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Intended audience These resources are for people with a disability who have swallowing difficulties, and their families, carers and support staff. Seek advice about swallowing difficulties from an appropriate health professional, who will assess the person’s swallow and develop a support plan.

Document name Mealtime Support Resources

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Introduction to mealtime support

Mealtimes are important for everyone. They are necessary for our survival and physical health. Mealtimes also reflect our quality of life. Food is a way to welcome visitors, relax with friends, express culture and celebrate.\(^1\) Meals create opportunities for social interactions, emotional support and a sense of belonging.

Mealtimes should be safe and enjoyable for everyone.

Support safe, comfortable swallowing

Everyone swallows a number of times a day—when we eat, drink and swallow our own saliva. For many of us, it is something we do without thinking. It is important for all of us to safely swallow our food and drink (see Attachment A: How do we swallow? at page 60). Swallowing difficulties are serious because they can cause death by choking, aspiration pneumonia,\(^2\) dehydration or malnutrition. Eating and drinking safely is important for our health and quality of life.

Some people experience swallowing difficulties from birth or childhood. Others may develop swallowing difficulties as they age. For a range of reasons, swallowing difficulties may begin at an earlier age for people with a disability. For example, in one study, the average age that a group of people with a disability living in a large residential facility started to experience swallowing changes was 33 years old.\(^3\) These resources focus on choking and swallowing difficulties in adults with a disability.

Find the right balance

Safety is important, and so is quality of life. Find an appropriate balance between safety and quality of life. What this looks like will depend on the person.

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\(^2\) Office of the Public Advocate (Qld) 2016, *Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland*.

Use the Mealtime Support Plan

The Mealtime Support Plan is key to the person’s safety and good health. It will recommend the safe consistency of food and drinks for the person and other strategies for safe and enjoyable meals.

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Always prepare food and drinks according to the Mealtime Support Plan. You can find a Mealtime Support Plan template inAttachment E at page 67. The Mealtime Support Plan should:

- be used at every meal and snack and between meals
- travel with the person
- still be followed when there are changes to the person’s daily routine.

Family members, support staff and carers should be familiar with the person’s Mealtime Support Plan, including any specific support strategies. If there is any strategy you do not understand, contact the speech language pathologist who prepared the plan.

The Mealtime Support Plan should show how frequently it needs review. Be sure these reviews take place.

Work as a team

Safe and enjoyable mealtimes are best supported by a collaborative team. A range of people can work together to find solutions to mealtime support challenges.

The person, their family and support team are crucial members of the team.

If a person has swallowing difficulties, always include a speech language pathologist. Speech language pathologists can assess the person’s swallow and recommend particular food and drink textures and other strategies to support the person.

Occupational therapists and physiotherapists can advise on safe positioning and help maintain independence. Healthy teeth and gums are necessary for safe swallowing, so dentists are a key part of the team. Some medication affects appetite, alertness and saliva. Pharmacists and GPs can provide advice about medication effects and safe swallowing of medication.

Some people may need an x-ray study of their swallow. This will happen at a hospital or radiology clinic and will involve hospital or clinic staff. For more information about x-ray studies, seeAttachment B: Swallowing studies at page 62.

Team members should do their part to share information, solve problems together and use strategies consistently.
About these resources
These resources are for people with a disability, their families, carers, and people who provide support to people with a disability.

These resources include information about:
- signs of swallowing difficulties
- strategies to support safe and enjoyable mealtimes
- preparing meals
- health and other information relevant to mealtimes.

Terms used in these resources
In these resources:
- *meals or mealtimes* include snacks
- *the person* means the adult with disability who has swallowing difficulties
- *support person or support people* means family members, carers and disability support workers
- *swallowing difficulties* means dysphagia.

These resources give general information
The information in these resources is general. If you are concerned about mealtimes for the person you support, talk with the person’s GP, a speech language pathologist, occupational therapist or physiotherapist. If you are working for a disability provider, follow your employer’s policies.
How you can help
As a family member, carer or support worker, there’s a lot you can do to help a person who has swallowing difficulties to have safe and enjoyable meals.

To support the person to have safe and enjoyable meals, you can:
1. Use the person’s Mealtime Support Plan.
2. Know the signs of choking and swallowing difficulties.
3. Know the person.
4. Prepare safe food and fluids.
5. Use other mealtime strategies.

Use the person’s Mealtime Support Plan
Most importantly, know and use the person’s Mealtime Support Plan. If the person has swallowing difficulties and no Mealtime Support Plan, ask a speech language pathologist to assess the person.

Know the signs of choking and swallowing difficulties
It is important to know when the person is choking or has swallowing difficulties, so you can act quickly. See Know the signs of choking at page 9 and Know the signs of swallowing difficulties at page 11.

Know the person
The person’s unique abilities, behaviours and health affect their ability to have safe and enjoyable meals.

You can help by knowing the person, their needs, abilities, likes and dislikes. If the person has complex communication needs, share information about the person’s needs and preferences with their support people.

Prepare safe food and fluids
Two key strategies for people with swallowing difficulties are modifying the texture of their food and thickening their fluids.

For a person with swallowing difficulties, changing food texture helps the person chew, prepare and have more control when moving the food in their mouth and when swallowing. For more information, see Changing the texture of food at page 30.

Thickened fluids hold together in the mouth, so the fluid moves more slowly through the mouth and throat. This gives the person more time to protect their airway while swallowing. For more information, see Changing the thickness of fluids at page 42.

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Use other mealtime strategies

You can use many strategies to support safe and enjoyable mealtimes. These strategies include:\(^5\)

- following recommendations about the person’s body position at mealtimes (see *Body position and how to assist* at page 15)
- checking the person is alert during mealtimes
- reducing environmental distractions
- when supporting the person to eat, always explaining what you are about to do
- providing a comfortable and relaxed mealtime environment (see *Quality of life* at page 22)
- helping people to eat slowly (see *Slowing down* at page 26)
- staying at the table during mealtimes (see *Quality of life* at page 22)
- knowing about the person’s medication (see *Paying attention to medication* at page 47)
- helping the person learn to eat and drink independently (see *Independent eating and drinking* at page 20)
- supporting the person’s general health and oral health (see *Mealtime support and general health* at page 49).


Mealtimes should be safe, healthy and enjoyable
Know the signs of choking

You can help by knowing the signs of choking, watching closely when the person eats and drinks, and knowing what to do if the person looks like they are choking.

What is choking?

Choking happens when an object (which can include food) lodges in the airway and partially or completely prevents breathing. There are two kinds of choking:

1. When the airway is completely blocked, the person can’t breathe, speak or cough. Complete airway blockage can lead to death.
2. When the airway is partly blocked, the person continues to breathe. The person may be able to speak and will be coughing.

Aspiration is different to choking. In aspiration, food or drink enters a person’s airway and stays in their lungs. Aspiration can cause pneumonia and sometimes death from the pneumonia infection.

Silent aspiration is aspiration without any obvious signs, such as coughing. The person and their supporters don’t know the person has aspirated.

In choking, the airway is blocked completely or partly.
In aspiration, food or drink enters the airway and then the lungs.
Signs of choking

The signs and symptoms of choking will depend on how severe the blockage is and what caused it. When someone has a foreign object lodged in their airway, they may be anxious, agitated, coughing or lose their voice.

Signs of choking may include:

- clutching the throat
- coughing, wheezing and gagging
- difficulty in breathing, speaking or swallowing
- making a whistling sound or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness.

This table compares the signs of a partly blocked airway to the signs of a completely blocked airway.

<table>
<thead>
<tr>
<th>Signs of completely and partly blocked airway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sign of a completely blocked airway include:</strong></td>
</tr>
<tr>
<td>□ the person is trying to breathe</td>
</tr>
<tr>
<td>□ there are no breathing sounds</td>
</tr>
<tr>
<td>no air is escaping from the nose or mouth</td>
</tr>
<tr>
<td><strong>Signs of a partly blocked airway include:</strong></td>
</tr>
<tr>
<td>□ breathing is difficult</td>
</tr>
<tr>
<td>□ breathing may be noisy</td>
</tr>
<tr>
<td>□ you can feel some air escaping from the mouth</td>
</tr>
</tbody>
</table>

What to do if someone seems to be choking

If you know current first aid for choking, use it. If the person is seriously distressed or their airway stays blocked, dial 000 and continue to give first aid until medical aid arrives.

OR

If you don’t know current first aid for choking, dial 000. The person who answers will step you through current first aid, and send medical aid if appropriate.

After the episode is over, promptly seek advice from a GP and a speech language pathologist.

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6 St John Ambulance Australia 2018, *Fact sheet: Choking adult or child (over 1 year).*
Know the signs of swallowing difficulties

You can help by knowing the signs, watching the person and knowing what to do if the person looks like they are choking.

Signs of swallowing difficulties

Signs of swallowing difficulties may include:

- choking
- unexplained or recurring chest infections
- coughing during or after meals or snacks, including a soft cough
- unclear speech, suggesting weak mouth muscles
- difficulty swallowing specific types of foods or drinks
- trouble swallowing medication
- food staying in the mouth after eating, for example between cheek and gums
- food or drink coming out of the nose
- more coughing and slower eating later in the meal—these are signs eating fatigues the person
- voice changes, for example wet or gurgling voice
- face changes, for example watery eyes or flushed cheeks
- lengthy mealtimes—longer than 30 minutes
- gagging
- vomiting or reflux
- multiple swallows for a single mouthful of food or drink
- difficulty keeping food, drink or saliva in the mouth
- difficulty chewing food
- breathing pattern changing during mealtimes, for example speeding up
- frequent throat clearing
- closing eyes during mealtimes—perhaps swallowing is painful
- rapid pace of eating or overfilling the mouth
- refusal to eat or drink, for example the person shaking their head during meals, not finishing meals, refusing to come to the meal table, or removing food from their mouth
- difficulty managing saliva
- poor oral health
- confusion or fluctuating level of consciousness
- unexplained spikes in temperature, suggesting infection
- weight loss
- dehydration symptoms, for example less urine, dark urine, constipation.

The signs of swallowing difficulties shown in bold text are signs of serious swallowing difficulties.

**What to do if someone has swallowing difficulties**

If you notice the signs listed above, you should make notes and see a speech language pathologist.

If the person shows any of these signs of swallowing difficulties on several occasions:

1. Make notes, and encourage all team members to make notes.
2. Ask a speech language pathologist to assess the person's swallowing difficulties.
Avoid risky foods

Know the characteristics of choking risk foods and know about edibles that need special care.

What are choking risk foods?

For safer and more enjoyable meals, know the foods that pose a choking risk.

<table>
<thead>
<tr>
<th>Characteristics of choking risk foods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stringy</td>
</tr>
<tr>
<td>Crunchy</td>
</tr>
<tr>
<td>Crumbly</td>
</tr>
<tr>
<td>Hard or dry</td>
</tr>
<tr>
<td>Floppy textures</td>
</tr>
<tr>
<td>Fibrous or tough</td>
</tr>
<tr>
<td>Skins and outer shells</td>
</tr>
<tr>
<td>Round or long shaped</td>
</tr>
<tr>
<td>Chewy or sticky</td>
</tr>
<tr>
<td>Husks</td>
</tr>
<tr>
<td>‘Mixed’ or ‘dual’ consistencies</td>
</tr>
</tbody>
</table>

What foods, medicines and supplements need special care?

Some edibles need special consideration or emphasis for people with swallowing difficulties.

<table>
<thead>
<tr>
<th>Edibles that need special care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
</tr>
<tr>
<td>Ice-cream and ice</td>
</tr>
<tr>
<td>Jelly</td>
</tr>
</tbody>
</table>

---

7 Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, Nutrition and Dietetics, 64 (S2), pp. S53–S76.
8 As above.
### Edibles that need special care

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soup</strong></td>
<td>Individuals who require thickened fluids will require their soups thickened to the same consistency as their fluids, unless otherwise advised by a speech language pathologist.</td>
</tr>
<tr>
<td>‘Mixed’ or ‘dual’ consistency</td>
<td>These textures are difficult for people with poor muscle coordination to safely contain and manipulate within the mouth. These are food textures or consistencies where there is a solid as well as a liquid present in the same mouthful.</td>
</tr>
<tr>
<td></td>
<td>Examples include individual cereal pieces in milk (for example cornflakes in milk), fruit punch, minestrone soup, commercial diced fruit in juice, watermelon.</td>
</tr>
<tr>
<td>Special occasion foods or fluids</td>
<td>Special occasion foods (for example chocolates, birthday cake) should be well planned to ensure that they are appropriate for individuals requiring texture-modified foods or thickened fluids.</td>
</tr>
<tr>
<td>Nutritional supplements</td>
<td>For a person who requires thickened fluids, nutritional supplements may require thickening to the same level of thickness.</td>
</tr>
<tr>
<td>Laxatives</td>
<td>Some fibre-based laxatives are a choking risk and should be avoided.</td>
</tr>
<tr>
<td>Medication</td>
<td>People prescribed any form of texture-modified food or fluids may have difficulties swallowing medication (see <em>Paying attention to medication</em> at page 47). If in doubt, consult your GP or pharmacist.</td>
</tr>
<tr>
<td></td>
<td>For people prescribed Smooth Pureed–Texture C food, whole tablets or capsules are not safe. Consult your GP or pharmacist.</td>
</tr>
</tbody>
</table>
Strategies for safe, enjoyable meals

Body position and how to assist

Make sure the person maintains a safe body position. Support the person appropriately before, during and after mealtimes. Remember to use the person’s preferred communication methods.

Use the Mealtime Support Plan

To help the person eat safely, follow the specific strategies outlined in their Mealtime Support Plan. It should include any specific strategies for achieving a safe position at meals.

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

What is a safe eating position?

Appropriate positioning of the person’s head, neck and body can make the difference between safe and unsafe swallowing. An ideal safe eating position (see illustration below) means:

- seated, as upright as possible
- ‘90-90-90,’ meaning the hips, knees and ankles are each positioned at 90 degrees
- head is not turned to either side, not tilted up and not excessively tilted down.

Watch carefully. You may need to reposition the person during the meal.

The mealtime position that can be achieved in reality will vary with the person’s physical abilities.
What kind of chair supports safe swallowing?
Use an appropriate chair:
- Use a chair with a back. The chair back supports the trunk to keep the person upright. Cushions, footstools or headrests may help.
- Use a chair of the correct height. The person should have both feet comfortably resting on the floor and their knees at 90 degrees to the floor. If the person’s feet don’t reach the floor, use a footrest to bring their knees to 90 degrees.

The person should sit with their hips as far back in the chair as possible and still have a small space between the back of their knees and the front of the seat.

Wheelchairs, if used, must support good positioning for meals. Ask an occupational therapist and physiotherapist for help.

What if the person can’t keep a safe position?
Check the person’s Mealtime Support Plan, which should recommend seating for the person.

An occupational therapist or physiotherapist can recommend an appropriate seating position and equipment for the person.

The support person’s body position
Our body position during mealtimes can affect the person’s mealtime safety and enjoyment.

The support person should sit down for every meal and snack, unless the Mealtime Support Plan gives other advice.

The benefits of sitting with the person at mealtimes include:
- you can see when the person is ready for their next mouthful
- you can see if the person is eating and drinking safely
- the environment becomes more natural and relaxing
- there’s less strain on your body
- it’s easier for you to encourage slower eating
• it’s easier for the person to communicate with you
• you can give the prompts and support the person needs.

Generally, the support person should sit with the person for every meal and snack.

Check your seat position. The person’s chair should be directly in front of you, or at 90 degrees to you, facing you across the corner of the table. In this position, you can better support a person with complex communication needs to understand your signs, gestures and other communication.

Check the height of your seat. Sitting at eye level helps you communicate with each other.

What to do before the meal
To prepare the person for a safe and enjoyable meal:

- Make sure the person is fully alert before eating. You could try upbeat music or help them wipe their face with a cool cloth. If that doesn’t work, delay the meal until the person is alert.
- Tell the person it’s nearly time for the meal. If possible, involve the person in preparing the meal or dinner table. These activities encourage appetite and prepare the mind and body for safe swallowing.
- Pay attention to how the food looks. Keep each food type separate on the plate, even if pureed.
- Bring everything needed for the meal to the table before starting the meal, so you can stay seated with the person or group.
- When you serve the meal and drinks, check the texture and consistency is correct and matches the person’s Mealtime Support Plan.

What to do during the meal
Remember:

- Follow the person’s Mealtime Support Plan.
- Know current emergency first aid for choking.
- Allow time for a meal. Don’t rush. Go slow when helping someone eat and drink.

Help the person eat and drink safely:

- Put the plate in front of the person who is eating, rather than in front of the support person.
- Watch and wait for the person to swallow a mouthful before offering them more. You may be able to see their Adam’s apple move up and down, or you may be able to hear the swallow.
- Watch to see when they are ready for more. They may let you know by looking at you, nodding, or opening their mouth. If the person turns their head away, they are probably not ready to eat.

  Watch and wait for the person to let you know they are ready for the next mouthful. Watch and wait for the person to swallow a mouthful before offering them more.

- When you’re helping, clearly explain what you are about to do, especially when you are about to put anything near the mouth.
  - Tell the person what kind of food or drink they are about to receive, especially for a person with visual difficulties.
  - For a person with visual and hearing difficulties, a light touch to the shoulder may let them know you are offering food or drink.

- Give the person small amounts. If the person eats independently, encourage them to put only small amounts of food or drink in their mouth, for example, ask the person to use a small spoon.

- Bring the spoon just in front of the person’s mouth, at the level of their lower lip. Wait for the person to open their mouth and bring their head down slightly, before moving the spoon into their mouth.

- Don’t provide food from above or behind. Doing so can encourage the person to turn their head or raise their chin during the swallow. This can move the person out of a safe swallowing position. Think about the angle of the spoon or fork when you bring it to the person’s mouth.

  Help the person maintain a safe swallowing position.

- If the head is tipped back, do not put food into the person’s mouth.

- If the person has trouble breathing while a drinking cup is close to their mouth, remove the cup every 2–4 sips so the person can take some breaths. However, for some people, removing the cup disorganises their breathing. It may help if you simply tip the cup down, maintaining the cup’s contact with the lips.

Use extra strategies, as needed:

- Encouraging the person to hold the spoon or fork with you may help them feel more prepared for each mouthful.

- Discuss the meal with the person to maintain their interest, and to help them feel relaxed and concentrate on enjoying the meal safely. However, talking or laughing while eating increases choking risk. Some people may need support not to talk or laugh during meals. For example, you could guide the person away from excitement and distractions.

- If the person eats slowly, perhaps keep half their meal warm and serve it after the first half is eaten.
What to do after the meal

Encourage the person to clear their mouth of food before they leave the table. They may need an extra drink to help them swallow the remaining food.

Everyone should stay upright (sitting or standing) for at least 30 minutes after every meal.

People with swallowing difficulties must stay in an **upright position** for at least 30 minutes after every meal.

---

Tube feeding

If the person receives nutrition through an artificial tube, see *Attachment C: Tube feeding* at page 63 for important information about good support.

---

Finding help

If you have any questions about helping the person to eat and drink, a speech language pathologist can help you.
Independent eating and drinking

A person who needs others to help them eat and drink has higher aspiration risk than a person who eats and drinks independently.

The link between independence and safety

It is important for each person to be as independent as possible when eating and drinking. Some people with a disability have significant physical impairments, for example limited movements due to cerebral palsy. Others have more subtle movement differences, for example difficulty starting, sequencing, switching and stopping movements.

Our swallowing is safer when we can independently bring the food and drink to our mouth. Relying on other people to place food and drink in our mouth increases risk of aspiration.

Help the person learn to eat and drink as independently as they can.

Teach people to learn or relearn eating and drinking skills so they can be as independent as possible during mealtimes. Even partial independence is valuable, for example, if the person can bring food to their mouth with hand-over-hand support.

Some people with a disability have had limited opportunities to learn to eat and drink independently. Your patient efforts can help the person do more for themselves.

It may take a long time for the person to learn to eat and drink more independently.

You can help by being patient and positive. Praise all progress.

How to teach independent eating and drinking

You can use many strategies to help the person develop their skills in independent eating and drinking.

Supporting the person to learn independent eating and drinking

Identify how the person can be partly independent, for example:

- encourage the person to hold the spoon or fork with you
- use adapted equipment appropriate for the person (see Adapted equipment at page 29)
Supporting the person to learn independent eating and drinking

Use food that is easy to cut and move using cutlery. Remember that the person will be more motivated to learn with foods they choose to eat.

Pay attention to the position of the person:
- in their chair
- in relation to the table
- in relation to plates and other mealtime items

Notice whether the person is left or right handed.

Think about the person’s overall fitness. In other activities, develop all the muscles and movements the person needs for safe independent eating.

Slow down mealtimes, so it doesn’t matter if it takes time for the person to eat at least some of their meal more independently.

Pay attention to the mealtime environment and minimise distractions.

Use prompts to help the person learn the sequence of cutting and scooping foods.

Support learning by making sure furniture and mealtime items don’t move around from one meal to the next—have a place for everything and keep everything in its place.

If you have questions, ask an occupational therapist or someone else who can teach the person to eat and drink more independently.
Quality of life

Mealtimes are often the social focus for households. Food is part of many social activities. While it is important for people to have safe meals, we need to balance safety with enjoyment.

Enjoyment is personal

These questions will aid reflection and discussion about what enjoyment of meals means for the person you support.

You may also like to record this information and provide it, along with the Mealtime Support Plan, to anyone not familiar with the person who may support them, for example relief, respite, school or work staff.

Remember, the person’s food and drink preferences may be different to yours.

Personality and culture

- What are this person’s favourite foods and drinks? How do they show this?
- What cultures does the person identify with? What cultural events or foods are important to them?

Family

- What does this person eat at home with their family? What family events would this person like to join and contribute to?
- How can we plan ahead for special occasions such as cultural festivals and parties? How can we make sure there are plenty of options for the person, so others won’t be tempted to give them unsuitable foods?

Routine

- Does this person have a preferred mealtime and snack routine, for example a quiet cup of tea on the deck each morning, or a glass of wine with the evening meal?
- How does this person prefer to have meals? In a quiet environment? In a social environment? Does this vary?
- How do this person’s mealtime preferences fit with those of other household members?

Social life

- Does this person like to prepare snacks, for example muffins or smoothies, for the household?
- Does this person like to eat out? Do they have opportunities for this?

Create an inviting environment

The mealtime environment is important to support safe and enjoyable meals for everyone. A calm, warm, inviting atmosphere encourages eating and drinking. It also maintains enjoyment and interest.

You can create an inviting atmosphere with curtains, wall coverings, tablecloths, placemats, and table decorations such as flowers and plants. Make sure there is enough lighting and no glare or shadow.
You could set up a familiar, comfortable routine for mealtimes. The group could eat at a regular time, with everyone seated together and with each person seated at a familiar place at every meal.

If people have good concentration, a group seated together at a dining table makes mealtimes more social and enjoyable. The people you are supporting should each have enough space to comfortably eat their meal and choose where they sit.

Larger tables or separate smaller tables can be used if someone needs more space or to avoid interruption from others. Allow enough room for support people to also sit comfortably and safely, minimising physical strain.

**Reduce distractions**

To protect people from choking and aspiration, minimise distractions. This lets people focus on eating and makes sudden head movements less likely.

To minimise distractions, have everyone sit at the table to eat together. Discourage people from moving around the dining area while others are eating. Encourage the household group to relax and enjoy meals at a leisurely pace.

Try to reduce loud or distracting sounds. Don’t play music with a fast beat, as this can speed up people’s eating. Turning off TVs and radios during the meal will help people concentrate on safe eating.

If distractions can’t be removed, a person who finds it hard to concentrate on eating may benefit from sitting facing away from distractions.

**Finding help**

Enjoyable meals are important for quality of life. If it’s a challenge to make mealtimes enjoyable, safe and nutritious, seek advice from others, such as the person, family members, support workers, a speech language pathologist and occupational therapist.
Learning life skills at mealtimes

Supporting choice and participation
See mealtimes as a learning environment. Include the person in preparing meals and encourage skills development. Other team members or professionals, such as occupational therapists, can help you.

Mealtimes can be an excellent opportunity to learn life skills.

Making choices during mealtimes, for example between food options, can increase overall choice-making skills, self-determination and quality of life. Where appropriate, support the person to choose their food and drinks.

Think about how the person can be included in food shopping and planning and preparing meals. Visual recipes and weekly menu planning may help. Where possible, involve the person in cleaning up after the meal to help them understand the full routine of mealtimes.

Learning conversation and social skills
Mealtimes bring people together, and can be the perfect setting to encourage social interaction.9

Also, food can be highly motivating. Conversation could include:
- commenting on what is happening, for example ‘This tastes good’
- asking the person questions and asking for their opinion
- offering food, sauces, or salt and pepper to others
- inviting the person to ask others questions
- commenting on what happened outside the mealtime, for example ‘I had a good day today because...’

9 Based on information in the Spot on DD Newsletter, December 2012. See www.spotondd.org.au
• directing your conversation to the person, for example ‘We bought this at the shops today’ / ‘I had a great time shopping with you today’
• Interpreting their facial expressions or non-verbal actions, for example ‘You look like you are enjoying that’.

Remember to use the person’s preferred communication system.

Resource
Schwier, KM & Stewart, ES 2005, Breaking Bread, Nourishing Connections: People with and without disabilities together at mealtime (Paul H Brookes, New York) describes how people with a disability can connect with family and friends during mealtimes, make informed choices about food and prepare simple nutritious meals.
Slowing down

Why are slower meals important?
Slowing down is essential for swallowing safety. Fast eating or drinking puts anyone at risk of choking and aspiration.

Why does the person eat quickly?
When we know the reasons for fast eating, we can work toward solutions.

Try to understand why the person is eating quickly, for example the person might:
- have difficulty coordinating or slowing arm movements
- put another mouthful in their mouth before swallowing the first one
- be worried that someone else might eat their food
- rush to get to another preferred activity
- be generally stressed, tense or anxious
- feel rushed or hurried by support people.

Speech language pathologists, occupational therapists and physiotherapists can work together to understand why the person eats quickly and help the person to slow down.

When will the person learn to slow down?
It may take a long time for the person to learn to eat and drink more slowly, and to maintain their new skills. In one study, people with a disability successfully learned to slow down when guided consistently by the same support person for an average of 20 meals.10

How can I help the person slow down?
Strategies to help the person to slow down must be designed for that person. Think about the person’s strengths and abilities, learning style, communication skills and sensory preferences.

Try several strategies to find what’s effective for the person. Ask the person, their support network, speech language pathologist and occupational therapist.

Practical strategies for slowing down
Tell the person the benefits of slower eating and drinking, such as health and enjoyment

Use gestures to prompt the person:
- Encourage them to put down the utensil on the plate between mouthfuls
- Sitting beside the person, put your hand midway between the person’s chin and their plate between mouthfuls, however, remember this is only a prompt. Don’t prevent the person from seeing their food or getting food to their mouth

10 Professor Justine Joan Sheppard, Deakin University, Personal communication, May 2012.
## Practical strategies for slowing down

Use rhythm, for example slow, rhythmical music, a metronome or tapping on the table

Create a relaxed environment at mealtimes—for example:
- play quiet background music, instead of TV noise
- chat quietly about the day with the person and their housemates
- check lighting (avoid flickering or glare)
- let the person eat alone sometimes (if that is the person’s choice)

Sit everyone down for the whole meal, including support workers. This makes the environment more relaxing and helps support people to notice what’s happening

Sit at the table with the person and model slower eating and drinking

Use a smaller fork or spoon. Some people find a long-handled dessert spoon useful

Use lightly weighted cutlery or wrist weights. The additional sensory information helps muscle coordination

Present a meal as several smaller dishes or portions

Use two plates—a serving plate, and an eating plate for everyone at the table. This naturally slows down the meal and creates more opportunities to talk

Fill cup to one quarter full and use a small jug for refills

Use a straw for drinking, however, check first with a speech language pathologist, because some people find it difficult to coordinate straw use with swallowing

Watch and listen when the person has swallowed. You may be able to see their Adam’s apple move up and down, or you may be able to hear them swallowing

Use light touch prompts, for example gentle pressure on the person’s arm between mouthfuls. The pressure should not prevent the person from moving their arm

Share a story about slowing down eating and drinking

Prompt, for example:
- ‘Take your time’
- ‘Remember to chew’
- ‘Well done; now take a break’
- ‘Take a break between mouthfuls’
- ‘Put your cup/fork/spoon on the table’.

Be careful with verbal prompts because some people may become reliant. Use the person’s preferred communication methods
Examples from real life

These examples of successful slowing down were provided by a Disability Services speech language pathologist.

Example 1—Ms M

If given a bowl of food, Ms M would place all food extremely quickly into her mouth until the food entered her airway. Then she would start coughing.

Ms M has intellectual disability and uses a wheelchair. She has Down Syndrome, a very prominent tongue thrust and severe vision impairment. She previously had a PEG and was transitioned to solid food several years ago. We used hand signing to communicate with her, but we were unsure how much she could see.

We tried a new strategy, body signing. Ms M would take several spoonfuls of food, then the support worker would demonstrate how Ms M could sign ‘more’ or ‘finished’. In response, Ms M would sign ‘more’ and then would continue eating.

This strategy gave Ms M time to finish chewing what was in her mouth, and to know that she could choose to eat more and that the food wasn’t going anywhere. This gave Ms M more control over what was happening during meals. Over time, she stopped needing as many prompts and could pace herself independently.

Example 2—Ms F

Food frequently entered Ms F’s airway and lungs. During mealtimes, she often thumped on the table, made loud noises and ate her food very quickly.

She is non-verbal, so for a while we couldn’t work out what the issue was.

We realised this happened when Ms F needed to go to the toilet, but couldn’t communicate her need. So, Ms F was eating her food as fast as she could. When asked to slow down, she would thump the table and make loud noises. We noted in Ms F’s Mealtime Support Plan the need to help her to go to the toilet before each meal and supported her to do so.

Ms F’s swallowing became safer, the fast eating stopped and she can now enjoy her mealtimes.
Adapted equipment

Adapted equipment including cutlery, plates and cups can help people better manage their eating and drinking. Examples of adapted equipment include:

Adapted bowls make it easier to scoop food onto fork or spoon and reduce spillage

Adapted cups may have large gap handles, be weighted for stability, sit on a stand to be easier to pick up, or be cut away to give room for the nose

Adapted cutlery may be lightweight with a shallow bowl, have thick handles, be weighted or use angled necks, depending on individual needs

Non-slip mats keep things in place

An occupational therapist will usually assess the person and recommend appropriate adapted equipment. They will also give advice about safe use of equipment and appropriate support strategies, such as prompts.

Follow instructions for using adapted equipment, including support strategies.

The person’s adapted equipment should be available at every meal or snack, even away from home.

Plan ahead so the adapted equipment goes with the person for daytrips and travel.

If the person has difficulties effectively preparing pieces of food, chopping their food may help them. See Attachment D: Chopped food at page 65.
Changing the texture of food

If the person has difficulty chewing and swallowing, changing food texture is a key strategy to support their health and safety. A speech language pathologist can assess the person and prescribe a modified texture diet.

Use the Mealtime Support Plan for every meal

For a person who needs modified texture foods, the Mealtime Support Plan is key to their safety and good health. Use the Mealtime Support Plan for every meal and snack. For more information, see Introduction to mealtime support at page 4 and Attachment E: Template for Mealtime Support Plan at page 67.

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Levels of texture-modified food

Australia has national terms and descriptions for texture-modified food. From 1 May 2019, the International Dysphagia Diet Standardisation Initiative (IDDSI) framework will be used in Australia. Approximate translations between the Australian standards and IDDSI are shown below:

<table>
<thead>
<tr>
<th>Australian Food Texture Scale</th>
<th>IDDSI framework</th>
<th>IDDSI label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft–Texture A</td>
<td>~6 Soft &amp; Bite-Sized</td>
<td>🍈 SOFT &amp; BITE-SIZED</td>
</tr>
<tr>
<td>Minced and Moist–Texture B</td>
<td>~5 Minced &amp; Moist</td>
<td>🍈 MINCED &amp; MOIST</td>
</tr>
<tr>
<td>Smooth Pureed–Texture C</td>
<td>4 Pureed</td>
<td>🍈 PUREED</td>
</tr>
</tbody>
</table>

The IDDSI framework is a continuum of 8 levels (0–7), where drinks are measured from Levels 0–4 and foods are measured from Levels 3–7. For the complete IDDSI framework, descriptions and detailed definitions see http://iddsi.org/Documents/IDDSIFramework-CompleteFramework.pdf

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Australia will adopt the IDDSI framework from 1 May 2019

See the IDDSI website at http://iddsi.org/ for IDDSI’s evidence statement, testing methods, audit tools, implementation guides and free smartphone app.
Appetising food is important

Appetising food stimulates the senses, physically preparing the body for a safer swallow. Taste, smell, temperature and visual presentation enhance appetite. So do variations in food texture, shape and volume, within the limits of the person’s Mealtime Support Plan.

A speech language pathologist can identify the textures and specific foods the person can eat safely while still enjoying meals.

Modified food can be delicious

A team of celebrity chefs have written Australian recipe books for people with swallowing difficulties. Titles include Don’t give me eggs that bounce, It’s all about the food not the fork! and Lobster for Josino. For more information, see:


The IDDSI Challenge is a contest to create culinary meals using the IDDSI framework. For more information, see:

- http://iddsi.org/iddsichallenge/
Soft–Texture A food

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Description and characteristics

<table>
<thead>
<tr>
<th>Soft–Texture A food: description and characteristics(^\text{12})</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>● Food in this category may be naturally soft (for example ripe banana), or may be cooked or cut to alter its texture</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>● Soft foods can be chewed but not necessarily bitten</td>
</tr>
<tr>
<td>● Minimal cutting required—easily broken up with a fork</td>
</tr>
<tr>
<td>● Food should be moist or served with a sauce or gravy to increase moisture content (NB: Sauces and gravies should be served at the required thickness level)</td>
</tr>
<tr>
<td>● See Avoid risky foods at page 13</td>
</tr>
</tbody>
</table>

\(^\text{12}\) Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
How to prepare and serve

Serve Soft–Texture A foods moist, at the recommended particle size, and know about risky foods. If necessary, serve with sauce or gravy to increase moisture. Sauces and gravies should be served at the fluid thickness recommended for that person (see *Changing the thickness of fluids* at page 42).

Soft–Texture A foods should be **served moist**.

To reduce choking risk, the recommended particle size for adults and children over 5 years for Soft–Texture A foods is **1.5cm × 1.5cm**.

Soft food may need to be cut to achieve the recommended particle size.

See *Avoid risky foods* at page 13.

### Recommended foods and foods to avoid

These are examples only and may not be suitable for everyone. This table doesn’t include all foods that could be safe for a person on a Soft–Texture A diet.

**Soft–Texture A diet: examples of recommended foods and foods to avoid**

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
</table>
| Bread cereals rice pasta noodles | • Soft sandwiches\(^{(a)}\) with very moist fillings, such as egg and mayonnaise, hummus (remove crusts and avoid breads with seeds and grains)  
• Breakfast cereals well moistened with milk\(^{(b)}\)  
• Soft pasta\(^{(a)}\) and noodles  
• Rice (well cooked)  
• Soft pastry, for example quiche with a pastry base  
• Other, soft, cooked grains | • Dry or crusty breads, breads with hard seeds or grains, hard pastry, pizza  
• Sandwiches that are not thoroughly moist  
• Coarse or hard breakfast cereals that do not moisten easily, for example toasted muesli, bran cereals  
• Cereals with nuts, seeds and dried fruit |

\(^{(a)}\) Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
### Soft–Texture A diet: examples of recommended foods and foods to avoid

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
</table>
| **Vegetables legumes** | • Well cooked vegetables\(^{(a)}\) served in small pieces or soft enough to be mashed or broken up with a fork  
                          • Soft canned vegetables, for example peas  
                          • Well-cooked legumes (the outer skin must be soft), for example baked beans | • All raw vegetables (including chopped and shredded)  
                          • Hard, fibrous or stringy vegetables and legumes, for example sweet corn, broccoli stalks |
| **Fruit**            | • Fresh fruit pieces that are naturally soft, for example banana, well-ripened pawpaw  
                          • Stewed and canned fruits in small pieces  
                          • Fruit juice\(^{(b)}\) or pureed fruit | • Large/round fruit pieces that pose a choking risk, for example whole grapes, cherries  
                          • Dried fruit, seeds and fruit peel  
                          • Fibrous fruits, for example pineapple |
| **Milk yoghurt cheese** | • Milk, milkshakes, smoothies\(^{(b)}\)  
                          • Yoghurt (may contain soft fruit)\(^{(b)}\)  
                          • Soft cheeses\(^{(a)}\) for example Camembert, ricotta | • Yoghurt with seeds, nuts, muesli or hard pieces of fruit  
                          • Hard cheeses, for example cheddar and hardened/crispy cooked cheese |
| **Meat fish poultry eggs nuts legumes** | • Casseroles with small pieces of tender meat\(^{(b)}\)  
                          • Moist fish (easily broken up with the edge of a fork)  
                          • Eggs\(^{(a)}\) (all types except fried)  
                          • Well-cooked legumes (the outer skin must be soft), for example baked beans  
                          • Soft tofu—small pieces; crumbled | • Dry, tough, chewy, or crispy meats  
                          • Meat with gristle  
                          • Fried eggs  
                          • Hard or fibrous legumes  
                          • Pizza |
| **Desserts**         | • Puddings, dairy desserts,\(^{(b)}\) custards,\(^{(b)}\) yoghurt\(^{(b)}\) and ice-cream\(^{(b)}\) (may have pieces of soft fruit)  
                          • Moist cakes (extra moisture, for example custard may be required)  
                          • Soft fruit-based desserts without hard bases, crumbly or flaky pastry or coconut, for example apple crumble  
                          • Creamed rice, moist bread and butter pudding | • Dry cakes, pastry, nuts, seeds, coconut, dried fruit, pineapple |
| **Other**            | • Soup\(^{(b)}\)—may contain small soft lumps, for example pasta  
                          • Soft fruit jellies; non-chewy lollies\(^{(a)}\)  
                          • Soft, smooth, chocolate  
                          • Jams and condiments without seeds or dried fruit | • Soups with large pieces of meats or vegetables, corn, or rice  
                          • Sticky or chewy foods, for example toffee  
                          • Popcorn, chips, biscuits, crackers, nuts, edible seeds |

\(^{(a)}\) These foods require case-by-case consideration  
\(^{(b)}\) These foods may need modification for individuals requiring thickened fluids
Minced and Moist—Texture B food

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Description and characteristics

<table>
<thead>
<tr>
<th>Minced and Moist—Texture B food: description and characteristics(^{14})</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Minced and Moist—Texture B translates approximately to IDDSI framework 5 Minced & Moist

\(^{14}\) Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
How to prepare and serve

Serve Minced and Moist–Texture B food at the recommended particle size and know about risky foods.

To reduce choking risk, the recommended particle size for Minced and Moist–Texture B food is \(0.5 \text{ cm} \times 0.5 \text{ cm}\) for adults and children over 5 years.

See Avoid risky foods at page 13.

Recommended foods and foods to avoid

These are examples only and may not be suitable for everyone. This table doesn’t include all foods that could be safe for a person on a Minced and Moist–Texture B diet.

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Breakfast cereal with small moist lumps, for example porridge or wheat flake biscuits soaked in milk</td>
<td>• All breads, sandwiches, pastries, crackers and dry biscuits</td>
</tr>
<tr>
<td>Bread cereals</td>
<td>• Gelled bread (bread soaked in thickened fluid)</td>
<td>• Gelled breads that are not soaked through the entire food portion</td>
</tr>
<tr>
<td>rice pasta noodles</td>
<td>• Small, moist pieces of soft pasta, for example moist macaroni cheese (some pasta dishes may require blending or mashing)</td>
<td>• Rice that does not hold together, for example parboiled, long-grain or basmati rice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Crispy or dry pasta, for example edges of a pasta bake or lasagne</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables legumes</td>
<td>• Tender cooked vegetables that are easily mashed with a fork</td>
<td>• Vegetable pieces larger than 0.5 cm or too hard to be mashed with a fork</td>
</tr>
<tr>
<td></td>
<td>• Well-cooked legumes (partially mashed or blended)</td>
<td>• Fibrous vegetables that require chewing, for example peas</td>
</tr>
</tbody>
</table>

\[15\] Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, Nutrition and Dietetics, 64 (S2), pp. S53–S76.
Minced and Moist–Texture B diet: examples of recommended foods and foods to avoid

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Avoid Soft–Texture A foods to avoid plus...</td>
</tr>
<tr>
<td>Fruit</td>
<td>• Mashed soft fresh fruits, for example banana, mango</td>
<td>• Fruit pieces larger than 0.5cm</td>
</tr>
<tr>
<td></td>
<td>• Finely diced soft pieces of canned or stewed fruit</td>
<td>• Fruit that is too hard to be mashed with a fork</td>
</tr>
<tr>
<td></td>
<td>• Pureed fruit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fruit juice[^a]</td>
<td></td>
</tr>
<tr>
<td>Milk, yoghurt, cheese</td>
<td>• Milk, milkshakes, smoothies[^a]</td>
<td>• Soft cheese that is sticky or chewy, for example Camembert</td>
</tr>
<tr>
<td></td>
<td>• Yoghurt[^a] (may have small soft fruit pieces)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Very soft cheeses with small lumps, for example cottage cheese</td>
<td></td>
</tr>
<tr>
<td>Meat, fish, poultry,</td>
<td>• Coarsely minced, tender meats with a sauce. Casserole dishes may be blended to reduce</td>
<td>• Casserole or mince dishes with hard or fibrous particles, for example peas, onion</td>
</tr>
<tr>
<td>eggs, nuts, legumes</td>
<td>the particle size</td>
<td>• Dry, tough, chewy, or crispy egg dishes or those that cannot be easily mashed</td>
</tr>
<tr>
<td></td>
<td>• Coarsely blended or mashed fish with a sauce</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Very soft and moist egg dishes, for example scrambled eggs, soft quiches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Well-cooked legumes (partially mashed or blended)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Soft tofu, for example small soft pieces or crumbled</td>
<td></td>
</tr>
<tr>
<td>Desserts</td>
<td>• Smooth puddings, dairy desserts[^a], custards[^a], yoghurt[^a] and ice-cream[^a] (may</td>
<td>• Desserts with large, hard or fibrous fruit particles (for example sultanas), seeds or coconut</td>
</tr>
<tr>
<td></td>
<td>have small pieces of soft fruit)</td>
<td>• Pastry and hard crumble</td>
</tr>
<tr>
<td></td>
<td>• Soft moist sponge cake desserts with lots of custard, cream or ice-cream, for example</td>
<td>• Bread-based puddings</td>
</tr>
<tr>
<td></td>
<td>trifle, tiramisu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Soft fruit-based desserts without hard bases, crumbly or flaky pastry or coconut, for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>example apple crumble with custard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Creamed rice</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>• Soup[^a]—may contain small soft lumps, for example pasta</td>
<td>• Soups with large pieces of meats or vegetables, corn or rice</td>
</tr>
<tr>
<td></td>
<td>• Plain biscuits dunked in hot tea or coffee and completely saturated</td>
<td>• Lollies including fruit jellies and marshmallows</td>
</tr>
<tr>
<td></td>
<td>• Salsas, sauces and dips with small soft lumps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Very soft, smooth, chocolate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Jams and condiments without seeds or dried fruit</td>
<td></td>
</tr>
</tbody>
</table>

[^a]: These foods may need modification for individuals who need thickened fluids
Smooth Pureed–Texture C food

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Description and characteristics

<table>
<thead>
<tr>
<th>Smooth Pureed–Texture C food: description and characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>- Food in this category is smooth and lump free. It is similar to the consistency of commercial pudding. At times, smooth pureed food may have a grainy quality, but should not contain lumps</td>
</tr>
<tr>
<td>- See Avoid risky foods at page 13</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>- Smooth and lump free but may have a grainy quality</td>
</tr>
<tr>
<td>- Moist and cohesive enough to hold its shape on a spoon (i.e. when placed side by side on a plate these consistencies would maintain their position without ‘bleeding’ into one another)</td>
</tr>
<tr>
<td>- Food could be moulded, layered or piped</td>
</tr>
</tbody>
</table>

Smooth Pureed–Texture C translates approximately to IDDSI framework 4 Pureed

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16 Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, Nutrition and Dietetics, 64 (S2), pp. S53–S76.
How to prepare and serve

Serve Smooth Pureed–Texture C food without lumps, and know about risky foods.

Remove lumps before you serve Smooth Pureed–Texture C food.

See Avoid risky foods at page 13.

Recommended foods and foods to avoid

These are examples only and may not be suitable for everyone. This table doesn’t include all foods that could be safe for a person on a Smooth Pureed–Texture C diet.

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread cereals</td>
<td>Smooth, lump-free breakfast cereals, for example semolina, pureed porridge</td>
<td>Cereals with coarse lumps or fibrous particles, for example all dry cereals, porridge</td>
</tr>
<tr>
<td>Rice</td>
<td>Gelled bread (bread soaked in thickened fluid)</td>
<td>Gelled breads that are not soaked through the entire food portion</td>
</tr>
<tr>
<td>Pasta</td>
<td>Pureed pasta or noodles</td>
<td></td>
</tr>
<tr>
<td>Noodles</td>
<td>Pureed rice</td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>Pureed vegetables</td>
<td>Coarsely mashed vegetables</td>
</tr>
<tr>
<td>Legumes</td>
<td>Mashed potato</td>
<td>Particles of vegetable fibre or hard skin</td>
</tr>
<tr>
<td></td>
<td>Pureed legumes, for example baked beans (ensuring no husks in final puree)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vegetable soups that have been blended or strained to remove lumps[a]</td>
<td></td>
</tr>
</tbody>
</table>

[a] Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
<table>
<thead>
<tr>
<th>Food groups</th>
<th>Recommended (examples only)</th>
<th>Avoid (examples only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit</td>
<td>• Pureed fruits, for example commercial pureed fruits, vitamised fresh fruits</td>
<td>• Pureed fruit with visible lumps</td>
</tr>
<tr>
<td>Milk yoghurt cheese</td>
<td>• Milk, milkshakes, smoothies&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>• All solid and semi-solid cheese, including cottage cheese</td>
</tr>
<tr>
<td>Meat fish poultry eggs nuts</td>
<td>• Pureed meat/fish (pureed with sauce/gravy to achieve a thick moist texture)</td>
<td>• Minced or partially pureed meats</td>
</tr>
<tr>
<td></td>
<td>• Soufflés and mousses, for example salmon mousse</td>
<td>• Scrambled eggs that have not been pureed</td>
</tr>
<tr>
<td></td>
<td>• Pureed legumes, hummus</td>
<td>• Sticky or very cohesive foods, for example peanut butter</td>
</tr>
<tr>
<td></td>
<td>• Soft silken tofu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pureed scrambled eggs</td>
<td></td>
</tr>
<tr>
<td>Desserts</td>
<td>• Smooth puddings, dairy desserts&lt;sup&gt;(a)&lt;/sup&gt;, custards&lt;sup&gt;(a)&lt;/sup&gt;, yoghurt&lt;sup&gt;(a)&lt;/sup&gt; and ice-cream&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td>• Desserts with fruit pieces, seeds, nuts, crumble, pastry or non-pureed garnishes</td>
</tr>
<tr>
<td></td>
<td>• Gelled cakes or cake slurry, for example fine sponge cake saturated with jelly</td>
<td>• Gelled cakes or cake slurries that are not soaked through the entire food portion</td>
</tr>
<tr>
<td></td>
<td>• Soft meringue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cream&lt;sup&gt;(a)&lt;/sup&gt;, syrup dessert toppings&lt;sup&gt;(a)&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>• Soup&lt;sup&gt;(a)&lt;/sup&gt;—pureed or strained to remove lumps</td>
<td>• Soup with lumps</td>
</tr>
<tr>
<td></td>
<td>• Smooth jams, condiments and sauces</td>
<td>• Jams and condiments with seeds, pulp or lumps</td>
</tr>
</tbody>
</table>

<sup>(a)</sup> These foods may need modification for individuals requiring thickened fluids

**Note**
Some people may benefit from a runny pureed presentation of their foods. Runny pureed foods are different to Smooth Pureed–Texture C. Runny pureed foods do not hold their shape but blend into one another when placed side by side on a plate. Runny pureed foods would be prescribed case by case because they are not safe for everyone.
Changing the thickness of fluids

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Thickened fluids can help a person with swallowing difficulties. Thickened fluids hold together, are slow moving, and are more easily sensed in the mouth than regular, unmodified fluids. The person has more control over the fluid as it passes through their mouth and throat, giving them more time to protect the airway during swallowing.

Hydration and safety

It is very important the person has enough drinks and fluids each day to maintain hydration. Offer drinks between meals. If there are any concerns about dehydration, include a dietitian.

Some people may prefer flavoured drinks rather than water. Flavour is more appetising and assists the swallow by providing additional sensory information.

Offer thickened fluids between meals and regularly throughout the day.

Thickened fluids are prescribed for the person

The speech language pathologist will work with the person and the support team to identify the most appropriate thickened fluids for the person and give practical advice.

Some foods melt in the mouth to become liquids, for example ice-cream, ice, jelly, thickshakes and smoothies. These foods are not safe for people who need thickened fluids. See Avoid risky foods.

Preparing thickened fluids

When you prepare thickened fluids, remember:

- All drinks the person receives should be thickened.
- Some fluids continue to thicken if left standing for a long time, and are no longer suitable for the person. Check the consistency of a drink every time it is served.

Discard thickened fluids within 24 hours.
- A *spoonful* refers to a level spoon, not a heaped spoon.
- Avoid lumps. If thickened fluid is lumpy, ask a team member or speech language pathologist.
- Some thickened fluids will need to stand for a specific time before they will reach the recommended thickness.

Follow manufacturers’ mixing instructions or contact the manufacturer for support.

Pre-packaged thickened fluids do not need mixing. Few people will use these products exclusively, because they are expensive. However, they may be useful in the short term, for example when the person is away from home.

If you follow a thickener recipe but the drink does not seem to be the right thickness, seek help from an experienced team member or speech language pathologist.

Levels of thickened fluids

Australia has national terms and descriptions for texture-modified food. From 1 May 2019, the International Dysphagia Diet Standardisation Initiative (IDDSI) framework will be used in Australia. Translations between the Australian standards and IDDSI are shown below:

<table>
<thead>
<tr>
<th>Australian Fluid Viscosity Scale</th>
<th>IDDSI framework</th>
<th>IDDSI labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Thick–Level 900</td>
<td>4 Extremely Thick</td>
<td>![Extremely Thick]</td>
</tr>
<tr>
<td>Moderately Thick–Level 400</td>
<td>3 Moderately Thick</td>
<td>![Moderately Thick]</td>
</tr>
<tr>
<td>Mildly Thick–Level 150</td>
<td>2 Mildly Thick</td>
<td>![Mildly Thick]</td>
</tr>
</tbody>
</table>

If thickened fluids are recommended, know both systems. For IDDSI descriptors, test methods and audit tools, see [http://iddsi.org/](http://iddsi.org/)

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Extremely Thick fluid–Level 900

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

<table>
<thead>
<tr>
<th>Extremely Thick fluid–Level 900: flow rate and characteristics(^{19})</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
</tr>
<tr>
<td>• Extremely Thick fluid–Level 900 is similar to the thickness of pudding or mousse</td>
</tr>
<tr>
<td><strong>Flow rate</strong></td>
</tr>
<tr>
<td>• ‘No flow’</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
</tr>
<tr>
<td>• Cohesive and holds its shape on a spoon</td>
</tr>
<tr>
<td>• It is not possible to pour this type of fluid from a cup into the mouth</td>
</tr>
<tr>
<td>• It is not possible to drink this thickness using a straw</td>
</tr>
<tr>
<td>• Spoon is the optimal method for taking this type of fluid</td>
</tr>
<tr>
<td>• This fluid is too thick if the spoon is able to stand upright in it unsupported</td>
</tr>
</tbody>
</table>

\(^{19}\) Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
Moderately Thick fluid–Level 400

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

**Moderately Thick fluid–Level 400: flow rate and characteristics**

<table>
<thead>
<tr>
<th>Overview</th>
<th>Moderately Thick fluid–Level 400 is similar to the thickness of room temperature honey or a thickshake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow rate</td>
<td>‘Slow flow’</td>
</tr>
</tbody>
</table>
| Characteristics | Cohesive and pours slowly  
Possible to drink directly from a cup although fluid flows very slowly  
Difficult to drink using a straw, even if using a wide bore straw  
Spooning this fluid into the mouth may be the best way of taking this fluid |

Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.
**Mildly Thick fluid–Level 150**

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

| Mildly Thick fluid–Level 150: flow rate and characteristics<sup>21</sup> |
|---------------------------------|--------------------------------------------------|
| **Overview**                    | Mildly Thick fluid–Level 150 is thicker than naturally thick fluids such as fruit nectars but not, for example, as thick as a thickshake |
| **Flow rate**                   | Steady, fast flow                                 |
| **Characteristics**             | Pours quickly from a cup but slower than regular, unmodified fluids |
|                                 | May leave a coating film of residue in the cup after being poured |
|                                 | Drink this fluid thickness from a cup |
|                                 | Effort required to take this thickness via a standard bore straw |

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<sup>21</sup> Data from Dietitians Association of Australia and The Speech Pathology Association of Australia 2007, ‘Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions’, *Nutrition and Dietetics*, 64 (S2), pp. S53–S76.
Paying attention to medication

It can be difficult to swallow medication safely. Also, the side effects of medication can affect a person’s swallow.

Medication side effects

Medication side effects can affect swallowing. Side effects and strategies to increase safety include:

<table>
<thead>
<tr>
<th>Reducing the side effects of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dry mouth</strong></td>
</tr>
<tr>
<td>Think about how moist a meal must be for this person to swallow safely.</td>
</tr>
<tr>
<td>Pay attention to the person’s oral health.</td>
</tr>
<tr>
<td>Seek advice from a speech language pathologist or occupational therapist.</td>
</tr>
<tr>
<td><strong>Variable alertness</strong></td>
</tr>
<tr>
<td>Time meals to coincide with the person’s periods of high alertness or check the timing of medication compared to the timing of meals.</td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
</tr>
<tr>
<td>Seek medical advice to reduce the person’s nausea.</td>
</tr>
</tbody>
</table>

Medication can also affect the taste of food, the person’s appetite and nutritional absorption of food.

Record side effects that could be caused by the person’s medication, and seek medical advice.

When people have difficulty swallowing medication

Some people with swallowing difficulties find it challenging to swallow medication.

Talk to a GP or pharmacist if you are concerned about the person’s ability to swallow their medication.

A person may refuse medication because they can’t swallow it safely. A medical practitioner or pharmacist can find solutions with the support of a speech language pathologist.

Some fibre-based laxatives are a choking risk and should be avoided by anyone with swallowing difficulties.

Keep these points in mind when supporting someone with swallowing difficulties who needs to take medication:

- It may be easier for the person to swallow tablets one at a time, rather than many at once.
- Eating tablets with yoghurt may assist some people.
Medication can come in different forms, for example liquids or dissolvable tablets. Talk to a pharmacist and GP about other forms.

- You need to check with a pharmacist whether or not a tablet can be crushed.

Never cut or crush medication without medical advice.

Finding help

If you are concerned about whether the person can swallow their medication safely, get advice. A speech language pathologist can provide the necessary information about the person’s swallowing to the GP or pharmacist.

Pharmacists have resources detailing how medication can be safely altered or substituted.²²

Remind the person’s doctor about swallowing difficulties whenever a change of medication is discussed or recommended.

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²² In particular, Society of Hospital Pharmacists of Australia 2011, Australian Don’t Rush to Crush Handbook – options for people unable to swallow solid oral medicines, 2nd edn.
Mealtime support and general health

Mealtimes influence, and are influenced by, a range of other health and wellbeing factors. Three significant factors are:

- *oral health* (see page 50)
- *nutritious food and drink* (see page 53)
- *reflux* (see page 55).

*Safe and enjoyable meals depend on oral health, nutrition and preventing reflux*
Support oral health

Good oral health promotes general health and wellbeing. Good oral health contributes to our nutrition, general health, appearance and social relationships. Pleasant smelling breath and clean teeth are something we notice when meeting others and contribute to how others see us.

The oral health of people with disability needs particular attention, especially if they have swallowing difficulties.

Good oral health contributes to mealtime safety and enjoyment. Poor oral health can cause tooth decay, tooth loss and gum infections, and can lead to increased risk of pneumonia and other chronic health conditions.

Poor oral health increases general health risks, including the risk of pneumonia.

Follow all oral health recommendations.

Supporting the person's oral health

It may take time to learn the best ways to support each person’s oral health. These questions may help you:

Oral health routine

- What is the person’s oral health routine?
- Are the person’s teeth being cleaned effectively at least twice every day?
- Would another kind of toothbrush, for example an electric or other toothbrush, help to improve teeth cleaning?
- What type of toothpaste does the person prefer?
- How can the person be supported to be more independent and effective in teeth cleaning?

The person

- How does the person understand oral health and what are the best ways to share information with them?
- What strategies would prepare the person to learn new skills?
- What aspects of oral health work well for this person and what aspects don’t work well?
- How can we find solutions for the aspects that don’t work well?
- How does the person communicate toothache or painful gums?
Brushing and flossing
Everyone should thoroughly clean their teeth at least twice every day. This involves brushing teeth for 2 minutes. The brush should be replaced every 3 months.

Flossing should be considered for everyone. Support people can use floss holders to make flossing more comfortable and effective.

If someone doesn’t like help with brushing and flossing, they may be feeling sore or sensitive areas. Think about their position and comfort. Talk with your team and ask for help from specialists.

Oral care products
Discuss suitable oral care products with the person’s dentist. Others, such as speech language pathologists, occupational therapists and carers may also contribute to decisions and monitoring the person’s oral health routine.

Oral care products include:
- oral swabs
- specialised toothpastes
- fluoride mouthwash
- products to strengthen tooth enamel
- oral irrigator/dental jet.

Encourage a tooth-friendly diet and pay attention to the timing of snacks and drinks. Collaborating with a dietitian can improve oral health (see Prepare nutritious food and drink at page 53).

Regular check-ups
Regular dental check-ups (every 6 months) are very important. Some people will need support to relax in the chair and feel comfortable about the dentist checking inside their mouth.

Think about what you can do before and during the check-up to help the person feel comfortable.

Preparing for the check-up
You could help the person in a supportive way by:
- arranging for a familiar person to attend on the day
- helping the person to understand and feel ready, for example by telling an information story
- for a person who feels uncomfortable about visiting the dentist, gradually introducing the idea so the person feels more comfortable
- making sure the dentist has information about medication the person uses, and any relevant health issues (if you are not sure, check with the person’s GP)
- finding a dentist or oral health service that is a good fit for the person.
On the day
Support on the day could include:

- supporting the person to communicate their message
- supporting the dentist to communicate with the person
- bringing the person’s communication tools
- if relevant, telling the dentist about successful behavioral support strategies for the person.

Oral health for a person without teeth
If a person has no teeth, oral health is still important. Twice daily brushing of gums with a soft toothbrush limits bacterial build-up in the mouth.

Resources

- Promoting oral health within disability services at https://www.dhsv.org.au/oral-health-programs/disability
- Practical guides to oral care for people with autism, cerebral palsy, Down syndrome, and other developmental disability at https://www.nidcr.nih.gov/health-info/developmental-disabilities
Prepare nutritious food and drink

Good nutrition supports all body functions and long-term health. Inadequate nutrition, or being overweight or underweight, increases risk of health complications.

Hydration

Hydration is very important for general health and wellbeing.

People with swallowing difficulties need support to prevent dehydration.

Nutrition in food and drink

A balanced diet is important. These five food groups provide all the nutrition the body needs.

- vegetables (plenty, and in different types and colours)
- fruit
- grains and cereals (mostly wholegrain or high fibre cereals)
- proteins (lean meats and poultry, fish, eggs, tofu, nuts, seeds and beans)
- dairy (milk, yoghurt, cheese or their alternatives, mostly reduced fat).

Include food from all these groups every day. Other foods, such as cakes, pastries, oils and crisps should be eaten only in small amounts.

Know the person

Food needs and preferences vary. Some people may have specific diet needs because of allergies or medical conditions. Make sure everyone knows about them.

Food can be an expression of personality and culture. Be familiar with foods the person likes and dislikes.

Menu planning

Menu planning encourages good hydration and nutrition for a group of people living together.

---
Nutrition and ageing
As people grow older, digestion may slow and they may lose teeth. Pay attention to maintaining good nutrition.

Finding help
Speech language pathologists, occupational therapists, nurses and medical practitioners can provide general information about nutrition. A dietitian should be consulted if the person:

- has food allergies or intolerances
- is significantly underweight or overweight
- has diabetes or phenylketonuria (PKU)
- has swallowing difficulties and can’t get enough nutrition
- is dehydrated (signs include decreased volume of urine, dark urine and constipation).
Manage reflux

Gastro-oesophageal reflux is also called reflux, heartburn or regurgitation. Reflux happens when the band of muscle in the lower part of the foodpipe relaxes, so that acidic stomach contents move back up into the foodpipe and then the throat. This can cause burning sensations and pain.

Reflux can lead to other medical conditions, including cancer of the foodpipe. If a person has signs of reflux, seek medical advice.

Signs of reflux

You are an important observer of the person. People with a disability may not be able to tell anyone about their significant discomfort from reflux. Pay attention to see if the person shows signs of reflux, such as:

- self-injury
- weight loss
- low iron levels
- refusal to eat
- disturbed sleep
- recurrent vomiting
- night-time coughing
- pain when swallowing
- pain behind chest bone
- bad breath
- distress during or after meals
- teeth damaged by stomach acid.

To identify reflux, a doctor may need to investigate by placing a small camera in the foodpipe.

How to manage reflux

Practical approaches to reducing reflux include:

- staying upright after meals (get advice about how long the person needs to remain upright after meals)
- serving smaller, more frequent meals
- avoiding food and drinks known to affect reflux
- following medical advice regarding medication, sleep positioning and diet.
Restrictive practices

Some strategies used to support people to have safe mealtimes or manage food-related behaviours may be considered restrictive practices.

Funded service providers should be familiar with the legislative requirements if restrictive practices are considered. See communities.qld.gov.au/disability/service-providers/centre-excellence/positive-behaviour-support

Work as a team to complete comprehensive assessments and identify the least restrictive alternatives that will support individuals at mealtimes. Clinicians in the team should understand restrictive practices and the relevant legislation, and how this relates to mealtime support.
Conclusion
Eating and drinking are important to quality of life. Think about how important dining out, picnics, barbeques and cultural events are in most people’s social lives. With a little knowledge and planning, we can help everyone experience safe and enjoyable meals every day.

Mealtimes should be safe and enjoyable for everyone.

Know the person
Good mealtime support is built around the person, their life and their goals. Just like everyone else, each person with a disability has their own personality, needs and preferences. That’s why the person’s Mealtime Support Plan is so valuable.

Use the Mealtime Support Plan
The Mealtime Support Plan is designed for the person, and should balance safety and quality of life.

For safe and enjoyable meals, always follow the person’s Mealtime Support Plan.

Use the Mealtime Support Plan for consistently safe and enjoyable meals.

Notice change
Things will change over time. Health, environment, resources, support people, health professionals and routines can all change. Indeed, we hope a person’s skills, motivation and preferences will change over time! Be observant and notice when things change.

Team up with allied health professionals, use these Mealtime Support Resources to your advantage and remember... Enjoy your meal!

Enjoy your mealtimes
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Swallowing—oral preparatory phase, Swallowing—oral phase, Swallowing—pharyngeal phase, Swallowing—oesophageal phase. Amended CC0 image ‘Digestion’ by Clker-Free-Vector-Images/pixabay.com; Amended CC0 ‘Stomach’ by Clker-Free-Vector-Images/pixabay.com
Attachments
Attachment A: How do we swallow?

A safe swallow requires good coordination of many sensory messages and muscle movements. When a person has swallowing difficulties, one or more phases of swallowing is impaired. The better you understand swallowing, the better you can support people with swallowing difficulties.

1. We prepare food in the mouth

We prepare the food on the dinner plate and then in our mouth, so we will be ready to swallow:

1.1. When we hear and smell food cooking or see food on our plate, our body knows to prepare to eat and drink, for example by producing saliva.
1.2. Our lips remove the food or drink from our fingers, the cutlery, cup or straw. Or, we bite off pieces of food, for example from a sandwich.
1.3. Our lips close to stop the food or drink from falling out.
1.4. We chew the food to break it down into smaller pieces to help with digestion and to prevent choking.
1.5. We use our tongue to gather the food as we chew and mix it with saliva.

2. We move food to the back of the mouth

We move the food to the back of the mouth:

2.1. When we have chewed the food enough, we use our tongue to move the ball of food toward the back of our mouth to prepare for the swallow.
3. We move food through the throat

We move the food through the throat:

3.1. We stop breathing to prevent food from entering our airway and lungs.
3.2. The soft palate at the back of the roof of the mouth rises, so food can’t enter our nose or nasal cavity.
3.3. Our voice box moves up and forwards so the epiglottis blocks off our airway, so food and drink can’t enter our lungs.
3.4. The band of muscle at the top of our foodpipe opens, which allows the ball of food to pass into our foodpipe and then closes once the food has passed.

4. We move food through the foodpipe

We move the food through the food pipe:

4.1. After the food has passed the opening to the airway, our airway is safe, so we start breathing again.
4.2. Food moves down our foodpipe toward our stomach.
4.3. A band of muscle at the top of our stomach opens to let the food enter the stomach, then closes again so the food stays there (no reflux).

People may have difficulty with any stage of the swallowing process.

Some people may have difficulty with more than one stage.

People may experience swallowing difficulties from birth or may develop difficulties later in life, for example after a stroke. For all of us, our swallowing abilities change as we get older.
Attachment B: Swallowing studies
Swallowing studies happen at a hospital or radiology clinic. You’ll need a referral from a doctor.

Modified barium swallow
A Modified Barium Swallow (MBS; video fluoroscopic swallowing study) is a video x-ray recorded while a person is eating and drinking. Barium is added to the food and drink so the swallow movements will be visible under x-ray. An MBS shows the speech language pathologist whether food and drink is entering the person’s lungs, and helps identify appropriate food and fluid modifications and strategies.

Follow all instructions for your MBS procedure.

If the speech language pathologist is considering an MBS, they will usually discuss it with several people, such as the person, family members, support workers, GP, specialists and speech language pathologist conducting the MBS.

Before the MBS
Explain the procedure. Let the person know the food and drink will look and taste different because of the barium. It may be helpful to show the person an MBS video and a photograph of the study.

Try to arrange for a familiar support person to attend the MBS and provide support. If possible, the usual speech language pathologist who requested the MBS should also attend.

It may also be useful to visit the radiology clinic separately before the appointment.

During the MBS
There may be unfamiliar people at the MBS, for example a speech language pathologist conducting the MBS, the radiographer to use the machine and the radiologist to interpret the results. The radiologist and the speech language pathologist will usually assess the MBS immediately and provide recommendations before you leave.

After the MBS
Generally, the speech language pathologist conducting the MBS will write a formal report for the person’s GP and usual speech language pathologist. After an MBS, the person’s stools may have a white appearance. This is the barium passing out of the body and is normal.

Barium swallow
A barium swallow is different from an MBS and focuses on food and drink moving down the foodpipe and into the stomach. Like the MBS, the barium swallow x-ray is recorded on video. If a medical professional recommends a barium swallow, show them the person’s Mealtime Support Plan to see if the person can swallow the large amount of barium needed for the exam.
Attachment C: Tube feeding

Some people may find it difficult to safely consume enough food and fluids to meet their nutrition and hydration needs. The cause could be significant swallowing difficulties or other complex health reasons. For these reasons, alternatives or supplements to oral intake may be recommended.

How to support the person

If possible, support the person to have their nutrition by tube at the same time the rest of the household has their meal. This means the person can enjoy the social interaction of mealtimes, and can enjoy receiving nutrition at the same time as other members of the household.

Some people will still be able to eat some food orally. The dietitian and speech language pathologist will work together to make a plan.

If you have any questions or concerns, ask a dietitian or speech language pathologist.

Tube feeding options

Three common tube feeding methods are NG, PEG and jejunostomy.

An NG (nasogastric tube) is passed through the person’s nose and into their stomach. An NG is usually a short-term option.

In PEG (percutaneous endoscopic gastrostomy) surgery, a tube is inserted directly into the stomach through an opening in the abdominal wall. After surgery, nutrition is delivered through the tube in specially designed supplements. Some medication can also be delivered by the PEG tube.

A jejunostomy is similar to the PEG procedure, but the opening enters the person’s small intestine instead of the stomach.

Decision to start tube feeding

Many people will collaborate before a decision is made to introduce tube feeding. Contributors may include the person, their family, support workers and carers, speech language pathologist, medical professionals and dietitian.

The person may be asked about their:

- quality of life
- overall health needs
- swallowing difficulties
- ability to take medication orally
- ability to maintain daily hydration and nutrition.
Supporting a person who uses tube feeding

After surgery, health professionals will make individualised recommendations for using the feeding tube and avoiding infections.

1. Hydration
2. Nutrition
3. Infections

Carefully follow recommendations from a GP, nurse and dietitian about tube feeding. Infections can be life-threatening.

Watch three things

For helpful tips, see Body position and how to assist at page 15.

Dietician advice can be highly effective to maintain hydration and nutrition.

If the person uses a combination of oral intake and tube feeding, record how much the person is eating.
Attachment D: Chopped food

Chopped food is a food preparation method and a strategy to support safe eating. Chopped food is not a category of texture-modified food.

Chopped foods help some people, but are unsafe for others.

Is chopped food right for the person I support?

Chopped food is for people who:

- can’t use a knife and fork to effectively prepare pieces of food, or are missing some teeth
- consistently chew effectively and
- have a low choking risk and, in particular, don’t eat food too quickly.

People who have swallowing difficulties should not use chopping as their main strategy for safety. They should be prescribed one of the modified food textures for people with swallowing difficulties.

What’s the right size?

Chop regular foods to a maximum size of 1.5cm x 1.5cm for each individual piece. People of smaller size may need smaller pieces for safe swallowing.

Chop regular foods to a maximum size of **1.5cm x 1.5cm** for each individual piece.

Consider adding moisture to dry chopped foods. Moistening adds flavour and helps all of us swallow naturally dry foods. Options include gravy, sauces, spreads, dips and custards.
What’s the difference between chopped food and Soft–Texture A?

Chopped food is not the same as Soft–Texture A food.

Soft–Texture A is a modified texture recommended by a speech language pathologist for people with swallowing difficulties.

Soft–Texture A is naturally soft, or cooked to change its texture.

A chopped food diet includes all food textures. It is a strategy to help some people who have difficulty cutting up their food.
Attachment E: Template for Mealtime Support Plan

...........................................’s Mealtime Support Plan

This template provides recommended content in a recommended sequence. Formatting details can be added. ‘I’ wording in Mealtime Support Plans increases the adherence by support workers to the specified mealtime support strategies.

- Professor Justine Joan Sheppard, Deakin University, May 2012, Personal communication.

........................................... has a Mealtime Support Plan because [insert reasons—for example, ........................................... has swallowing difficulties and often eats too quickly].
Therefore ........................................... is at risk of ................................. [for example, choking and pneumonia].
For these reasons you must always follow all strategies in this Mealtime Support Plan. Practices not outlined in the plan are not permitted.

I require foods that are [for example Minced and Moist–Texture B].
Pieces of food must be no larger than [for example 0.5 x 0.5/cm].
[Insert Australian Food Texture Scale description and examples for this food texture from these resources]
[Insert photo of plate of food at this food texture]

See attached tables for details of foods that I can safely eat [attach Australian Food Texture Scale description and examples for this food texture from these resources—also attach Avoid risky foods information from page 13. Be aware if the person has any food allergies and include this information in this section].

Example meals that I enjoy and that are safe for me to eat are [insert].

I require drinks that are [for example Mildly Thick–Level 150].
[Insert Australian Fluid Viscosity Scale description and examples for this fluid level from these resources]
[Insert photo of this fluid level on a fork]
[Insert drink preparation recipe and storage instructions]

I need you to support me to eat and drink safely and to enjoy meals, in the following ways:
[for example preparation, environment, sensory, positioning—perhaps a photo of the person sitting in appropriate position, cutlery/plate/cup/mat, and verbal or touch prompts, slowing pace of eating, teaching independence, oral health, social/communication, giving choices, relevant cultural considerations, eating out, and considerations involving other household members].
[Include relevant links to other plans such as mealtime recording, dietitian’s advice/menu, communication, mobility, oral health, or restricted access to food and drink in a current and compliant positive behaviour support plan].

**Signs that I am having difficulties during the meal that could lead to me being unsafe include:**
[for example looking tired, coughing]
[Use list from Signs of swallowing difficulties from page 11 to describe signs relevant to this person]

**What to do if you observe any of these signs**
[for example immediate response followed by recording, and contacting team manager and speech language pathologist].

**Recording**
Make sure you record any signs of swallowing difficulties or other mealtime issues for .........................
[Specific mealtime recording sheets will be used in some situations—usually for short-term monitoring].

**If you have any questions or concerns about .........................’s Mealtime Support Plan contact**
......................... on [insert phone number for team and email contact]

Plan writer/s .........................
Signature/s .........................
Date .........................
Review date for this Mealtime Support Plan .........................