

# Eating and Drinking -Trial of Changes Record

Please refer to SLT Manual for Mealtimes. Fill in the 'Eating and Drinking Problem Chart' first.

Name and CHI/DOB of client:	Name of person completing:	Designation and base:
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	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Alertness	Extra prompts and time to rouse		
	Meals at best times of day		
	Medication side effects?		
	Check for illness or infection		
	Snacks and high calorie foods		
	Extra mouth care		
	Activities to lift mood		
	Treat for depression		
Environment	Reduce noise and movement		
	More space, adjust table layout		
	Soft music playing		
	Routine to prepare for meal		
	Staff eat with residents		
	Others to copy, all on same course		
	Lots of prompts		
	Walk until meal arrives		
Sensory	Allow for visual changes		
	Colour contrasts		
	Plain cloth and simple layout		
	Familiar items		
	Observe body language		
	Has taste changed?		
	More reminders		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
Positioning	Sitting up well		
	Staying upright after meal		
	Head in good position		
	Wide or shallow cup		
	Food/drink within reach		
Pain	Non-verbal pain scale		
	Consider if pain is a factor		
	Pain treated <b>before</b> mealtime		
	Consult GP		
Mouth care	Clean mouth as well as dentures		
	At least twice a day		
	Clear residue every meal		
	Do they want dentures for eating?		
	Is fixative working?		
	Drink more to thin saliva		
Helping	Good environment and position		
	Are you comfortable too		
	Glasses, hearing-aid and dentures		
	Check for recommendations		
	Know what they like		
	Doing as much as possible for themselves		
	Meal in view and appetising		
	Give choice		
	Wait for swallow		
	Pace and mouthful size		
	Finger foods/adapted cutlery		
	Eat little and often		
	No chat during mouthful		
Medication	Check with pharmacist		
	Crushed medication with food		
	Some medication in liquid form		
	Giving liquid medication from a spoon		
	Consider side effects eg nausea, dry mouth		

	REMINDERS FOR YOU	WHAT YOU HAVE TRIED? N/A if this isn't a relevant factor	OUTCOME Sign and date each entry
<b>Reflux</b>	Coughing between meals		
	Sharp or spicy foods set it off		
	Mucus in the morning		
	Hoarse voice or runny nose		
	Feeling of lump in throat		
	Talk to GP		
<b>Social</b>	Times for interaction		
	Enjoyable experience of meal		
	Meal as like the norm as possible		
	Cut up or mash food out of sight		
<b>Texture</b>	Avoid high risk foods		
	Check records		
	Keep good records of what works		
	Posture for eating and drinking		
	Sharp or cold drinks		
	Following recommendations well		
	Accurate use of thickener		
<b>Preferences</b>	Good knowledge of person		
	Likes and dislikes		
	Cultural preferences		
	Familiar utensils		
	Record taste changes		
	Prompts about flavour		
<b>Rights</b>	Is texture the biggest factor?		
	Impact on quality of life		
	Skill level of carer		
	Risk of dehydration with thickener		
	Discussion with all parties		
<b>Cognition</b>	Check for worries		
	Observe behaviour patterns		
	Verbal reassurance		
	Keep good records of what works		
	Increased supervision		