a prescription?
* If also having oral nutritional supplements, are these the correct thickness?
 |
| ***Utensils*** | * Has the patient been recommended any specialist utensils (e.g. cup/plate guard)? Recommended utensils:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ If so, are these present?
 |
| **Step two: AFTER eating/drinking checks** |
| ***After*** | * Has the patient had sufficient – does a meal/drink need re-heating?
* Is there any food or drink left in the mouth that needs mopping out?
* Have you tried to do mouth care or teeth cleaning after each meal?
* Do they need to remain sat upright for atleast 30 minutes?
 |
| **Step three: Recognising swallowing difficulties**  |
| ***History:*** | * Does the patient have a history of swallowing difficulties?
* Date seen by Speech and Language Therapist (SaLT):\_\_\_\_\_\_\_\_\_\_\_\_\_
* Most recent **Swallow Reccommendations** given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If there has been a change in the person’s management of recommendations are all staff aware and managing this consistently?
 |
| ***Signs/symptoms (tick all that apply):*** | * Is there consistently some coughing, throat clearing or choking with food or drink?
* Is there consistently a wet & gurgly voice immediately after eating or drinking?
* Is there consistently sudden shortness of breath /laboured breathing after eating or drinking?
* Is there consistently a long delay triggering the swallow mechanism?
* Are there consistently multiple attempts to swallow one mouthful?
* Is the patient consistently unable to control and swallow saliva?
* Is there consistently a significant amount of food left in mouth or pocketed in cheeks?
* Is there a history of recurring chest infections (for no other reasons)?
* If so, no. in last 6 months \_\_\_\_\_\_\_\_\_\_\_\_\_
* Other concerns:
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