



RCSLT and IDDSI webinar: Making IDDSI work for you
13th February 2019
15.30 – 16.30

Standardised national resources

If this is a national and international initiative, can we have national resources which are standardised?

There are international resources and UK-specific ones available on the [IDDSI Resources webpage](#). In addition, following the [RCSLT-organised dysphagia event in June 2018](#) there was an agreement to develop resources across the profession.

We recommend that when SLTs develop resources, these resources are shared with the RCSLT and IDDSI where possible. By doing so, a bank of resources can be developed and accessed online. The RCSLT does not have the capacity to develop a bank of national standardised resources.

Texture-modified food

What foods have teams used in assessment to judge the appropriate IDDSI level for patients?

This is a 'peas, beans and sweetcorn' question. Many of the dishes which are on the menu are bulked up with these. Given that kitchens and food producers are on a tight budget, how can we influence them to omit high risk elements?

What are the ways to provide soft and bite sized and minced and moist bread/starches? i.e. breads, muffins, cakes, English muffin etc. to provide a variety of starch for breakfast meals.

Have any other participants needed to check IDDSI compliance with external providers of altered texture menus for their organisation that SLT may recommend? How did they get on?

Increasingly, suppliers are becoming aware of dysphagia and the IDDSI Framework; there has been some great work from Apetito, Punjab Kitchen, Brakes, Mrs Gill's Kitchen to name a few. These are appearing at trade events and this has been seen to have had an influential effect on suppliers who have not yet tackled the dysphagia market seriously.

There are some instructional videos with examples of food preparation techniques on [the IDDSI YouTube channel](#).

Since bakery products vary widely, caution is needed if attempting to modify their texture, and it's essential to test the end result is suitable, which is very quickly done with the IDDSI fork and spoon tests.

Food in hospitals

Do your hospitals buy in their food or produce it in house? Are you able to provide all food texture options for your patients?

We do buy in our foods from Punjab Kitchen. We are able to offer all levels. We have limited choice for Level 7 Easy to Chew on the main steamplicity menu, but obviously they can choose anything for the levels below this e.g. Level 6. Cooked breakfasts are a challenge but we are now looking at Level 4 scrambled egg on toast from Simply Puree. We use Ready Brek for a Level 4 breakfast option, as

we did not like the texture of Level 4 porridge from Simply Puree. Finger foods is a challenge, within the service we have made the Level 5 sandwiches which work really well and can give this recipe to community patients but our catering team in acute cannot manage this level of work for individual patients.

IDDSI in special schools

Any advice about how best to introduce IDDSI to a special school?

There are examples of implementation, including schools/paediatric clinical environments on [IDDSI's website](#). The simplified consumer handout descriptions of the IDDSI Levels may also be helpful.

It is important that implementation is planned across teaching staff, support staff, catering staff and other people involved in the care and support of the children.

Awareness of IDDSI in other professions

How wide is the understanding of how things have changed, e.g. have doctors, pharmacists been informed?

Doctors and pharmacists have been specifically targeted as recipients of the [NHS Improvement patient safety alert \(27 June 2018\)](#) about not using the term 'soft diet'. Within this alert is contained the advice to use IDDSI so to this extent they should be aware of the changes.

Duty of care in implementing changes and reassessing patients

What are our obligations to discharged service users (in care homes, etc.) who are following working eating and drinking guidelines which were written pre-IDDSI?

What are our responsibilities regarding reassessment or dissemination of information to long-term dysphagia patients regarding changes to thickened fluid levels? I.e. patients have been on long-term thickened fluid recommendations and level numbers change?

If supervision provided can a patient move up a level?

It is not feasible to track everyone who has come into contact with speech and language therapy and had recommendations and to change what they are on.

In reality the way food and fluid is modified has not changed, just the way it is described, so at the point of preparation and delivery of food to individuals things should not have changed. The number of scoops per millilitre may have changed but this should be labelled on the product tins, which should help those preparing fluids.

Most SLTs give advice on discharge to recontact if there are any concerns, so the recommendation would be to deal with any long term patients if they come in this way. In addition, some of the thickener companies are delivering their own training to nursing homes. This means that nursing homes should be able to deal with the changeover without necessarily having to -contact speech and language therapists again.

When re-assessing and reviewing a patient's ability to eat and drink safely and the patient's skills have changed, they can be moved up along the IDDSI continuum the same way they would have done with the old UK National Descriptors.

As a reminder, patients should not only be prescribed one level – they should be prescribed all the levels they can manage safely. Therefore, if a patient can manage IDDSI Level 6 'Soft and bite-sized', it is likely that they could also manage Levels 3-5 as well, which will give them a great variety of foods they can eat.

Syringes

Does anyone have details of where to purchase IDDSI compliant syringes for the Flow Test? The manual lists only US distributors.

These syringes are not being sold in the UK, however, thickener manufacturers have sizeable stock so please ask your representative for a sample.

IDDSI are producing purpose-made funnels with the same dimensions as the 10ml syringes, but without the plunger and with a funnel-shaped top opening for easier filling. These should be available late 2019. Sign up to IDDSI's monthly e-bite newsletters to stay updated. To sign up to it please click [here](#).

Difference in scoop size

Can I just confirm what Anita Smith means by the difference in scoop size? Is this just the supplier or due to IDDSI?

When I mentioned scoop size, I was referring to the size of the provided scoop/spoon in the thickener product. The size changed in Nutilis clear at the same time that we went live with IDDSI so we had to educate on change of language and also changes in amount of thickener added due to change in scoop/spoon size.

Masticated bolus – what level?

Is there any research that shows L6 is safer than L7EC with regard to a masticated bolus of L6 not retaining the same particle size as initially presented on a plate?

It is very unlikely that we will see a clinical study of Level 6 vs Level 7 Easy to Chew since the risk of choking would not be ethical. The Level 6 size was chosen to be small enough not to block the airways based on autopsy data from deaths by choking.

Translations of IDDSI

Ben you mentioned that there were some resources in other languages on the IDDSI website - we have had a request to provide it in Portuguese today, is this available on the website?

Portuguese (Brazilian) is completed. Portuguese (Portugal) is in process, not yet available for review. Check [this page](#) to find the latest translations and news about upcoming ones.

Using an easy to chew texture transitionally

Where possible we use IDDSI but we do have an 'Easy Chew' texture we would recommend before jumping to soft & bite-sized to avoid over restricting people & some of our recommendations are bespoke to the person so do not use IDDSI terms - is this allowed?

It is important to remember that IDDSI is a language, not a law. It should not dictate your practice, but should be the language you use to describe your practice.

Your first port of call is to decide what textures are best for your patient. As a second step, you should go to IDDSI to decide what language to use to communicate that. It might be that you want to say IDDSI Level 7 'Normal' but avoid 'a', 'b' and 'c', for a particular patient, or use IDDSI Level 7 but always have gravy available.

It is important the recommendations are person-centred, but that IDDSI language is used wherever possible.

Particle sizes

For minced & moist and soft & bite size textures, at what age does the particle size change from paediatric to adult?

This will be a clinical decision depending on the individual, as it the Levels are size-based, not age-based. See previous answer about making the clinical decision first, then looking to IDDSI for the language and the specifications to define and communicate the decision.