Mealtime Support Resources

Centre of Excellence for Clinical Innovation and Behaviour Support

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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.

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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 93). 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.

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 in Attachment D on page 98. 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 can advise on safe positioning and help develop and maintain independence in managing food and eating implements and other mealtime tasks. 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 General Practitioners 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, see Attachment B: Swallowing studies at page 95.

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 mealtime support.

Terms used in these resources

In these resources:

- *meals or mealtimes* include snacks
- *the person* means the adult or child 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 10 and Know the signs of swallowing difficulties at page 12.

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 31. 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 33.

For a person with fine motor difficulties, ensuring they can access and use appropriate cutlery, or presenting food for them in bite size pieces, will help them avoid putting too big a portion in their mouth.

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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 16)
- 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 23)
- helping people to eat slowly (see Slowing down at page 27)
- staying at the table during mealtimes (see Quality of life at page 23)
- knowing about the person’s medication (see Paying attention to medication at page 80)
- helping the person learn to eat and drink independently (see Independent eating and drinking at page 21)
- supporting the person’s general health and oral health (see Mealtime support and general health at page 82).

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.
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.6

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>Sign of a completely blocked airway include:</td>
</tr>
<tr>
<td>✑ the person is trying to breathe</td>
</tr>
<tr>
<td>✑ there are no breathing sounds no air is escaping from the nose or mouth</td>
</tr>
<tr>
<td>Signs of a partly blocked airway include:</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, and document details of the incident and the advice received.

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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 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>Stringy</th>
<th>Characteristics of choking risk foods&lt;sup&gt;7&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>for example rhubarb, beans</td>
</tr>
<tr>
<td></td>
<td>Celery is considered a choking risk until three years of age</td>
</tr>
<tr>
<td>Crunchy</td>
<td>for example popcorn, toast, dry biscuits, chips and crisps</td>
</tr>
<tr>
<td>Crumbly</td>
<td>for example dry cakes or biscuits</td>
</tr>
<tr>
<td>Hard or dry</td>
<td>for example nuts, raw broccoli, raw cauliflower, apple, crackling, hard crusted rolls/breads, seeds.</td>
</tr>
<tr>
<td></td>
<td>Raw carrots are considered a choking risk until three years of age</td>
</tr>
<tr>
<td>Floppy textures</td>
<td>for example lettuce, cucumber, uncooked baby spinach leaves</td>
</tr>
<tr>
<td>Fibrous or tough</td>
<td>for example steak, pineapple</td>
</tr>
<tr>
<td>Skins and outer shells</td>
<td>for example corn, peas, apple with peel, grapes</td>
</tr>
<tr>
<td>Round or long shaped</td>
<td>for example whole grapes, whole cherries, raisins, hot dogs, sausages</td>
</tr>
<tr>
<td>Chewy or sticky</td>
<td>for example lollies, cheese chunks, fruit roll-ups, gummy lollies, marshmallows, chewing gum, sticky mashed potato, dried fruits</td>
</tr>
<tr>
<td>Husks</td>
<td>for example corn, bread with grains, shredded wheat, bran</td>
</tr>
<tr>
<td>‘Mixed’ or ‘dual’ consistencies</td>
<td>for example watermelon, foods that retain solids within a liquid base (for example cornflakes or other cereal in milk, minestrone soup, fruit punch, commercial diced fruit in juice)</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&lt;sup&gt;8&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
</tr>
<tr>
<td>Ice-cream and ice</td>
</tr>
<tr>
<td>Jelly</td>
</tr>
</tbody>
</table>

<sup>7</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.

<sup>8</sup> 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. 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><strong>Special occasion foods or fluids</strong></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><strong>Nutritional supplements</strong></td>
<td>For a person who requires thickened fluids, nutritional supplements may require thickening to the same level of thickness</td>
</tr>
<tr>
<td><strong>Laxatives</strong></td>
<td>Some fibre-based laxatives are a choking risk and should be avoided</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td>People prescribed any form of texture-modified food or fluids may have difficulties swallowing medication (see Paying attention to medication at page 80). 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. Customised chairs and ‘Tilt in space’ chairs which might be prescribed for specific posture or pressure management purposes might need special consideration for safe swallowing. 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
• you can model ‘safe eating’ and link this to the person’s Quality of Life goals.

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.

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.

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. If they are unable to cut up or divide the food into bite size themselves then ensure food is presented in bite size ready to eat.

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 96 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.

Some people who are independent eaters but have a degenerative neurological condition causing their disability, are likely to lose physical and perhaps cognitive capacity over time, and sometimes rapidly. Their ability to manage cutlery and to cut up food into safe bite sizes, and to chew and swallow safely could diminish. These people require monitoring and respectful intervention and support provided as required to ensure they remain safe.
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 30)

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 a person who knows the person well who can assist with teaching 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 for mealtimes with attention to the physical environment, eg curtains, wall coverings, tablecloths, placemats, and table decorations such as flowers and plants. Make sure there is enough lighting and no glare or shadow.
The aroma of food cooking before mealtimes can help people prepare to eat and drink.

You could set up a familiar, comfortable, social routine for mealtimes. Families or groups 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.

During the meal, try to reduce loud or distracting sounds. Avoid playing 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/pictorial 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.8

The person could learn about waiting for their turn to speak sharing resources (pass the bread please) and giving others a chance to have their turn

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...’

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8 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**

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
- have a compulsive eating disorder
- be taking a medication that is having an impact on their eating

Speech language pathologists, and occupational therapists 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.9

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 functional 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 the person to put down the utensil on the plate between mouthfuls
- Show the person how to do this by having your own plate and demonstrating the action
- Sit beside the person, put your hand midway between the person’s chin and their plate between mouthfuls. Remember, this is only a prompt - don’t prevent the person from seeing their food or getting food to their mouth

9 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 is 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-slipmats 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, refer the person to an Occupational Therapist for skill and motor assessment, or Speech Language Pathologist for a Swallow Assessment and a review of the person’s Mealtime Support Plan.
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 textured modified 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 5 and Attachment D: Template for Mealtime Support Plan at page 98.

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

Levels of texture-modified food

From May 1 2019, Australia has been following the International Dysphagia Diet Standardisation (IDDSI) framework. This is a change from the Australian Food Texture Scale previously utilised.

The IDDSI framework is a continuum of 8 levels:

- Babies/Children
  - Fluids - Level 0 to Level 3
  - Foods – Level 3 to Level 7
- Adults
  - Fluids – Level 0 to Level 3
  - Foods – Level 3 to Level 7

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>Minced and Moist–Texture B</td>
<td>“Level 5 Minced &amp; Moist”</td>
<td>MINCED &amp; MOIST</td>
</tr>
<tr>
<td>Smooth Pureed–Texture C</td>
<td>Level 4 Pureed</td>
<td>PUREED</td>
</tr>
</tbody>
</table>

For the complete IDDSI framework, descriptions and detailed definitions see http://iddsi.org/Documents/IDDSIFramework-CompleteFramework.pdf

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10 Translation data from The International Dysphagia Diet Standardisation Initiative 2016, NDD to IDDSI conversion chart (food) at http://iddsi.org/framework/ and 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.
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!
- Lobster for Josino.

For more information, see:


For details of additional recipe books available refer to the IDDSI website: https://iddsi.org/resources/ and open the section entitled: Resources from other IDDSI users.
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, consult with a GP/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, thick-shakes and smoothies. These foods are not safe for people who need thickened fluids. See the Avoid these food textures for the relevant food level, or if possible, modify that food type so that it is the correct thickened level once melted.

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
From May 1 2019, Australia has followed the International Dysphagia Diet Standardisation (IDDSI) framework. This is a change from the Australian Fluid Texture Scale previously utilised.

Approximate translations between the Australian standards and IDDSI are shown below:

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<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>Level 4 Extremely Thick</td>
<td><img src="extremely_thick.png" alt="" /></td>
</tr>
<tr>
<td>Moderately Thick–Level 400</td>
<td>Level 3 Moderately Thick</td>
<td><img src="moderately_thick.png" alt="" /></td>
</tr>
<tr>
<td>Mildly Thick–Level 150</td>
<td>Level 2 Mildly Thick</td>
<td><img src="mildly_thick.png" alt="" /></td>
</tr>
</tbody>
</table>

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

The following pages contain a range of IDSSI consumer handouts. Pages 38 – 60 are relevant to babies and children. Pages 61 – 80 are relevant to adults.

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What is the IDDSI Framework?

Some people have problems feeding, chewing or swallowing. This means some foods and drinks are a danger for choking or for material to 'go down the wrong way' and into the airway.

The International Dysphagia Diet Standardisation Initiative (IDDSI), through consultation and following best practice principles, has developed a global standardized way of describing foods and drinks that are safest for people with feeding, chewing or swallowing problems. The Framework can be used for people of all ages, in all care settings and can be applied to all cultures.

Simple measurement methods are included in the Framework. These measurement methods confirm the IDDSI Level a food or drink belongs to, or if it is unsafe for people with feeding, chewing or swallowing problems.

The measurement methods are included on our handouts. We created these handouts in consultation with clinicians and patients. The handouts can be used by people who have feeding, chewing or swallowing problems, their caregivers and clinicians.

You can find out more about IDDSI at www.iddsi.org

My IDDSI food level is

My IDDSI drink level is

Clinician’s Name: __________________________

Clinician’s Contact Number: __________________________

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
See the IDDSI website at http://iddsi.org/ for IDDSI’s evidence statement, testing methods, audit tools, implementation guides and free smartphone app.
What is the IDDSI Framework?

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My IDDSI food level is

My IDDSI drink level is

Clinician’s Name: ____________________________

Clinician’s Contact Number: ________________________

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
TRANSITIONAL FOODS

Transitional Foods for Babies and Children

What is this food texture level?

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

Why is this food texture level used for babies and children?

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

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

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

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

IDDSI Fork Pressure Test for Transitional Food

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

Some examples of Transitional foods include: Wafers, shortbread, Veggie Stix™, potato crisps, Cheeto Puffs™, Rice Puffs™, ice chips, ice cream

Intended for general information only.
Please consult with your health care professional for specific advice for your baby or child
Level 7 Regular for Babies and Children

What is this food texture level?
Level 7 – Regular Foods:
✓ Normal, everyday foods of various textures that are appropriate to your child’s development (have teeth, has chewing skills)
✓ Ability to ‘bite off’ pieces of food is required
✓ Chewing ability is required for hard and soft food
✓ Ability to chew all types of food textures without tiring easily
✓ Includes ‘mixed consistency’ foods (for example, cereal with milk or soup with vegetables pieces)
✓ Includes sandwiches

Why is this food texture level used for babies and children?
Level 7 – Regular food may be used if your child does not have problems with chewing or swallowing that would increase their risk for choking. Serve food as normal. For young children cut food into pieces that are appropriate for your child’s age. Children under the age of 3 years are especially at a high risk for choking. Examples of foods that children under 3 years have chocked on are shown in the table below.

Always supervise your child while they are eating. Encourage children to sit while eating or drinking. If you notice the food pieces are not being chewed well enough, please contact your clinician to make sure your child is on the correct food texture to reduce their choking risk. See local guidelines for what to do in case of choking.

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

There are no specific tests for Level 7 Regular.

<table>
<thead>
<tr>
<th>EXAMPLES of food characteristics that pose a choking risk for children under 3 years of age</th>
</tr>
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<tbody>
<tr>
<td>Hard or dry food</td>
</tr>
<tr>
<td>Round or long shaped food</td>
</tr>
<tr>
<td>Stringy food</td>
</tr>
<tr>
<td>Foods with husks</td>
</tr>
<tr>
<td>Tough or fibrous foods</td>
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<td>Floppy foods</td>
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<tr>
<td>Crunchy food</td>
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Intended for general information only. Please consult with your health care professional for specific advice for your baby or child

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Level 7 Regular Easy to Chew for Babies and Children

What is this food texture level?

Level 7 – Regular Easy to Chew Foods:

- Normal, everyday foods* of soft/tender textures that are appropriate to your child’s development. Your baby should have teeth and chewing skills.
- Any method may be used to eat these foods (e.g. fingers, fork, spoon, chopsticks etc.).
- Food piece size is not restricted in Level 7, therefore foods may be a range of sizes. Foods may be a range of sizes but must be appropriate to your child’s age and level of development. Food pieces can be smaller or bigger than 8mm x 8mm.
- Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, or include pips/seeds, bones or gristle.
- Your child should be able to ‘bite off’ pieces of soft and tender food and choose bite-sizes that are safe to chew and swallow.
- Your child should be able to chew pieces of soft and tender food, so they are safe to swallow without tiring easily.
- Your child’s tongue should be able to move food for chewing and apply pressure until the food is soft and moist enough to be easily swallowed.
- *May include ‘mixed thin and thick texture’ food and liquids together – ask your clinician for direction on this.

Why is this food texture level used for babies and children?

Level 7 – Regular Easy to Chew food may be used if your child has strong enough chewing ability to break down soft/tender food given in pieces appropriate for their age and abilities. This texture may be right if your child has weaker chewing muscles for hard/firm textures but can chew soft and tender food without getting tired. It may also be a good choice if your child has been sick and is recovering. Your clinician might recommend this texture if they are teaching your child advanced chewing skills.

Who should not have this texture level?

This level is not intended for babies and children when your clinician has identified an increased choking risk. Your baby or child may be unsafe to have this level if they have chewing and/or swallowing problems or have unsafe mealtime behaviours. Examples of unsafe mealtime behaviours include: not chewing very much, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food. Always consult with your health professional for specific advice for your child’s needs.

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.

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For young children, cut food into pieces that are appropriate for your child's age. Children should sit when eating or drinking. Always supervise your child when they are eating. If you notice your child is not chewing food properly, contact your clinician to make sure your child is on the correct food texture to reduce their choking risk.

NOTE: Children under the age of 3 years are especially at a high risk for choking. Examples of foods that children under 3 years have choked on are shown in the table. These foods are not considered appropriate for a baby or child on Level 7 Regular Easy to Chew. See local guidelines for what to do in case of choking.

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</table>

How do I test my food to make sure it is Level 7 Regular Easy to Chew?
Foods should be able to be cut or broken apart with the side of a fork or spoon. It is then safest to test Regular Easy to Chew food using the IDDSI Fork Pressure test.

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

**IDDSI**
International Dysphagia Diet Standardisation Initiative
www.IDDSI.org

**7 EASY TO CHEW**

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

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

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

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
7 REGULAR EASY TO CHEW

EXAMPLES of Level 7 Regular Easy to Chew food for Babies and Children

* **Meat** cooked until tender. If you cannot serve soft and tender, serve as Minced and Moist
* **Fish** cooked soft enough to break apart easily with the side of a fork or spoon
* **Fruit** are soft enough to break apart into smaller pieces with the side of a fork or spoon (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be careful if your child is eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for example, fruits like watermelon or other melons)
* **Vegetables** are steamed or boiled until tender. Stir fried vegetables may be too firm for this level
* **Cereal** is served with texture softened. Drain excess liquid before serving
* **Check with your clinician for direction about bread and sandwiches (and appropriate sandwich fillings)**
* **Rice** does not have any special cooking requirements at this level

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

**IDDSI Fork Pressure Test**

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

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child
For safety, **AVOID** these food textures that pose a choking risk for babies and children who need Level 7 Regular Easy to Chew

Children under the age of 3 years are especially at a high risk for choking. Always supervise your child while they are eating. Encourage children to sit while eating or drinking. If you notice the food pieces are not being chewed well enough, please contact your clinician to make sure your child is on the correct food texture to reduce their choking risk.

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<thead>
<tr>
<th>Food characteristic to AVOID</th>
<th>Examples of foods to AVOID</th>
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<tbody>
<tr>
<td>Hard or dry food</td>
<td>Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal</td>
</tr>
<tr>
<td>Round of long shaped food</td>
<td>Whole grapes, whole cherries, raisins, sausages, hot dogs</td>
</tr>
<tr>
<td>Tough or fibrous foods</td>
<td>Steak, pineapple</td>
</tr>
<tr>
<td>Chewy</td>
<td>Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods</td>
</tr>
<tr>
<td>Crispy</td>
<td>Crackling, crisp bacon, cornflakes</td>
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<tr>
<td>Crunchy food</td>
<td>Raw carrot, raw apple, popcorn</td>
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<td>Sharp or spiky</td>
<td>Corn chips/crisps</td>
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<td>Pips, seeds</td>
<td>Apple seeds, pumpkin seeds, white of orange</td>
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<td>Bone or gristle</td>
<td>Chicken bones, fish bones, other bones, meat with gristle</td>
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<tr>
<td>Sticky or gummy food</td>
<td>Edible gelatin, konjac containing jelly, sticky rice cakes</td>
</tr>
<tr>
<td>Stringy food</td>
<td>Celery, beans, rhubarb</td>
</tr>
<tr>
<td>Food with husks</td>
<td>Bread with grains, shredded wheat, bran</td>
</tr>
<tr>
<td>Floppy foods</td>
<td>Lettuce, cucumber, uncooked baby spinach leaves</td>
</tr>
</tbody>
</table>

*Intended for general information only. Please consult with your health care professional for specific advice for your baby or child*
6 SOFT & BITE-SIZED

Level 6 Soft & Bite-Sized for Babies and Children

What is this food texture level?
Level 6 – Soft & Bite-Sized Foods:
✓ Soft, tender and moist, but with no thin liquid leaking/dripping from the food
✓ Ability to ‘bite off’ a piece of food is not required
✓ Ability to chew ‘bite-sized’ pieces so that they are safe to swallow is required
✓ ‘Bite-sized’ pieces no bigger than 8mm x 8mm in size
✓ Food can be mashed/broken down with pressure from fork
✓ A knife is not required to cut this food

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

How do I test my food to make sure it is Level 6 Soft & Bite-Sized?
It is safest to test Soft & Bite-Sized food using the IDDSI Fork Pressure Test.

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

**IDDSI Fork Pressure Test**

For children the lump size is no bigger than 8mm x 8mm, which is about half of the width of a standard dinner fork.

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

No bigger than 8mm x 8mm lump size for children

Thumbnail blanches white

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

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
MINCED & MOIST

When can you change from Baby and Child food piece sizes to Adult food piece sizes?

IDDSI recommends using food pieces that are smaller for babies and children and larger food pieces for teenagers and adults. This is because babies and children’s airways are smaller than adult airways. The smaller size of food pieces is to help reduce the risk of a piece of food fully blocking the airway and causing choking.

Changes to the size of food pieces is based on the size of your child, as well as their ability to chew food. During puberty children can grow to close to adult size. Puberty can be used as a guide to change the size of food pieces, but you must check with your clinician to ensure your child has the chewing ability to manage bigger size food pieces. You can also check with your doctor for their advice on when your child is big enough to change to IDDSI adult food piece sizes. Remember to always supervise children of any age when they are eating.

MINCED & MOIST

ADULT 4mm

CHILD 2mm

SOFT & BITE-SIZED

No bigger than 8mm x 8mm lump size for children

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

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Intended for general information only. Please consult with your health care professional for specific advice for your baby or child
SOFT & BITE-SIZED

EXAMPLES of Level 6 Soft & Bite-Sized Food
for Babies and Children

* **Meat** cooked tender and chopped to no bigger than 8mm x 8mm lump size.
  If cannot serve soft and tender, serve as Minced and Moist

* **Fish** cooked soft enough to break and serve in pieces no bigger than 8mm x 8mm

* **Fruit** soft and chopped to pieces no bigger than 8mm x 8mm pieces (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be extra careful to watch when children are eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for instance, fruits like watermelon or other melons)

* **Vegetables** steamed or boiled with final cooked size of pieces no bigger than 8mm x 8mm.
  (Stir fried vegetables are too firm and are not suitable)

* **Cereal** served with pieces no larger than 8mm x 8mm, with their texture fully softened. Drain excess liquid before serving

* **NO REGULAR DRY BREAD due to high choking risk!**
  See [https://www.youtube.com/watch?v=J6wJbJwq1kA](https://www.youtube.com/watch?v=J6wJbJwq1kA) for instructions on how to make a Level 5 Minced & Moist sandwich, as this is also suitable for use on Soft & Bite-Sized diet

* **Rice** requires a sauce to moisten it and hold it together. Rice should not be sticky or gluey and should not separate into individual grains when cooked and served. May require a thick, smooth, non-pouring sauce to moisten and hold the rice together

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**IDDSI Fork Pressure Test**

For **children** the lump size is no bigger than **8mm x 8mm** which is about **half of the width** of a standard dinner fork.

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

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

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
SOFT & BITE-SIZED

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

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<thead>
<tr>
<th>Food characteristic to AVOID</th>
<th>Examples of foods to AVOID</th>
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<td>Mixed thin + thick textures</td>
<td>Soup with pieces of food, cereal with milk</td>
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<td>Hard or dry food</td>
<td>Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli); dry cakes, bread, dry cereal</td>
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<td>Tough or fibrous foods</td>
<td>Steak; pineapple</td>
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<tr>
<td>Chewy</td>
<td>Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods</td>
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<tr>
<td>Crispy</td>
<td>Crackling, crisp bacon, cornflakes</td>
</tr>
<tr>
<td>Crunchy food</td>
<td>Raw carrot, raw apple, popcorn</td>
</tr>
<tr>
<td>Sharp or spiky</td>
<td>Corn chips and crisps</td>
</tr>
<tr>
<td>Crumbly bits</td>
<td>Dry cake crumble, dry biscuits (add sauce to make these suitable)</td>
</tr>
<tr>
<td>Pips, seeds</td>
<td>Apple seeds, pumpkin seeds, white of orange</td>
</tr>
<tr>
<td>Food with skins or outer shell</td>
<td>Peas, grapes, chicken skin, salmon skin, sausage skin</td>
</tr>
<tr>
<td>Foods with husks</td>
<td>Corn, shredded wheat, bran</td>
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<tr>
<td>Bone or gristle</td>
<td>Chicken bones, fish bones, other bones, meat with gristle</td>
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<td>Round, long shaped food</td>
<td>Sausage, grape</td>
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<tr>
<td>Sticky or gummy food</td>
<td>Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes</td>
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<td>Stringy food</td>
<td>Beans, rhubarb</td>
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<td>Floppy foods</td>
<td>Lettuce, cucumber, uncooked baby spinach leaves</td>
</tr>
<tr>
<td>Crust formed during cooking or heating</td>
<td>Crust or skin that forms on food during cooking or after heating, for example, cheese topping; mashed potato</td>
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<td>'Floppy' food</td>
<td>Lettuce, cucumber, baby spinach leaves</td>
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<tr>
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<td>Where juice separates from the food piece in the mouth, for example watermelon</td>
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<tr>
<td>Large or hard lumps of food</td>
<td>Casserole pieces larger than 8mm x 8mm, fruit, vegetable, meat or pasta or other food pieces larger than 8mm x 8mm</td>
</tr>
</tbody>
</table>

**Extra Clinician notes**

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
MINCED & MOIST

Level 5 Minced & Moist Food for Babies and Children

What is this food texture level?
Level 5 – Minced & Moist Foods:
✓ Soft and moist, but with no liquid leaking/dripping from the food
✓ Biting is not required
✓ Minimal chewing required
✓ Lumps of 2mm in size
✓ Lumps can be mashed with the tongue
✓ Food can be easily mashed with just a little pressure from a fork
✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbs falling off the fork

Why is this food texture level used for babies and children?
Level 5 – Minced & Moist food may be used if your child is not able to bite off pieces of food safely but has some beginner or basic chewing ability. Children may be able to bite off a large piece of food but may not be able to chew it down into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to ‘collect’ the food into a ball and bring it to the back of the mouth for swallowing. It’s important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.

How do I test my food to make sure it is Level 5 Minced & Moist?
It is safest to test Minced & Moist food using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

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

IDDSI Fork Test
For children the lump size is 2mm, which is about half the gap between the prongs of a standard dinner fork

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

Sample should not be firm or sticky

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child
MINCED & MOIST

When can you change from Baby and Child food piece sizes to Adult food piece sizes?

IDDSI recommends using food pieces that are smaller for babies and children and larger food pieces for teenagers and adults. This is because babies and children’s airways are smaller than adult airways. The smaller size of food pieces is to help reduce the risk of a piece of food fully blocking the airway and causing choking.

Changes to the size of food pieces is based on the size of your child, as well as their ability to chew food. During puberty children can grow to close to adult size. Puberty can be used as a guide to change the size of food pieces, but you must check with your clinician to ensure your child has the chewing ability to manage bigger size food pieces. You can also check with your doctor for their advice on when your child is big enough to change to IDDSI adult food piece sizes. Remember to always supervise children of any age when they are eating.

MINCED & MOIST

ADULT
4mm

CHILD
2mm

SOFT & BITE-SIZED

No bigger than 8mm x 8mm lump size for children

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

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MINCED & MOIST

EXAMPLES of Level 5 Minced & Moist Food for Babies and Children

* **Meat** served finely minced or chopped to 2mm lump size served in a thick, smooth, non-pouring sauce or gravy
* **Fish** served finely mashed or chopped to 2mm lump size served in a thick, smooth, non-pouring sauce or gravy
* **Fruit** served finely mashed or use a blender to finely chop it into to 2mm lump size pieces (drain any excess liquid)
* **Vegetables** cooked, finely mashed or use a blender to finely chop it into to 2mm lump size pieces (drain any excess liquid)
* **Cereal** served thick with small soft 2mm lumps. Any milk/liquid should not separate from the cereal. Drain any excess liquid before serving
* **Rice** requires a sauce to moisten it and hold it together. Rice should not be sticky or gluey, and should not separate into individual grains when cooked and served. May require a thick, smooth, non-pouring sauce to moisten and hold the rice together
* **NO REGULAR DRY BREAD** due to high choking risk!

See [https://www.youtube.com/channel/UCQIPDIz5yJ5xLGCyvq1HA/featured?reload=9](https://www.youtube.com/channel/UCQIPDIz5yJ5xLGCyvq1HA/featured?reload=9) for instructions on how to make a Level 5 Minced & Moist sandwich

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**IDDSI Fork Test**

For children the lump size is 2mm, which is about half the gap between the prongs of a standard dinner fork

**IDDSI Spoon Tilt Test**

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

Sample should not be firm or sticky

See videos of the IDDSI Fork Test and IDDSI Spoon Tilt Test at


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Intended for general information only. Please consult with your health care professional for specific advice for your baby or child
MINCED & MOIST

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

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<td>Tough or fibrous foods</td>
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<td>Chewy</td>
<td>Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods</td>
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<td>Crispy</td>
<td>Crackling, crisp bacon, cornflakes</td>
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<tr>
<td>Crunchy food</td>
<td>Raw carrot, raw apple, popcorn</td>
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<td>Sharp or spiky</td>
<td>Corn chips and crisps</td>
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<tr>
<td>Crumbly bits</td>
<td>Dry cake crumble, dry biscuits</td>
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<tr>
<td>Pips, seeds</td>
<td>Apple seeds, pumpkin seeds, white of orange</td>
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<tr>
<td>Food with skins or outer shell</td>
<td>Peas, grapes, chicken skin, salmon skin, sausage skin</td>
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<tr>
<td>Foods with husks</td>
<td>Corn, shredded wheat, bran</td>
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<tr>
<td>Bone or gristle</td>
<td>Chicken bones, fish bones, other bones, meat with gristle</td>
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<tr>
<td>Round, long shaped food</td>
<td>Sausage, grape</td>
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<tr>
<td>Sticky or gummy food</td>
<td>Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes</td>
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<td>Stringy food</td>
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<td>Floppy foods</td>
<td>Lettuce, cucumber, uncooked baby spinach leaves</td>
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<td>Crust formed during cooking or heating</td>
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<td>Large or hard lumps of food</td>
<td>Casserole pieces larger than 2mm x 2mm x 8mm; fruit, vegetable, meat or other food pieces larger than 2mm x 2mm x 8mm</td>
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**Extra Clinician notes**

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Level 4 Pureed Food for Babies and Children

What is this food texture level?
Level 4 – Pureed Foods:
- Are usually eaten with a spoon
- Do not require chewing
- Have a smooth texture with no lumps
- Hold shape on a spoon
- Fall off a spoon in a single spoonful when tilted
- Are NOT sticky
- Liquid (like sauces) must not separate from solids

Why is this food texture level used for babies and children?
Level 4 – Pureed Food may be used if your child is not able to bite or chew food or if your child’s tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

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

How do I test my food to make sure it is Level 4 Pureed?
It is safest to test Pureed Food using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

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

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

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<tr>
<th>Food characteristic to AVOID</th>
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<td>Soup with pieces of food, cereal with milk</td>
</tr>
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<td>Hard or dry food</td>
<td>Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal</td>
</tr>
<tr>
<td>Tough or fibrous foods</td>
<td>Steak, pineapple</td>
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<tr>
<td>Chewy</td>
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<td>Crust or skin that forms on food during cooking or after heating, for example, cheese topping, mashed potato</td>
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<td>Lettuce, cucumber, baby spinach leaves</td>
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<tr>
<td>‘Juicy’ food</td>
<td>Where juice separates from the food piece in the mouth, for example watermelon</td>
</tr>
<tr>
<td>Visible lumps</td>
<td>Lumps in pureed food or yoghurt</td>
</tr>
</tbody>
</table>

**Extra Clinician notes**

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**EXTREMELY THICK**

Level 4 Extremely Thick Liquids for Babies and Children

**What is this thickness level?**

Level 4 – Extremely Thick drinks:
- Are usually eaten with a spoon
- Cannot be drunk from a cup or sucked through a straw or infant teat/nipple.
- Do **not** require chewing
- Have a smooth texture with no lumps
- Hold shape on a spoon
- Fall off a spoon in a single spoonful when tilted
- Are **not** sticky

**Why is this thickness level used for babies and children?**

Level 4 - Extremely Thick drinks may be used if your child’s tongue control is not good enough to manage Moderately Thick, Mildly Thick, Slightly Thick or Thin drinks. Extremely Thick drinks allows more time for the tongue to “hold and move” the liquid. It’s important that Extremely Thick drinks are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Extremely Thick drinks are best taken using a spoon.

**How do I measure my liquid or drink to make sure it is Level 4 Extremely thick?**

It is safest to measure Extremely Thick drinks using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at [www.IDDSI.org](http://www.IDDSI.org).

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**IDDSI Spoon Tilt Test**

- Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked.
- Sample should **not** be firm or sticky.

**Extremely Thick drink or liquid must pass both tests!**

Intended for general information only.

Please consult with your health care professional for specific advice for your baby or child.

---

**IDDSI Fork Drip Test**

- Liquid does **not** dollop or drip continuously through the fork prongs.

---

Please consult with your health care professional for specific advice for your baby or child.
# LIQUIDISED

## Use of Level 3 Liquidised Food for Babies and Children

### What is this thickness level?
Level 3 – Liquidised Food:
- Can be eaten with a spoon or drunk from a cup
- Cannot be eaten with a fork because it drips through the fork prongs
- Has a smooth texture with no ‘bits’ (lumps, fibers, husk, bits of shell or skin, particles of gristle or bone)

### Why is this thickness level used for babies and children?
Level 3 – Liquidised foods may be used if your child has trouble moving their tongue. The thicker consistency gives more time for the tongue to “hold and move” the liquidised food. It is easiest to eat liquidised food with a spoon. Seek help about nutrition when using this texture to be sure your child is getting the right nutrition to meet their needs.

### How do I measure my liquid or drink to make sure it is Level 3 Liquidised?
It is safest to measure the thickness of Liquidised food using the IDDSI Flow Test and the IDDSI Fork Drip Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 – Liquidised foods there should be no less than 8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid drips slowly in dollops through the prongs of a fork.


Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
3 MODERATELY THICK

Level 3 Moderately Thick Liquids for Babies and Children

What is this thickness level?
Level 3 - Moderately Thick drinks:
✓ Can be drunk from a cup or taken with a spoon
✓ Need some effort to drink them through a wide diameter straw and cannot be sucked through an infant teat/nipple
✓ Have a smooth texture with no lumps, fibers or seeds

Why is this thickness level used for babies and children?
Level 3 - Moderately Thick drinks may be used if your baby or child's tongue control is not good enough to manage Mildly Thick, Slightly Thick or Thin drinks. Moderately Thick drinks allow more time for the tongue to "hold and move" the drink. These drinks are best taken from a cup or using a spoon.

How do I measure my liquid or drink to make sure it is Level 3 Moderately thick?
It is safest to measure Moderately Thick drinks using the IDDSI Flow Test and the IDDSI Fork Drip Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 - Moderately Thick liquids there should be no less than 8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid should drip slowly in dollops through the prongs of a fork.

See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You must check your syringe because there are differences in syringe lengths. Your syringe should look like this:

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.
MILDLY THICK

Use of Level 2 Mildly Thick Liquids for Babies and Children

**What is this thickness level?**

Level 2 - Mildly Thick liquids:
- Are ‘sippable’
- Pour quickly from a spoon but slower than Thin drinks and Slightly Thick drinks
- Need some effort to drink this thickness using a standard straw.

**Why is this thickness level used for babies and children?**

Level 2 – Mildly Thick drinks may be used if Thin drinks (water, milk) and Level 1 Slightly Thick liquids flow too quickly to be swallowed safely by your child. Some milk shakes and thick shakes may be this thickness level already, but other drinks may need thickener added to reach the correct thickness level. Use the IDDSI testing methods below to check.

Mildly Thick drinks flow at a slower rate. These drinks may be too thick for use with some types of infant tests/nipples. Your clinician will help you work out which nipple/teat will work best. These drinks may also be taken from a spout cup or standard cup.

**How do I measure my liquid or drink to make sure it is Level 2 Mildly Thick?**

It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 2 - Mildly Thick liquids, there should be 4-8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 4-8 mL to aim for.

See videos of the IDDSI Flow Test at www.IDDSI.org/framework/drink-testing-methods/

**Before you test...**

You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this:

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child

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1 Slightly Thick

Use of Level 1 Slightly Thick Liquids for Babies and Children

What is this thickness level?
Level 1 - Slightly Thick drinks:
✓ Are thicker than water
✓ Can flow through a straw, teat/nipple

Why is this thickness level used for babies and children?
Level 1 – Slightly Thick is most often used if your child is having swallowing problems with thin liquids. Slightly Thick liquids are thicker than water, but still thin enough to flow through an infant teat/nipple.

Some drinks may naturally be slightly thick (like some fruit nectars or milks). Expressed breast milk or infant formula may be thickened to the Slightly Thick level. Your clinician will help you find the best type of nipple/teat to use with Slightly Thick liquids for your child. Slightly Thick drinks can also be taken using a spout cup or standard cup.

How do I measure my liquid or drink to make sure it is Level 1 Slightly Thick?
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below.

For Level 1- Slightly Thick liquids, there should be 1-4 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 1-4 mL to aim for.

See videos of the IDDSI Flow Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this:

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Use of Level 0 Thin Liquids for Babies and Children

What is this thickness level?
Level 0 - Thin drinks:
✓ Flow like water
✓ Can flow through a straw or teat/nipple

Why is this thickness level used for babies and children?
Level 0 – Thin liquids are most often used if your child does not have a swallowing problem with liquids. Expressed breast milk, water and infant formula are all examples of the Level 0 Thin thickness level. Thin liquids can be taken through a nipple/teat, spout cup or standard cup.

How do I measure my liquid or drink to make sure it is Level 0 Thin?
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10mL syringe in 10 seconds.

IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 0 Thin thickness liquids, there should be less than 1mL remaining in the syringe after 10 seconds of flow.

See videos of the IDDSI Flow Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this.

Intended for general information only. Please consult with your health care professional for specific advice for your baby or child.

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IDDSI Consumer Handouts (Adults)

What is the IDDSI Framework?

Some people have problems feeding, chewing or swallowing. This means some foods and drinks are a danger for choking or for material to ‘go down the wrong way’ and into the airway.

The International Dysphagia Diet Standardisation Initiative (IDDSI), through consultation and following best practice principles, has developed a global standardized way of describing foods and drinks that are safest for people with feeding, chewing or swallowing problems. The Framework can be used for people of all ages, in all care settings and can by applied to all cultures.

Simple measurement methods are included in the Framework. These measurement methods confirm the IDDSI Level a food or drink belongs to, or if it is unsafe for people with feeding, chewing or swallowing problems.

The measurement methods are included on our handouts. We created these handouts in consultation with clinicians and patients. The handouts can be used by people who have feeding, chewing or swallowing problems, their caregivers and clinicians.

You can find out more about IDDSI at www.iddsi.org

My IDDSI food level is

My IDDSI drink level is

Clinician’s Name:________________________

Clinician’s Contact Number:________________________

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

 Transitional Foods for Adults

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

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

 How do I test my food to make sure it is Transitional food?
 To test transitional food, use a piece of food 1.5x1.5cm. Add 1 mL of water to the food and wait for one minute for the food to soften, then test using the IDDSI Fork Pressure Test. Serve food pieces in the size recommended by your clinician.

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

 IDDSS Fork Pressure Test for Transitional Food

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

 Some examples of Transitional foods include:
 Wafers, shortbread, Veggie Stix™, potato crisps, Cheeto Puffs™, Rice Puffs™, ice chips, ice cream

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

Level 7 Regular for Adults

What is this food texture level?
Level 7 – Regular Foods:
✓ Normal, everyday foods of various textures that are
developmentally and age appropriate
✓ Ability to ‘bite off’ pieces of food is required
✓ Chewing ability is required for hard and soft food
✓ Ability to chew all types of food textures without tiring easily
✓ May include ‘mixed consistency’ foods (for example, cereal
  with milk or soup with vegetables pieces)
✓ Includes sandwiches

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

How do I test my food to make sure it is Level 7 Regular?
There are no specific tests for Level 7 Regular

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7
REGULAR
EASY TO CHEW

Level 7 Regular Easy to Chew for Adults

What is this food texture level?

Level 7 – Regular Easy to Chew Foods:

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

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

Why is this food texture level used for adults?

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

Who should not have this texture level?

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

Intended for general information only. Please consult with your health care professional for specific advice for your needs.
Serve food as normal. If you notice the food pieces are not being chewed well enough, please contact your clinician to make sure you are on the correct food texture. See local guidelines for what to do in case of choking.

**How do I test my food to make sure it is Level 7 Regular Easy to Chew?**
Foods should be able to be cut or broken apart with the side of a fork or spoon. It is then safest to test Regular Easy to Chew food using the IDDSI Fork Pressure test.
REGULAR
EASY TO CHEW

EXAMPLES of Level 7 Regular Easy to Chew food for Adults

* **Meat** cooked until tender. If you cannot serve soft and tender, serve as Minced and Moist
* **Fish** cooked soft enough to break apart easily with the side of a fork or spoon
* **Fruit** are soft enough to break apart into smaller pieces with the side of a fork or spoon (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be careful when eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for example, fruits like watermelon or other melons)
* **Vegetables** are steamed or boiled until tender. Stir fried vegetables may be too firm for this level
* **Cereal** is served with texture softened. Drain excess liquid before serving
* **Check with your clinician for direction about bread and sandwiches (and appropriate sandwich fillings)**
* **Rice** does not have any special cooking requirements at this level

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

**Thumbnail blanches white**

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

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

**IDDSI Fork Pressure Test**

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

Intended for general information only. Please consult with your health care professional for specific advice for your needs
Avoid these food textures for adults who choose Level 7 Regular Easy to Chew

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

Formerly known as Soft - Texture A food
**SOFT & BITE-SIZED**

**EXAMPLES of Level 6 Soft & Bite-Sized Food for Adults**

* **Meat** cooked tender and chopped so pieces are no bigger than 1.5cm x 1.5cm lump size. If cannot serve soft and tender, serve as Minced and Moist.

* **Fish** cooked soft enough to break and serve in pieces no bigger than 1.5cm x 1.5cm.

* **Fruit** soft and chopped to pieces no bigger than 1.5cm x 1.5cm pieces (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be extra careful if you are eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for instance, fruits like watermelon or other melons).

* **Vegetables** steamed or boiled with final cooked size no bigger than 1.5cm x 1.5cm. (Stir fried vegetables are too firm and are not suitable)

* **Cereal** served with pieces no bigger than 1.5cm x 1.5cm, with their texture fully softened. Drain excess liquid before serving

* **NO REGULAR DRY BREAD due to high choking risk!** See [https://www.youtube.com/channel/UC0l9FDiwjR0l5VlGvqHA/featured?reload=9](https://www.youtube.com/channel/UC0l9FDiwjR0l5VlGvqHA/featured?reload=9) for instructions on how to make a Level 5 Minced & Moist sandwich, as this is also suitable for use on Soft & Bite-Sized diet.

* **Rice** requires a sauce to moisten it and hold it together. Rice should not be sticky or gluey and should not separate into individual grains when cooked and served. May require a thick, smooth, non-pouring sauce to moisten and hold the rice together.

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**IDDSI Fork Pressure Test**

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

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

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

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

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*Intended for general information only. Please consult with your health care professional for specific advice for your needs.*
### For safety, AVOID these food textures that pose a choking risk for adults who need Level 6 Soft & Bite-Sized Food

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

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MINCED & MOIST

Level 5 Minced & Moist Food for Adults

What is this food texture level?
Level 5 – Minced & Moist Foods:
✓ Soft and moist, but with no liquid leaking/dripping from the food
✓ Biting is not required
✓ Minimal chewing required
✓ Lumps of 4mm in size
✓ Lumps can be mashed with the tongue
✓ Food can be easily mashed with just a little pressure from a fork
✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbs falling off the fork

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

How do I test my food to make sure it is Level 5 Minced & Moist?
It is safest to test Minced & Moist food using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

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

EXAMPLES of Level 5 Minced & Moist Food for Adults

* Meat served finely minced or chopped to 4mm lump size served in a thick, smooth, non-pouring sauce or gravy
* Fish served finely mashed or chopped to 4mm lump size served in a thick, smooth, non-pouring sauce or gravy
* Fruit served finely mashed or use a blender to finely chop it into to 4mm lump size pieces (drain any excess liquid)
* Vegetables cooked, finely mashed or use a blender to finely chop it into to 4mm lump size pieces (drain any excess liquid)
* Cereal served thick with small soft 4mm lumps. Any milk/liquid should not separate from the cereal. Drain any excess liquid before serving
* Rice requires a sauce to moisten it and hold it together. Rice should not be sticky or gluey and should not separate into individual grains when cooked and served. May require a thick, smooth, non-pouring sauce to moisten and hold the rice together
* NO REGULAR DRY BREAD due to high choking risk!
  See https://www.youtube.com/channel/UC09FDwJR015vGClqH4A/featured?reload=9 for instructions on how to make a Level 5 Minced & Moist sandwich

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

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

IDDSI Spoon Tilt Test
Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked. Sample should not be firm or sticky.

Minced & Moist food must pass both tests!

Intended for general information only
Please consult with your health care professional for specific advice for your needs.
For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 5 Minced & Moist Food

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<td>Lettuce, cucumber, uncooked baby spinach leaves</td>
</tr>
<tr>
<td>Crust formed during cooking or heating</td>
<td>Crust or skin that forms on food during cooking or after heating, for example cheese topping, mashed potato</td>
</tr>
<tr>
<td>'Floppy' food</td>
<td>Lettuce, cucumber, baby spinach leaves</td>
</tr>
<tr>
<td>'Juicy' food</td>
<td>Where juice separates from the food piece in the mouth, for example watermelon</td>
</tr>
<tr>
<td>Large or hard lumps of food</td>
<td>Casserole pieces larger than 4mmx4mmx15mm; fruit, vegetable, meat or other food pieces larger than 4mmx4mmx15mm</td>
</tr>
</tbody>
</table>

**Extra Clinician notes**

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

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January 2019
Level 4 Pureed Food for Adults

What is this food texture level?
Level 4 – Pureed Foods:
- Are usually eaten with a spoon
- Do not require chewing
- Have a smooth texture with no lumps
- Hold shape on a spoon
- Fall off a spoon in a single spoonful when tilted
- Are not sticky
- Liquid (like sauces) must not separate from solids

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

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

How do I test my food to make sure it is Level 4 Pureed?
It is safest to test Pureed Food using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

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

IDDSI Spoon Tilt Test
Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked
Sample should not be firm or sticky

IDDSI Fork Drip Test
Liquid does not dollop, or drip continuously through the fork prongs
A small amount may flow through and form a tail below the fork

Pureed food must pass both tests!
Intended for general information only
Please consult with your health care professional for specific advice for your needs
For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 4 Pureed food

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

**Extra Clinician notes**

Intended for general information only. Please consult with your health care professional for specific advice for your needs.
Level 4 Extremely Thick Liquids for Adults

What is this thickness level?
Level 4 – Extremely Thick drinks:
✓ Are usually eaten with a spoon
✓ Cannot be drunk from a cup or sucked through a straw
✓ Do not require chewing
✓ Have a smooth texture with no lumps
✓ Hold shape on a spoon
✓ Fall off a spoon in a single spoonful when tilted
✓ Are not sticky

Why is this thickness level used for adults?
Level 4 - Extremely Thick drinks may be used if your tongue control is not good enough to manage Moderately Thick, Mildly Thick, Slightly Thick or Thin drinks. Extremely Thick drinks allow more time for the tongue to “hold and move” the liquid. It’s important that Extremely Thick drinks are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Extremely Thick drinks are best taken using a spoon.

How do I measure my liquid or drink to make sure it is Level 4 Extremely thick?
It is safest to measure Extremely Thick drinks using the IDDSI Fork Drip Test and the IDDSI Spoon Tilt Test.

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

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

IDDSI Spoon Tilt Test
Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked
Sample should not be firm or sticky

IDDSI Fork Drip Test
Liquid does not dollop, or drip continuously through the fork prongs
A small amount may flow through and form a tail below the fork

Extremely Thick drink or liquid must pass both tests!

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

Use of Level 3 Liquidised Food for Adults

What is this thickness level?
Level 3 – Liquidised Food:
- Can be eaten with a spoon or drunk from a cup
- Cannot be eaten with a fork because it drips through the fork prongs
- Has a smooth texture with no ‘bits’ (lumps, fibers, husk, bits of shell or skin, particles of gristle or bone)

Why is this thickness level used for adults?
Level 3: Liquidised foods may be used if you have trouble moving your tongue. The thicker consistency gives more time for the tongue to “hold and move” the liquidised food. It is easiest to eat liquidised food with a spoon. Seek help about nutrition when using this texture to be sure you are getting the right amount of nutrition to meet your needs.

How do I measure my liquid or drink to make sure it is Level 3 Liquidised?
It is safest to measure the thickness of Liquidised food using the IDDSI Flow Test and the IDDSI Fork Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 – Liquidised foods there should be no less than 8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid drips slowly in dollops through the prongs of a fork.

See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at www.IDDSI.org/framework/drink-testing-methods/

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

Level 3 Moderately Thick Liquids for Adults

What is this thickness level?
Level 3 - Moderately Thick drinks:
✓ Can be drunk from a cup or taken with a spoon
✓ Need some effort to drink them through a wide diameter straw
✓ Have a smooth texture with no lumps, fibers or seeds

Why is this thickness level used for adults?
Level 3 - Moderately Thick drinks may be used if your tongue control is not good enough to manage Mildly Thick, Slightly Thick or Thin drinks. Moderately Thick drinks allows more time for the tongue to “hold and move” the drink. These drinks are best taken from a cup or using a spoon.

How do I measure my liquid or drink to make sure it is Level 3 Moderately thick?
It is safest to measure Moderately Thick drinks using the IDDSI Flow Test and the IDDSI Fork Drip Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 - Moderately Thick liquids there should be no less than 8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid should drip slowly in dollops through the prongs of a fork.

See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at www.IDDSI.org/framework/drink-testing-methods/

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

Use of Level 2 Mildly Thick Liquids for Adults

What is this thickness level?
Level 2 - Mildly Thick liquids:
✓ Are ‘sippable’
✓ Pour quickly from a spoon but slower than Thin drinks and Slightly Thick drinks
✓ Need some effort to drink this thickness using a standard straw

Why is this thickness level used for adults?
Level 2 – Mildly Thick drinks may be used if Thin drinks (water, milk, and others) and Level 1 Slightly Thick liquids flow too quickly for you to swallow them safely. Some milk shakes and thick shakes may be this thickness level already, but other drinks may need thickener added to reach the correct thickness level. Use the IDDSI testing methods below to check.

Mildly Thick drinks flow at a slower rate. Your clinician will help you find a thickener to thicken your drinks or help you find some pre-thickened drinks. Mildly Thick can be taken using a straw or from a standard cup.

How do I measure my liquid or drink to make sure it is Level 2 Mildly Thick?
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 2: Mildly Thick liquids, there should be 4-8 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 4-8 mL to aim for.

See videos of the IDDSI Flow Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this.

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SLIGHTLY THICK

Use of Level 1 Slightly Thick Liquids for Adults

What is this thickness level?
Level 1 - Slightly Thick drinks:
✓ Are thicker than water
✓ Can flow through a straw

Why is this thickness level used for adults?
Level 1 – Slightly Thick is most often used if you have swallowing problems with thin liquids. Slightly Thick liquids are thicker than water, but still thin enough to flow through a straw.

Some drinks may naturally be slightly thick (like some fruit nectars or milks). Thin liquids like water, milk, tea, coffee, juice and others may need to be thickened to the Slightly Thick level.

Your clinician will help you find a thickener to help thicken your drinks, or help you find some pre-thickened drinks. Slightly Thick drinks can be taken using a straw or from a standard cup.

How do I measure my liquid or drink to make sure it is Level 1 Slightly Thick?
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 ml syringe in 10 seconds. IDDSI recommends that you use a 10 ml syringe to check to make sure you have the correct thickness level using the instructions below.

For Level 1 - Slightly Thick liquids, there should be 1-4 mL remaining in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 1-4 mL to aim for.

See videos of the IDDSI Flow Test at www.IDDSI.org/framework/drink-testing-methods/

Before you test...
You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this.

Intended for general information only. Please consult with your health care professional for specific advice for your needs.
Use of Level 0 Thin Liquids for Adults

What is this thickness level?
Level 0 - Thin drinks:
✓ Flow like water
✓ Can flow through a straw or teat/nipple

Why is this thickness level used for adults?
Level 0 – Thin liquids are most often used if you do not have a swallowing problem with liquids. Water, milk, tea, coffee, and juice are all examples of the Level 0 Thin thickness level. Thin liquids can be taken through a straw or standard cup.

How do I measure my liquid or drink to make sure it is Level 0 Thin?
It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much it goes through a 10mL syringe in 10 seconds.

IDDSI recommends that you use a 10mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 0 Thin thickness liquids, there should be less than 1 mL remaining in the syringe after 10 seconds of flow.

See videos of the IDDSI Flow Test at www.IDDST.org/framework/drink-testing-methods/

Before you test...
You must check your syringe length because there are differences in syringe lengths. Your syringe should look like this:

Intended for general information only. Please consult with your health care professional for specific advice for your needs.
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 and an 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.
If you are concerned the person can’t swallow medication safely, seek advice from a medical professional, who may refer you to a speech language pathologist.

- 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 and consulting with the Pharmacist.**

**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.12

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

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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 83)
- nutritious food and drink (see page 86)
- reflux (see page 88).

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 at least 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 have 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 86).

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 using a social 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 behavioural 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

- How to brush your teeth at: https://www.dhsv.org.au/dental-advice/general-dental-advice/how-to-brush-your-teeth

- Good oral health for people with a disability tips from Queensland Health at: https://www.health.qld.gov.au/oralhealth/healthy_smile/disability

- Dental advice for people with a disability advice from Dental Health Services Victoria at: https://www.dhsv.org.au/dental-advice/general-dental-advice/people-with-disabilities


- 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:¹³

- 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 inadequate 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 food pipe relaxes, so that acidic stomach contents move back up into the food pipe and then the throat. This can cause burning sensations and pain.

Reflux can lead to other medical conditions, including cancer of the food pipe. 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 food pipe.

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.

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. E.g. There may be a Positive Behaviour Support Plan in place which includes teaching skills/strategies and a plan for the reduction/elimination of restrictive practices.

Positive Behaviour Support & Restrictive Practices Team
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 is 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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Watermelon blueberry hearts. Amended CC0 ‘Fruit’ by silviarita/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 food pipe opens, which allows the ball of food to pass into our food pipe and then closes once the food has passed.

4. We move food through the food pipe

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 food pipe 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 will need a referral from a doctor.

Modified barium swallow

A Modified Barium Swallow (MBS; video fluoroscopic swallowing study aka VFSS) 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 food pipe 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.
Watch three things

1. Hydration
2. Nutrition
3. Infections

The Speech Language Pathologist should carefully follow recommendations from a GP, nurse and dietitian about tube feeding.

Infections can be life-threatening.

For helpful tips, see *Body position and how to assist* at page 16.

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: 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: Level 5 Minced & Moist].
Pieces of food must be no larger than [for example 0.4 x 0.4cm for Adults & 0.2 x 0.2cm for Children]
[Insert the Level 5 IDDSI description and examples for this food texture from these resources - includes photo of plate of food at this food texture]

See attached tables for details of foods that I can safely eat [attach IDDSI Level 5 Minced & Moist information sheets with the description of the food, food examples and foods to avoid from these resources – See pages 69-71 for Adults and 50-51 for children. 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: Level 2 Mildly Thick].
[Insert the Level 2 IDDSI description and examples for this fluid texture from these resources – See page 77 for Adults or Page 57 for children]
[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 pages 12 & 13 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 ………………………
Carer screening tool
Mealtime and Swallowing Initial Risk Screening Tool

HOW TO USE THIS SCREENING TOOL

If there are any items that have a ‘yes’ response:

- If you are a support worker contact your manager to discuss how best to respond. The person may need a review by a speech pathologist or medical practitioner, depending on the issue.
- If the issue is not being managed already by a mealtime or medical plan, take the person to the GP for a check-up and/or appropriate referral.
- File the checklist in the person’s health file.
- If you are a family member, make direct contact with a speech pathologist or medical practitioner, and discuss this form.

If all responses are ‘no’:

- If you are a support worker contact your manager to discuss your responses. File the checklist in the appropriate part of the person’s file.
- If you are a family member it would be useful to retain the form for future reference.

Name of person with a disability:

Residential address:

Does the person have a mealtime plan?
Is it in date?
What are the recommendations?

Person’s weight in kgs (e.g. 80kg): ___ kg
Person’s height in metres (e.g. 1.75m): ___ m

Body Mass Index (BMI) = Weight ÷ (Height x Height)
   e.g. 80kg ÷ (1.75m x 1.75m)
   (NB: Calculate the height squared before dividing the weight.)

BMI = ________
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Does the person have a BMI of less than 19? If yes, consult a dietician and speech pathologist as required.</td>
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<tr>
<td>2  Does the person have a BMI of greater than 25? If yes, consult a dietician</td>
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<tr>
<td>3  Does the person receive tube feeding? If yes, please clarify if it is for all nutrition/hydration or if it is supplemental to oral feeds in the comments</td>
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<tr>
<td>4  Is the person on a special diet? e.g. Modified texture (food or fluid), weight adjustment diet, diet that restricts food choices (e.g. allergy/intolerance diet)</td>
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<td>5  Does the person require assistance to eat/drink? This includes any prompting.</td>
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<tr>
<td>6  Does the person have any mouth or teeth problems? e.g. missing and/or broken teeth, ulcers and/or inflamed gums, dry mouth. If yes, consult a dentist.</td>
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<tr>
<td>7  Is there a history of choking, chest infections, aspiration pneumonia and/or epilepsy/seizures?</td>
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<tr>
<td>8  Does it take the person longer than 30 minutes to complete a meal? Or do they show signs of fatigue as the meal progresses?</td>
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<tr>
<td>9  Do they eat quickly, take large mouthfuls or overfill their mouth?</td>
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<tr>
<td>10 Do they drool or dribble saliva, food or drink?</td>
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<tr>
<td>11 Do they cough during or after the meal?</td>
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<tr>
<td>12 Do they have any voice changes during the meal e.g. does the voice get gurgly?</td>
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</tr>
<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>13 Do they swallow their food without chewing or after minimal chews?</td>
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<tr>
<td>14 Do they have any food left in their mouth after swallowing?</td>
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<tr>
<td>15 Do they hold food in their mouth for a long time before swallowing?</td>
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<tr>
<td>16 Do they take multiple swallows to clear food from mouth?</td>
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<tr>
<td>17 Do they show signs of pain or distress during mealtimes? e.g. crying, watery eyes, laboured breathing</td>
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<td>18 Do they have difficulty taking medication?</td>
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<tr>
<td>19 Has the person had a recent medication change that is impacting on their swallow (e.g. dry mouth, drowsiness, loss of appetite)?</td>
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<tr>
<td>20 Does the person have reflux, or vomiting post-meal?</td>
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<tr>
<td>21 Does the person regularly refuse to eat meals?</td>
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<tr>
<td>22 Does the person refuse to eat certain types of food (e.g. chewy, hard)</td>
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<tr>
<td>23 Does the person have posture/positioning issues during the mealtime? e.g.- Slumped forward or to the side, bottom forward in seat, reclining/lying down, feet not on floor/footplates.</td>
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<tr>
<td>24 Does the person engage in any mealtime behaviours which may impact on the swallow? e.g. distractibility, taking others’ food, mood swings, lethargy</td>
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<td>25 Does the person require any physical, mechanical or chemical restraints that</td>
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<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>COMMENTS</td>
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<tr>
<td>may affect their ability to participate safely in the mealtime? e.g. sedative medication, postural supports, arm splints.</td>
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</tbody>
</table>

**NAME OF PERSON COMPLETING FORM:**

**RELATIONSHIP TO PERSON WITH A DISABILITY:**

**DATE:**

**SIGNATURE:**

**ADDITIONAL COMMENTS:**

*With thanks to Department of Human Services Victoria for providing the original document from which this checklist was developed.*