

DYSPHAGIA and NUTRITIONAL SUPPORT POLICY FOR PEOPLE LIVING IN THE COMMUNITY SETTING

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DOCUMENT CONTROL

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1. INTRODUCTION

1.1 This document outlines the process and procedures involved in gathering, evaluating and documenting information for the assessment and management of eating, drinking and swallowing difficulties (dysphagia) in adults seen in the community. This includes adults with learning disabilities (LD).

1.2 The document reflects the following:

- Dysphagia can occur at any time.
- Dysphagia can arise from a wide range of causes.
- Dysphagia affects general health and quality of life. It can lead to malnutrition, dehydration, aspiration and choking.
- Safety, nourishment and adequate hydration are fundamental.

1.3 Adherence to the policy will ensure that all patients seen in the community receive the correct management of their dysphagia and nutritional needs from referral through to discharge. It outlines the procedures that must be followed, details the responsibilities and duty of care of staff and the training and competences required. The policy promotes 'best practice' and adherence to this policy is expected by staff at all times.

1.4 Speech and Language Therapists must read and adhere to the Speech and Language Therapy Services Good Guidance Dysphagia Procedures.

2. PURPOSE AND SCOPE

2.1 The purpose of this document is to provide clinical guidelines for the safe and effective management of community patients with dysphagia and nutritional support needs.

2.2 It aims to ensure the correct procedures are followed in the management of community patients across the county referred for a dysphagia assessment and for nutritional support.

2.3 It aims to ensure that all appropriate staff are informed and involved, as a multidisciplinary approach is essential to ensure the optimum level of care required to manage these patients is given.

2.4 It aims to ensure that family and carers are appropriately involved and informed about the patients swallowing difficulties and associated nutritional support needs.

3. DUTIES AND RESPONSIBILITIES

3.1 The following details the duties and responsibilities for the team involved in the management of patients referred for dysphagia assessment and for nutritional support. The team has a collective responsibility to work together to identify the client's specific needs and to develop a plan of care to meet those needs.

3.2 Trust Responsibilities

- 3.2.1 The Trust **Chief Executive Officer** has overall accountability for the effective and safe operation of the Trust, ensuring the safety and wellbeing of patients and others are taken fully into account at all times.
- 3.2.2 **Trust managers** are responsible for ensuring all their staff are fully aware of this policy and for making sure they follow it at all times.
- 3.2.3 **All staff** have the responsibility to ensure that patients with dysphagia are treated safely using best practise and to follow the procedures set out in this protocol. They have a duty to report immediately any adverse events in relation to these patients, using the Organisation's DATIX reporting system, if needed.

3.3 Speech and Language Therapists

- 3.3.1 The Adult Speech and Language Therapy Service see patients across the County referred with dysphagia, which are registered with a Somerset GP. They are seen in a variety of settings such as Clinics, their own homes, and residential and nursing homes.
- 3.3.2 Patients with a learning disability, referred with dysphagia will be seen by the Speech and Language Therapy Learning Disability Service. Children will be seen by the Integrated Paediatric Therapy Service. However, in exceptional circumstances, such as neurological injury, head and neck cancer or in an Inpatient setting, the three services will work together.
- 3.3.3 On receipt of a referral the Speech and Language Therapy Service will triage and prioritise according to need. Dysphagia referrals will be seen within two weeks.
- 3.3.3 Speech and Language Therapists have a unique registered role in identifying and managing oropharyngeal dysphagia. The key role is in the assessment, differential diagnosis and management of dysphagia.
- 3.3.4 Speech and Language Therapists will have a full understanding of the implications of the Mental Capacity Act and follow the Code of Practice.

3.4 Registered Nurse Responsibilities (e.g. District Nursing Service, Community Psychiatric Nurses, Community Matrons, Specialist Nurses)

- 3.4.1 All registered nurses have a responsibility to carry out care for a client with dysphagia as advised by the Speech and Language Therapy assessment. The client's capacity to consent should be considered and the Mental Capacity Act Code of Practice followed. This may result in Best Interest decisions needing to be made.
- 3.4.2 If care is delegated to a health care assistant, the registered nurse must

ensure they are capable and competent to carry out that delegated duty.

3.4.3 All care given to the client must be clearly documented in the multidisciplinary evaluation record and / or the nursing records.

3.5 **Community Learning Disability Nurses**

3.5.1 Further advice may be sought on health, medication, epilepsy.

3.6 **Physiotherapists**

3.6.1 Further advice should be sought from Physiotherapy on positioning and / or seating.

3.7 **Rehabilitation / Reablement Service**

3.7.1 All staff have the responsibility to be aware of the potential implications of dysphagia for their patients with dysphagia.

3.7.2 All care given to the client must be in line with the relevant Speech and Language advice and must be clearly documented in the multidisciplinary evaluation record.

3.8 **Dietetic Service Responsibilities**

3.8.1 On referral to the dietetics service, the dietician will check if the client has any identified problems with eating drinking and / or swallowing.

3.8.2 All patients with problems with swallowing should be referred to the Speech and Language Therapy Service for an assessment. The dietician will confirm that referral has been made for these patients and, if not, will request a Speech and Language Therapy assessment urgently.

3.8.3 The dietician is unable to advise on the diet of these patients until a Speech and Language Therapy assessment has been carried out and documented.

3.8.4 Patients referred to dietetics will be seen, assessed and have a nutritional care plan in place within seven days of receipt of referral. The dietician will develop a nutritional care plan which will consider:

- The client's dietary requirements relating to their cultural / religious beliefs.
- Client's nutritional status using the MUST screening tool (Appendix A).
- The client's special dietary requirements.
- The client's ability to eat and drink independently.
- The client's cognitive abilities.
- The client's ability to chew and swallow.
- The client's communication, speech and language abilities.
- The client's visual and hearing abilities.

- 3.8.5 The dietician will be informed by the Speech and Language Therapy treatment / care plan when advising patients with eating, drinking and swallowing problems.
- 3.8.6 The dietician will develop the nutrition treatment / care plan which complies with the client's requirements for texture modified meals and snacks, thickened fluids and any specialist eating / drinking equipment.
- 3.8.7 The dietician will assess if the client's intake of modified texture meals meet the client's nutritional requirements. For patients with poor appetites or for patients identified as being at nutritional risk, the dietician may advise additional snacks and / or oral nutritional supplements.
- 3.8.8 For patients with eating, drinking or swallowing difficulties where food fortification would be beneficial, the dietician will seek written instructions from the Speech and Language Therapy Service and document in the client's multidisciplinary care plan. Texture modified meals should not be fortified without written instructions from the Speech and Language Therapy Service.
- 3.8.9 The dietician may request oral nutritional supplements. The dietician will ensure that these comply with the client's requirements for thickened fluids.
- 3.8.10 The dietician will request a prescription of one of the pre-thickened oral nutritional supplements appropriate to the client's requirements for thickened fluids.
- 3.8.11 Other supplements should only be thickened following written instructions from the Speech and Language Therapy Service and documented in the nutrition / care plan. Similarly the mixing of oral nutritional supplements with pre-thickened oral nutritional supplements, for example Fortisip with Forticreme should only be carried out with written instructions from the Speech and Language Therapy Service and documented in the treatment / care plan.
- 3.8.12 Following an assessment or review, the Speech and Language Therapist may request that the client's prescription of oral nutritional supplements is changed to comply with the client's swallowing needs. In these circumstances the Speech and Language Therapist must make a referral to dietetics for a dietetic review. This should be faxed to the Dietetic department on 01278 431384.

3.9 Pharmaceutical Service Responsibilities

- 3.9.1 Following a diagnosis of dysphagia it may be necessary to change the preparation of medications. A pharmacist or prescriber must always be consulted as changes to the amount of medicine or how often it is given may be necessary.

3.9.2 The Speech and Language Therapist responsible for assessing the client will tell the carer about the changes and inform the GP of the need for a changed form for the medications given.

3.9.3 In certain circumstances tablets may need to be crushed or capsules opened but crushing a tablet or removing powder or granules from a capsule may affect the way a medicine works and may even cause side effects. Both a pharmacist and prescriber must be consulted. Therefore, before doing this the following options should be considered:

- i. Is the medication essential? It might, in some instances, be more appropriate to stop therapy, either temporarily or long term. However, before stopping any medication the prescriber should always be contacted.
- ii. If essential can the medication be given in a different formulation? For example dispersible / soluble tablets, liquid preparations, patches which can be applied to the skin, suppositories or injections. This information can be found in the British National Formulary (BNF), but a pharmacist or prescriber should always be consulted as changes to the amount of medicine or how often it is given may need to be made.
- iii. In some cases a **different medicine** can be prescribed that does not need to be swallowed whole or is available as an alternative formulation.
- iv. If it's essential to continue the medicine then there are some tablets and capsules that should not be crushed or opened. In certain circumstances when an alternative is not available and it is not suitable to open capsules or crush tablets, liquid medicines can be ordered from special manufacturers. These preparations are unlicensed and often very expensive but a pharmacist should be able to advise on this.

3.9.4 Further advice and information can be obtained from your supplying pharmacy.

3.10 **Learning Disability Service Better Health Team**

3.10.1 The Better Health Team support Speech and Language Therapy links with GPs, dieticians and care staff. They may produce accessible resources for individuals with learning difficulties.

4. **EXPLANATIONS OF TERMS USED**

4.1 **Aspiration** refers to the entry of material (including food and drink) into the larynx and lower respiratory tract.

4.2 **Care Home** refers to a place of residence which offers accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or specialise in caring for particular groups such as younger adults with learning disabilities.

- 4.3 **Choking** refers to partial or complete obstruction of the airway, compromising the ability to breathe.
- 4.4 **DATIX** is Somerset Partnership's system for reporting untoward events.
- 4.5 **Dysphagia** refers to difficulty at any stage of the mechanical process of eating, drinking and swallowing. In Somerset Adult Learning Disabilities (ALD) Services the term 'feeding' is not used.
- 4.6 **Mental Capacity** refers to the ability to act and make informed decisions. For the purpose of this policy this is the ability to make a specific decision.
- 4.7 **Videofluoroscopy** refers to an X-ray procedure which films the swallow process from oral intake through to and including the swallow.

5. **LEGAL REQUIREMENTS**

5.1 **Consent and Capacity**

- 5.1.1 Patients have a legal and ethical right to determine what happens to them. The main purpose of seeking consent is to protect and respect their autonomy and individual rights, whilst ensuring medical accountability, involving them and their family and carers in all aspects of their care.
- 5.1.2 The Somerset Partnership Consent Policy and Capacity to Consent to Treatment Policy sets out standards and procedures that define 'consent' between patients and health professionals providing treatment. The Mental Capacity Act Code of Practice must be followed. A person is assumed to have capacity unless it is proved otherwise.
- 5.1.3 It is essential that all healthcare professionals clearly document assessments, client's wishes and preferences, and the decisions made.
- 5.1.4 The Speech and Language Therapist will be the decision maker if they have given advice concerning eating, drinking and swallowing, including texture modification. There may be times when the decision maker will be the GP and / or Consultant, with the Speech and Language Therapist and others contributing their clinical views, e.g. if a Percutaneous Endoscopic Gastrostomy (PEG) is being considered, if the client is refusing certain textures and consistencies of food / drink.
- 5.1.5 If there is any doubt about an individual's capacity the Consent and the Capacity to Consent to Treatment Policies must be followed.

6. **Raising Concerns**

Outlined below are a number of standards (reflecting CQC outcomes) that Speech and Language Therapists expect to be in place. If these are not in place, Speech and Language Therapists would raise concerns with the Provider Service and a Safeguarding Concern would be considered.

6.1 Senior Manager

To monitor Dysphagia Care Plans and risk assessments through supervision and Team Management Reviews.

6.2 Registered Manager

6.2.1 To ensure that dysphagia is included in the provider needs assessment.

6.2.2 To ensure that the Provider Service risk assessment is completed for people who have difficulty with eating and drinking, particularly people who have:

- A history of choking episodes which may or may not have needed medical intervention.
- Adaptations to textures and consistencies of food.
- A history of eating inappropriate objects.
- Speech and Language Therapy involvement with eating and drinking.

6.2.3 To ensure that timely referrals are made to Speech and Language Therapy if:

- Patients start to have problems with eating and drinking, e.g. coughing, choking, difficulties with certain textures and consistencies, refusing to eat or drink.
- When there is a change in someone's eating and drinking.
- There are any concerns about eating and drinking.

6.3 Care Home Managers

The manager is responsible for overseeing the health and wellbeing of those residing in their establishment. They should ensure all staff and others supporting the person with dysphagia follow the Care Plan at all times by:

- Ensuring all Dysphagia Care Plans are discussed with staff and the importance of following them at all times outlined.
- Ensuring staff are made aware of changes to Dysphagia Care Plans as soon as possible.
- Making any referrals requested by the Speech and Language Therapist, e.g. GP, dietitian.
- Ensuring staff are aware that Dysphagia Care Plans must not be changed or modified in any way without seeking further advice from the Speech and Language Therapists.
- Ensuring a copy of Dysphagia Care Plans are kept in the individual's case records and made available for staff at all times.
- If there are any concerns or changes in the individuals eating and drinking, an urgent review will be requested from the Speech and Language Therapy Service.
- To identify and regularly review the training needs of care staff who have responsibility for supporting people with dysphagia.

6.4 Care Home Staff

- 6.4.1 Should attend dysphagia training as agreed with the Care Home Manager.
- 6.4.2 Should follow Dysphagia Care Plans **at all times**. Strategies should not be changed, and any concerns should be raised with the Care Home Manager.
- 6.4.3 Should complete fully any recording sheets requested as part of the Speech and Language Therapy assessment.
- 6.4.4 Staff should discuss with their Care Home Manager if they are unsure about how to follow a Dysphagia Care Plan or feel that they have not had the relevant training to support people with dysphagia.
- 6.4.5 Staff should raise concerns:
- If individuals start to have problems with eating and drinking, e.g. coughing, choking, difficulties with certain textures and consistencies, refusing to eat or drink.
 - When there is a change in someone's eating and drinking.
 - If there are any concerns about eating and drinking.

7. SUPERVISED SUPPORT OF PATIENTS

- 7.1 If supervised eating or total support with eating and drinking is required for patients diagnosed with dysphagia and associated nutritional difficulties, it will be documented in the multidisciplinary care plan and the multidisciplinary health progress notes, following their Speech and Language assessment. Supervision will be discussed with the carer or registered manager and / or care manager for the client.
- 7.2 The following describes the client who will need supervision:
- 7.2.1 Supervised due to **poor nutritional intake**. If not specifically associated with dysphagia the client may need reminding to eat and be encouraged to increase their food intake.
- 7.2.2 Supervised following the Speech and Language Therapy assessment which identified problems with the **oral phase of swallowing**. The client may need reminding to chew their food, to take smaller mouthfuls, or to be assisted with their feeding due to weak oral musculature.
- 7.2.3 Supervised following Speech and Language Therapy assessment which identified problems of a delayed swallow putting the client at **risk of aspiration and choking** if not supervised. The client may be able to feed themselves but needs supervision to ensure they follow the advice given by the Speech and Language Therapy Service, such as using a repeat swallow to clear all food residues prior to taking another mouthful of food.
- 7.3 When working in supervision situations it is essential that the following points are adhered to:

- If someone needs assistance / supervision whilst eating, it is important that the person supporting them is focussed on what they are doing and can give the client their undivided attention.
- When supervising, the carer encourages the client to follow the strategies as advised by the Speech and Language Therapist.

7.4 Should relatives / carers wish to support an individual client during mealtimes, this should be encouraged and supported. Relatives / carers must be aware of their management plan.

7.5 If supervised eating or total support with eating and drinking is required for patients diagnosed with dysphagia and associated nutritional difficulties, who are living at home, it will be agreed with them and their family / carers and clearly documented in their Care Plan following their assessment by the Speech and Language Therapist.

8. MULTIDISCIPLINARY PROCEDURES

Individualised intervention based on multidisciplinary team working is widely acknowledged to be the most effective approach to intervention for people with dysphagia.

9. EATING AND DRINKING WITH RISK

9.1 At times patients may be considered at risk of aspirating food and drink into the lungs when eating and drinking, and of developing medical complications associated with aspiration.

9.2 Therefore a safest consistency nutrition management plan will be implemented by the Speech and Language Therapists following a multidisciplinary discussion and agreement in the client's best interests. The aim will be to reduce (but not eliminate) the risk of food and drink being aspirated into the client's lungs (see Appendix B).

9.3 The client should preferably be managed in the community if they develop complications, e.g. chest infections that are likely to have arisen due to aspiration. However, this needs to be managed on an individual basis according to their need.

9.4 Further Speech and Language Therapy intervention for swallowing is not indicated unless the client or their family / carers wish to reconsider the decision, or it is felt that the client's swallow status has changed.

9.5 Videofluoroscopy clinics are run in Taunton and Yeovil by the Adult Speech and Language Therapy team in conjunction with the Xray department. Refer to the Trust's Videofluoroscopic Evaluation of Oropharyngeal Swallowing Disorders in Adults Policy

10. TRAINING REQUIREMENTS

10.1 Speech and Language Therapists

10.1.1 The Trust ensures that all staff are appropriately trained in-line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Basic Life Support.
- Food Handling.

10.1.2 All Speech and Language Therapists working with dysphagia patients will have completed the appropriate recognised qualifications and will have evidence of completing specific dysphagia competencies as stated by their professional body (Royal College of Speech and Language Therapy).

10.1.3 Specialist and Advanced Specialist Speech and Language Therapists will have attended significant post-graduate dysphagia training. All Speech and Language Therapists will have received training in risk assessment.

10.1.4 Speech and Language Therapists must be aware of the extent and limits of their own skills. When faced with issues beyond their knowledge and experience, they must seek guidance from more experienced Speech and Language Therapists.

10.1.5 Speech and Language Therapists have an individual responsibility to develop and maintain their competences when working with patients identified with dysphagia.

10.2 Other Staff

10.2.1 The Trust ensures that all staff are appropriately trained in-line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Basic Life Support.
- Food Handling.

10.2.2 Dysphagia Awareness Workshops are provided and there is potential for other staff to develop further competencies if identified in their appraisal as an appropriate and necessary part of their role with patients.

10.3 Service Providers

10.3.1 The Speech and Language Therapy Service offers general dysphagia awareness training to service providers in the community.

11. HEALTH AND SAFETY

- 11.1 Local policies and procedures for the management of choking and resuscitation should be followed. Staff should follow the procedures taught in their annual Somerset Partnership training in the management of choking and Basic Life Support. Staff have a duty to act should there be a choking episode during an assessment / intervention.
- 11.2 Staff should follow infection control procedures. This includes the use of plastic gloves, aprons, hand gel and alcohol wipes; disinfection of stethoscopes; sterilisation of equipment that is loaned (cups, cutlery, plates etc).
- 11.3 Staff should familiarise themselves with the individual's care plan prior to intervention.
- 11.4 Somerset Partnership Infection Prevention and Control/Decontamination policies concerning contact with infectious diseases should be followed.

12. EQUALITY IMPACT ASSESSMENT

- 12.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.
- 12.2 Every reasonable adjustment will be made to ensure all patients are treated appropriately.

13. MONITORING COMPLIANCE AND EFFECTIVENESS

- 13.1 Monitoring arrangements for compliance and effectiveness will be carried out by the relevant professional groups.
- 13.2 Methodology to be used for monitoring:
- Regular auditing with Speech and Language Therapy reviewing their practice.
 - Complaints monitoring.
 - Incident reporting and monitoring.
- 13.3 The Speech and Language Therapy Service monitoring will be reported at the Nutrition Best Practice Group.
- 13.4 Any recommendations from the Best Practice Group will be discussed at the Clinical and Social Care Effectiveness Group.

14. COUNTER FRAUD

- 14.1 The Trust is committed to the NHS Protect Counter Fraud Policy - to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into client care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

15. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 15.1 The standards and outcomes which inform this document are as follows:

Section	Outcome
Information and involvement	1 Respecting and involving people who use our services
	2 Consent to care and treatment
Personalised care, treatment and support	4 Care and welfare of people who use services
	5 Meeting nutritional needs
Safeguarding and safety	7 Safeguarding people who use services from abuse

16. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

16.1 References

Care Quality Commission Guidance about compliance with essential standards of quality and safety 2009.

Somerset Partnership Nutrition Policy 2012.

National Client Safety Agency, Dysphagia Diet Food Texture Descriptors 2012.

Nutrition support in adults: oral supplements, enteral tube feeding and parenteral nutrition - NICE CG32 February 2006.

“Clinical Guidelines of the Royal College of Speech and Language Therapists” (2005).

“Communicating Quality 3 - Royal College of Speech and Language Therapists’ guidance on best practice in service organisation and provision” (2006).

“Understanding the Client Safety Issues for People with Learning Disabilities” (2004), National Client Safety Agency.

“Problem swallowing? Resources for patients and carers. Ensuring safer practice for adult with learning disabilities who have dysphagia” (2007), National Client Safety Agency.

Mental Capacity Act (2005).

Dysphagia Diet Food Texture Descriptors (2012).

Inter Professional Dysphagia Framework (2005).

Good Practice Guidance - Adult Speech and Language Therapy Service.

16.2 **Cross Reference to Other Procedural Documents - Somerset Partnership**

Consent and Capacity to Consent to Treatment Policy.

Consent to Examination or Treatment Policy

Medicines Policy 2012.

Nutrition Policy 2012.

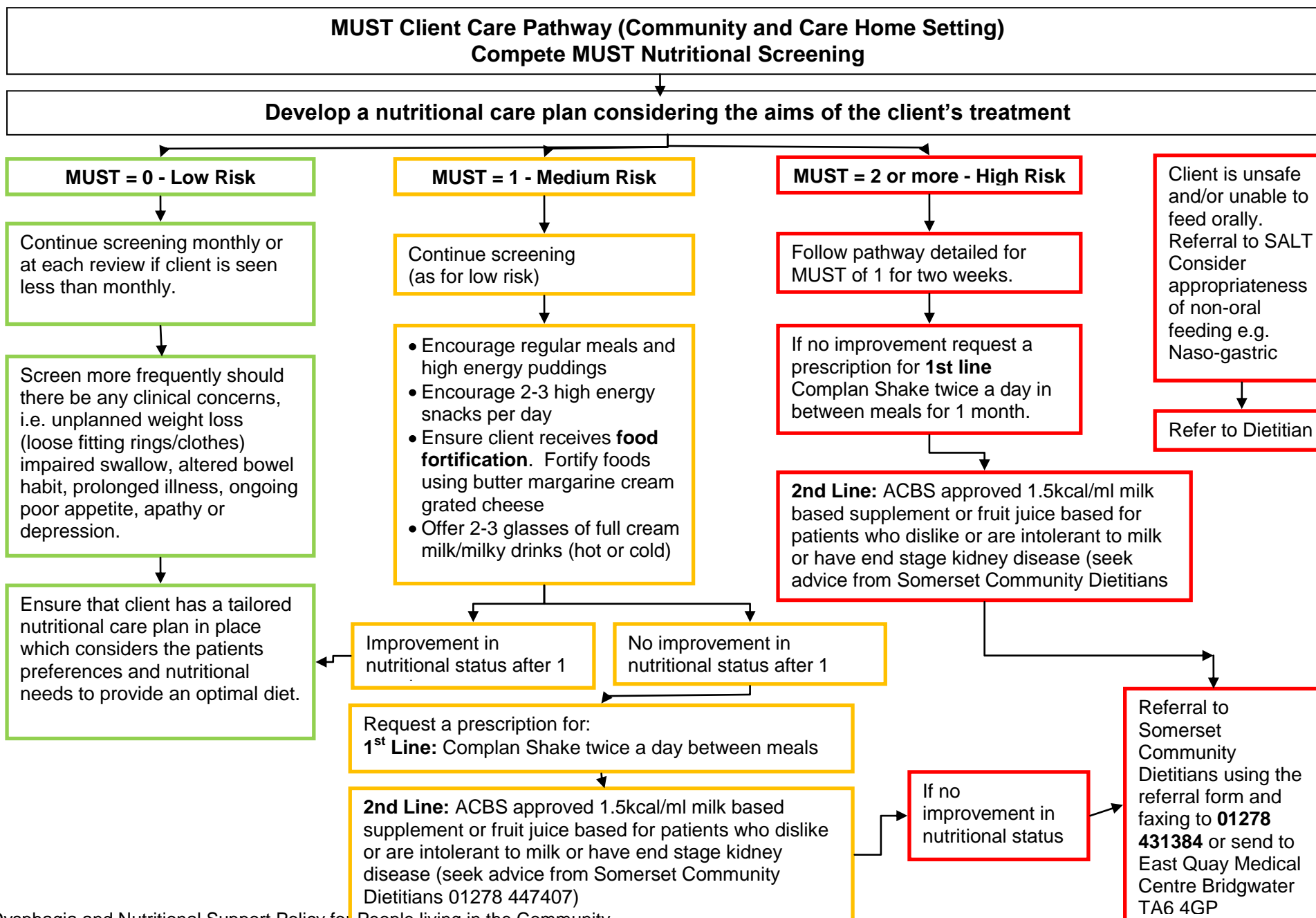
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

17. **APPENDICES**

17.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A MUST Client Care Pathway (Community and Care Home Setting)

Appendix B Eating and Drinking with Risk



Eating and Drinking with Risk

Client's Forename(s):
Client's Surname
NHS Number
Date of Birth:..... <i>Or affix ID label</i>

This client has had their swallowing assessed by a Speech and Language Therapist (SLT).

They are currently at risk of aspirating food and drink into the lungs when eating and drinking, and may develop medical complications associated with aspiration.

Tick as appropriate:

- The client is deemed to have capacity and has made a decision to eat and drink, acknowledging the risks of aspiration
- Assessment has been carried out in accordance with the Mental Capacity Act (2005) and there is reasonable belief that the client is unable to make an informed decision about eating and drinking options. Therefore a best interest decision has been made by the multi-disciplinary team involved in the client's care to allow them to eat and drink orally, accepting the risk of aspiration (tick as appropriate);
 - based on the client's Advance Directive
 - in consultation with the patients next of kin
 - in consultation with the Lasting Power of Attorney for personal welfare
 - in consultation with the Independent Mental Capacity Advocate

This Eating and Drinking with Risk plan has been implemented by Speech and Language Therapy with the aim of reducing (but not eliminating) the risk of food and drink being aspirated into the client's lungs. This is documented overleaf.

The client should preferably be managed in the community where appropriate if they develop complications e.g. chest infections that are likely to have arisen due to aspiration.

However it is important that treatment for any health complications that arise from eating and drinking with risk should be discussed on an individual basis.

Further SLT intervention for swallowing is not indicated unless the client or their family/carers wish to reconsider the decision, or it is felt that the client's swallow status has changed.

Name and designation of Medical Practitioner
Responsible for the decision

Signature

Date

Name _____

Designation _____

<u>CONSISTENCY OF FOOD</u>	<u>CONSISTENCY OF FLUIDS</u>
<input type="checkbox"/> Texture 'E' Fork mashable <input type="checkbox"/> Texture 'D' Pre-mashed <input type="checkbox"/> Texture 'C' Thick Puree <input type="checkbox"/> Texture 'B' Thin Puree <input type="checkbox"/> Other consistency..... <input type="checkbox"/> Leaflet with advice regarding appropriate modification of food is attached	<input type="checkbox"/> Normal fluids <input type="checkbox"/> Stage 1 thickened fluids <i>Syrup consistency</i> <input type="checkbox"/> Stage 2 thickened fluids <i>Custard consistency</i> <input type="checkbox"/> Stage 3 thickened fluids <i>Pudding consistency</i> <input type="checkbox"/> Leaflet with advice regarding appropriate modification of fluids is attached

EATING AND DRINKING ADVICE AND STRATEGIES:

For further information, advice or queries regarding the above Safest Consistencies Advice please contact the Central Booking Office on 01823 617464.