Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé	Title: **Home Care – Management of Adult Clients with Swallowing Difficulties (Dysphagia)**	
Home Care Operational Directive	Approval Signature: 	
	Date: **October 2018**	Supersedes:

HOME CARE – MANAGEMENT OF ADULT CLIENTS WITH SWALLOWING DIFFICULTIES (DYSPHAGIA)

1.0 PURPOSE

To ensure the timely and appropriate assessment of adult clients with feeding and/or swallowing difficulties is completed.
To provide care planning options for adult clients with swallowing difficulties.

**For pediatric clients consult Children's Program.

2.0 BACKGROUND

Dysphagia is prevalent in the community and the geriatric population (Appendix A details those who are at risk of experiencing feeding or swallowing problems). Clients with dysphagia are at risk of aspiration/aspiration pneumonia, airway obstruction/choking, malnutrition, dehydration, decreased ability to fulfill normal expectations of appropriate mealtime behavior, decreased quality of life, social isolation and hospital admission.

A collaborative/interprofessional approach to screening, assessment and management promotes positive client outcomes which may include adequate hydration, adequate nutrition, adequate airway protection, good oral health, safety while eating, safe method of taking oral medications, decreased hospital admission and improved transition to the community.

3.0 DEFINITIONS

Aspiration: Swallowed material that has entered the airway below the level of the vocal cords. Aspirated materials may include saliva, other liquids, food, or other foreign matter. Aspiration often results in coughing, as the body tries to clear the aspirate from the airway. If aspiration does not produce a cough reflex, it is called a silent aspiration.

Back Up Food Supply In Client Home: A surplus supply of food that is available in the client's home. This supply of food will ensure the client always has texture appropriate food available, which can be served by all levels of staff. See Appendix B for examples of appropriate foods.
Choking: Blocking of the airway by an object such as food. Choking is different than coughing; the airway is blocked during a choking event therefore the person who is choking is unable to breathe or cough.

CASLPO – College of Audiologist and Speech-Language Pathologists of Ontario
CTS – Community Therapy Services
DSS – Direct Service Staff
EHCR – Electronic Home Care
EIA-Employee Income Assistance
FEES – Fiberoptic Endoscopic Evaluation of Swallowing
HCA – Home Care Attendant
HSW – Home Support Worker
ISW – Integrated Support Worker
LPN – Licensed Practical Nurse
MBS – Modified Barium Swallow
OT – Occupational Therapist
RA – Rehab Assistant
RN – Registered Nurse
SLP – Speech-Language Pathologist
VFSS – Videofluoroscopic Swallowing Study
WRHA – Winnipeg Regional Health Authority

Client Specific Training: Specific training surrounding an identified task that, because of client circumstances, requires training of each care provider in the client situation, and where the training for the task is not transferable to another client.

Consistency: Degree of density, firmness, or viscosity of food OR describes the flow of fluids, or cutting properties of solid food.

Dysphagia: A medical term for a swallowing disorder (Speech-Language and Audiology Canada). Includes difficulty during any phase of the swallowing process (oral, pharyngeal, esophageal). See Appendix C Risk Factors for swallowing difficulties.

Feeding: The placement of food in the mouth prior to the initiation of the swallow.

Feeding Plan/Swallowing Recommendations: An individualized plan based on recommendations from a SLP, OT that should include: recommended textures (liquid and solids); positioning and environmental recommendations, management of medications, oral care, and level of assistance or supervision recommended at meals and after meals.

Gastrostomy: A surgical opening into the stomach often used to place a feeding tube.

Manitoba Home Nutrition Program (MHNP): A Provincial program for both short and indefinite duration that supports clients who require nutrition or hydration support, either to supplement oral intake or to completely replace oral intake by either tube feeding, Total Parental Nutrition (TPN) or Intravenous Hydration.

Meal Observation: Observation and documentation by a health care professional (In home care, a dietitian, SLP, or dysphagia trained OT) of a client eating a meal, or a portion of a meal. Documentation should include consistencies eaten, and difficulties observed with feeding and swallowing.

Meal Time Supervision: The level of supervision recommended at meal-time to ensure clients' optimal safety and nutritional intake. Specific assistance and supervision recommendations should be documented on the feeding plan. For example some clients may require direct supervision for all oral intake, some clients may require supervision for specific consistencies, and some clients may not require any supervision for oral intake. Recommended supervision level should take into account the client's swallowing status, cognitive factors (insight into swallowing impairment), and behavioral factors (e.g. impulsivity).

Nutritional Supplements: Store-bought formula (e.g. Boost, Ensure) intended to supply nutrients, (such as vitamins, minerals, fatty acids or amino acids) that are missing or not consumed in sufficient quantity in a client's diet.

Pleasure Feeding: When individuals are fed primarily through a feeding tube but continue to eat or drink small amounts of food by mouth. Pleasure feeds are generally provided to enhance quality of life. Pleasure feeding does not provide required nutritional intake.

Standard Eating Precautions: A set of practices to encourage safe consumption of foods/beverages. See Appendix D**.**

Swallowing Assessment:

- Clinical Swallowing Assessment: Consists of history, review of medical and clinical records, non-instrumental clinical evaluation of the oral, pharyngeal and laryngeal structures and their function during oral motor tasks, and observations of eating and drinking. "A clinical evaluation enables the clinician to form clinical impressions regarding the overall nature, severity, and causal factors of oral pharyngeal, laryngeal, and esophageal swallowing impairment." (CASLPO 2007). A clinical assessment may also include the use of tools and techniques, such as cervical auscultation and pulse oximetry, to detect and monitor clinical signs of dysphagia and to determine the candidacy and necessity of further instrumental evaluation. A clinical evaluation on its own may be the basis for recommendations to manage dysphagia; a clinical evaluation may not identify individuals who are silently aspirating, therefore it is imperative that the clinician completing the clinical assessment has extensive experience in identifying the signs, symptoms, and risk factors associated with the development of aspiration pneumonia. This is within the scope of practice of both SLP and OT.

- Instrumental Swallowing Assessment: A component of a swallowing assessment that involves the use of instrumentation. The two most frequently performed instrumental swallowing assessments are:
  - Fiberoptic endoscopic evaluation of swallowing (FEES): A procedure that uses a light source to view the throat and upper airway prior to and during swallowing. In Manitoba, Speech Language Pathologists (SLPs) who have attained advanced competency certification in Fiberoptic Endoscopic Evaluation and Management of Swallowing Disorders may administer FEES.
  - Videofluoroscopic Swallowing Study (VFSS): A procedure that uses videofluoroscopy to obtain a video image of the throat and upper airway during the act of swallowing. A VFSS normally includes a variety of food or liquid textures that are mixed with barium. The study is often administered to determine whether food or liquid is routinely entering the airway, and/or whether food/liquid is fully clearing the pharynx. The study is also administered to determine whether postural adjustments may improve swallowing safety. A VFSS may also be referred to as Modified Barium Swallow (MBS). In Manitoba, Speech Language Pathologists who have attained advanced competency certification in Videofluoroscopic Assessment of Adult Swallowing Disorders may administer VFSS to the adults.

Texture Modified Food: Foods that have been modified to alter their consistency or texture. A texture modified diet may include modification for solids and/or liquids. The texture of foods is defined as regular, soft, soft/minced, total minced, pureed and blenderized. The viscosity of liquids is defined as thin, nectar thick, honey thick, pudding and mixed consistencies. See Appendix E for full definitions.

Therapeutic Diet: The modification of a regular diet as a mode of treatment for diseases and conditions which may require one to eliminate or limit certain foods, or eat more of certain foods.

Tube Feeding: Food that enters the stomach or jejunum through a tube. Types of feeding tubes include nasogastric(NG), nasojejunum (NJ), Percutaneous Endoscopic Gastrostomy tube (PEG tube), Percutaneous Endoscopic Jejunostomy tube (PEJ tube) and balloon gastrostomy.

4.0 OPERATIONAL DIRECTIVE

As part of Assessment and Care Planning of Home Care clients, the Case Coordinator will:

- Ensure swallowing assessment has been completed (Hospital Based CC – consult with designated hospital SLP/OT, Community CC – see 5.1)
- Determine how the client will access food (see Appendix F)

- Determine how the client will receive medications (see section 5.1)
- Outline a backup care plan for the client if Home Care Staff are not be able to attend (e.g., back up care providers, back up supply of food (see Appendix B)
- Recognize indicators that a client is struggling and needing more support (see Appendix G)
- Understand the roles of Home Care Staff (see section 5.2 to 5.8)
- Follow up with the client, at a minimum at annual visit (see section 5.1)

5.0 ROLES AND RESPONSIBILITIES

5.1 Case Coordinators

Clients with swallowing issues may be referred to the Home Care program through hospitals or directly from community. Roles of the different Case Coordinators are outlined below:

Community/Centralized Case Coordinators	Hospital Based Case Coordinator

• Use Home Care approved Swallowing Screen Form # WCC-00277 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00277.pdf for ALL home care clients on admission and at ANNUAL reassessment (unless client has had swallowing assessment or Home Care Swallowing Screener has been done in the last six months-reason for not completing screener must be documented in EHCR).
• Document Swallowing Screen score in presenting situation under Section 5.3: Overview of Medical and Health Management, along with issues related to dysphagia, clinical assessment and recommendations.
• Scan and place completed Swallowing Screen in the client's EHCR under Internal Assessments in the Documents section.
• Refer as appropriate as per swallowing screening form and document in EHCR under section 5.3.
	• Note: Swallowing Screen is not required by HBCC as client's management of swallowing is monitored by care team in hospital.
	• Identify clients and consider dysphagia/ swallowing management as part of discharge planning/safe transition to the community.
	• Forward information regarding swallowing difficulties and assessments (in lieu of administering Swallowing Screen) as part of referral to the Community Case Coordinator PRIOR to initiating plan regarding safe transition to the community.
	• Document pertinent information and recommendations regarding dysphagia/swallowing management in the presenting situation under Section 5.3.
	• Advocate for reassessment of swallowing as health condition changes.
	• Communicate with:
	  ◦ SLP about feeding plan/swallowing recommendations and Home Care guidelines.
	  ◦ Pharmacy/Primary Care Provider regarding medication management recommendations.
	  ◦ Registered Dietitian about nutritional requirements.
	  ◦ Delegated Task Program if client specific training is required and ensure training is arranged prior to discharge.
	• Consult Case Management Specialist or Nurse Educator and/or Delegated Task Program if assistance needed to determine appropriate level of assist (e.g. HCA, Nursing).

Community/Centralized & Hospital Based Case Coordinators

Review with Client/Caregiver:

- Goals of Care, Program Guidelines and expectations
- Accessing food in client home:
  - Family's ability to prepare/provide and leave foods/beverages with appropriate textures
- Home Care Direct Service Staff can heat and serve meals for clients that are consistent with the recommended appropriate texture (e.g., potato chips cannot be given to a client requiring a pureed diet)
  - Discuss community resource as a way to get prepared foods, such as Meals on Wheels. (See Appendix F for information on community resources)
  - Discuss foods that will be kept in the home as a backup supply. (see Appendix B for examples of foods)
  - Clients receiving EIA may be eligible for additional funding to cover extra costs associated with the purchase of texture modified foods (consult with client's EIA representative)
- If the client requires assistance with feeding (self-feed versus family versus Home Care DSS)
- Consumption of medications:
  - The swallowing assessment report should indicate the safest route of administration of medications in any form.
  - If client has been assessed as unsafe to swallow whole oral medications, the Case Coordinator should review the oral medications with the pharmacist and/or prescriber (see Nursing Procedures Manual 5.7.13 Crushed Meds).
    - As tolerated by the client, the medications can be provided by the pharmacy in solid dose formulation, crushed medications (prepared by pharmacy), liquid medications (prepared in oral syringes by pharmacy)
- Backup plan for the client and/or caregiver should Home Care Staff not be available

Community/Centralized Case Coordinators

Follow up & Re-assessment

- Monitor and re-screen if change in status or at predetermined intervals, e.g. recent history of aspiration pneumonia or rapid progressing neurological disease.
- Re-screen at **ANNUAL** reassessment (unless client has had swallowing assessment or Home Care Swallowing Screener has been done in the last six months-reason for not completing screener must be documented in EHCR) using Home Care approved Swallowing Screen Form # WCC-00277 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00277.pdf
- **URGENT** clinical swallowing assessment/reassessment is indicated when:
  - Significant weight loss occurs over a short period of time.
  - Client is experiencing difficulty swallowing current diet.
  - Client is experiencing reoccurring respiratory infections.
  - Consider a referral to a clinical dietician for assessment regarding nutritional needs.
  - Consult with Case Management Specialist or Nurse Educator as needed for swallowing related care planning.
- Communicate information regarding screen and Case Coordinator assessment to clinician who will complete assessment.

NOTE: In the absence of a swallowing assessment and current feeding plan, consultation must occur with Case Management Specialist to assist with care planning until assessment and recommendations can be completed and reviewed.

5.2 Direct Service Staff (DSS) - HCA, ISW, RA, HSW

DSS can assist clients with swallowing issues to access foods and medications. However, due to the risk of aspiration and choking, food and medications must be prepared in a way that provides the least risk for negative outcomes. HCA's, ISW's, RA's and HSW's do not receive training to appropriately prepare minced, pureed or blenderized foods and are not trained on how to appropriately thicken fluids.

DSS **CAN** assist with some aspects of meals (as part of regular assigned tasks), as follows:

- Heat and/or serve ready-made foods provided by caregivers or external partners that are the appropriate food textures (e.g., heat/serve meals made by family or from Meals on Wheels or other agency).
- Heat and/or serve ready-made foods from the back up food supply in the client home (see Appendix B for details of Back up Food Supply).
- Prepare and serve foods as part of a "soft diet" (see page 145d-145i of Best Practice Manual).

DSS **CANNOT** prepare:

- Texture modified foods (e.g., minced, pureed or blenderized foods), or thickened liquids (beverages) for clients who require liquids to be nectar thick, honey thick or pudding thick.

Note: Liquids with appropriate textures can be sourced from community resources, such as Meals on Wheels. Some Assisted Living and Supportive Housing facilities can provide texture modified food and thickened liquids.

DSS **CAN** assist with oral medications (as part of regular assigned tasks) if:

- Oral medications are compliance packaged.
- Medications can be solid dose formulation, crushed medications (prepared by pharmacy), liquid medications (prepared in oral syringes by pharmacy).

<u>ONLY</u> HCA, ISW and RA Level Staff Can:

- Assist a client with positioning to meet Standard Eating Precautions.
- Feed and/or supervise a client during a meal.
- Assist a client to complete or provide oral care for the client after a meal.
- Encourage the practice of Standard Eating Precautions during meal times, including encouraging clients to do oral care after their meal. (see Appendix D for Standard Eating Precautions).

HCA, ISW and RA require Client Specific Training (from Delegated Task Program):

- To feed and/ or supervise a client when the SLP recommendation exceeds the feeding/swallowing recommendation for safe Standard Eating Precautions.

DSS are expected to report:

- Indicators that a client is struggling (see Appendix G).

- Requests from client or family:
  - To assist with feeding (if this has not been assigned).
  - To prepare foods with modified textures (e.g., cooking foods and then pureeing foods in a blender).
  - To serve foods that are not the appropriate texture (e.g., client requests staff serve potato chips, but the requirement is that foods be pureed).

If client is in distress, DSS are expected to respond as follows:

- If a client is in distress (e.g., choking, unresponsive, unconscious, signs of bleeding, loss of function, inability to speak), they are directed to call 911. As able, DSS are to report to their Resource Coordinator and/or After Hours, call the client contact and wait with the client until the ambulance arrives. DSS are not required to administer CPR, but they may choose to function under the Good Samaritan Act (per Assembly of Legislative Assembly of Manitoba https://web2.gov.mb.ca/laws/statutes/ccsm/g065e.php), which states: *"A person who voluntarily provides emergency assistance to an individual injured in an accident or emergency is not liable in damages for injury or the death of that individual caused by an act or omission in providing the emergency assistance, unless the person is grossly negligent".*

5.3 **Supervisory Resource Coordinator/Nursing Resource Coordinator**

- Report HCA, ISW, RA, Direct Service Nurse concerns related to swallowing to client's Case Coordinator.
- Document in client's electronic home care record.

5.4 **Scheduling Unit**

- Fill client service request; schedule HCA, ISW, RA to provide care.
- Schedule Client Specific Training if required for HCA, ISW, RA.
- Provide HCA, ISW, RA with Client Data Sheet.
- Ongoing communication of client services changes to direct HCA, ISW, RA.

5.5 **Registered Dietitian (Hospital/Clinic based or Clinical Dietitian-Home Care)**

- May complete a meal observation until a clinical swallowing assessment is completed by swallowing specialist.
- Recommend a more appropriate food texture/ fluid viscosity as well as safe feeding and swallowing guidelines based on results of meal observation, in order to optimize client's nutrition status and comfort at meals.
- Provide education and training to family members and/or clients on texture modified diets/fluids including preparation.
- Assess nutrition needs and provide recommendations to optimize nutrition status within the constraints of diet/fluid viscosity. Consider need for enteral or parenteral nutrition to promote adequate and safe nutrition.
- Provide education on therapeutic diets (including prescribed fluid restriction).
- Evaluate client's acceptance/tolerance to texture modified diet/fluid viscosity and nutrition status, modify nutrition care plan as needed to promote adequate nutrition, as well as accommodate safety and quality of life needs.
- Communicate with team members regarding client's nutrition care plan and acceptance/tolerance of texture modified diet/fluid viscosity.

- To initiate a referral to the Clinical Dietitian-Home Care, see link: http://home.wrha.mb.ca/prog/homecare/files/ccm_HCDietitian_refer_GL.pdf
- See Appendix G for indicators that client is struggling.

5.6 **Home Care Direct Service Nurses**

Nursing Coordinated Clients	Community/Specialty Coordinated Clients
• Complete Home Care approved Swallowing Screen Form # WCC-00277 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00277.pdf for ALL Nursing Coordinated clients on admission, and annually for long-term clients. • Document Swallowing Screen score in an admission note on an Integrated Progress Note WCC-00002 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00002.pdf in the client's in-home client file along with any identified issues related to dysphagia • Develop, implement, and maintain a Nursing Care Plan WCC-00011 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00011.pdf for a client with dysphagia. • Communicate any concerns re: swallowing to Nursing Resource Coordinator, including possible need to transfer to Community or Specialty Coordinated • Refer as per swallowing screen form and document in an Integrated Progress Note in the client's in-home client file • Consult with a Pharmacist as needed to change the form of a medication; see Nursing Procedures Manual 5.7.13 Crushed Medications. • Consult with Registered Dietician as required (see 5.5) • Monitor and re-screen if change in status e.g. recent history of aspiration pneumonia or rapid progressing neurological disease. • If transferring the coordination of the client to community, send a copy of the completed Swallowing Screen to the Case Coordinator.	• Identify and communicate any concerns re: swallowing to Nursing Resource Coordinator and client's Case Coordinator • Develop, implement, and maintain a Nursing Care Plan WCC-00011 http://home.wrha.mb.ca/hinfo/chif/files/WCC-00011.pdf for a client with dysphagia • Consult with a Pharmacist, as needed to change the form of a medication; see Nursing Procedures Manual 5.7.13 Crushed Medications. • Consult with Registered Dietitian as needed (see 5.5). • Monitor and identify if change in status, e.g. recent history of aspiration pneumonia or rapid progressing neurological disease, notify client's Case Coordinator and document in an Integrated Progress Note.

5.7 **Delegated Task Program**

- Consult with the Home Care Team as required.
- Receive and review Client Specific Training Request(s) along with SLP or CTS OT assessment and recommendation received from Hospital/Community/ Centralized Case Coordinator.
- Develop HCA delegated task plan which outlines the client specific feeding recommendation for the client.

- Arrange initial and/or subsequent HCA/ISW/RA training with appropriate trainer.

5.8 **Team Manager**

- Involvement may be required when:
  - Pleasure feeding by Home Care Staff is being considered.
  - Client continues to have persistent difficulty despite following the up to date care plan.
  - Other ethical issues arise regarding oral intake.

6.0 REFERENCES

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7.0 CONTACTS

Case Management Specialist, Home Care Program Support Team
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Team Manager Home Care Program Support Team
Phone: (204) 471-4341

APPENDIX A: CONDITIONS THAT INCREASE RISK OF DYSPHAGIA

NEUROLGICAL	PHYSICAL - STRUCTURAL	PSYCHOGENIC
Acquired	Tumors	Emotional disturbances
Cardiovascular Disease	Intracranial	Mentally challenged
Cerebral Infarction	Cranial nerves	Developmentally delayed
Poliomyelitis	Head and neck	Medication induced
Brain Stem Infarction	Injury to neck/head	
Intracranial hemorrhage	Ingestion of caustic material	
Head injury	Radiation fibrosis	
Congenital	Surgery to head and neck	
Cerebral Palsy	Other trauma	
Degenerative	Spinal cord injury	
Dementia	Postoperative trauma	
Multiple Sclerosis	Anoxia	
Amyotrophic Lateral sclerosis	*Other*	
Parkinson's	Enlarged thyroid	
Muscular dystrophy	Disorders of the cervical spine	
Connective tissue disorders e.g. Polymyositis	Congenital web of the larynx	
Multisystem degeneration	Zenker's diverticulum	
Myasthenia gravis		

APPENDIX B: BACK UP SUPPLY OF FOOD IN CLIENT HOMES

Ready-made foods with a smooth, consistent texture can be tolerated by clients who require their foods to be soft, minced or pureed.

Examples of foods commonly available in grocery stores that would be appropriate and could be used as a backup supply include:

Cupboard Foods (can be stored at room temperature)	**Refrigerator Foods** (must be stored in refrigerator)	**Naturally Thick Fluids** (stored in refrigerator once opened)
Pre-made pudding (pudding cups)	Yogurt (smooth consistency/no lumps)	V8 Juice is nectar thick
Pre-made custard	Hummus (any flavor/no lumps)	Thicker fruit juice (such as prune or apricot nectar) are nectar thick
Apple sauce (canned or individual serving)	Whipped or mashed potatoes (no lumps)	Yop & Kefir are nectar thick
Baby Food: Beginner Stage (no lumps) –such as pureed fruits/vegetables (e.g., peaches, peas, etc.), pureed meats, pureed combination foods (e.g., vegetable/rice/chicken)		Ensure/Boost is nectar thick

APPENDIX C: RISK FACTORS FOR SWALLOWING DIFFICULTIES

RISK FACTORS FOR SWALLOWING DIFFICULTIES	
Already has a texture modified diet or thickened fluids or reports difficulty managing certain textures	History of unintentional weight loss
Coughing or clearing throat during or after eating/drinking	Recent history of dehydration
Difficulty swallowing medications or need to crush medications	Require more than 30 minutes to complete a meal
Slurred speech	Frequent vomiting
Choking episode	Persistent problematic secretions or drooling
Difficulty getting food down or needing several swallows per bite or washing down with water	Gurgly or wet voice after eating/drinking
Food or drink falling from their mouth	Pain or discomfort associated with eating
Sudden change in swallowing ability	Difficulty managing oral hygiene
Respiratory difficulties e.g. aspirations or recurrent pneumonia or recent chest infection or chronic respiratory difficulties	Difficulty with chewing

APPENDIX D - STANDARD EATING PRECAUTIONS

- Be alert while eating.
- Sit upright at a 90 degree angle.
- Eat in a quiet environment, free of distractions (avoid watching TV).
- Wear glasses as prescribed.
- Wear dentures to eat if they have them and they fit properly. If dentures do not fit properly (i.e., the denture makes them gag or they fall out when eating/speaking), the client should not wear them to eat.
- Encourage to take small bites and sips (teaspoon size).
- Encourage to chew food thoroughly.
- Encourage to eat slowly and pause or take a break when needed.
- Encourage to swallow food/drink before taking another bite/sip.
- Encourage to not speak with food or liquid in their mouth.
- Discontinue eating if eating/drinking is very difficult, painful, making the client cough a lot, or the client appears in distress.
- Encourage to do oral hygiene after every meal (brush teeth, rinse with mouthwash, etc.).

APPENDIX E: DEFINITION OF FOOD TEXTURES

SOLIDS	
Regular	Foods that are not texture modified. Includes food of any texture or consistency.
Soft	Food that is soft, moist, and "tender" (foods that can be cut or mashed with the edge of a fork); excludes hard, tough, crunchy, stringy and chewy foods. Soft diet info sheet found in DSS Best Practice Manual.
Soft/minced	Foods that are soft enough to be mashed with a fork or foods such as dry, tough, or chewy meat which are cut into ¼ X ¼ inch pieces by means of food processor and covered with gravy and sauces.
Minced	Foods in this diet are cut very finely or processed through a food processor into ¼ X ¼ inch pieces. All foods should be extra moist. Minced meat/poultry, fish, soft casseroles made with minced meat, poultry as well as minced, whipped or mashed fruits and cooked vegetables.
Total minced	Foods that are soft, moist and cut-up very finely or processed through a food processor to ¼ X ¼ inch pieces. This diet excludes whole bread or baked products - includes cream/stock soups (with soft/minced meat/poultry and soft well-cooked minced vegetables without seeds/skins).
Pureed	Moist foods of homogeneous texture to the consistency of smooth applesauce or pudding by means of a food processor or blender.
Blenderized	Foods/meals that are placed in a blender or food processor and modified to a consistency of liquid form.
LIQUIDS	
Thin	Beverage that is of a thin consistency, non-thickened, e.g. water, black tea or coffee, apple juice, milk.
Nectar Thick	Fluid that is thickened with a thickening agent to the consistency of tomato juice or fruit nectar.
Honey Thick	Fluid that is thickened with a thickening agent to the consistency of liquid honey.
Pudding Thick	Fluid that is thickened with a thickening agent to the consistency of smooth/moist pudding: holds its own shape on a spoon.
Mixed consistencies	Fluids combined with solids, e.g. cold cereal, chicken noodle soup.

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APPENDIX F: COMMUNITY RESOURCES WHO PROVIDE TEXTURE MODIFIED FOODS & THICKENED FLUIDS

Meals on Wheels provide ready-made foods/beverages appropriate for texture modifications, as follows:

Texture Modified Foods	Thickened Fluids
Soft	Thick fluid - Nectar
Soft/minced	Thick fluid – Honey
Minced	No fluids combined with solids
Total Minced	
Pureed	
Blenderized	

Contact info for Meals on Wheels can be found at https://www.mealswinnipeg.com/get-meals/

Health Sciences Center can provide:

Thickened Soups	Pureed Foods

Contact info for Health Sciences Center:
Purees for Home at 204-654-5100.

APPENDIX G: INDICATORS THAT CLIENT IS STRUGGLING & MAY NEED RE-ASSESSMENT (EITHER SELF DISCLOSED OR REPORTED BY CAREGIVERS/STAFF)

Indicators that can mean a client is struggling include:

- Client experiences choking episodes
- Client has had a recent episode of aspiration (e.g., aspiration pneumonia)
- Client has a poor fluid and/or food intake.
- Client exhibits recent severe weight loss (weight loss of 5% or more in the last 30 days, or 10% or more in the last 180 days).
- Client experiencing poor wound healing.
- Client exhibits signs of dehydration and may have recently been admitted to hospital with dehydration.