

## Doncaster Care home dysphagia monitoring chart FLUIDS

Dysphagia Monitoring FLUIDS MUST BE COMPLETED AND SENT WITH REFERRAL

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|  | | **Fluids Given – specify what** | **Positioning** | **ADVERSE SIGNS OBSERVED? (Tick all that apply)** | | | | | |
| **Date** | **Time** | e.g.  Tea from an open cup  Homemade smoothie  Fizzy lemonade  Beer  IDDSI Level 3 fluids from a teaspoon | e.g. in bed, at table, sitting in chair | Coughing or throat clearing during drinking | Coughing shortly after drinking | Change in face colour or breathing pattern | Drinks dribbling from the mouth | Wet / Gargly voice quality during or shortly after drinking | Other (provide details) |
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PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_