## Doncaster Care home dysphagia monitoring chart DIET

Dysphagia Monitoring DIET MUST BE COMPLETED AND SENT WITH REFERRAL

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|  | **Food Given – specify what, how is it prepared?**  | **Positioning** | **ADVERSE SIGNS OBSERVED? (Tick all that apply)** |
| **Date**  | **Time**  | e.g. Yorkshire pudding cut up into 2.5 x 2.5 cm piecesMinced beef in thick gravyCrackers with butterToast and butter (no crusts)Mashed carrots Smooth yogurt | e.g. in bed, at table, sitting in chairHead supported by pillows | Coughing or throat clearing during eating | Coughing shortly after eating | Choking (where the diet falls into the airway) | Holding food in the mouth with difficulty chewing and/or initiating the swallow | Pocketing food or food residue in the mouth after swallowing | Other (provide details) |
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PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_