

Welcome to the webinar:

Making IDDSI work for you

Wednesday, 13th February 2019

#RCSLTwebinar



Chair of webinar:



Kamini Gadhok MBE
CEO, RCSLT

Presenters:



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London; IDDSI Board
Member



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Louise Borjes
Project Coordinator,
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Housekeeping

- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings:
<https://www.rcslt.org/past-events-and-webinars>
- Please do fill in the survey that will pop up at the end of the webinar. The link will also be included in the post-event email
- Kaleigh Maietta is on hand to help!

The aim of this webinar is to share learning and resources developed to date on the implementation of the IDDSI Framework.



Dr Ben Hanson

Associate Professor, University College London;
and IDDSI Board Member

THE INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE

DR BEN HANSON

UNIVERSITY COLLEGE LONDON

IDDSI BOARD MEMBER



SAFETY AND QUALITY OF LIFE



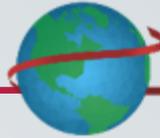
IDDDSI

International Dysphagia Diet
Standardisation Initiative

For all ages, all care settings, all cultures



SAFETY AND QUALITY OF LIFE



IDDSI

International Dysphagia Diet Standardisation Initiative

A common language to improve consistency and quality

BBC NEWS

Home UK World Business Politics Tech Science Health Family & Education

Health

Patients 'choked on hospital soft food'

27 June 2018

Dr Kathy McLean, executive medical director at NHS Improvement, said: "Vulnerable patients have died or been harmed because there is confusion in the way people describe what type of food is suitable for those with swallowing or chewing difficulties. NHS Improvement now wants all NHS staff to use clearly categorised food textures - as published by the **International Dysphagia Diet Standardisation Initiative** - to make sure patients are fed safely and correctly according to their individual needs.

BDA The Association of UK Dietitians

NHS Improvement

Patient Safety Alert

Resources to support safer modification of food and drink

27 June 2018

Alert reference number: NHS/PSA/RE/2018/004

Resource Alert

Dysphagia is the medical term for swallowing difficulties and a sign or symptom of disease, which may be neurological, muscular, physiological or structural. Dysphagia affects people of all ages in all types of care setting. Food texture modification is widely accepted as a way to manage dysphagia.¹

Terms for food textures, such as 'soft diet', have varied locally and numerical scales have been used by industry. National standard terminology for modified food texture, including terms such as 'fork-mashable',² was agreed in 2011 and widely adopted by the hospital catering industry and many clinical settings. However, local variations have persisted for both food and fluid texture, confusing patients, carers and healthcare staff. The imprecise term 'soft diet' continues to be used to refer to the modified food texture required by patients with dysphagia, and others without dysphagia, for example, with lost dentures, jaw surgery, frailty or impulsive eating.

A review of National Reporting and Learning System (NRLS) incidents over a recent two-year period identified seven reports where patients appear to have come to significant harm because of confusion about the meaning of the term 'soft diet'. These incidents included choking requiring an emergency team response, and aspiration pneumonia; two patients died. An example incident reads: "Patient with documented dysphagia given soft diet including mince and peas at lunch...unresponsive episode... Difficult to ventilate rig pat left over night. Pass [suctioned out via] endotracheal tube." Around 270 similar incidents reported no harm or low harm such as coughing or a brief choking episode.

These incidents suggest the continuing widespread use of the term 'soft diet' can lead to patients needing a particular type of modified diet being harmed.

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed a standard terminology with a colour and numerical index to describe texture modification for food and drink.³ Manufacturers will be changing their labelling and instructions accordingly, and aim to complete this by April 2019.

Transition from the current range of food and drink texture descriptors to IDDSI framework for people with dysphagia needs careful local planning to ensure it happens as soon and as safely as possible.

For practical reasons and to reduce the risk of errors, IDDSI food texture descriptors also need to be adopted for patients who do not have dysphagia but for other clinical reasons need a modified texture diet equivalent to IDDSI levels 6 to 4 (usually in the short-term). IDDSI point out that within a regular (level 7) diet there are many easier to chew options and these may be suitable for some of these patients.⁴ The needs of non-dysphagia patients should be noted in care plans, including steps to address the cause of the problem and return them to a normal texture diet as soon as possible. We would not expect these patients to need to be prescribed thickeners.

This alert provides links to a range of resources improvement.nhs.uk/resources/transition-to-idssi-framework to assist with transition to the IDDSI framework and eliminate use of imprecise terminology, including 'soft diet', for all patients.⁵

Actions

Who: All organisations providing NHS funded-care for patients who have dysphagia or need the texture of their diet modified for their reasons, including acute, mental health and learning disabilities trusts, community services, general practices⁶ and community pharmacies⁷

When: To start immediately and be completed by 1 April 2019

- 1 Identify a senior clinical leader who will bring together key individuals (including speech and language therapists, dietitians, nurses, medical staff, pharmacists and catering services) to plan and co-ordinate safe and effective local transition to the IDDSI framework and eliminate use of imprecise terminology including 'soft diet'
- 2 Develop a local implementation plan, including revising systems for ordering diets, local training, clinical procedures and protocols, and patient information
- 3 Through a local communications strategy (eg newsletters, local awareness campaigns etc) ensure that all relevant staff are aware of relevant IDDSI resources and importance of eliminating imprecise terminology including 'soft diet', and understand their role in the local implementation plan

⁶ Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powder) to help patients and their carers understand the changes to terminology.

Patient Safety
improvement.nhs.uk/resources/patient-safety-alerts

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

NHS Improvement (June 2018) Contact us: patientsafetyenquiries@nhs.net Publication code: IT 05/18



WHERE IS IDDSI FROM?



International best practice and web-based surveys

Multidisciplinary, international volunteer board



Scientific research

THE IDDSI FRAMEWORK



HOW TO USE IDDSI (Making IDDSI work for you)

4 points today:

1. IDDSI is a *language*, not a *law*

A tool, not a textbook

Clinical judgement remains key!

2. IDDSI can give you a quantitative **measure** of outcomes and progression: e.g. the Functional Diet Scale^[1]

3. Texture measurements: **when & where** to use them

4. Level 7 **Easy to Chew**

[1] Steele CM et al., *Archives of physical medicine and rehabilitation*. 2018; 99(5):934-44.

I. TRAINING & EDUCATION

Create, re-use, share resources: www.iddsi.org



What is IDDSI?

International Dysphagia Diet Standardisation Initiative (IDDSI) is an international standard with terminology and definitions to describe modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures.

The IDDSI framework consists of a continuum of 8 levels (0-7) identified by text labels, numbers, and colour codes to ensure safety and identification. The standardised descriptors and methods will allow for consistent production and easy identification of thickened liquids and texture modified foods.

**How thick is thick?
How fine is minced?**

IDDSI Testing methods will help to ensure correct textures and thicknesses.

DISCOVER MORE ABOUT IDDSI

Visit: IDDSI.org
Follow on Twitter: @IDDSI_IG
Download the IDDSI App

IDDSI Detailed Descriptors & Testing Methods
www.iddsi.org/framework

SIGN UP TODAY TO STAY INFORMED BY IDDSI UPDATES

NEW IDDSI GUIDELINES*
Nutilis Clear: Mixing Instructions

Level 1: Slightly thick
1 level scoop of Nutilis Clear in 200ml drink

Level 2: Mildly thick
2 level scoops of Nutilis Clear in 200ml drink

Level 3: Moderately thick
3 level scoops of Nutilis Clear in 200ml drink

Level 4: Extremely thick
7 level scoops of Nutilis Clear in 200ml drink

- Always measure the liquid required, e.g. 200ml.
- For best results, Nutilis Clear can be mixed using a fork, whisk or shaker. It is recommended to first place the powder all at once in the glass/cup/shaker and then add the liquid, but it is also possible to first place the liquid in the glass/cup/shaker and add the powder second.
- To avoid lumps start stirring or shaking as soon as possible.
- Leave to stand for one minute.
- Stir gently for five seconds, then serve.

*Please see IDDSI 9 framework for full details on descriptions for healthcare professional use only. Nutilis Clear is not used for Special Medical Purposes for the dietary management of dysphagia and should be used under medical supervision.

AMFN220-0418

NUTRISIA
Nutilis
Clear

NEW IDDSI GUIDELINES*
Thickening foods with Nutilis Clear

Level 3: Liquidised

- Can be eaten from a spoon
- Some effort is required to suck through a standard straw or wide bore straw
- Cannot be spoon, sucked or moulded on a plate

Level 4: Puréed

- Usually eaten with a spoon to fork is possible
- Cannot be drunk from a cup
- Cannot be sucked through a straw

Level 5: Minced & Moist

- Can be eaten with a fork or spoon
- Cannot be eaten with a spoon if the individual has very poor fine motor control
- Cannot be sucked and sipped (e.g. into a wide straw or cup)

Level 6: Soft & Bite-Sized

- Can be eaten with a fork, spoon or chopsticks
- Cannot be eaten with a spoon with pressure from a ball, spoon, or chopsticks
- If a fork is not required to cut the food the food can be used to hold a fork or spoon

Level 7: Regular

- Normal diet with some foods of various textures that are chewed naturally with age appropriate
- Also need to be able to swallow these foods
- Food should be moist and cohesive or sticky and soft

*Please see IDDSI 9 framework for full details on descriptions for healthcare professional use only. Nutilis Clear is not used for Special Medical Purposes for the dietary management of dysphagia and should be used under medical supervision.

AMFN220-0418

NUTRISIA
Nutilis
Clear

General Resources

Country-specific Resources

Australia

New Zealand

United Kingdom

- What is IDDSI - UK (10 mins, YouTube video)
- Comparison between the UK National Descriptors (YouTube video)
- Editable PowerPoint template for transition from National Descriptors to IDDSI (PowerPoint)

The following pages contain studies and FAQs for IDDSI

- Royal College of Dietitians and Nutritionists IDDSI
- British Dietetic Association IDDSI
- RCSLT Giving Voice to IDDSI

Flow Test

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework of terminology and definitions includes an objective measurement for liquid thickness.

The IDDSI flow test checks the rate of flow.

Use a range of liquids to compare the rate of flow for consistency.

IDDSI Implementation Guide: Cross Sector Master Guide

Food Services and Catering
Dietitians and Health Care Professionals

Cross-sector key	12 months to go	11 months to go	10 months to go	9 months to go	8 months to go	7 months to go	6 months to go	5 months to go	4 months to go	3 months to go	2 months to go	1 month to go	Launch!
TASKS													
1. Become familiar with IDDSI													

Recommendations for Industry Partners

DO

- 0 THIN
- 1 SLIGHTLY THICK
- 2 MILDLY THICK
- 3 MODERATELY THICK
- 3 LIQUIDISED
- 4 EXTREMELY THICK
- 4 PUREED
- 5 MINCED & MOIST

All manufacturers are most welcome to use the IDDSI labels once they have tested their products and are confident that they meet the IDDSI descriptions and testing methods.

We recommend that manufacturers include a statement to indicate that the testing has been performed by their own company and to be careful about claiming that the products 'meet' IDDSI standards.

Suggested wording or label inclusions

- IDDSI triangle labels (see left) available as zip file at <https://iddsi.org/resources/>
- Please use the IDDSI Colour Guide (PMS CMYK and Pantone) overleaf and at <https://iddsi.org/resources/>
- * Tests performed by (company)
- Designed for/suitable for use with IDDSI framework
- Reference to www.iddsi.org
- Translation of IDDSI labels in languages other than English <http://iddsi.org/translations/>

IDDSI

By App Data Room

This app is only available on the App Store for iOS devices.

Description

Have the IDDSI Framework at your fingertips - get access to the descriptions and look up the different IDDSI food textures and drink thickness tests easily either in the lab, office or at home.

What's New in Version 2.6.5

New self-registration has been added for new users to sign-up and sign-in!

Customer Ratings

This application hasn't received enough ratings to display a summary.

Implementation Schedule

Created a checklist of tasks to complete to work towards implementation:

1. Seek administrative approval & support
2. Create schedule of tasks, responsibility & timeframes
3. Sign up for IDDSI news online: <http://iddsi.org/>
4. Introduce Dietary Staff to Framework
5. Laminate & post Framework
6. Draft Policy
7. Develop presentation for staff education
8. Educate staff
9. Circulate a newsletter article
10. Explain diet changes to Resident Council
11. Update resident breakfast cards
12. Recipe testing
13. To be continued...

2. IDDSI MEASURES

to communicate, monitor progression and to build an evidence base

ACRM
AMERICAN CONGRESS OF
REHABILITATION MEDICINE

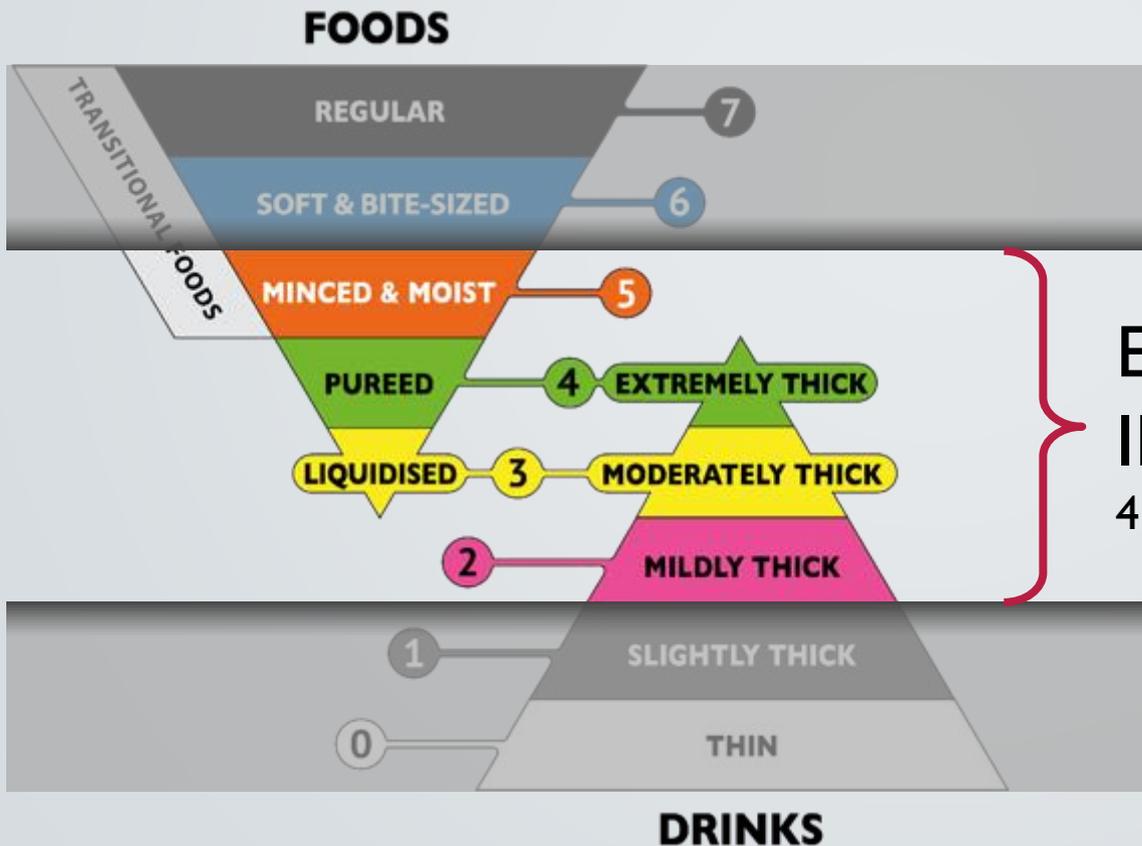
Archives of Physical Medicine and Rehabilitation
Journal homepage: www.archives-pmr.org
Archives of Physical Medicine and Rehabilitation 2018;99:934-44

ORIGINAL RESEARCH

Creation and Initial Validation of the International Dysphagia Diet Standardisation Initiative Functional Diet Scale

Check for updates

Catriona M. Steele, PhD,^{a,b,c} Ashwini M. Namasivayam-MacDonald, PhD,^{a,b,c} Brittany T. Guida, BA,^a Julie A. Cichero, PhD,^{d,e,f} Janice Duivestein, MRSc,^{d,g,h} Ben Hanson, PhD,^{d,i} Peter Lam, RD, CFE,^{d,h,j} Luis F. Riquelme, PhD^{d,k,l}



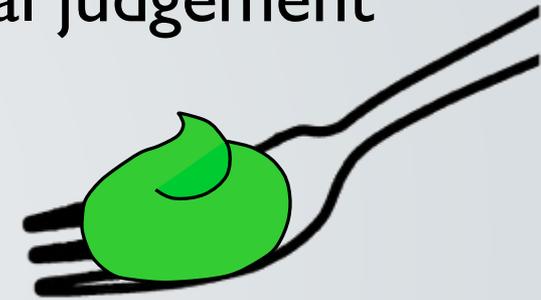
EXAMPLE:
IDDSI-FDS score: 4
4 levels can be managed safely

3. OBJECTIVE MEASUREMENTS

- ? **How thick is “thick”?**
- ? **How soft is “soft”?**
- ? **How small is “small”?**

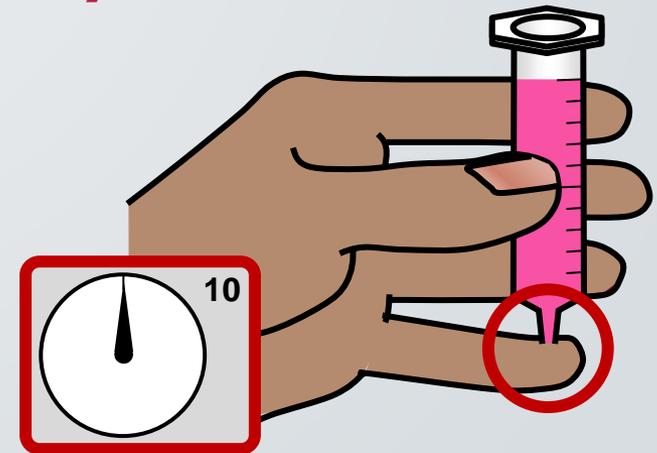
! **IDDSI includes specific measurements, not personal judgement**

• **It’s possible to use these any time...**



... but testing won’t be needed every time!

- Tests are most useful for:
 - Initial staff training
 - Auditing
 - Industry use to develop & test products
 - Kitchen use to develop & test recipes



4. LEVEL 7 EASY TO CHEW (L7EC)

- IDDSI defining “Soft, but not necessarily bite-sized”
- International survey in Sep/Oct 2018:
 - “Easy to Chew” preferred.
 - Sub-set of Level 7, not Level 6.
 - Many UK colleagues are keen to include L7EC for individuals with dysphagia
- Conclusions:
 - L7EC doesn't mitigate choking risk.
 - It can be useful for *clinical* assessment and/or *supervised* rehabilitation.
 - **Clinical judgement and guidance is vital.**



CONSUMER HANDOUTS

- All levels
- Including Level 7 Easy to Chew
- Reviewed for ease of comprehension
- Paediatric and Adult



7 REGULAR EASY TO CHEW

Level 7 Regular Easy to Chew for Adults

What is this food texture level?

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

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

Why is this food texture level used for adults?

Level 7 – Regular Easy to Chew food may be used if you have strong enough chewing ability to break down soft/tender foods into pieces without help, you have no increased risk of choking and do not have swallowing problems. This texture may be right for you if you usually choose to eat soft food, have weaker chewing muscles for hard/firm textures, but can chew soft and tender food. This texture may also be a good choice if you have been sick and your clinician recommends this texture if this is the case.

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org



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at [methods/](#)

IDDSI Fork Pressure Test

To make sure the food is soft enough,

Making IDDSI work for you



Dr Hannah Crawford

NHS Improvement National Patient
Safety Expert Advisor:
Learning Disabilities

hannahcrawford@nhs.net

NHS Improvement alert

- Mental Health Trust reviewed its own incidents
- Potential contributing factor 'soft diet'
- NRLS reviewed over two-year period
- 7 reports of significant harm related to 'soft diet'
 - choking requiring an emergency team response
 - aspiration pneumonia
- 2 patients died.



Patient Safety Alert

Resources to support safer modification of food and drink

27 June 2018

Alert reference number: [NHSPSA/RSQ018004](#)

Resource Alert

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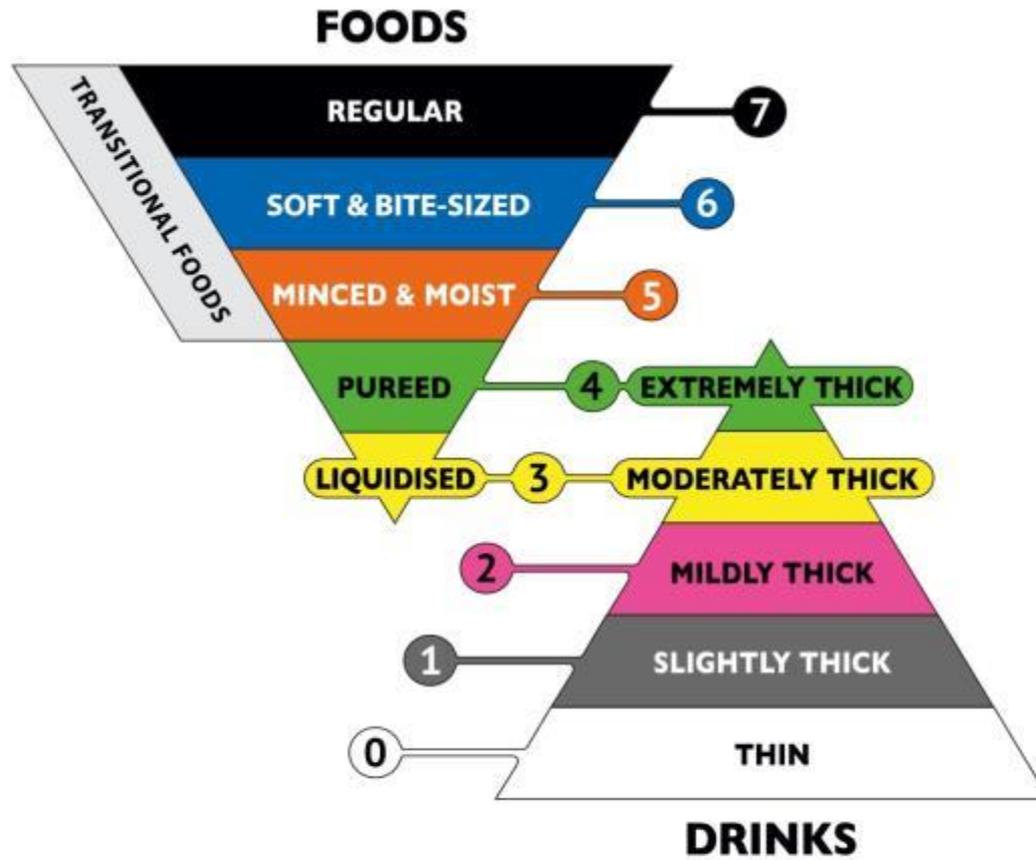
Actions

Who: All organisations providing NHS funded care for patients who have dysphagia or need the texture of their diet modified for other reasons, including acute, mental health and learning disabilities trusts, community services, general practices* and community pharmacies*

When: To start immediately and be completed by 1 April 2019

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- 2 Develop a local implementation plan, including ordering systems for ordering diets, local training, clinical procedures and protocols, and patient information
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*Community pharmacy services and general practices are not required to develop the full implementation plan above, but should use appropriate resources when prescribing or dispensing modified diet products (eg thickening powder) to help patients and their carers understand the changes to terminology



The International Dysphagia Diet Standardisation Initiative 2016 @http://iddsi.org/framework/

Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementary Notice: Modification of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT RECOMMENDED. Alterations to elements of the IDDSI framework may lead to confusion and errors in diet texture or drink selection for patients with dysphagia. Such errors have previously been associated with adverse events including choking and death.

Single system approach

- The same system must be used for all food modification
 - People with dysphagia
 - People who traditionally wouldn't be classed as having dysphagia
- More than one system can lead to confusion, errors and risk to patient safety

Person centred

- Use IDDSI as the starting point
- Always refer to IDDSI descriptors in case notes, reports & clinical documentation
- Make sure the description you make is right for the individual
- Patients themselves may use different terminology
- Patients may have a range of textures available to them, they may just need to avoid more difficult textures.

Case example

The evidence

- IDDSI is a systematic approach to the description of food and fluid modification
- IDDSI **is not** research in to the efficacy or effectiveness of texture or fluid modification
- Practitioners should critically evaluate the most up to date evidence about texture and fluid modification and make person centred, flexible recommendations based on the evidence, the wishes of their patient and their family or carers, and their clinical experience.
- Where patients lack capacity recommendations should be made in their best interests and represent the least restrictive option, taking in to account health, wellbeing and quality of life.

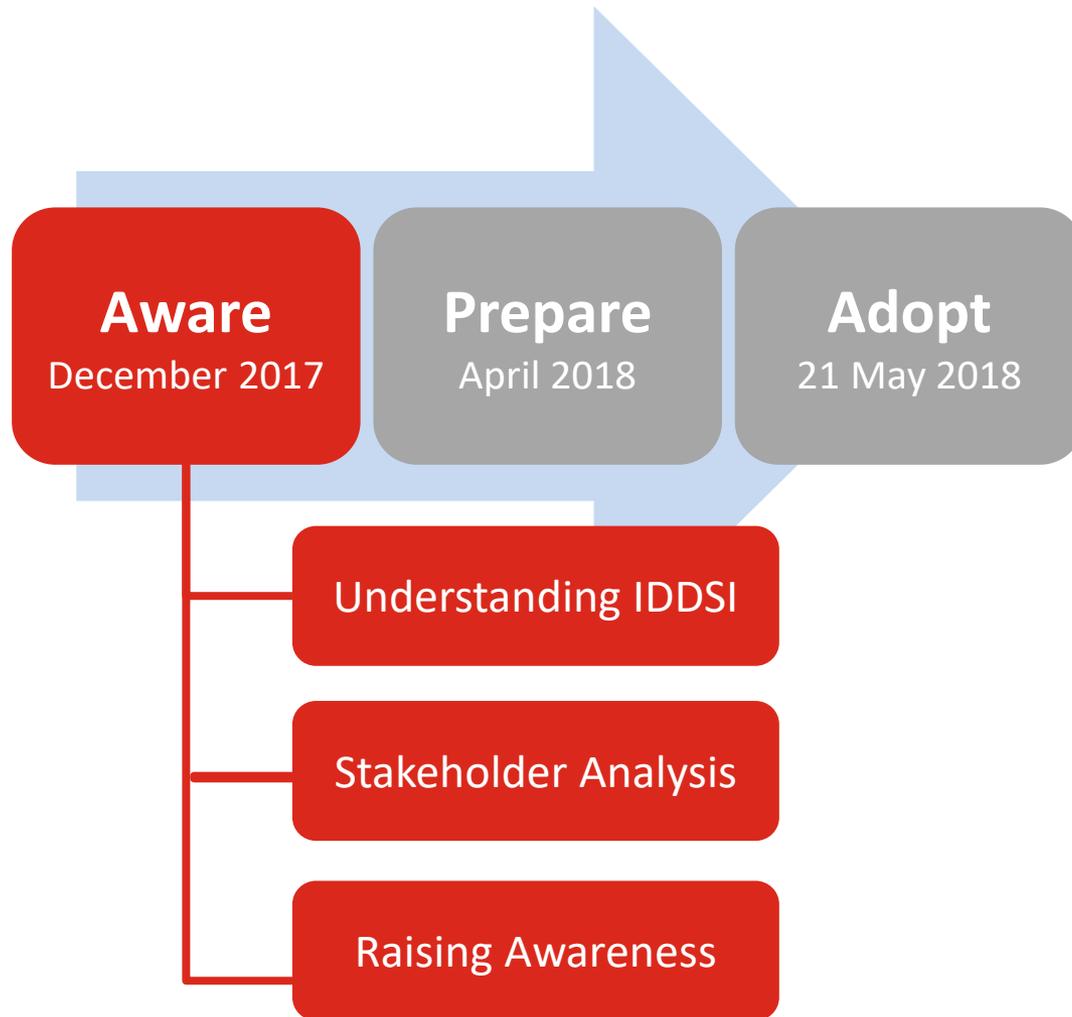
IDSSI - Through Thick and Thin: Implementation in East Sussex



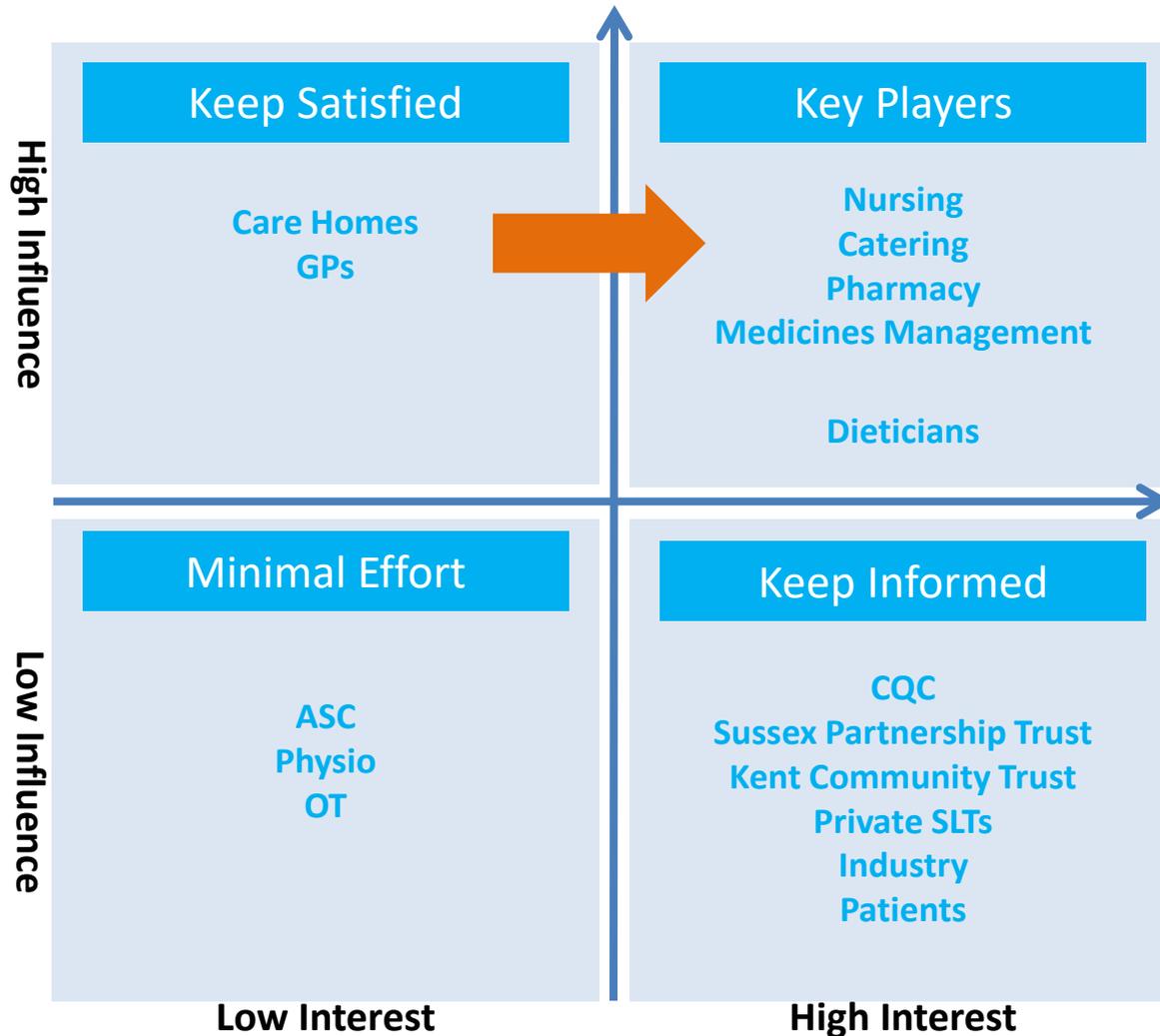
Anita Smith

Consultant/Professional Lead SLT,
East Sussex Dysphagia Lead,
East Sussex Healthcare NHS Trust

East Sussex Plan



Stakeholder Analysis



East Sussex Plan



Resources

External

Internal

Assurance

Joint Planning

Medicines Management

Pharmacy Acute and Community

Catering

Dietetics

Communication

SLT

Operations Group

Training

 eLearning	 Trolley Service	 Bookable Sessions	 In House
 Group	 Stands	 Housekeepers	 Primary Care

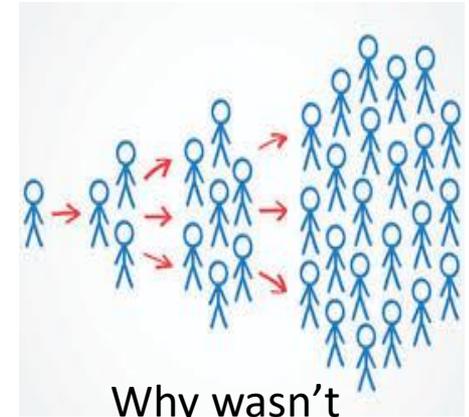
Training



Trolley service

6 weeks

LEARNING POINTS



Why wasn't information cascaded?



One size doesn't fit all!



98%

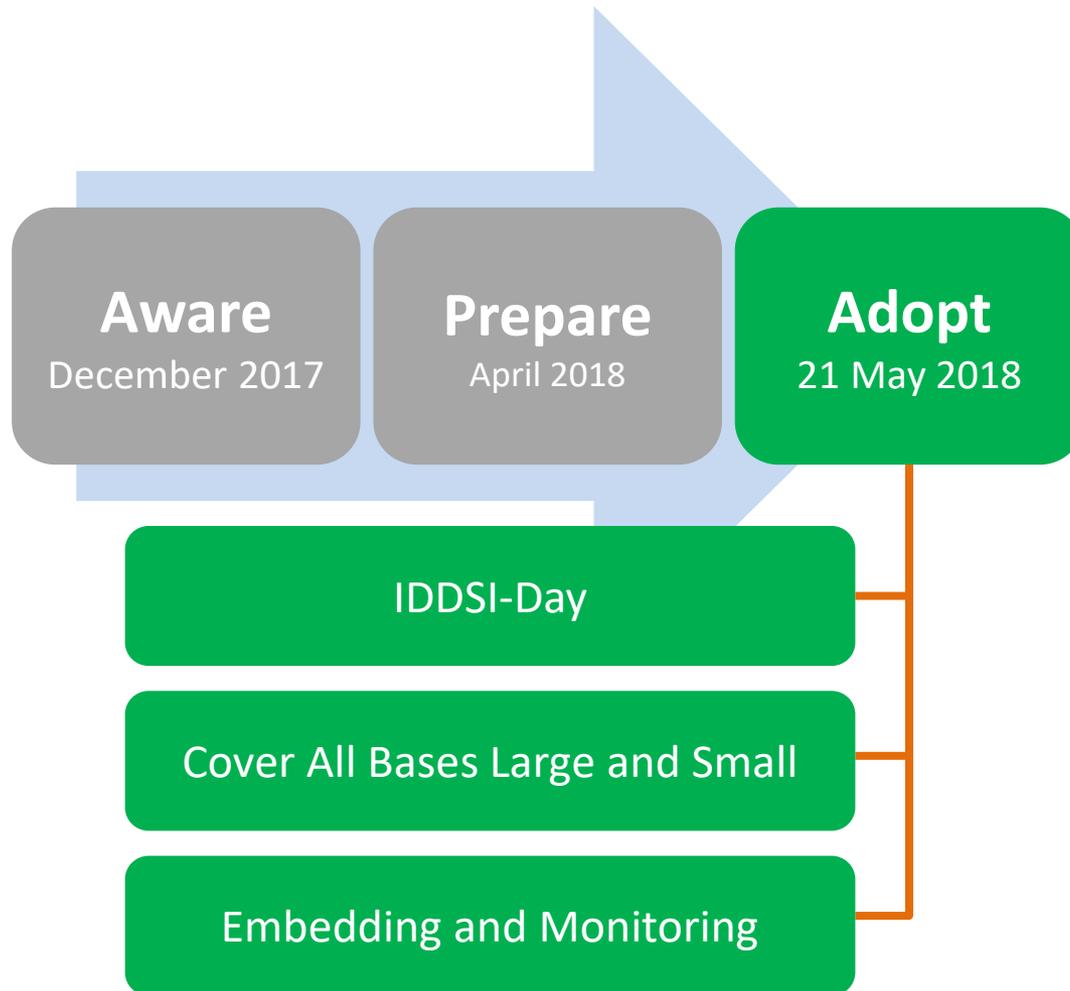
Clear / concise information

69%



More training

East Sussex Plan



IDDSI-Day 2018

PATIENT NAME / NUMBER:

MILDLY THICK FLUIDS
IDDSI LEVEL 2

- Sprinkle 2 level scoops of *Nutris Clear* into 200mL of liquid **WHILE STIRRING** for 15 sec with a fork or spoon.
- Let sit 1 minute and stir again for 15 sec.
- If using with milk or milk-based drinks (e.g., Horlicks), let sit 10 minutes before serving.
- Do not use *Nutris Clear* with supplements (e.g., *Fortisio/Fortijuce*).
- Use pre-thickened supplement drinks (e.g., *Nutris Complete*) per dietitian instructions.



2 scoops per 200ml

DIET

DISCONTINUE IF:

- COUGHING / CHOKING
- INCREASED WETNESS OF BREATH.
- SHOWING FATIGUE.
- WET / GURGLY VOICE.
- SIGNS OF DISTRESS.

CLIENT MUST BE:

- AWAKE AND ALERT.
- POSITIONED FULLY UPRIGHT.
- CHECK MOUTH IS CLEAR AFTER ORAL INTAKE.

DATE:

CONTACT NAME AND NUMBER:



5 MINCED & MOIST



- ✓ Can be eaten with a fork or spoon
- ✓ Could be eaten with chopsticks
- ✓ Can be scooped or shaped on a plate
- ✓ Soft and moist with no separate thin liquid
- ✓ **4 mm lumps visible within food** – use slot between fork prongs (4mm) to determine whether lumps are the correct size.
- ✓ Lumps are easy to squash with tongue

- Meat**
 - Finely minced or chopped, tender/moist
 - 4mm lump size
 - Serve in extremely thick, smooth, non-pouring sauce or gravy
 - If the texture cannot be finely minced it should be pureed
- Fish**
 - Finely mashed in extremely thick, smooth, non-pouring sauce or gravy
 - 4mm lump size
- Fruit**
 - Serve mashed
 - 4mm lump size
 - Drain any excess juice
- Vegetables**
 - Finely minced, chopped or mashed
 - 4mm lump size
 - Drain any liquid
- Cereal**
 - Very thick and smooth with small soft lumps
 - Texture fully softened
 - Any milk/fluid must not separate away from cereal. Drain any excess fluid before serving
- Rice**
 - Not sticky or glutinous (particularly short grain rice) and should not be particulate or separate into individual grains when cooked and served (particularly long grain rice)

FOOD TO AVOID

These foods may pose a risk of choking. Please see table below for examples:

Types	Examples
Dry crumbly	Biscuits, crackers, dry crumble topping, crisps, dry crispy toast, nuts
Stringy	Green beans, celery, salad, bacon, oranges
Flaky	Crusty bread, pastries
Britty	Rice, nuts, muesli, sweetcorn, baked beans, granary bread, seeds
Chewy	Chewy or tough meats (especially pork), crusty bread, skins on sausages and grapes
Mixed consistency	Minced meat with thin gravy, thin soups with bits or croutons, some cereals with milk, chocolate with nuts. No loose fluid



Food categories	Food examples – foods which are not mashed by a fork to 4mm sized lumps must be pureed
Cereal	Pomridge, Ready Brek, Weetabix and Shredded Wheat soaked for a minute in milk. <i>Fortisio</i> rusks soaked in hot milk for 5 minutes
Bread	Not suitable
Main courses	Puree/thinly sliced/minced meat Puree/thinly sliced or flaked/poached or steamed fish with thick sauce Smooth creamy soups Cauliflower cheese Mashed tuna or salmon and mayonnaise Cottage cheese Mashed pasta Scrambled or poached egg Cheese sauce (thick)
Potatoes and Vegetables	Mashed potato with butter/sauce Inside of baked potato with butter/sauce Very well cooked mashed vegetables, eg carrots, turnips, swede, parsnips, cauliflower, broccoli (no stringy vegetables).
Fruit	Pureed fruit Mashable fruit, eg banana, tinned peaches or apricots Stewed, pureed and sieved apple, pear or berries with cream, custard or evaporated milk (drain any juice)
Puddings	Yoghurt or fromage frais, mousse, fruit fool - <u>no</u> fruit pieces Custard, crème caramel Semolina/ground rice Blancmange, instant whip, Angel Delight Stewed apple in thick custard Sponge (with smooth filling) mashed with thick, smooth custard <i>Ice cream/jelly will need to be assessed on an individual basis if the person requires thickened fluids</i>
Snacks	Any of the above Smooth dips such as hummus and <i>taramasalata</i>

Date:
Therapist:
Telephone:

Challenges and Surprises

✗ Industry equipment not available (scoops / brochures) at the time

✗ Short time scale to implement

✗ Care homes sharing information with staff

✗ Syringe availability

✗ ONS in IDDSI levels

✓ Minimal number of patient queries

✓ No safety alerts / incidents

✓ Buy in from staff and stakeholders, belief that it was the right thing to do

✓ Professional sharing “pinch with pride”

✓ Compliant with NHSI alert

Any Questions?

Join us for the next RCSLT webinar:

Placing children and young people at the heart of delivering quality speech and language therapy:

Putting children, young people and their parents/carers at the centre of decision-making

Wednesday, 20th March 2019

13.00 – 13.45

