



### (Dysphagia) Mealtime Care and Support Plan - Adults (For home and respite/care settings)

To be completed by a speech pathologist or treating health professional, and the parent or legal guardian (and/or adult client where there is a risk of choking or aspiration, a requirement to have food or fluid consistency modified or the person needs to be fed).

An oral eating and drinking care plan is generally not required for children and young people with food phobias, eating disorders or oral sensitivities.

**CONFIDENTIAL**

This information is confidential and will be available only to relevant staff and emergency medical personnel.

Customer name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: whole  crushed  manipulated

Plan date: \_\_\_\_\_

KEY ISSUES

RISK RATING <i>(indicate the risk rating for the client based on any of the key factors below)</i>		
HIGH RISK (Fully dependent)		
<b>High Risk</b> Requires constant supervision Risk of aspiration High risk of choking Requires feeding	<b>Moderate Risk</b> Requires some assistance or supervision Moderate risk of choking	<b>Low Risk</b> Generally independent Low risk of choking

TOTAL TIME REQUIRED <i>(the total time required to support the client during mealtimes, includes set up, food and/or fluid preparation, feeding and after meal support)</i>			
Less than 45 minutes	More than 45 minutes		
Further details if required			

LEVEL OF SUPERVISION and ASSISTANCE			
Full Supervision	Close Supervision	Distant Supervision	
Further details if required			

FOODS <i>(refer to the IDDSI Framework for food description and characteristics)</i>							
No food orally		Regular		or Regular Easy chew level 7		Soft & Bite sized level 6	
Minced & Moist Level 5		Pureed Level 4		Liquidised Level 3			

FLUIDS <i>(refer to the IDDSI Framework for fluid description and characteristics and the IDDSI Testing Methods for correct fluid flow)</i>					
No fluids orally		Thin fluids level 0		Slightly thick fluids Level 1	
Mildly thick level 2		Moderately thick level 3		Extremely thick Level 4	

THICKENER	
Nil thickener required	
Further details if required	



SPECIALISED EQUIPMENT	
Regular utensils	Further details if required
Regular plate	Further details if required
Regular cup	Further details if required
Mirror	Further details if required
Clothes protector	Further details if required
Other (specify)	Further details if required

POSITIONING
<b>Seat fully upright for all oral intake</b>
Other details if required

FREQUENCY AND TIMING OF SOLIDS
<b>Self-choice / on demand</b> NAME can tell you if she is wants to eat/drink
Provide further details if required

ORAL FEEDING STRATEGIES
Nil specific oral feeding strategies
Touch/tap client's lips gently with spoon to get them to open mouth
Single mouthfuls, allow time to swallow and clear mouth
Alternate fluids and solids (one bite, one drink)
Only offer oral intake when awake, alert, calm, interested
Allow client to pace intake; wait for the individual to swallow and request before offering more food
Slow rate of intake; wait for the individual to swallow before offering more food
Present food or utensils below the lip line so the individual can see it; wait for them to move towards the spoon and take the food with their lips
Try not to scrape food from the spoon or fork against top teeth or gums
If coughing occurs encourage client/individual to clear airway and strong swallow to clear residue
Other (specify)

AFTER MEAL CARE
Nil after meal care strategies
Remain upright for 20 minutes after meals to assist with stomach emptying and reduce the risk of reflux
Check no food left in mouth or palate
Other (specify)

TRAINING/OTHER INFORMATION
<b>Information session (via phone or face to face)</b>
Provide further details if required



ATTACHMENTS OR ADDITIONAL INFORMATION	
<input type="checkbox"/>	A video or photos of the client's positioning and/or being fed
<input type="checkbox"/>	Individual first aid plan (where the emergency response differs from standard first aid)
<input type="checkbox"/>	Other (specify) Written food and drink descriptors
<input type="checkbox"/>	Other (specify)

AUTHORISATION AND AGREEMENT		The Mealtime Care Plan has been developed for use in the following settings:		
<input type="checkbox"/>	Home Environment	<input type="checkbox"/>	Work experience or other education placement	
<input type="checkbox"/>	Camps, excursions, special events (incl. aquatics)	<input type="checkbox"/>	Work	
<input type="checkbox"/>	Respite, accommodation	<input type="checkbox"/>	Outings	
<input type="checkbox"/>	Transport	<input type="checkbox"/>	Other (specify)	
<i>Speech pathologist or treating health professional</i>				
<i>(print name &amp; agency/practice/hospital or stamp)</i>		Professional role		
		Email or signature		
Telephone		Date		
<input type="checkbox"/>	I agree to be contacted by family members/guardians or care service to provide assistance and advice to support the safe and effective implementation of the Mealtime Support and Care Plan			
<i>Parent or legal guardian; Team Leader if in community setting; or adult client</i>				
<ul style="list-style-type: none"> <li>• I have participated in the development of, and have read and understand, the Mealtime Support and Care Plan</li> <li>• I approve the release and sharing of this information to supervising education and care staff and others as applicable</li> <li>• I understand family, other professionals and care staff may seek additional information and/or advice regarding the medical information contained in the Mealtime Support and Care Plan from the speech pathologist or treating health professional</li> <li>• I understand I must advise the education or care service if there is a change in the professional providing the service around the Mealtime Support and Care Plan</li> </ul>				
Parent/legal guardian/partner, Team Leader, or Adult Client				
(name)		(relationship)		
(email or signature)		(date)		
MEALTIME SUPPORT AND CARE PLAN REVIEW				
<p>This section may be completed where the plan has been reviewed but there are no significant changes</p> <p>The Mealtime Support and Care Plan must be reviewed and updated in consultation with the speech pathologist or treating health professional and the parent, legal guardian, team leader or adult client.</p> <p>This may include in any of the following circumstances:</p> <p><b>Annually / When the care or mealtime support needs change</b></p>				
Date of Review	Reason for review	Speech Pathologist/Treating Health Professional (print name and initial)	Other Information	New Plan Date (also change at top of form)