## 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 pieces  Minced beef in thick gravy  Crackers with butter  Toast and butter (no crusts)  Mashed carrots  Smooth yogurt | e.g. in bed, at table, sitting in chair  Head 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_