



Nutrition and Swallowing Procedures

Summary: The Nutrition and Swallowing Procedures provide guidance for developing a Eating and Drinking Profile, and for completing the Nutrition and Swallowing Risk Checklist. The Procedures include information for support workers about Mealtime Management and Enteral Nutrition Plans which are developed by health professionals.





Nutrition and Swallowing Procedures

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| Summary | The Nutrition and Swallowing Procedures provide guidance for developing an Eating and Drinking Profile, and for completing the Nutrition and Swallowing Risk Checklist. The Procedures include information for support workers about Mealtime Management and Enteral Nutrition Plans which are developed by health professionals. |
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1 Nutrition and Swallowing Procedures

1.1 Introduction

The ADHC Nutrition and Swallowing Procedures (the Procedures) embody the principles of legal and human rights found in the New South Wales Disability Service Standards (the Standards), the commitment to deliver culturally responsive services to Aboriginal people under the Aboriginal Policy Statement (the Statement), and the person centred guiding principles of the ADHC Health and Wellbeing Policy.

The Procedures are a guide for supporting people with disability to exercise their rights and entitlements under the Standards and the Statement.

The Procedures describe how ADHC supports people to record their preferences in relation to nutrition, capture risk related to nutrition and swallowing and how to follow a Mealtime Management Plan or Enteral Nutrition Plan. The Procedures contain alerts to risks associated with swallowing difficulties and how these are managed under the guidance of the person's 'usual' general practitioner (GP)¹ and other health specialists.

Nutritional health is a basic human right for all people. Eating nutritious food is important for maintaining good health. Food keeps us functioning, alert and active so that we can fully participate in family and community life. Poor nutrition has severe, adverse consequences for a person's health.

People with disability are often dependent on others for access to nourishing, enjoyable and culturally appropriate food which meets the Australian Dietary Guidelines², and is provided in a form that is safe for them to eat and drink.

People with disability living in supported accommodation must be supported to achieve and maintain nutritional health, and experience its benefits. These benefits are a sense of wellbeing, improved physical health, less likelihood of illness, capacity to participate more in home, family and community life and prevention from harm.

1.2 Procedures, guidelines, tools and templates

The Procedures provide support workers with instructions for the development, implementation and review of the following:

- **Nutrition and Swallowing Risk Checklist** – a tool to screen people for difficulties related to nutrition and swallowing.

¹ [Medicare](#) defines the person's 'usual' GP as: 'The GP (or a GP in the same practice) who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months'.

² <http://www.eatforhealth.gov.au/>

- **My Eating and Drinking Profile** – captures the person's mealtime preferences at home and in the community
- **Mealtime Management and Enteral Nutrition Plans** – prescribed by the person's GP or appropriate allied health professional (AHP) e.g. accredited practising dietitian (APD).

Support workers are responsible for completing actions contained in the Procedures, including reviews, and for implementing recommendations made by the person's GP or AHP within prescribed timeframes.

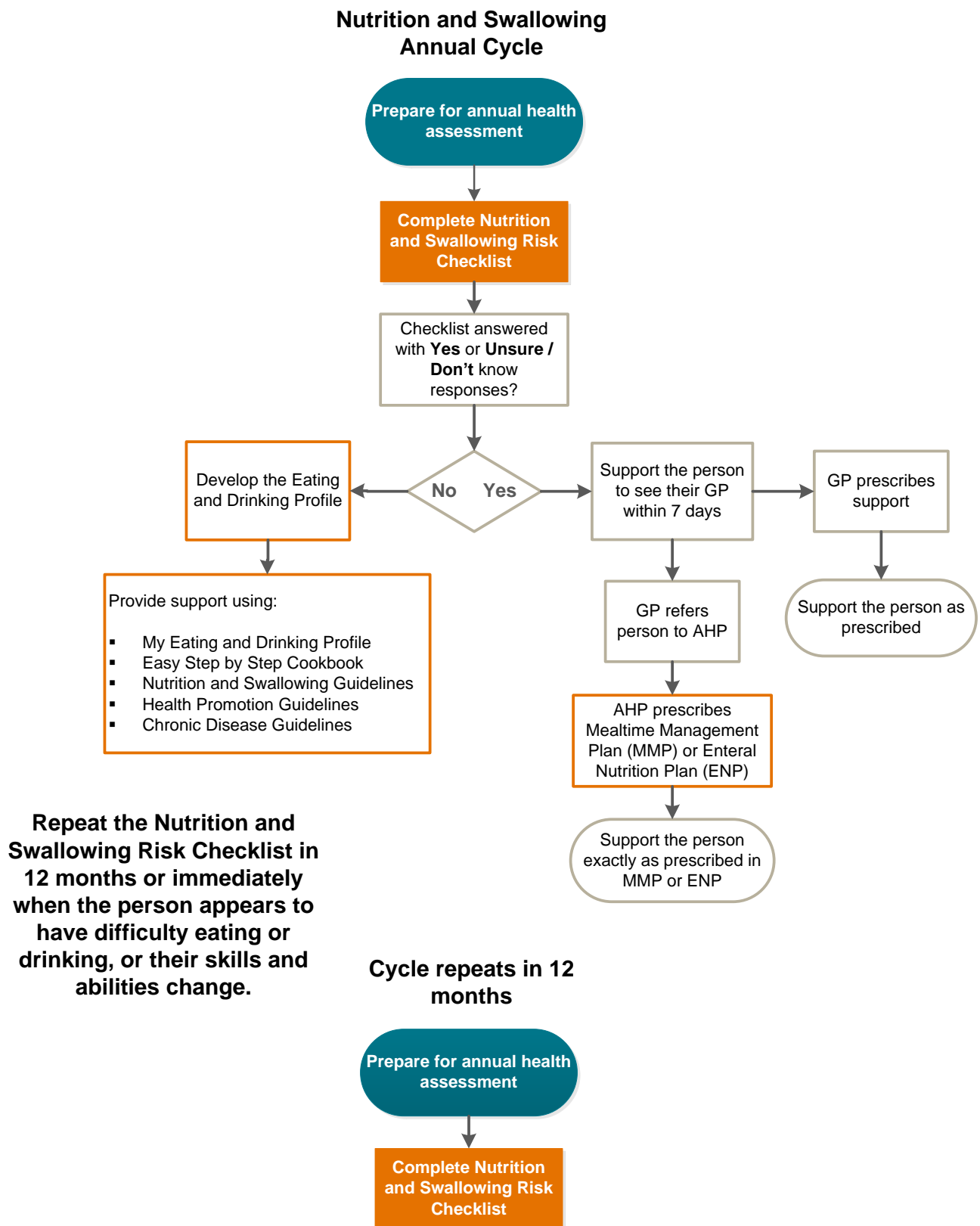
Refer to the **Nutrition and Swallowing Guidelines** for guidance and reference material for supporting a person to eat a healthy balanced diet and live a safe and healthy lifestyle.

Refer to the **Nutrition and Swallowing tools and templates** for copies of blank templates.

1.3 Who do the Procedures apply to?

The Procedures apply to ADHC operated and funded non-government accommodation support services.

Flowchart 1: The nutrition and swallowing annual cycle that support workers must follow to ensure the person eats and drinks safely and nutritiously



2 Nutrition and Swallowing Risk Checklist

The **Nutrition and Swallowing Risk Checklist** (the Risk Checklist) is a way of screening people for difficulties related to nutrition and swallowing. Ideally the Risk Checklist is completed as part of the person's annual health planning process.

The Risk Checklist cannot make a diagnosis of a medical condition. A diagnosis can only be made by the person's GP or an allied health professional (AHP) the GP has referred the person to for advice.

It is mandatory to complete the Risk Checklist for people who reside in ADHC operated and funded non-government accommodation support services and access centre based respite services.

It is mandatory for the Risk Checklist to be completed annually as part of a person's annual health planning process (refer to Health Planning Procedures), or sooner if the person's usual way of eating or drinking, health, behaviour or skills change.

The Risk Checklist template is located in the Health and Wellbeing Policy and Practice Manual, Volume 1, Nutrition and Swallowing, 'Tools and templates' section.

Guidance for completing each question in the Risk Checklist is provided in these Procedures.

2.1 Who completes the Risk Checklist?

2.1.1 People residing in accommodation support services

All questions in the Risk Checklist must be completed by a support worker who knows the person well and with the assistance of the person as much as possible.

If the person consents, collaboration with a family member and/or others who know the person well may be helpful in obtaining the most accurate result.

If this is not possible, it is preferable to have another support worker who knows the person well or the line manager, e.g. Team Leader, assist with completion of the Risk Checklist.

2.1.2 People accessing centre based respite services

People accessing centre based respite services should be supported to complete the Risk Checklist with their family or carer, Case Worker or Respite Client Liaison Officer (RCLO).

The provision of respite is contingent on completion of the Risk Checklist and management of identified risks by the person's GP or AHP.

☞ Refer to Centre Based Respite Procedures for more information.

2.2 How to complete the Risk Checklist

Ideally the Risk Checklist is completed within the seven days prior to the person's annual health assessment with their GP.

The Risk Checklist has three parts:

Part 1 – The Preliminary Profile

The Preliminary Profile records information about the person's weight and height, BMI and who is completing the checklist.

Part 2 – Nutrition and Swallowing Risk Checklist

The Risk Checklist assesses if the person has signs of nutritional problems or swallowing difficulties that may affect their health.

Part 3 – Summary of Results

The Summary of Results table records descriptions of the risks or issues of concerns relating to questions answered with a 'Yes' or 'Unsure / Do not know'.

The GP should review the Summary of Results and prescribe action to be taken in the shaded 'Further Action Required' column.

2.3 Completing Part 1 - Preliminary Profile

Complete the person's details and accurately measure their weight and height by following the guidelines below.

2.3.1 Accurately measuring weight:

1. Weigh the person in the same clothes if possible. Lightweight clothing is best. Ensure they take their shoes off. Remove any helmets, mobility supports etc.
2. Weigh the person at the same time of day e.g. mornings prior to breakfast.
3. Allow the person to use the toilet to empty bladder and bowels before being weighed.
4. Weigh the person using scales situated on a flat, level hard surface.
5. Ensure the scales are of good quality and are in good working order.

2.3.2 Measuring the weight of a person who is unable to maintain their balance or requires mobility aids to stand.

Use chair scales to accurately measure the weight of a person who has difficulty maintaining balance or standing without mobility aids.

Support the person as per points 1-5 above in 2.3.1.

Ask the person to sit in the chair scales with their feet on the foot rests and record their weight.

2.3.3 Measuring the weight of a person in a wheelchair

A person in a wheelchair or who is unable to stand without support can be weighed using wheelchair scales. These scales are available in some group homes and large medical centres including hospitals and health services.

1. Weigh the empty wheelchair and record the weight.
2. Support the person to dress in light clothing and sit in the wheelchair.
3. Ensure the tray table is either removed or remains in place each time to ensure consistency.
4. Move the wheelchair onto the scales and engage the brake.
5. Record the total weight and deduct the weight of the wheelchair to obtain the person's correct weight.

2.3.4 Accurately measuring a person's standing height (stature) measurement

Equipment required: Stadiometer or steel ruler or tape measure placed against a solid wall.

Procedure: Standing height is the measurement of the maximum distance from the floor to the highest point of the head when the person is facing directly ahead.

For accuracy:

- Shoes must be removed.
- Remove any head wear or hair accessories.
- Feet to remain together as closely as possible.
- Arms to hang loosely by sides of body.
- Heels, buttocks and upper back should be in contact with the wall as closely as possible.

NOTE: Height can vary throughout the day. A person is usually taller in the morning. To ensure reliability, measure the person's height at the same time of day.

2.3.5 Accurately measuring the height of a person who is unable to stand - using half arm-span

This method of measuring height can be used on a person who is unable to stand. Half arm span (also known as demi span) is the distance from the midline at the sternal notch to the tip of the middle finger.

Equipment: Tape measure, pen and paper.

Procedure:

1. Locate the edge of the right collar bone and note the sternal notch (see diagram below).
2. Support the person to place their non-dominant arm in a horizontal position e.g. if they are usually right handed, use their left arm.
3. Ensure the person's arm is horizontal and in line with the shoulders.
4. Ensure the arm is flat and the wrist is straight.
5. Using the tape measure, measure the distance between the sternal notch to the tip of the middle finger.
6. Take the reading in centimetres and record.
7. Calculate the person's height using the formula below.

For females: height in cm = $(1.35 \times \text{half arm span (cm)}) + 57.8$

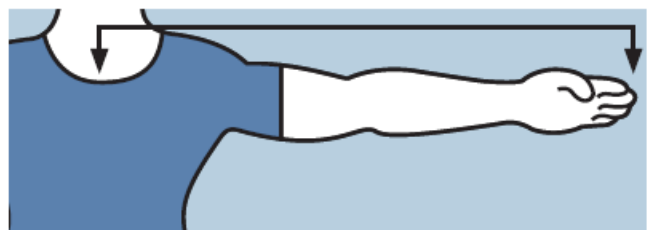
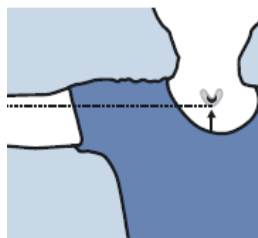
For males: height in cm = $(1.40 \times \text{half arm span (cm)}) + 57.8$

Example: the person is female and her half arm span is 70cm.

Her height would be calculated as follows:

$$(1.35 \times 70 = 94.50) + 57.8 = 152.3$$

The person's height is 152.3 cm



Source:

http://www.rxkinetics.com/height_estimate.html.
Accessed January 15, 2011.

2.3.6 Children

Growth rates for children and young people aged less than 18 years should be assessed by a GP, paediatrician, early childhood nurse or dietitian every year.

You must refer to the GP to ensure the nutritional requirements for the child's development are met.

If this hasn't occurred, a referral for an assessment must be arranged.

2.3.7 Recording the person's weight and height information and Body Mass Index (BMI)

Mark the spot on the 'Weight for Height Chart' in the Risk Checklist where the person's weight and height meet with an obvious X.

An objective measure of the person's nutritional status is the Body Mass Index (BMI). The BMI is a ratio of appropriate body weight to height.

Measuring the BMI identifies changes to the person's health status including any deterioration of existing conditions.

The ideal BMI may not be relevant to the person due to their health condition or cultural background. The GP can tell if the person's body mass is within a healthy range.

2.3.8 Where Body Mass Index is not the appropriate assessment for a person's nutritional status

Body Mass Index may not be the appropriate measure of nutritional status for some people. This could be due to a disability or syndrome which affects development of the person's body.

Where the BMI is not an appropriate measure, for example, for a person with Down syndrome or cerebral palsy, refer the person to the GP to assess the person's nutritional status.

The GP may refer to an AHP or specialist who can provide a specific growth chart or technique for assessing the person's progress. Any charts or tools provided by the GP, AHP or specialist must be completed as directed and filed with the person's **My Health and Wellbeing Plan**.

2.3.9 How to calculate Body Mass Index

To calculate a person's BMI, accurately measure the person's height and weight and record the measurements under current weight and height in Section 1 of the Risk Checklist.

Using the computer:

1. Open **Firefox 27** app from the Citrix apps menu and copy and paste the web address – <http://www.mydr.com.au/tools/bmi-calculator> into the browser bar.
2. Click ENTER to access the MIMS MyDr website.
3. Enter into the calculator the person's height in centimetres and their weight in kilograms.
4. Click on the 'calculate BMI' button to display the calculated BMI.
5. Enter the displayed BMI into the Preliminary Profile (Part 1) of the person's Risk Checklist.
6. Enter height, weight and BMI in the person's Weight Chart.



2.4 Completing Part 2 – Nutrition and Swallowing Risk Checklist

Identifying a person's swallowing risks provides an opportunity for early identification of other health issues for the person such as respiratory and digestive difficulties.

Identifying nutrition risks is necessary to ensure the person is receiving a diet with the correct level of nutrients under the Australian Dietary Guidelines.


These Procedures explain how to use the Risk Checklist to help identify nutrition and swallowing problems in a person with disability.

Each question in the Risk Checklist is explained and information provided to guide further assessment of a possible nutrition risk or swallowing problem.

Question 1 – If the person is a child (i.e. under 18 years), have they lost weight or failed to gain weight over the last three months?

Things to consider:

- Childhood and adolescence is a time of rapid growth. However, slower growth is known in children with a disability, especially those with cerebral palsy.
- Poor growth can be a sign of inadequate nutrition or a more serious health problem.
- No weight gain in a child is undesirable, except where obesity is a factor.
- A child's growth rate must be assessed at least once a year by a health specialist. Health specialists include doctors, paediatricians, dietitians and early childhood nurses.

 **For information on things you can do:** Refer to section 3 'Supporting individual nutrition and health needs' in the Nutrition and Swallowing Guidelines.

Question 2 – Is the person underweight?

Things to consider:

- An underweight person:
 - may be malnourished
 - may not have energy reserves for times of illness
 - may have low immunity or resistance to infections and easily become ill
 - may not be able to use their muscles properly
 - is more likely to feel the cold.

- It is not good for people who are already underweight to lose more weight.
- A short period of eating poorly can cause severe weight loss which may be difficult to gain.

☞ **For information on things you can do:** Refer to section 3.5 'When a person is underweight' in the Nutrition and Swallowing Guidelines.

Question 3 – Has the person had unplanned weight loss or have they lost too much weight?

Things to consider:

- Weight loss may be desirable for adults who are overweight and on a monitored weight loss program. However, when a person loses a lot of weight (e.g. 5kg or one stone within 6 months) it may be a sign that their health is declining, even if they were overweight to begin with.
- Weight loss in someone who is already underweight is very undesirable.
- Weight loss in a child is always a concern and requires immediate action.

☞ **For information on things you can do:** Refer to section 3 'Supporting individual nutrition and health needs' in the Nutrition and Swallowing Guidelines.

Question 4 – Is the person overweight?

Things to consider:

- If a person is overweight, they may have a health problem such as difficulty breathing, stress on their joints or reduced mobility. Their ability to participate in usual daily activities may be restricted. They may be at greater risk of illness such as reflux, diabetes and heart disease. All these things affect a person's quality of life.
- A child's growth rate must be assessed at least once a year by a health specialist such as their GP, paediatrician, dietitian or early childhood nurse.
- Do not use weight reducing diets with children unless prescribed and supervised by a dietitian. Aim first to prevent further weight gain and allow for their growth to catch up.
- Any weight reducing plan must be based on a healthy eating plan, and where possible increased physical activity.
- A behaviour management program may be helpful.

☞ **For information on things you can do:** Refer to section 3.7 'Overweight and obesity' in the Nutrition and Swallowing Guidelines.

Question 5 – Has the person had unplanned weight gain or have they gained too much weight?

Things to consider:

- If a person is overweight, they may have a health problem such as difficulty breathing, stress on their joints or reduced mobility. Their ability to participate in usual daily activities may be restricted. They may be at greater risk of illness such as reflux, diabetes and heart disease. All these things affect a person's quality of life.
- A child's growth rate must be assessed at least once a year by a health specialist such as their GP, paediatrician, dietitian or early childhood nurse.
- Do not use weight reducing diets with children unless prescribed and supervised by a dietitian. Aim first to prevent further weight gain and allow for their growth to catch up.
- Any weight reducing plan must be based on a healthy eating plan, and where possible increased physical activity.
- A behaviour management program may be helpful.
- It is good for children to gain weight if it is within a healthy growth pattern.
- It is not good for adults to gain weight if it takes them out of the healthy weight range on the Weight for Height Chart in the Risk Checklist.
- Changes in activity, medication, health and moods can all contribute to weight gain. These causes are not always obvious and need to be considered.

👉 **For information on things you can do:** Refer to section 3 'Supporting individual nutrition and health needs' in the Nutrition and Swallowing Guidelines.

Question 6 – Is the person receiving tube feeds?

Things to consider:

- Tube feeding can take many forms:
 - naso-gastric (a tube via the nose into the stomach)
 - naso-duodenal (a tube via the nose into the duodenum)
 - gastrostomy (a tube directly into the stomach).
- A person may be tube fed for a variety of reasons. It may supplement an inadequate diet through the mouth (oral diet) or replace oral feeding because of difficulty swallowing (dysphagia) or food being inhaled or passed into the airway (aspiration of food).
- Tube feeding does not mean that aspiration cannot occur, however with good care the risks can be minimised.

- It is essential that people receiving tube feeding be positioned correctly. They should be at a 30 degree angle minimum and not flat in bed.
- Malnutrition (either under or over nutrition) is a risk with tube feeds.
- There is a risk of irritation/infection around the stoma (area where tube is inserted into the stomach).
- Good oral hygiene is important to reduce the risk of respiratory illness from germs (usually bacteria) in saliva.

👉 **For information on things you can do:** Refer to section 10 'Enteral nutrition' in the Nutrition and Swallowing Guidelines.

Question 6a – If you answered YES to Question 6, does the person also receive food or drink through the mouth?

Things to consider:

- Only give food orally (through the mouth) if the person's GP and speech pathologist have approved the person to receive food this way.
- You must follow the prescribed Enteral Nutrition Plan exactly without variation.
- Only a consulting allied health professional such as a speech pathologist or dietitian working with the person's GP can make any changes to the Enteral Nutrition Plan.

👉 **For information on things you can do:** Refer to section 10 'Enteral nutrition' in the Nutrition and Swallowing Guidelines.

Question 7 – Is the person physically dependent on others in order to eat and drink?

Things to consider:

- A person who cannot put food or drink into their own mouth and who depend on others to feed them or to assist them to eat are nutritionally very vulnerable. The person is not likely to be able to choose what and how much they eat and drink. They depend on others to respond to their needs while at the same time they may not be able to easily express hunger or thirst. This places them at greater nutritional risk than those who can eat and drink independently. It is therefore important to endeavour to communicate with the person as effectively as possible. A speech pathologist with expertise in communication may be able to help.

👉 **For information on things you can do:** Refer to section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 8 – Has the person had a reduction in appetite for food or fluid intake?

Things to consider:

- A lack of appetite and reduced food intake over a short period can quickly lead to severe weight loss.
- Medication, ill health, and behavioural changes (including mood) can all affect a person's appetite.
- If someone continues to eat very little or refuses to eat food they usually enjoy, you must take action.
- If the person's fluid intake is usually low it is a nutrition risk.

👉 **For information on things you can do:** Refer to the person's My Eating and Drinking Profile to ensure their preferences are being met.

Question 9 – Does the person follow or are they supposed to follow a special diet?

Things to consider:

- Special diets (sometimes called modified diets or therapeutic diets) usually restrict the amount or variety of foods that can be offered. Unless care is taken, nutritional problems can occur.
- Does the person have a medical condition that, to your knowledge requires dietary treatment (i.e. a special diet)? Examples of medical conditions usually requiring special diets are diabetes, heart disease, high blood pressure and coeliac disease.

👉 **For information on things you can do:** Refer to section 2 'Good nutrition and exercise, section 3 'Supporting individual nutrition and health needs' and section 5 'Planning healthy menus and meals' in the Nutrition and Swallowing Guidelines.

Question 10 – Does the person take multiple medications?

Things to consider:

- Support workers need to be aware of the effect of medications (drugs) on the nutritional status of the person.
- Some medications interact with food or with particular components of food.
- This may mean that a medication can affect the person's nutrition.

- The more types of medication a person takes the more complex may be the interaction with the person's nutrition. The dosage of medications and when and how they are taken can also be important factors that affect nutrition.
- It is worth finding out what possible effects may occur with each medication the person takes. This information is called the 'drug nutrient interactions'.
- Medications can depress or increase appetite or thirst. Some also affect the taste of food. Others may cause nausea or vomiting, drooling or a dry mouth which can make it difficult to swallow food.
- Weight increase, weight decrease, constipation, diarrhoea and difficulty eating should be assessed with relation to the medications the person is taking.

☞ For information on things you can do: Refer to the person's GP for more information about medication interaction, ensure current Consumer Medicines Information sheets are available for all medications.

Question 11 – Does the person select inappropriate foods or behave inappropriately with food?

Things to consider:

- Inappropriate behaviour with food can be harmful to health.
- Over consumption of alcohol or drinks such as coffee, cola or tea is behaviour indicating a possible addiction. Alcohol and caffeine are damaging to a person's health if taken in large amounts often. Coffee and cola drinks contain caffeine as does tea to a lesser extent.
- Other inappropriate food behaviours include:
 - compulsive type eating
 - aggressive or disruptive throwing of food
 - rumination and regurgitation
 - eating non-food items such as dirt, grass or faeces
 - drinking excessive amounts of fluid (more than 2.5 litres per day)
 - stealing or hiding food.

Question 12 – Does the person usually exclude foods from any food group?

Things to consider:

- If someone regularly misses all foods from one or more of the five food groups, their diet is imbalanced and may result in nutritional deficiency.

- If the person does not eat a sufficient variety of foods within any one food group they may also in time develop a nutritional deficiency.
- The five food groups provide all the important nutrients the body needs for good health. We eat other foods (such as cakes, biscuits, lollies, pies, pastries, crisps, margarine, oils and alcohol) for enjoyment. These foods can usually be included in a diet in small amounts, or eaten occasionally.
- Some people are 'picky' eaters or refuse to eat certain groups of foods such as vegetables.

👉 **For information on things you can do:** Refer to section 2 'Good nutrition and exercise' and section 5 'Planning healthy menus and meals' in the Nutrition and Swallowing Guidelines.

Question 13 – Does the person get constipated?

Things to consider:

- Constipation can cause reduced appetite, discomfort, pain and sometimes abdominal bloating (swelling of the stomach). The person's distress may cause behavioural problems.
- Constipation sometimes leads to impaction (food or faeces becoming lodged in the bowel). This can be accompanied by overflow which is sometimes misinterpreted as diarrhoea.
- Constipation may be due to:
 - inadequate fluid intake
 - insufficient fibre in the diet
 - lack of exercise
 - the side effects of medication
 - neuromuscular dysfunction (the nerves and muscles not working properly).
- Constipation management should be through diet and not the use of long term laxatives.
- If constipation is unusual for a person, the GP should review the person's health to determine the reason for constipation.
- If there is any sign of blood in the person's stool, refer the person to the GP immediately.

👉 **For information on things you can do:** Refer to section 4 'Digestive health' in the Nutrition and Swallowing Guidelines and the Bowel Care Guidelines.

Question 14 – Does the person have frequent fluid-type bowel movements?

Things to consider:

- Frequent fluid type bowel movements may mean diarrhoea. Diarrhoea poses a high nutritional risk and risk of dehydration.
- Fluid and nutrients may not be absorbed well enough from the gastrointestinal tract.
- A sudden occurrence of diarrhoea can be due to infection, and is usually resolved quickly.
- If diarrhoea persists for more than a few days, the person should see the GP for treatment.
- Soft formed motions (stools) are not diarrhoea.

👉 **For information on things you can do:** Refer to section 4 'Digestive health' in the Nutrition and Swallowing Guidelines and the Bowel Care Guidelines.

Question 15 – Does the person have mouth or teeth problems that affect their eating?

Things to consider:

- Difficulty chewing and swallowing can easily lead to inadequate food and fluid intake and a dietary imbalance.
- The ability to chew food is generally dependent upon the presence and condition of the person's teeth.
- Chewing and swallowing problems may be caused by:
 - loose, broken, decayed or missing teeth
 - malocclusion (when the upper and lower teeth do not meet properly)
 - poorly fitting dentures
 - sore, bleeding or ulcerated lips, gums or throat
 - poor oral hygiene (leading to gum and teeth problems)
 - too little or too much saliva
 - irregular tongue movement
 - poor lip closure
 - certain medications

- some nutrient deficiencies
- reflux.
- Ensure the person sees their dentist regularly to assess and monitor their teeth/dentures.

Question 16 – Does the person suffer from frequent chest infections, pneumonia, asthma or wheezing?

Things to consider:

- It is often hard to work out the origin of a chest infection or pneumonia. Chronic cough, multiple chest infections or recurrent wheezing could indicate that food, fluid or saliva is being inhaled or passed into the airway (this is called aspiration).
- Anything that is swallowed has the potential to be inhaled into the airway (food, fluid, medications, bacteria in saliva and refluxed food or vomitus).
- People who aspirate do not always cough at mealtimes. They may wake up coughing, wheezing or breathing noisily or they may cough, wheeze or breathe noisily sometime after a meal.
- Asthma or wheezing has been linked to reflux (contents of the stomach coming back up the food passage).
- Pneumonia may be a consequence of gum disease.

Question 17 – Does the person cough, gag and choke or breathe noisily during or after eating food, drinking or taking medication?

Things to consider:

- Coughing or choking during or several minutes after a meal may indicate that food, fluid or saliva has entered the airway.
- Gagging will make eating difficult.
- Noisy breathing suggests that food or fluid may be blocking the airway.
- People who aspirate do not always cough at mealtime. They may wake up coughing, wheezing or breathing noisily or they may cough, wheeze or breathe noisily after a meal.
- The texture and consistency of the food may not be appropriate.
- It is possible that food is refluxing from the person's stomach into their oesophagus.

- It is possible that weak muscle movement in the oesophagus is slowing the movement of food down to the stomach.

☞ **For information on things you can do:** Refer to section 4.4. 'Medication and food', section 9.1 'When a person has dysphagia' and section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 18 – Does the person vomit or regurgitate on a regular basis?

Things to consider:

- Vomiting or regurgitating (bringing up) food regularly is not normal for anyone older than one year of age.
- Vomiting or regurgitation may cause pain.
- Sometimes people develop a habit of vomiting or regurgitating food (bulimia).
- Vomiting or regurgitation may indicate a blockage or slow movement down the food passage (oesophagus).
- A person on anti-reflux medication should have their medication reviewed regularly by their GP.
- Vomiting may be associated with eating too quickly, poor chewing or gorging food.
- Some medications can cause vomiting.
- Anyone who vomits blood whether it is fresh blood or old blood must be referred to their GP immediately.

☞ **For information on things you can do:** Refer to sections 4.1 'What is digestive health', section 4.2 'What are digestive health conditions', section 4.4 'Medication and food', section 9.1 'When a person has dysphagia' and section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 19 – Does the person drool or dribble saliva when resting, eating or drinking?

Things to consider:

- Drooling may be:
 - related to a lack of awareness to swallow saliva
 - a side-effect of medication
 - associated with reflux (food or drink coming back up from the food passage or stomach).

- Excessive drooling may cause coughing and this can cause saliva to enter the airway.
- If the person drools most often after a meal, this could be a sign of a reflux problem.
- If the person is receiving tube foods and they drool or dribble saliva, it is important that they have a good oral hygiene program.

👉 **For information on things you can do:** Refer to section 4.1 'What is digestive health', section 4.4 'Medication and food', and section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 20 – Does food or drink fall out of the person's mouth during eating or drinking?

Things to consider:


- Difficulty closing the mouth can cause food and drink to fall out.
- The rate of feeding may be too fast causing food or drink to fall from the mouth.
- The quantity of food or drink may be too much causing food or drink to fall from the mouth.
- Poor tongue control, such as tongue thrust can push food out of the mouth.
- The person may have reduced or increased oral sensitivity.
- Pain in the mouth can reduce a person's ability to eat and drink.
- The person's ability to open or close their mouth can affect their ability to hold food in their mouth.
- When a person is drowsy, their ability to eat well is affected. It may cause food to fall out of their mouth.
- A person who loses a significant amount of food or liquid from the mouth may not be getting enough to eat or drink.
- A person must never be offered food drink or medication if they are drowsy.
- If the person wears dentures, they should be assessed to ensure the dentures fit well.

👉 **For information on things you can do:** Refer to section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 21 – If the person eats independently, do they overfill their mouth or try to eat very quickly?

Things to consider:


- Overfilling the mouth or stuffing food into the mouth may be a sign of sensory or oral-motor control difficulties. Overfilling the mouth may be one of the ways the person compensates for these difficulties. It may also be related to long-standing behavioural issues.
- Some people eat very quickly. This may be a learned behaviour or associated with their disability.
- When people eat too quickly they may not take enough time to chew their food. This can result in large pieces of un-chewed food being swallowed. In some cases it can cause choking. Choking can also occur during drinking.
- Consider the person's environment, e.g. others are stealing their food and making them eat quickly. Support the person using their My Eating and Drinking Profile.

 **For information on things you can do:** Refer to section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 22 – Does the person appear to eat without chewing?

Things to consider:

- Eating without chewing may occur when a person has:
 - no teeth
 - gum disease or a painful mouth
 - poorly fitting dentures.
- Some people may have an undeveloped chewing action. Does the person appear to suck their food instead of chewing it?
- Does the person hold their food in their mouth for an extended time before swallowing?
- Does the person appear to swallow their food without preparatory chewing?
- Rushed meals or fast eating for any reason may also result in food not being chewed.

 **For information on things you can do:** Refer to section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 23 – Does the person take a long time to eat their meals?

Things to consider:

- People eat slowly for a number of reasons. Eating may be associated with pain or it may be difficult because they cannot coordinate their mouth and throat muscles.
- Does the person eat slowly because they are not hungry at meal times? Sometimes if there is not a long enough period between one meal and the next the person is not hungry.
- If you have noticed that the person eats best at breakfast, they probably need more time between meals to feel hungry again. Alternatively they may eat better if they can eat smaller meals more frequently.
- The person may eat slowly because they do not like the food.
- Some medications can reduce appetite.
- Some medications can cause nausea which in turn reduces the appetite.
- Eating very slowly may be associated with reflux or with slow movement of food down the oesophagus.

👉 **For information on things you can do:** Refer to the person's My Eating and Drinking Profile and Section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

Question 24 – Does the person show distress during or after eating or drinking?

Things to consider:

- A person showing distress during eating or drinking, or shortly afterwards, may be aspirating food or drink (i.e. food or drink may be going into the airways).
- If the person does not choke, gag or cough they still could be aspirating food or drink.
- Another reason for the person's distress may be pain associated with meals, particularly if they cannot communicate their pain in any other way.
- The person may be showing their distress by refusing food or spitting out food.
- Their distress is unlikely to be simply attention-seeking behaviour.

👉 **For information on things you can do:** Refer to the person's My Eating and Drinking Profile and Section 11 'Mealtime support' in the Nutrition and Swallowing Guidelines.

2.5 Completing Part 3 – Summary of Results

Complete the **Summary of Results** table as follows:

- Note any question that was ticked as 'Yes' or 'Unsure/Do not know' in the 'Question No.' column
- Describe the issue of concern in the 'Comments' column.

Ensure the Summary of Results is taken to the GP appointment – ideally the same appointment where the GP conducts the person's annual health assessment.

Any further action including referrals to other allied health professionals such as a speech pathologist, dietitian, physiotherapist, occupational therapist or psychologist must be recorded by the GP in the grey 'Further Action Required' column.

2.6 What to do with the completed Risk Checklist

Make an appointment with the person's GP within 7 days of completing the Risk Checklist to review any 'Yes' and 'Unsure/Do not know' responses.

Ideally, the Risk Checklist can be reviewed during the person's annual health assessment – if the GP appointment is scheduled within 7 days of the Risk Checklist being completed.

- If you cannot get an appointment with the person's GP within 7 days, take the person to the nearest medical centre or hospital.
 - If the person is unable to access the GP, medical centre or hospital within 7 days, make a written request to your line manager to escalate the matter in an email or in the **Communication Book**.
 - Support the person to attend the consultation with someone who **knows them well**.
1. Prepare for the GP appointment and ensure the following specific documents are taken:
 - a. the person's **Communication Profile** and any communication aids the person uses
 - b. My Eating and Drinking Profile
 - c. Nutrition and Swallowing Risk Checklist including the Preliminary Profile, Checklist and Summary of Results
 - d. Medication Chart
 - e. Mealtime Management Plan or Enteral Nutrition Plan (if already existing)
 - f. Mealtime Management Plan or Enteral Nutrition Plan templates
 - g. the person's My Health and Wellbeing Plan
 - h. other current management plans.

2. During the appointment, confirm with the GP if the services of an allied health professional (AHP) are required. AHPs include speech pathologists, occupational therapists, physiotherapists, dietitians or psychologists. Under Medicare the GP can refer the person to AHPs for multidisciplinary support for the person's nutrition and swallowing needs.

When the GP does refer the person to an AHP:

- The person will need a referral from the GP which can be for ADHC therapists, public, private, hospital or specialised allied health services.
 - The AHP will work with the GP to provide multidisciplinary support of the person. The AHP communicates all support recommendations including any modifications to management plans to the person's GP under Medicare item 723 'Team Care Arrangements'.
 - Through Medicare the GP and AHP will continue to be aware of each other's involvement in the management of the person's health.
 - Ensure the GP / AHP prescribes and writes support requirements in the Mealtime Management Plan template or, if required, the Enteral Nutrition Plan templates and any other management plans which specifically relate to supporting the person at mealtimes.
 - Ensure the GP / AHP includes a review schedule for each management plan that is prescribed for the person.
 - Ensure the GP records medication prescriptions directly into the person's medication records.
3. Ensure the **Mealtime Management Plan** or **Enteral Nutrition Plan** is implemented as part of the person's My Health and Wellbeing Plan.
 4. Support the person to live a healthy lifestyle by referring to the Nutrition and Swallowing Guidelines.
 5. Ensure copies of management plans or the My Eating and Drinking Profile are provided to family, or any other services supporting the person e.g. school, workplace and day programs.
 6. Consider whether the person's My Eating and Drinking Profile or Mealtime Management Plan or Enteral Nutrition Plan is best located safely in the kitchen or dining area where they can be referred to when preparing food and drinks.
 7. Ensure the completed Risk Checklist is located with the person's Health and Wellbeing documents. The completed Risk Checklist will need to be referred to next time the Risk Checklist is reviewed.

2.7 ADHC therapist referral process

Where the GP has referred the person for services from an allied health professional which can be provided by ADHC therapists in your District, complete the referral process as follows:

Complete a District Therapy Service Request Form

- ✓ attach all sections of the person's completed **Nutrition and Swallowing Risk Checklist**
- ✓ attach the person's GP referral
- ✓ attach any medical reports including recent discharge reports from hospital
- ✓ attach the person's Weight Chart if weight is a relevant issue.

On the referral form, describe:

- what the swallowing concern is and how often it occurs (e.g. regular coughing when drinking)
- any current concerns
- whether the person is on a modified diet – e.g. pureed, minced and moist or thickened fluids
- if the person has previously been supported by a therapist with eating and drinking including who supported them and when?
- if the person has an existing Mealtime Management Plan or Enteral Nutrition Plan in place?
 - Who wrote the plan and when?
 - Is there a reason the plan is not being followed?
- whether the person has a history of chest infections.

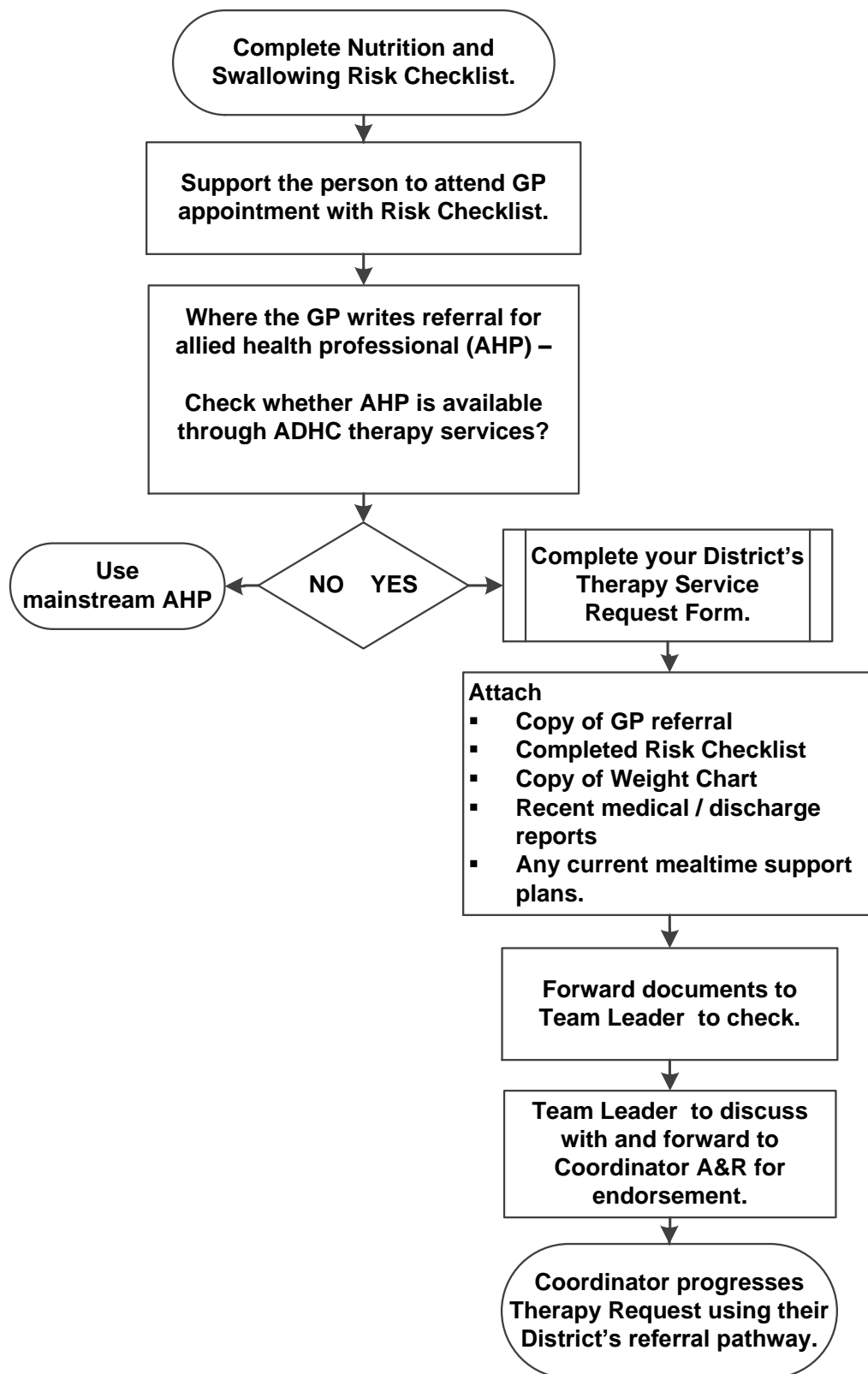
Once the District Therapy Service Request Form is completed, forward it to the Team Leader or RUNM for checking.

The Team Leader or RUNM will then discuss and forward the referral to their line manager, e.g. Coordinator, for endorsement and action.

The Coordinator will then progress the referral through the District Therapy Referral Pathway.

Refer to Flowchart 2 for more information.

Flowchart 2: Nutrition and Swallowing related Therapy Services Request Pathway



2.8 When all responses are 'No'

If all of the Risk Checklist responses are 'No', the person should be supported to eat and drink in line with their **My Eating and Drinking Profile** and the Nutrition and Swallowing Guidelines.

- Providing support in line with the person's My Eating and Drinking Profile and Nutrition and Swallowing Guidelines ensures that the person is supported to eat, drink and enjoy mealtimes in a healthy way and according to their preferences.
- Place a copy of the completed Risk Checklist with the person's My Health and Wellbeing Plan.
- Ensure the person's My Eating and Drinking Profile is reviewed when the person's preferences or usual way of eating or drinking change.
- Take the person's My Eating and Drinking Profile to the person's next annual health assessment with their GP.

2.9 Risk Checklist verification

The following people must verify that the Risk Checklist has been completed, all relevant referrals have been actioned and copies of the checklist are in the person's My Health and Wellbeing Plan:

- the person if they wish to or are able
- the person completing the Risk Checklist
- the person(s) who assisted with the completion of the Risk Checklist
- the line manager.

2.10 Review of the Risk Checklist

The Risk Checklist is completed every 12 months or sooner if there is a change to the person's:

- usual way of eating or drinking
- health
- behaviour
- skills or abilities.

If you, other support workers, family or people in the person's circle of support notice changes in the person's usual way of eating and drinking, the Risk Checklist must be completed again. Depending on the risks identified, the person must be referred to the GP immediately or within 7 days of the Risk Checklist being completed.

When completing a Nutrition and Swallowing Risk Checklist, refer to answers in the person's previous checklist and describe how the situation has changed for the person including whether it has improved in the Part 3 - Summary of Results.

3 My Eating and Drinking Profile

Mealtimes should be a social and enjoyable experience. Mealtimes and sharing meals are a way for families and friends to develop and maintain social relationships and connections.

Most people have a routine and a time when they eat and drink. Conventional mealtimes include breakfast, morning tea, lunch, afternoon tea, dinner and supper time. Mealtimes however also include eating and drinking outside of these set times. All eating and drinking support plans must be referred to any time the person eats or drinks.

Understanding what the person enjoys about eating and mealtimes, how they express choice about what they prefer to eat, the way they like to be supported and the place where they prefer to eat their meals, is fundamental to ensuring the person's mealtimes are enjoyable as well as nutritious and safe.

Recording the person's preferences, communication techniques and nutritional requirements, allows people who provide support to get to know the person, and understand how they prefer to be supported.

The **My Eating and Drinking Profile** (the Profile) captures preferences as well as the person's usual behaviour and appearance at mealtimes. The Profile is completed and reviewed as part of the person's annual health planning process, and is updated whenever the person's preferences or needs change.

The Profile template is located in the Health and Wellbeing Policy and Practice Manual, Volume 1, Nutrition and Swallowing, 'Tools and templates' section.

The Profile is developed after the risks identified in the Risk Checklist have been addressed and managed.

The Profile can be located where the person normally eats and drinks, for example, in or near the dining or kitchen area. Support workers are not to make multiple copies of the Profile for use within the home or respite centre.

3.1 Who should have a My Eating and Drinking Profile?

People who **do not** have a formal Mealtime Management Plan or Enteral Nutrition Plan prescribed by an allied health professional must have a My Eating and Drinking Profile.

Where a person is prescribed a formal Mealtime Management Plan or Enteral Nutrition Plan, the prescribed plan is used **instead of** the My Eating and Drinking Profile.

3.2 Completing the My Eating and Drinking Profile

The My Eating and Drinking Profile (the Profile) is a guide for providing consistent support, in the way the person prefers, when she or he is eating or drinking at home or in the community.

The Profile is completed by a support worker who knows the person well and involves the person as much as possible. Working with a family member or someone in the person's circle of support when completing it will help to capture the most accurate information.







All support workers are encouraged to contribute their knowledge of the person's preferences during the development of the person's Profile and to update it when the person's habits and preferences change.

Additionally, the Profile provides the person's GP and allied health professional with a starting point for reviewing the person's nutrition needs.

A blank copy of the Profile template is in the 'Tools and templates'.

To make the Profile as meaningful as possible, feel free to swap out images for actual photographs of the person, or images the person likes.

3.3 The person's details




| My details | | | |
|---|--|--|--|
| Insert my photo | My name  | | Date I was born  |
| | I like to be called | | My CIS number |
| | | | My TRIM number |
| Where I live  | | | My phone number  |
| People who helped me create my profile  | | | Creation / review date  |
| Signature(s) | | | My signature |

Enter the person's details including the date the My Eating and Drinking Profile was created or updated and insert a clear, recent photograph of the person.

Record who contributed to the development of the Profile and ensure they provide their signatures.

The person signs the Profile if they want to and are able to.

3.4 Allergies and medication







| My allergies and medication | |
|--|--|
|  | In RED CAPITAL LETTERS , list any food allergies here: |
|  | Describe any Food Allergy related PRN medications I have been prescribed: All PRN medication must be administered as per GP or specialist's recommendations. |
| Medication  | Refer to medication charts for medication preparation and timing. Describe any special support I require for receiving medication: |

List all of the person's food related **allergies** in **RED CAPITAL LETTERS**.

Ensure any PRN medication such as an EpiPen® or antihistamines are available for use as prescribed. Note when PRN medication must be taken with the person when they eat a meal in the community or away from home.

Note any additional supports the person requires for receiving medication in this section. For example, prescribed medication is given in a spoonful of food that does not change the way the medication works.

3.5 Eating and drinking preferences

| My food and drink preferences | | |
|---|---|--|
| The food I like and dislike:  |  I like |  I dislike |
| | Breakfast: | Breakfast: |
| | Lunch: | Lunch: |
| | Snacks: | Snacks: |
| | Dinner: | Dinner: |
| The drinks I like and dislike:  |  I like |  I dislike |
| | Breakfast: | Breakfast: |
| | Lunch: | Lunch: |
| | Snacks: | Snacks: |
| | Dinner: | Dinner: |

Record all foods, drinks and snacks the person enjoys.

Insert additional lines in the document to ensure all of the person's favourite foods are recorded.


Record any known dislikes of foods, drinks and snacks in the 'I dislike section'.

3.6 Religious and cultural food /drink preferences

| My Religious and Cultural Food / Drink Preferences | | |
|---|---------|--|
|  | Foods: | |
| | | |
| | Drinks: | |
| | | |

Enter any foods or drinks which have cultural importance for the person. It may include foods and drinks their religion or culture does not permit them to eat.

3.7 Eating and drinking equipment

| Equipment | Item | Describe how I use the item: |
|--|--|------------------------------|
| My usual eating and drinking equipment:  | <input type="checkbox"/> Cutlery | |
| | <input type="checkbox"/> Plate / Bowl | |
| | <input type="checkbox"/> Cup / Glass | |
| | <input type="checkbox"/> Clothes Protector | |
| | <input type="checkbox"/> Other: | |

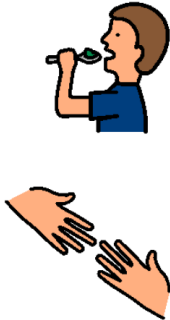

Record the equipment the person needs for eating and drinking.

Include if the person uses an everyday knife, fork or spoon.

Describe the type of equipment for example, whether the person uses a teaspoon, dessert or parfait spoon.

If a person uses a modified utensil, cup, plate or bowl, describe the equipment, how and where it is placed, and describe the support the person needs when using it. If the person needs a plate guard, for example, describe the way the plate is positioned with the guard attached.

3.8 How to assist the person to eat

| How to assist me | Usual way | Describe how I eat: |
|---|--|---------------------|
|  | <input type="checkbox"/> Independent: | |
| | | |
| | <input type="checkbox"/> Assisted: | |
| | | |
| | <input type="checkbox"/> Sit/Stand beside me <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Sit/Stand facing me | |
| | <input type="checkbox"/> Other – describe: | |
| Alertness & Seating.  | I should always be alert and awake before I eat or drink. Describe below whether I have a special chair to sit in to eat meals: | |

Describe the usual way the person eats. If the person eats independently, also describe whether the plate or cutlery needs to be positioned in a particular way to assist the person.


When the person receives physical assistance to eat, describe the best way of providing it e.g. whether the person needs the cup held to their mouth, or physical or verbal prompts to regulate eating and drinking.

Include if there is a best location to stand or sit, and any other information support workers need to assist the person to eat.

Always ensure the person is alert before supporting them to eat and drink.


If they have a special seat or chair they need to sit in for meals – include details about it here.

3.9 Providing supervision at mealtimes

| How to supervise me to eat and drink safely | |
|--|---|
| The supervision I require to keep me and others safe:  | I require supervision while eating or drinking <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: e.g. 1:1 or Line of Sight |
| | I will try to grab food or fluids <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: |
| | I will try to re-distribute food or fluids <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: |

Describe the level of supervision the person requires to ensure they eat their meal safely. Where the person may grab foods, fluids or re-distribute them to others, describe how to supervise the person so this does not occur.

3.10 Time


| | | |
|--|------------|---------|
| The time I usually take to eat my meal is  | Breakfast: | Snacks: |
| | Lunch: | Drinks: |
| | Dinner: | Other: |

Describe the length of time the person takes to eat each meal.

Knowing the usual time a person takes to eat and drink is important information for the GP and AHPs. It also ensures that support workers allow the person enough time to finish their meal, and to observe and record changes when they occur.

For instance a person may begin to take an unusually long time to eat or begin to eat very quickly which could indicate the person has an underlying problem.

3.11 Atmosphere

| My favourite atmosphere | | |
|---|--|--|
| Creating the best Atmosphere for me:  | Where do I like to sit for meals? (e.g. dinner table, certain spot at table, outside for lunch when possible): | |
| | The people I like to sit with: | |
| | The other things I have preferences for: | |
| | Lighting: | |
| | Noise Levels | |
| | Furniture Layout: | |
| | Table Setting: | |
| | Other: | |

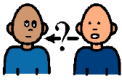
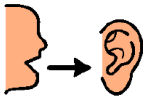
A person may have specific preferences which ensure that mealtimes are as enjoyable as possible.

They include:

- where the person sits at the table
- who they like to sit beside
- how they like the table to be presented
- the level of noise
- the lighting
- if the person likes to eat their meals outdoors when weather permits.

The preferences of everyone residing in the house should be considered to ensure that one person's preferences do not override the preferences of the others.

3.12 Communication style and behaviour

| My communication style and behaviour | | |
|---|---|----------|
| I have a communication profile <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comment: |
| How I <u>usually</u> act before, during and after mealtimes:  | e.g. – show excitement, anticipation, agitation, impatience, specific intolerances, alertness | |
| | Before meals: | |
| | During meals: | |
| | After meals: | |
| This is how I show:  | I am full: | |
| | I would like more food or drink: | |
| | I need someone to help me: | |
| | What I do like: | |
| | What I don't like: | |

There are several person centred thinking tools discussed in the Lifestyle Planning Guidelines (in the Lifestyle Policy and Practice Manual) that can be used to record the person's communication preferences and strategies.

In line with the Lifestyle Planning Guidelines, each person must have a **Communication Profile** developed before the commencement of any planning activity.


Ensure the way a person communicates around mealtimes is included in their Communication Profile. This information will assist new support workers, the GP and AHPs, to determine what is usual for the person and to identify when a change has occurred.

A person's Communication Profile may include a communication chart with pictures of the person using expressive gestures, or verbally describe the person's actions and behaviours at particular times.

Information that explains the way a person communicates could be life saving for a person with eating, drinking and swallowing difficulties.

☞ Refer to the Lifestyle Planning Policy and Guidelines for information on person centred thinking tools that could be used when planning meals and mealtimes with the person.

3.13 Participation in food related activities

| How I like to be actively supported to participate | |
|--|--|
| I like to participate in:  | Menu planning: Please describe how the person is offered choice and how they communicate their decisions / preferences |
| Describe how I like to participate in this activity: | |
| Make a grocery list: <input type="checkbox"/> | |
| Shopping: <input type="checkbox"/> | |
| Setting the table: <input type="checkbox"/> | |
| Clearing the table: <input type="checkbox"/> | |
| Unpacking shopping: <input type="checkbox"/> | |
| Organising the pantry: <input type="checkbox"/> | |
| Food preparation & cooking: <input type="checkbox"/> | |
| Wash up / load dishwasher: <input type="checkbox"/> | |
| Wipe bench tops: <input type="checkbox"/> | |
| Sweep / vacuum dining area floors: <input type="checkbox"/> | |
| Other activities: <input type="checkbox"/> | |

3.13.1 Menu planning

In this section, describe and record how the person participates in menu planning including:

- How does the person express themselves in a group setting?
- Do they prefer to make their decisions and choices in a private or one-to-one environment?
- Does the person easily choose the meals they would like and identify which meals they don't like?
- How do they choose an alternative meal?
- Does the person need to see photographs or drawings or actual physical objects to be able to make a choice?
- How does the person express a definite choice?
- How does the person communicate that they have changed their mind and would like to change their selection?

Capturing this information ensures that the person is able to participate fully in meal planning, and to enjoy the meals of their choice.

3.13.2 Participation in household activities

Being actively supported to participate in the household should be a part of everyday life.

It is important that people residing in supported accommodation get the opportunity to participate in the everyday activities that keep the household running, such as cleaning, cooking and shopping.

Describe the activities the person enjoys and provide them with the opportunity to be involved in the meal preparation activities they enjoy.

Remember the person might not have had the opportunity to participate in these everyday life activities previously, and may need support to participate at first.

3.14 Eating out


| My preferences for eating out | |
|---|--|
| What atmosphere do I prefer when eating out?   | <input type="checkbox"/> Few People <input type="checkbox"/> Quiet environment <input type="checkbox"/> Many People <input type="checkbox"/> Loud Environment Describe: |

While some people like a quiet eating environment, others may enjoy a more exciting, busy scene.

In this section describe the person's preference for the atmosphere they enjoy when eating out.

If they have different preferences for different meals, include these here.

3.15 Support items for eating out


| | | | | | | |
|--|--|---|--|--|--|---------------------------------------|
| What support items do I need to take?  | <input type="checkbox"/> Utensil | <input type="checkbox"/> Clothing protector | <input type="checkbox"/> Modified Plate <input type="checkbox"/> Modified Cup | <input type="checkbox"/> Plate Guard | <input type="checkbox"/> Thickener / Nutrition Supplements | <input type="checkbox"/> Special food |
| | <input type="checkbox"/> Medication Webster Pak® | | | <input type="checkbox"/> PRN (e.g. Epipen) | | |
| | <input type="checkbox"/> Other – Describe: | | | | | |

Describe any support items the person needs to take when enjoying a meal out.

Include how to support the person to use the items. For example, the support worker may need to clip the plate guard onto the plate and position the plate a certain way prior to the person beginning their meal.

Record if the person needs to take medication or PRN medication with them when eating out.

3.16 Communicating while eating out

| My Preferences for eating out | |
|--|--|
| <p>How do I prefer to communicate:</p>  | Do I use a communication device? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, the communication device is located at: |
| | <input type="checkbox"/> Yes ⇒ Describe how I use it with people and how I like to be supported to use it. |

Describe any communication devices the person needs to take when eating out.



Describe the device and where it is usually located. For example, it may be kept in the bag they take to day program or work placement. Ensure the device is returned after the meal.

Describe how the person uses the device and what support they require.

Check if the person's communication device is effective while eating out and/or whether additional communication tools are needed. Ensure the person's **Communication Profile** is reviewed with the person, the support worker team and people who know the person well, and record any changes immediately to ensure the profile is current.

Input from the person's GP or AHP may be required.

3.17 Ordering a meal when eating out

| | |
|---|---|
|  | Describe how I order my meal: |
|  | Describe how I like to pay for my meal: |

Describe the way the person orders a meal and record:

- whether the person can read a menu
- whether the support worker needs to describe the options available
- whether the person can communicate their choice to the waiter
- whether the person uses a communication tool to express their choice e.g. request cards.

Describe how the person pays for the meal and record:

- whether the person carries their own wallet or purse
- whether they like to complete the payment process on their own

- whether the support worker needs to assist in any area
- whether the person needs prompting to ask for a receipt.

3.18 Favourite meals when eating out

| My favourite meals when eating out | |
|---|-----------|
| My favourite meals:  | Describe: |
| My favourite drinks:  | Describe: |

Describe what the person's favourite meals and drinks are when eating out including any seasonal dishes and alcohol.

3.19 Venue

| | |
|--|-----------|
| Favourite venues:  | Describe: |
|--|-----------|


Describe the person's favourite venues.

Include whether there is a particular time of day they prefer to visit the venue. An example could be a particular café for breakfast or for afternoon tea.

Be mindful that a venue's atmosphere will change significantly throughout the day and into the evening.

Ensure the person is able to visit the venue at the most enjoyable time for them.

3.20 Transport

| | |
|---|---|
| Getting there:  | Describe how the person travels to the venue: (e.g. public transport, vehicle etc.) |
|---|---|

Describe the way the person travels to the venue including:

- whether they use public transport and the level of support they need to do so
- whether they are driven to the venue using the accommodation support service vehicle

- whether they are transported by a family member
- any specific arrangements relating to the drop off or collection of the person.

Best support for the person

This is how it looks to support me to eat my meals in the best way possible.

Use this area to add photographs of the person which shows the best way to support them to enjoy their meal in a safe and nutritious manner.

Insert photographs which clearly depict how the person is positioned and how the plate or place setting should be set up.

This provides support workers with a good understanding of how best to support the person to eat and drink safely.

Multiple pictures can be included on this page if required.

3.21 How to use the person's My Eating and Drinking Profile

The My Eating and Drinking Profile (the Profile) can be stored in the kitchen / dining area of the person's residence.

When a person is prescribed a **Mealtime Management Plan** or **Enteral Nutrition Plan**, the prescribed plan must replace the Profile.

All support workers must read and implement the Profile in keeping with the person's preferences.

The line manager must provide new and casual support workers with access to the person's Profile as part of their induction.

All support workers must read and ensure they understand the person's Profile before preparing any food or drinks.

Support workers must refer to the person's Profile when completing the Nutrition and Swallowing Risk Checklist to ensure they have the correct information for identifying risks.

The person is supported to take the Profile with them when dining out as well as any supports or aids identified in the Profile.

The Profile is referred to during reviews with the person's GP or AHP, and should be included in the development of a Mealtime Management Plan or Enteral Nutrition Plan.

3.22 Review of My Eating and Drinking Profile

The Profile is a living document and is to be updated as the person's preferences and needs change.

Review the person's Profile every 3 months in line with their health plan review cycle and sooner if their preferences or needs change.

3.23 Update the person's risk and safety information

The person's My Safety Checklist and My Safety Management Plan must be updated to reflect any risks identified through the Nutrition and Swallowing Risk Checklist.

3.24 Refer to Nutrition and Swallowing Guidelines

Following the completion of the Nutrition and Swallowing Risk Checklist, referrals and prescribed action, refer to the Nutrition and Swallowing Guidelines for information that supports the person to make healthy food and drink choices and promotes good health and wellbeing.

4 Mealtime Management Plan and Enteral Nutrition Plan Procedures

Many people with disability require specialised support to eat foods and drink fluids. The Nutrition and Swallowing Risk Checklist is used to identify areas of risk related to eating, drinking, airway safety and nutrition. It is used by the person's GP to determine the appropriate support required for the person to eat and drink safely, and to maintain their nutrition.

The GP will either prescribe the support required or refer the person to an allied health professional (AHP) to prescribe specialist support.

4.1 What is mealtime management?

Mealtime management is a method of providing support to a person who has difficulty eating or drinking safely or nutritiously. Difficulty in eating and drinking can be due to physical issues, oral health issues and dysphagia. In most cases issues which affect a person's ability to eat and drink put the person's life at risk.

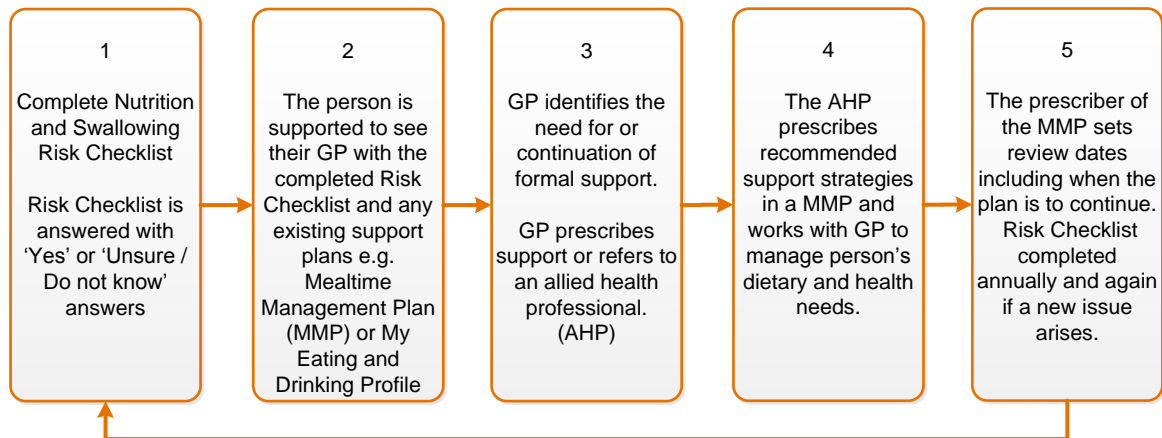
4.1.1 What is a Mealtime Management Plan?

A Mealtime Management Plan is a plan which prescribes specific support recommendations for the person to eat and drink in a safe and nutritious way.

The Mealtime Management Plan template must be used to record support recommendations for a person who eats and drinks orally only.

If a person receives enteral nutrition as well, their support requirements must be recorded in the Enteral Nutrition + Oral Intake template.

What steps must occur?



4.2 What is enteral nutrition?

Enteral nutrition is prescribed when it is not safe for the person to eat or drink orally or when their oral intake is not adequate to meet their nutritional requirements, and is putting their life at risk.

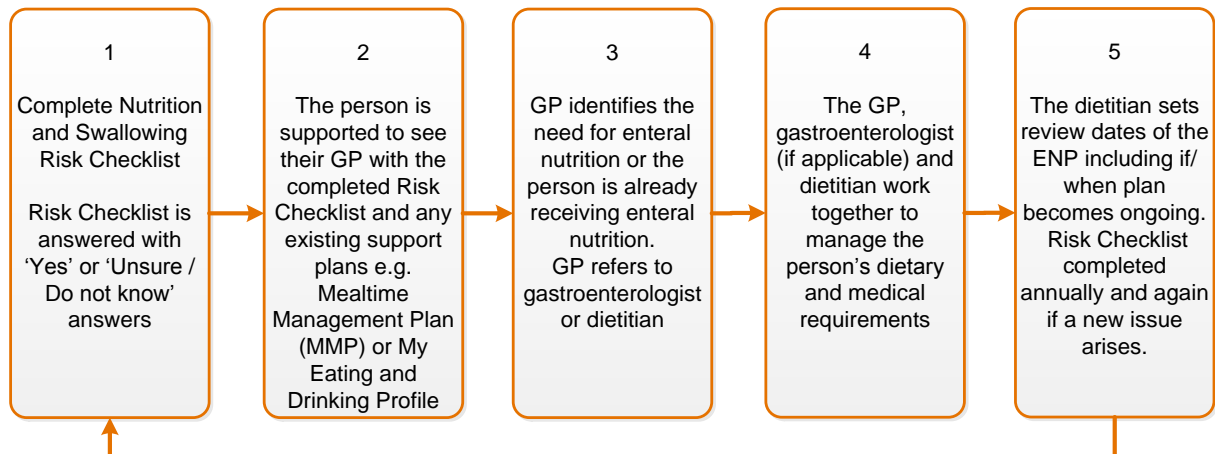
Enteral nutrition is the introduction of a nutritionally complete liquid formula directly into the stomach or small intestine through a narrow and often specifically designed tube.

4.2.1 What is an Enteral Nutrition Plan?

An **Enteral Nutrition Plan** outlines specific support prescribed to safely provide the person with adequate enteral nutrition.

In all cases, each health professional involved in the creation of the Enteral Nutrition Plan must maintain communication with each other regarding their involvement and continued input into the plan. This includes the person's GP. Everyone who provides enteral nutrition support must do so exactly as prescribed in the Enteral Nutrition Plan.

What steps must occur?



For more information on enteral nutrition, refer to the Nutrition and Swallowing Guidelines.

4.3 Support plan templates

Three templates have been developed for GPs and/or AHPs to prescribe support requirements for a person who requires mealtime support or enteral nutrition.

The templates must be provided to the GP and/or AHP to use for prescribing support.

Templates are located in the Health and Wellbeing Policy and Practice Manual, Volume 1, Nutrition and Swallowing, 'Tools and templates' section.

4.3.1 Mealtime Management Plan – Oral Only

This template should be used for prescribing support for a person who eats and drinks by mouth only.

4.3.2 Enteral Nutrition – Nil by Mouth

This template should be used for prescribing support for a person who receives enteral nutrition only and does not eat or drink anything by mouth, including medication.

4.3.3 Enteral Nutrition + Oral Intake

This template should be used for prescribing support for a person who receives enteral nutrition and also eats or drinks by mouth, including taking medication.

4.4 Responsibility

4.4.1 Responsibility of support workers

Support workers are responsible for addressing a person's nutrition and swallowing risks and implementing specified mealtime and enteral nutrition support requirements.

Each support worker has the responsibility to:

1. Complete the **Nutrition and Swallowing Risk Checklist** (the Risk Checklist) annually and when the person's usual way of eating and drinking changes.
2. Support the person to access their GP to address risks identified in the Risk Checklist.
3. Request GP to document a clear path of action to address risks identified in the Risk Checklist.
4. Ensure the GP is aware of the form of medication the person can swallow or whether the person receives medication via an enteral tube.
5. Request a referral to a specialist if the GP is unable to provide prescribed actions to address risks.
6. Work with the person and their circle of support to create a personalised **My Eating and Drinking Profile** if the person does not require a formal **Mealtime Management Plan** or **Enteral Nutrition Plan**.
7. Read the person's Mealtime Management Plan or Enteral Nutrition Plan if they have one, and attend any training relating to implementation of the plans.
8. Ensure they understand how to use equipment and prepare the person's food, drinks and enteral nutrition as prescribed by the AHP or GP before attempting to provide a meal or provide support with enteral nutrition.
9. Ensure they understand how to administer medication in line with the person's Mealtime Management Plan or Enteral Nutrition Plan and medication chart.
10. Refer to their line manager for clarification if they do not understand their responsibilities and requirements in relation to a Mealtime Management Plan or Enteral Nutrition Plan before attempting to provide any meals, drinks or enteral nutrition to the person.
11. Understand their requirements of what to do and who to call when supporting a person in an emergency.
12. Immediately seek medical attention when they observe a problem such as when the person:
 - appears to have difficulty eating or swallowing their food or drink
 - appears to be in any pain or discomfort
 - shows changes in behaviour during mealtimes e.g. the person is unhappy or distressed when usually happy to sit at the table

- displays any symptom that has already been identified as a risk or that is unusual for the person
 - vomits blood
 - passes a bowel motion containing blood.
13. Immediately seek medical attention when they observe that a person who is receiving enteral nutrition has a problem such as:
 - the person appears to be having difficulty receiving enteral nutrition
 - the person appears to be in any pain or discomfort
 - the feeding tube has become dislodged
 - the person changes the way they behave at mealtimes
 - the person displays any other identified symptom or risk.
 14. Refer to GP or AHP for advice when concerned about the person's health in relation to eating, drinking or receiving enteral nutrition.
 15. Complete a **new** Risk Checklist when any changes occur in the person's usual way of eating and drinking or receiving enteral nutrition and support them to see their GP within the required timeframe.
 16. Safeguard the person's **My Eating and Drinking Profile** or **Mealtime Management Plan** or **Enteral Nutrition Plan** in an accessible location, preferably where the person normally eats, drinks or receives enteral nutrition.
 17. Monitor review requirements and ensure the person is supported to attend reviews and consultations with their GP and AHP.
 18. Maintain communication (once consent has been provided) about the person's Mealtime Management Plan or Enteral Nutrition Plan with any other support providers including family, friends and day programs and schools.

4.4.2 Responsibility of the line manager

The line manager is responsible for ensuring each person requiring mealtime management support or enteral nutrition is provided with support as prescribed by their GP or AHP.

Line managers have a responsibility to:

1. Ensure they are fully aware of the support requirements for each person who requires support with mealtime management and / or enteral nutrition.
2. Monitor the implementation of all prescribed support, training and review of plans.
3. Ensure that every support worker including casual and agency staff:
 - Has access to the person's Mealtime Management Plan or Enteral Nutrition Plan at all times including during induction.

- Understand their responsibilities in implementing the person's Mealtime Management Plan or Enteral Nutrition Plan.
 - Understand the consequences to the person if the support requirements are not implemented as prescribed.
4. Ensure at the time of induction that new support workers, including casual and agency staff, are provided with instructions in how to implement a person's Mealtime Management Plan or Enteral Nutrition Plan.
 5. Ensure each support worker has received instruction in a person's Mealtime Management Plan or Enteral Nutrition Plan before they attempt to prepare or provide mealtime and/or enteral nutrition support to the person.
 6. Ensure support workers are able to provide support as outlined in the Mealtime Management Plan and Enteral Nutrition Plan, and are able to recognise when a problem arises and what actions they need to take to address the problem.
 7. Identify when a support worker is not providing support in line with a person's Mealtime Management Plan and Enteral Nutrition Plan.
 8. Guide and correct inappropriate support worker practice.
 9. Refer to the prescribing GP or AHP for direction and assistance if they don't understand the plan or implementation requirements of support workers.
 10. Ensure support workers with the necessary skills are rostered to work during mealtimes.
 11. Ensure that staff of other support services, day programs or workplaces, are provided with the most current version of the person's Mealtime Management Plan or Enteral Nutrition Plan.
 12. Maintain communication (once consent is provided) about the person's Mealtime Management Plan or Enteral Nutrition Plan with other support providers including family and friends.

4.4.3 Responsibility of the general practitioner (GP)

The GP is responsible for providing overall care of the person's health. The GP is expected to:

1. Read the person's Nutrition and Swallowing Risk Checklist.
2. Read the person's My Eating and Drinking Profile if they have one.
3. Provide clear actions in response to risks identified.
4. Make a referral to an AHP, where specialist support is required for clear action and response to identified risks.
5. Prescribe medication for the person relevant to the person's support requirements and in line with:
 - a. Mealtime Management Plan requirements e.g. medications which can be crushed.

- b. Enteral Nutrition Plan requirements e.g. medications which can be administered via enteral feeding tube.
6. Refer to the pharmacist for advice on different forms of medications which can be administered safely to a person who has eating and drinking problems.
7. Monitor and review prescribed support plans.
8. Maintain communication with AHP(s).

4.4.4 Responsibility of the allied health professional (AHP)

The AHP is responsible for prescribing a plan to support the person to eat and drink or receive enteral nutrition safely.

The AHP is expected to:

1. Determine the type of diet required by the person, and how food and drinks must be modified.
2. Determine whether the person needs to receive enteral nutrition and if they should be 'nil by mouth' or receive 'oral intake' as well.
3. Clearly document the person's specialised support requirements within the relevant plan template.
4. Assess where the person receives their meals and/or enteral nutrition, and determine how support will be provided to the person.
5. Ensure all environments are suitable for implementing support requirements.
6. Provide clear direction to support workers about the importance of supporting the person in accordance with the plan, and the consequences to the person if the plan is not followed.
7. Be satisfied that all support workers, including day program and work placement staff, have an understanding of what to do and why they are doing it.
8. Maintain communication with the person's GP and any other AHP who has input into the plan.
9. Complete reviews as per the prescribed review schedule.
10. Provide specific training to support workers and others who support the person to eat, drink or receive enteral nutrition as follows:

Mealtime Management Plan

- how to prepare or modify the person's foods and drinks
- how to incorporate the dietary recommendations
- how to position the person
- how to support the person to eat and drink
- mouth/oral care e.g. swabbing

- how to recognise when there is a problem
- what action to take to address a problem.

Enteral Nutrition Plan

- how to prepare formula and use equipment
- when and how to provide the feed
- how to position the person
- how to provide nutrition or modify foods and drinks
- how to recognise when there is a problem
- what action to take to address a problem
- how to order the formula and equipment
- how much and how often water flushes should be provided
- mouth/oral care e.g. swabbing.

11. On completion of training, the AHP signs off that the support worker and others are able to support the person to eat, drink and receive enteral nutrition safely.

4.5 Review of mealtime management plans

The review schedule of **Mealtime Management Plans** or **Enteral Nutrition Plans** must be determined by the GP or AHP (whichever person prescribes the plan) when the plan is developed.

The review requirements of each person's plan will depend on the person's situation.

If the plan requires no further reviews, the GP or AHP will document it. Any changes to the person's usual way of eating, drinking, or their behaviour, health or skills, will be captured through completion of the Nutrition and Swallowing Risk Checklist and review by the person's GP.

If a person shows signs of difficulty or distress when eating or drinking the Nutrition and Swallowing Risk Checklist must be completed immediately to identify the new issue. The person must then be supported to see their GP to determine whether they require referral to their AHP for a review of their current plan.

4.6 Mealtime support outside of the accommodation support setting

All people providing mealtime management or enteral nutrition support to the person outside of the accommodation support setting must be able to implement the prescribed support outlined in the person's **Mealtime Management Plan** or **Enteral Nutrition Plan**.

Other mealtime support settings include and are not limited to the person's day program, work placement, family and friends' homes, when the person is with a holiday provider and when the person has been admitted to hospital.

Line managers, including Team Leaders, Coordinators, A&R and Managers, A&R or equivalent positions, must ensure that all day program, work placement, holiday providers, family and friends are aware that the person requires specific support to eat and drink.

Day program and work placement staff, family members, friends, holiday providers, hospital staff and anyone else providing mealtime and/or enteral nutrition support must:

1. Have an understanding of the person's need for a Mealtime Management Plan or an Enteral Nutrition Plan.
2. Understand the risks and consequences for the person if the Mealtime Management Plan or Enteral Nutrition Plan are not correctly implemented.
3. Read and understand the person's Mealtime Management Plan or Enteral Nutrition Plan requirements and be able to implement them.
4. Refer to accommodation support line manager for clarification when necessary.
5. The support worker or Team Leader who knows the person best should check that anyone who is implementing a Mealtime Management Plan or Enteral Nutrition Plan understands how to implement the plan before they use it.
6. If formal training is required for supporters outside the accommodation support setting, the line manager is required to organise the training through the appropriate allied health professionals. As far as possible training in meal preparation is conducted using the kitchen or meal preparation facilities that would normally be used to prepare meals at that location.
7. Ensure the person is adequately supported or staffed to provide the required level of support and supervision to ensure the person's safety.
8. Provide adequate supervision to the person at mealtimes or when providing enteral nutrition, so that the person cannot access another person's food.
9. Immediately communicate with the accommodation support provider when the following is observed:
 - The person appears to be having difficulty eating or receiving enteral nutrition.
 - The person appears to be in any pain or discomfort.
 - The person's feeding tube has become dislodged.
 - The person's behaviour has changed.
 - Any new symptom or risk is identified for that person.
10. Understand what to do and who to call when supporting the person in an emergency.

4.7 Support plan sign off

Every support worker who provides support for mealtime management and/or enteral nutrition, including line managers, must read the person's **Mealtime Management Plan** or **Enteral Nutrition Plan** before they provide support.

They must have received instruction on how to implement support prescribed in the plan before attempting to provide support.

By reading and signing the Mealtime Management Plan or Enteral Nutrition Plan, support workers and line managers confirm that they **understand**:

- the support prescribed in the plan
- why the support prescribed must be implemented
- the exact level of support they need to provide to the person
- their duty of care and responsibility in providing support to the person exactly as prescribed in the plan
- the consequence to the person, which may include their death, if the plan is not implemented
- their duty of care to anticipate and identify new risks and safety issues to the person, and the need to take immediate action to ensure the safety of the person at all times.

The line manager must:

- monitor the sign off page and ensure that every support worker including casual and agency staff have received instruction, read and signed the plan.

4.8 Distribution of Mealtime Management Plan and Enteral Nutrition Plan

The Mealtime Management Plan or Enteral Nutrition Plan **must** be shared with any person or organisation providing support to the person.

- Mealtime management and enteral nutrition support must only be provided by a support provider who has been trained to implement the person's plans.
- Maintain a record of when the plan was distributed and to whom.
- When distributing the plan, inform the person/service provider who receives the plan that the person's confidentiality must be maintained at all times.
- Every support provider must be provided with a copy of the updated plan following any changes.

5 Glossary

| | |
|----------------------------|---|
| Allied health professional | An allied health professional is a qualified health professional including a speech pathologist, accredited practicing dietitian, occupational therapist, physiotherapist, psychologist, podiatrist etc. |
| Aspiration | Aspiration is food or fluid entering airways without coughing or choking. |
| Body Mass Index | Body Mass Index (BMI) is a ratio of appropriate body weight to height. |
| Constipation | The infrequent or difficult passing of hard and dry stools / faeces. |
| Diarrhoea | When food or nutrients pass through the digestive system too quickly resulting in loose and or watery stools. |
| Dysphagia | Difficulty swallowing |
| Enteral | Enteral refers to nutrition being provided to a person directly into their stomach or small intestine using a tube. |
| Enteral Nutrition Plan | An Enteral Nutrition Plan outlines specific support prescribed by a health professional (accredited practicing dietitian) to safely provide a person who is tube fed with adequate enteral nutrition. |
| Gastrostomy | Relates to a person who is tube fed via a tube directly into the stomach |
| General practitioner (GP) | A general practitioner is the person's doctor. |
| Half arm span | The distance in centimetres from the end of a person's middle finger to the v shape between their collar bones (sternal notch). This measurement can be used to calculate a person's height if they cannot stand. |
| Height | The measurement of a person's body from the top of their head to the bottom of their feet measured in centimetres. |

| | |
|--------------------------|---|
| Mealtime Management Plan | A Mealtime Management Plan is a plan which is prescribed by a health professional and describes specific support recommendations for a person to eat and drink in a safe and nutritious way. |
| Naso-gastric | Relates to a person who is tube fed through a tube via the nose into the stomach |
| Naso-duodenal | Relates to a person who is tube fed through a tube via the nose into the duodenum. |
| Nutrition | The process of providing or obtaining a healthy balanced diet. |
| Oesophagus | The oesophagus connects the throat to the stomach. When food is eaten, it moves from the mouth through the oesophagus to the stomach. |
| Overweight | A term to describe when a person weighs more than what is considered healthy for their height and body type. Calculating a person's BMI using their height and weight can determine whether a person is overweight. |
| Paediatrician | A paediatrician is a medical practitioner who specialises in children and their diseases. |
| Preference | A preference is a known liking or a choice between one option or another. |
| Preliminary Profile | The first part of the Nutrition and Swallowing Risk Checklist which includes personal details and the weight, height and Body Mass Index of a person. |
| PRN Medication | Medication which is taken as it is needed. |
| Reflux | Reflux is the backflow of acid from the stomach that travels up the oesophagus and sometimes into the mouth. |
| Regurgitation | To bring up food from the stomach |
| Rumination | Continual chewing of food. |
| Sternal notch | The sternal notch is the v shape between the collarbones located at the base of the throat. |
| Swallowing | The action of food or drink passing from the mouth down the throat. |

| | |
|--------------|--|
| Tube feeding | Tube feeding is the process of delivering nutrition via a tube either to the stomach or small intestine. The tube can be connected directly to the stomach or via the nose. |
| Underweight | A term to describe when a person weighs less than what is considered healthy for their height and body type. Calculating a person's BMI using their height and weight can determine whether a person is underweight. |
| Verification | Verification is the stage where a document is signed off as being accurate, valid and completed as required. |
| Weight | The measurement of a person's mass in kilograms. |

6 Policy and Practice Unit contact details

You can get advice and support about this Procedure from the Policy and Practice Unit, Contemporary Residential Options Directorate.

Policy and Practice, Service Improvement
Contemporary Residential Options Directorate
ADHC
policyandpracticefeedback@facs.nsw.gov.au

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