## Referral Doncaster Care home

Speech and Language Therapy Referral form Care and Nursing Homes (DYSPHAGIA)

|  |  |
| --- | --- |
| 1. DETAILS OF THE PERSON BEING REFERRED/PATIENT | |
|  | |
| NAME | Date of Birth |
| NHS Number |  |
| Address | Phone Number: |
|  | |
| GP Name (MUST BE REGISTERED WITH A DONCASTER GP)  GP Contact Number | GP Address: |

|  |  |
| --- | --- |
| 1. REFERRER DETAILS | |
|  | |
| Name | Designation / Job Title |
| Contact Number | Contact Email address: |
| Date of Referral: | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3a. CURRENT & RELEVENT MEDICAL HISTORY | | | | 3b. MEDICATIONS (List below or send with referral form) | | | | |
|  | | | |  | | | | |
| 3c. Does the person currently have a chest infection?  YES  NO If No, when was last chest Infection/s? | | | | | | | | |
| 1. Please confirm by ticking/initialling below that the following STRATEGIES are being consistently implemented   IF not please document below  **\*Referrals where this has not been completed will be rejected.** | | | | | | | | |
|  | | | | | | | | |
| **NHS NUMBER:** | | | | | | | | |
| Stay Alert | Ensure ALERT for all oral intake | | | | | | |  |
| Time | Allow adequate time, ensure each mouthful has been swallowed before offering the next | | | | | | |  |
| Regular Mouthcare | Ensure the mouth is clean and free from residue following eating and drinking and follow a regular mouth care routine (e.g. brushing twice a day with fluoride toothpaste). | | | | | | |  |
| Aids | Glasses and hearing aids must be worn and fit comfortably | | | | | | |  |
| Teeth | If worn, dentures should fit well and be cleaned regularly. If dentures are missing or broken, then temporarily providing easier diet options may help. Tooth ache, oral thrush or a sore mouth should be reviewed by the GP or dentist | | | | | | |  |
| Environment | Reduce distractions at mealtimes to support concentration and awareness. | | | | | | |  |
| Good Positioning | As upright a position as comfortable for all food and drink and remain so for minimum 20 minutes. Head should be in a neutral position with the chin slightly down towards the chest. Consider if a different chair may help with posture. | | | | | | |  |
| Independence | Support individuals to feed themselves and maintain functional independence. Vary the amount of assistance according to individual need (e.g. verbal prompts, loading spoon, hand over hand feeding, etc). Where possible, spouts, straws and bottles should be avoided. Use an open cup instead. | | | | | | |  |
| Encouragement | Position yourself at eye level so you may observe for any immediate signs of dysphagia, as well as being able to provide verbal prompts and encouragement. | | | | | | |  |
| Stay Flexible | Every single person is different, and their abilities can fluctuate not only from day to day, but from meal to meal. These changes can be subtle. It is vital to be flexible in responding to these abilities and needs in 'real time'. Fatigue, distress, changes to mood, changes to medication or an acute illness can impact a person’s ability to eat and/or drink safely. | | | | | | |  |
| Please use this space to advise why any of the above STRATEGIES have not been implemented: | | | | | | | | |
| 1. **Please complete the attached dysphagia monitoring chart for 3 days.**   **\*Referrals where this has not been completed in full will be rejected.** | | | | | | | | |
|  | | | | | | | | |
| **NHS NUMBER:** | | | | | | | | |
| 1. Reason for referral: | | | | | | | | |
| Adverse signs during or shortly after eating (diet) | | | | |  |  | | |
| Adverse signs during or shortly after drinking (fluids) | | | | |  |
| Adverse signs during eating **and** drinking | | | | |  |
| Request for upgrade of modified diet (improved swallow) | | | | |  |
| Request for upgrade of modified fluids (improved swallow) | | | | |  |
| Single choking episode  Multiple Choking episode | | | | |  | On What? | | |
| Other Reason: | | | | | | | | |
|  | | | | | | | | |
| 1. Please indicate below which diet and fluids are usually taken by the person/patient. | | | | | | | | |
| FLUIDS | |  | DIET | | | |  |  |
| IDDSI Level 0 (thin fluids) | |  |  | | | |  |
| IDDSI Level 1 (Slightly Thick) | |  |  | | | |  |
| IDDSI Level 2 (Mildly Thick) | |  |  | | | |  |
| IDDSI Level 3 (Moderately Thick) | |  | IDDSI Level 3 (Liquidised) | | | |  |
| IDDSI Level 4 (Extremely Thick) | |  | IDDSI Level 4 (Pureed) | | | |  |
|  | |  | IDDSI Level 5 (Minced and Moist) | | | |  |
|  | |  | IDDSI Level 6 (Soft and Bite-Sized) | | | |  |
|  | |  | IDDSI Level 7 Easy to Chew | | | |  |
|  | |  | IDDSI Level 7 Regular | | | |  |
|  | | | | | | | | |
| How are Fluids Taken? | | | | How is Diet Taken? | | | | |
| Independently | | | | Independently | | | | |
| With assistance | | | | With Assistance | | | | |
| Open Cup | | | |  | | | | |
| Lidded Beaker | | | | From a spoon (Size): | | | | |
| Spouted Beaker | | | | From a fork | | | | |
| From a Straw | | | |  | | | | |
| From a Spoon (Size) | | | |  | | | | |
| Other: | | | | | | | | |
| 1. REFERRAL CHECKLIST | | | | | | | | |
| The Referral form has been completed in full and to the best of my knowledge | | | |  | | | | |
| STRATEGIES are being implemented consistently | | | |  | | | | |
| The Dysphagia Monitoring form has been completed for 3 days (and will be sent with the referral) | | | |  | | | | |
| I am aware that incomplete referrals will be rejected | | | |  | | | | |
| Signed: | | | | Print Name | | | | |
| Date: | | | | | | | | |
| **NHS NUMBER:** | | | | | | | | |

|  |
| --- |
| Thank you for completing this referral.  Please return it to the Community Speech and Language Therapy Team at  [rdash.rehabservices@nhs.net](mailto:rdash.rehabservices@nhs.net)  Speech & Language Therapy Service  Neuro Services  Tickhill Road Hospital Site  Balby, Doncaster, DN4 8QN  Tel: 01302 796336 |