

# Swallow Resource Pack

## Managing Dysphagia Checklist

Name: ..... Date of Birth: ..... NHS: ..... Date: .....

Has the person's swallow been assessed previously by Speech and Language Therapy? YES  NO  Date seen by SLT .....

If yes, what are the recommendations? Fluids: Normal/ IDDSI Level ..... Fluids: Normal/ IDDSI Level .....

Advice: .....

If indicated, referrals to Speech and Language Therapy must be made by contacting Single Point of Access (SPA) on 0300 300 2011. Email copy of completed Dysphagia Checklist to [snhs.slt.community@nhs.net](mailto:snhs.slt.community@nhs.net). This document will support your reason for referral.

Observations	Management Suggestions	Date management plan started by home staff	Date to be reviewed by Home staff	Outcome & Date <small>Problem managed OR Problem continues, need to refer to SLT</small>
<b>Aspiration pneumonia</b> or recurrent chest infections	GP review Refer to SLT			
<b>Breathing difficulties</b> associated with eating and/or drinking	Follow <b>Feeding Safely Routines</b> Try modifying food consistency to reduce chewing and effort, ensure small sips, slow rate of eating, good positioning.			
<b>Chewing difficulties,</b> chewing excessively or mouth holding	Check teeth, dentures and oral health. See IDDSI website and FAQ. Modify food consistency: trial lower level diet, e.g. change from normal diet to IDDSI Level 6. Follow <b>Advice for Managing Challenging Eating and Drinking Behaviours.</b>			If no other signs and symptoms of swallowing difficulties – <b>Do not refer.</b>

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<p><b>Choking</b> (partial or complete obstruction of airway affecting breathing)</p>	<p>Was this a one- off incident? If yes, monitor oral intake closely, especially with High Risk Foods.</p> <p>Ensure <b>Feeding Safely Routines</b> are followed. Complete your Risk of Choking screen.</p> <p>If there are further choking incidents, trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Continue to monitor and review. Advise GP. If you have made the above changes and there are further choking episodes, refer to SLT and advise GP.</p>			
<p><b>Coughing</b> when drinking</p>	<p>Follow <b>Feeding Safely Routines</b> and <b>Safer Swallowing for Fluids</b> information. Read FAQ. Start on thickened if indicated and refer to SLT. Complete a swallowing diary.</p>			
<p><b>Coughing</b> when eating</p>	<p>Follow <b>Feeding Safely Routines</b></p> <p>If continues to cough, trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Complete a swallowing diary.</p>			
<p><b>Drowsiness:</b> unable to eat and drink safely</p>	<p>If it's a new symptom, contact GP. Consider times of day when most alert and offer oral intake at those times.</p>			<p>Inappropriate to refer to SLT. Only refer if resident presents with unmanageable swallowing difficulties when alert.</p>
<p><b>Fast rate</b> eating/ drinking and/ or overloading</p>	<p>Follow <b>Advice for Managing Challenging Eating</b> and <b>Drinking Behaviours</b>.</p>			<p>Inappropriate to refer to SLT.</p>

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<b>Food residue</b> not cleared from mouth after swallow	Follow <b>Feeding Safely Routines</b> Trial lower level IDDSI diet, e.g. change from normal diet to Level 6. Ensure good oral hygiene.			
<b>Improvement in swallow:</b> doing well on diet recommended by SLT. Resident or family is requesting an upgrade.	Under supervision, consider modifying texture of foods one Level at a time. See FAQ. Document all changes and monitor closely. Ensure <b>Feeding Safely Routines</b> are followed.			Do not need to refer to SLT if tolerating higher IDDSI diet level.
<b>Medically unwell</b> due to infection or worsening of underlying medical condition.	Contact GP for medical management or decision. Monitor for signs of aspiration.			
<b>Medications:</b> Difficulty swallowing tablets.	Read <b>FAQ</b> . If resident has thickened fluids, use when giving tablets. Request review by pharmacy or GP; they may require modified form of medication.			Inappropriate to refer to SLT. Follow advice.
<b>Positioning difficulties:</b> unable to maintain upright position for eating and drinking, and for at least 30 minutes afterwards.	Consider referral to physiotherapy or occupational therapy for positioning advice. Refer to <b>Feeding Safely Routines</b> .			
<b>Refusing</b> to eat and drink.	Follow Advice for <b>Managing Challenging Eating</b> and <b>Drinking Behaviours</b> . Check teeth, dentures and oral health. Alert GP.			Inappropriate to refer to SLT if no signs of dysphagia.

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<b>Regurgitation</b> of food or drink/ symptoms of reflux in the absence of swallowing difficulties	Review by GP. If resident has known gastro-oesophageal disease, see advice on <b>Management of Reflux and Gastro- Oesophageal Reflux Disorder.</b>			Inappropriate to refer to SLT.
<b>Saliva management:</b> dry mouth/ not enough saliva.	Review by GP Follow <b>Saliva Management Advice Thick Saliva and Dry Mouth.</b>			Inappropriate to refer to SLT.
<b>Saliva management:</b> excess drooling/watery saliva.	Review by GP Follow <b>Saliva Managing Your Saliva Excess Thin Secretions.</b>			
<b>Weight loss</b> due to significant reduction in food/ fluid intake.	Complete MUST score and discuss with GP, then refer to Dietician if indicated.			
<b>Wet voice</b> after eating and / or drinking.	Follow <b>Feeding Safely Routines.</b> Prompt to use further swallows to clear. Monitor for signs of aspiration.			

Final outcome/decision on completion of checklist: Refer to SLT: YES  NO

Trial Modification of diet textures as follows: .....

Start on thickened fluids while awaiting SLT assessment: YES  NO  Contact GP: YES  NO

Other: .....

Date: ..... Completed by: ..... Countersigned: .....

Ensure this completed document is filed in your residents care plan. It will support your decision making regarding their eating and drinking. Email copy of completed Dysphagia Checklist to [snhs.slt.community@nhs.net](mailto:snhs.slt.community@nhs.net). This document will support your reason for referral.