**Eating and Drinking -Trial of Changes Record**

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

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| --- | --- | --- |
| Name and CHI/DOB of client: | Name of person completing: | Designation and base: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 **before** 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 |

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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** |
| **Reflux** | 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 |
| **Social** | Times for interaction |  |  |
| Enjoyable experience of meal |
| Meal as like the norm as possible |
| Cut up or mash food out of sight |
| **Texture** | 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 |
| **Preferences** | Good knowledge of person |  |  |
| Likes and dislikes |
| Cultural preferences |
| Familiar utensils |
| Record taste changes |
| Prompts about flavour |
| **Rights** | Is texture the biggest factor? |  |  |
| Impact on quality of life |
| Skill level of carer |
| Risk of dehydration with thickener |
| Discussion with all parties |
| **Cognition** | Check for worries  |  |  |
| Observe behaviour patterns |
| Verbal reassurance |
| Keep good records of what works |
| Increased supervision |