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| **Observation/Difficulty** | **Management suggestion** | **Outcome and Date**  *Information on changes implemented and whether problem has been managed or whether the problem continues. Include date changes were implemented and review date* |
| Aspiration pneumonia or recurrent chest infections *(3 or more in the last year)* | GP Review  Refer to SLT | GP Review |
| Eating and drinking difficulties due to a baseline respiratory condition | Follow *Eating and drinking strategies*  Offer softer options to reduce chewing effort/amount of time food spends in mouth. Ensure small sips/mouthfuls and encourage breaks between mouthfuls. Refer to SLT if signs of dysphagia are observed | Read and follow eating and drinking strategies  Offer smaller sips/mouthfuls  Take breaks between mouthfuls  Evidence of changes trialled…. |
| Chewing Difficulties | Complete oral health check, ensure dentures fit correctly if present. Complete food diary to highlight any patterns in difficulty  Follow *Managing eating and drinking behaviours that might challenge* | Complete oral health check  Complete food diary to establish if there is a pattern  *Inappropriate to refer to SLT if no signs of dysphagia* |
| Choking (Complete obstruction of the airway which required back slaps/Heimlich manoeuvre) | Was this a one-off incident? If yes, monitor oral intake closely, provide close supervision. Ensure *Eating and drinking strategies* are followed.  If there are further choking incidents avoid or adapt specific food item that caused choking episode and refer to SLT | Read and follow eating and drinking strategies  Details on incidents if more than one off …… |
| Coughing when eating | Follow *Eating and drinking strategies,* if coughing continues complete a swallowing diary and refer to SLT | Read and follow eating and drinking strategies  If swallowing problems continue complete swallow diary  Evidence of changes trialled .. |
| Coughing when drinking | Follow *Eating and drinking strategies,* if coughing continues complete swallow diary to document frequency and refer to SLT. **Do not thicken fluids without SLT assessment** | Read and follow eating and drinking strategies  If swallowing problems continue complete swallow diary  Evidence of changes trialled .. |
| Drowsiness: not alert enough to eat and drink safely | If this drowsiness is new contact GP for review. Offer oral intake when resident is alert, even if for brief periods | *Inappropriate to refer to SLT. Only refer if resident presents with unmanageable swallowing difficulties when alert.* |
| Fast Rate of eating and drink/ cramming | Follow *Managing eating and drinking behaviours that might challenge* | *Inappropriate to refer to SLT.* |
| Food Residue seen in mouth after eating | Follow *Eating and drinking strategies.* Ensure good oral hygiene | Read and follow eating and drinking strategies  Complete oral health check  Evidence of changes trialled .. |
| Medications: difficulty swallowing tablets | Request review by pharmacy or GP. Medication may require modification | *Inappropriate to refer to SLT.* |
| Positioning difficulties: unable to sit in or maintain upright position | Refer to *Eating and drinking strategies.* Consider a referral to physiotherapy or occupational therapy for positioning advice. | Read and follow eating and drinking strategies  Evidence of changes trialled .. |
| Refusing to eat and drink | Follow *Managing eating and drinking behaviours that might challenge.* Review oral health, any sores or sources of pain? Alert GP | *Inappropriate to refer to SLT if no signs of dysphagia* |
| Regurgitation of food or fluids or symptoms of reflux in the absence of swallowing difficulties | GP review  Follow *Oesophageal Dysphagia* advice | *Inappropriate to refer to SLT* |
| Resident is struggling on current diet texture. | Under supervision, consider modifying texture of food one level at a time. E.g. Level 7 regular easy chew to level 6 soft and bite sized diet  Document all changes and monitor closely. Ensure *Eating and drinking strategies* are followed.  If difficulties begin to occur on these changes after three months, consider another 1 step change and trial this as previous. If difficulties occur within 3 months of making the initial change, please refer to our service | If diet texture changed successfully, notify service  *Do not need to refer to SLT if tolerating IDDSI diet level without* |
| Improvement in swallow. Resident has been placed on thickened fluids, is tolerating these well and their general condition has improved | Under supervision, consider modifying fluid consistency one level at a time. E.g. level 1 to level 0, level 2 to level 1  Document all changes and monitor the resident closely.  If resident is felt to tolerate these without difficulty after three months, consider another 1 step change and trial this as previous. If difficulties occur within 3 months of making the initial change, please refer to our service | If fluid texture changed successfully, notify service  *Do not need to refer to SLT if tolerating IDDSI diet level without difficulty* |
| Saliva Management: Thick saliva and/or dry mouth | Review by GP  Follow *Managing Saliva* advice | *Inappropriate to refer to SLT* |
| Saliva Management: excess thin/watery saliva | Review by GP  Follow *Managing Saliva* advice |  |
| Weight loss due to significant reduction in fluid/food intake | Follow *Eating and drinking strategies* and *Managing eating and drinking behaviours that might challenge*  Complete MUST score and discuss with GP, then refer to Care Home Support Service if indicated. Refer to SLT if clear signs of dysphagia seen and still present following implementation of advice |  |
| Wet Voice after eating or drinking | Follow *Eating and drinking strategies*. Prompt to use further swallows to clear. Monitor for signs of aspiration. |  |