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| **Step one: BEFORE eating/drinking checks** | |
| ***Environment*** | * Is the environment clean and clutter free? * Is the patient prepared e.g. clean hands, toileted & sat upright? * Is the patient in the correct environment to meet their needs e.g. quiet or social? * Is mealtime assistance given if needed e.g. 1:1 or close supervision? * Are swallowing recommendations easily available (for all staff)? * Does the patient have known ‘Swallow Recommendations?   + If so, is this identifiable to all staff e.g. on a sign/board or placemat? |
| ***Food and menu*** | What diet consistency is the patient on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Did the patient have the correct menu / food texture? * Was the patient given the correct food texture, by kitchen/ staff? * Were dietary and/or taste preferences accounted for? |
| ***Drinks*** | What fluid consistency is the patient on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How are drinks given (circle)?   * + Teaspoon   + Open cup   + Beaker   + Straw   + Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Were drinks mixed to the recommended consistency? * If having thickened fluids, does the patient have a prescription? * If also having oral nutritional supplements, are these the correct thickness? |
| ***Utensils*** | * Has the patient been recommended any specialist utensils (e.g. cup/plate guard)? Recommended utensils:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + If so, are these present? |
| **Step two: AFTER eating/drinking checks** | |
| ***After*** | * Has the patient had sufficient – does a meal/drink need re-heating? * Is there any food or drink left in the mouth that needs mopping out? * Have you tried to do mouth care or teeth cleaning after each meal? * Do they need to remain sat upright for atleast 30 minutes? |
| **Step three: Recognising swallowing difficulties** | |
| ***History:*** | * Does the patient have a history of swallowing difficulties? * Date seen by Speech and Language Therapist (SaLT):\_\_\_\_\_\_\_\_\_\_\_\_\_ * Most recent **Swallow Reccommendations** given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * If there has been a change in the person’s management of recommendations are all staff aware and managing this consistently? |
| ***Signs/symptoms (tick all that apply):*** | * Is there consistently some coughing, throat clearing or choking with food or drink? * Is there consistently a wet & gurgly voice immediately after eating or drinking? * Is there consistently sudden shortness of breath /laboured breathing after eating or drinking? * Is there consistently a long delay triggering the swallow mechanism? * Are there consistently multiple attempts to swallow one mouthful? * Is the patient consistently unable to control and swallow saliva? * Is there consistently a significant amount of food left in mouth or pocketed in cheeks? * Is there a history of recurring chest infections (for no other reasons)? * If so, no. in last 6 months \_\_\_\_\_\_\_\_\_\_\_\_\_ * Other concerns: |