

Swallowing Matters



Contents

INTRODUCTION	3
Swallowing Assessment Referral Guidance	4
Frequently Asked Questions	5
MEALTIME CONCERNS IN DEMENTIA	8
Swallowing Diary	12
Swallowing and End of Life Care	14
Dysphagia Diet Descriptors: Quick Guide	16
Dysphagia Diet Descriptors: Foods	17
DYSPHAGIA DIET DESCRIPTORS: DRINKS	18
THINK BEFORE YOU THICKEN	19
Texture modified diet snack ideas	20
FOOD TEXTURES THAT POSE A CHOKING RISK	22
ACTION PLAN	24
DEMENTIA AND SWALLOWING	26
REFERENCES & USEFUL RESOURCES:	30

INTRODUCTION

Swallowing Matters was developed by the NHS Lanarkshire Speech & Language Therapy Adult Service in consultation with care home staff in both North and South Lanarkshire and the first version was published in 2018.

This resource assists care home staff to identify how best to manage residents with eating and drinking difficulties.

The Care Inspectorate welcomes this revised version of Swallowing Matters, “Swallowing Matters is an excellent resource for social care staff, giving practical guidance that can be used in everyday situations to ensure that people experiencing care have positive mealtime experiences”.

KEY FEATURES OF SWALLOWING MATTERS:

A flow chart to aid decision making and provide guidance as to when assistance should be requested from Speech & Language Therapy.

Practical tools which can be photocopied. An electronic version will also be made available to each care home manager.

An action plan to record outcomes for individual residents.

Swallowing Matters is also available on the Care Inspectorate Website.

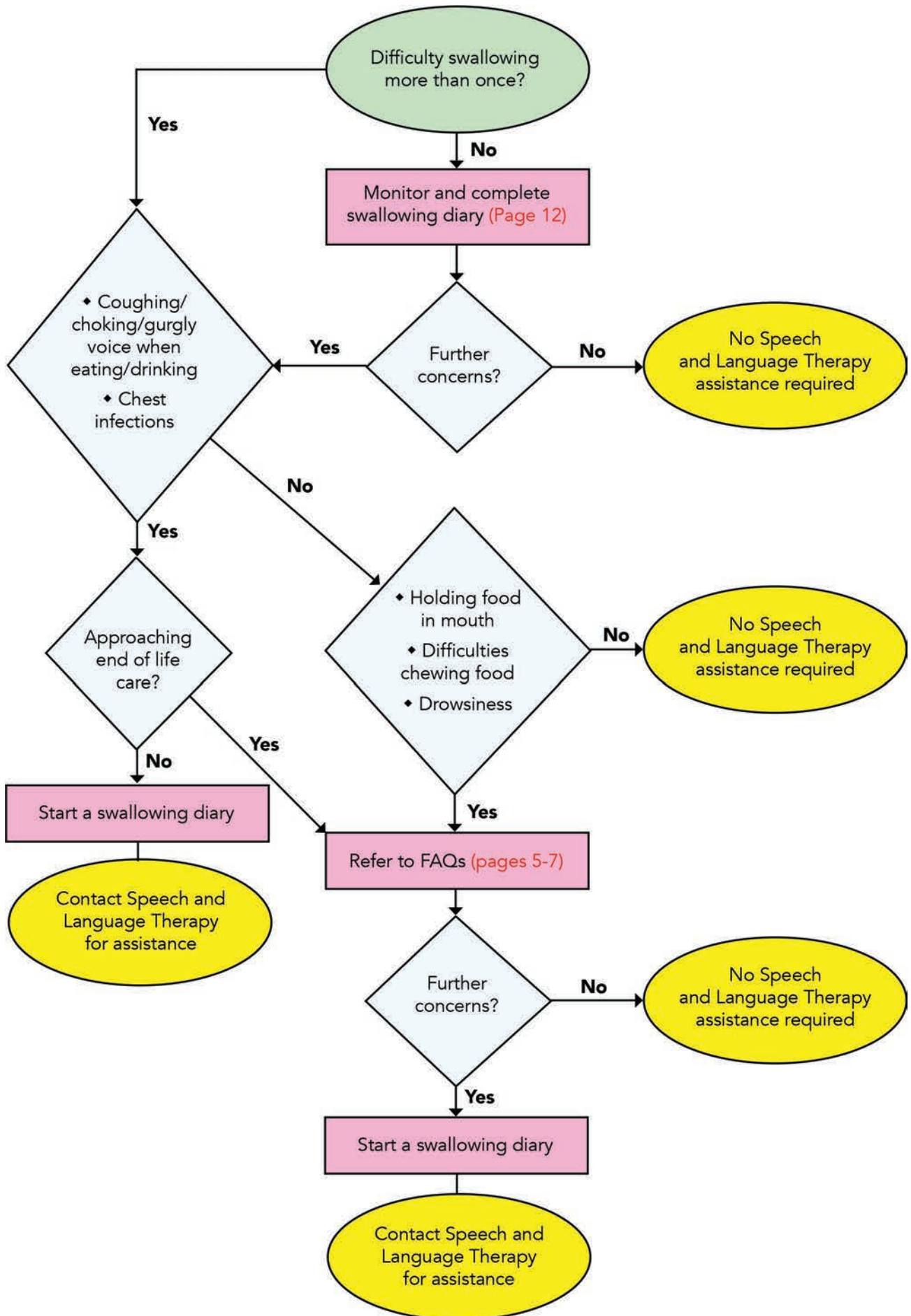
Bite sized learning videos are now available on the Speech and Language Therapy NHS Lanarkshire YouTube Channel (Playlist 11. Adult Service).

We would like to thank everyone who has contributed to this project.

Please contact your local Speech and Language Therapy (SLT) department if you have any comments or questions about Swallowing Matters.

We are grateful for permission from Glasgow City HSCP Adult Service and NHSGGC Care Home Dietetic Team to include their Texture Modified Snack Ideas and also to Aberdeen City Adult Speech and Language Therapy Service for permission to reference their Tips for Eating and Drinking Booklet.

Swallowing Assessment Referral Guidance



Frequently Asked Questions

Listed below are some topics which come up regularly when discussing concerns regarding residents. The answers may provide you with a solution or signpost you if SLT is not required at this time.

Q1. What should you do if the resident is ...?

- Holding food in their mouth
- Forgetting to swallow
- Chewing food continuously
- Spitting food out

A1. These behaviours are most commonly associated with dementia. Modification of food and drinks will not necessarily resolve this issue. It can be of benefit to use the 'Mealtime Concerns in Dementia' checklist. This enables you to identify some of the issues and suggests some advice to try to make mealtimes easier.

Consider giving the 'Dementia and Swallowing leaflet' to residents and/or carers.

Q2. The resident has infrequent/inconsistent difficulties

A2. Please monitor using a 'Swallowing Diary'.

Please refer to the 'Swallowing Assessment Referral Guidance' flowchart.

Q3. The resident is having difficulty swallowing their tablet medication

A3. If a resident is having difficulty swallowing tablets, please discuss medication with the practice pharmacist or GP. SLT are unable to recommend changes in medication.

Q4. The resident is not eating/drinking enough and/or losing weight

A4. Encourage food fortification (offer high calorie snacks and fortified milkshakes).

Monitor weight weekly. If concerns regarding decreasing weight over a 4 week period, refer to Dietitians.

If the resident is eating/drinking small amounts but managing to swallow this safely, a swallowing assessment is not required.

If the resident is not eating/drinking enough due to suspected swallowing problems please refer to the 'Swallowing Assessment Referral Guidance' flowchart.

Q5. The resident is having difficulties chewing food

A5. Check there are no issues with oral hygiene or dentition. If the resident wears dentures, ensure the dentures fit and are staying in place. A fixative can be useful.

It may be worth trying easy chew foods and avoiding high risk foods. Please refer to "Foods That Pose A Choking Risk (IDDSI)" information.

Consider completing a 'Swallowing Diary' and refer to the 'Swallowing Assessment Referral Guidance' flowchart if required.

Q6. The resident is falling asleep/drowsy when eating/drinking

A6. It is safest to offer food and drink when residents are alert. If you have a resident that is often drowsy, choose the best times for them when they are most alert. If they fall asleep during meal times please ensure no food remains in their mouth.

Consider the resident's medical status and prognosis – is the resident approaching end of life care? If unsure, consider discussion with either the practice pharmacist in relation to the patient's medication and/or discussion with their GP. Please refer to 'Swallowing and End of Life Care' and/or 'Record of End of Life Care' if appropriate.

Q7. The resident is having difficulty drinking from a straw/spouted beaker

A7. Has a straw or adapted beaker been recommended by the SLT team? If so, contact the SLT department for assistance.

Otherwise, drinking from an open cup with assistance, is generally recommended. Use a wide or shallow cup or glass if possible. Try teaspoons of fluids if there are difficulties drinking from an open cup.

Monitor for further signs of swallowing difficulties. Consider using the 'Swallowing Diary' and refer to the 'Swallowing Assessment Referral Guidance' flowchart if required.

Q8. The resident coughed with their lunch today

A8. It may be worth keeping a 'Swallowing Diary' to see if this is a one off occurrence or if the resident is having more regular difficulties. If they are having more regular episodes of coughing and/or choking, please refer to the 'Swallowing Assessment Referral Guidance' flowchart as the resident may benefit from a swallowing assessment in this instance.

Q9. The resident is vomiting after meals

A9. Concerns regarding reflux or vomiting should be directed to the GP.

Q10. We have a resident who was seen in hospital in another health board who needs a review. Can you help?

A10. When residents are discharged from hospital they usually have details of their admission and recommendations on their discharge summary. This may include modification of food and drinks to help the resident to swallow safely. If the resident is managing these recommendations, we do not necessarily need to review them. If the SLT in the other health board feels they would benefit from review they will usually transfer the resident's details to our service. However, if you think your resident is not managing or would benefit from further advice, please contact us to discuss.

Q11. Can we access further information on Parkinson's disease and swallowing?

A11. Most neurological conditions have charities which are a great source of information and advice. Parkinson's UK have an information sheet called 'Eating, Swallowing and Saliva control' which may be helpful. They also have a learning hub which offers programmes for staff (see references for details).

Q12. The resident is approaching end of life care

A12. Please refer to the 'Swallowing and End of Life Care' Section.

Q13. The resident is managing their diet but is coughing/choking on fluids

A13. Please refer to the Swallowing Assessment Referral Guidance Flowchart and also refer to Think before you thicken information.

MEALTIME CONCERNS IN DEMENTIA

HOW TO USE

This tool has been designed to help guide you in supporting mealtimes for residents with dementia. It can help you recognise when a request for Speech and Language Therapy (SLT) assistance may be appropriate.

People with dementia can have a variety of difficulties at mealtimes and these issues can change and evolve over time. Mealtime Concerns in Dementia can help you to identify a specific concern or concerns, and then select advice/strategies to try with the person with dementia. This can be developed into a personalised plan for all staff to work towards and can be included in the resident's care plan.

Many issues can be resolved without assistance from your local SLT. However, some of the concerns may lead to an SLT request for assistance, and these are highlighted in red. If you have used Mealtime Concerns in Dementia prior to contacting SLT you may have essential information that could help the SLT in their assessment and when making recommendations.

As dementia is progressive in nature, Mealtime Concerns in Dementia may also help you monitor for changes or deterioration in eating/drinking.

If you have any questions or wish to discuss anything further, please contact your local SLT department.

MEALTIME CONCERNS IN DEMENTIA

Resident's name: _____

Date: _____

✓	Concern or issue	Advice or potential strategy	✓
	Distracted from eating	Keep immediate dining area free from unnecessary visual distractions e.g. condiments, pictures, ornaments, vases	
		<p>Reduce background noise - switch off TV, radio, nearby appliances</p> <p>Remind the resident to eat, where they are and what they are eating</p> <p>Reduce glare/reflections from windows by closing curtains and ensuring shades are on lightbulbs</p> <p>Ensure there is a contrast between chairs, floor, plates and table</p> <p>Try using contrasting coloured crockery - remember primary colours are often recognisable for longer than pastel colours</p>	
	Plays with food	Give verbal prompts to keep eating e.g. "You've still got some food there, keep going"	
		Consider finger foods	
	Refusal of food and drink	Allow the resident to finish if $\frac{3}{4}$ of the meal is taken. If less, then keep encouraging	
		Give a verbal description of the food/drink and flavours e.g. "There's a lovely cream cake here, with strawberries on it, your favourite"	
		Try enhancing flavours - e.g. adding additional spices, herbs, onion, garlic, chilli, lemon juice	
		Assist the resident if felt appropriate and they will allow.	
	Resists help with meal	Consider cutting food into small pieces before giving meal	
		Consider finger foods to avoid difficulties with cutlery	
		Have familiar staff or family offer assistance where possible - this may help to create routine and make the resident feel more at ease	

MEALTIME CONCERNS IN DEMENTIA

✓	Concern or issue	Advice or potential strategy	✓
	Eats too quickly	Prompt the resident to slow down	
		Offer meals with a teaspoon rather than knife, fork, spoon	
		Offer small portions at a time only	
	Prolonged chewing without swallowing	Make sure any dentures are in place and fit well	
		Give verbal prompts to swallow e.g. "There's food in your mouth, try to swallow" Give small amounts at a time and do not offer more food until the mouth is clear Make a note of problematic foods and consider avoiding Contact SLT if there seems to be a pattern with more textured foods	
	Spits out food	Try not to make a fuss and think about personal preference and taste	
		Offer another part of the meal, or alternative food if possible Avoid bitty foods or mixed textures (biscuits, soup with bits, food with skins)	
	Refuses to open mouth	Leave the resident initially - return in a few minutes	
		Place food on spoon or cup at lips for taste/texture stimulation Consider what cutlery or cup you are using. Can you try a different spoon for example Leave finger foods within reach if the person is able to feed themselves Try stroking the lower lip down to the chin to stimulate mouth opening Give gentle encouragement/verbal description of the food/drink e.g. "I'm going to give you some carrots now"/"I'm going to give you a sip of your juice/tea"	
	Reduced chewing before swallowing	Give verbal prompts to keep chewing e.g. "Keep chewing that biscuit"	
		Make a note of problematic foods and look out for a pattern with textures Contact SLT if there are concerns about choking or a pattern emerges	

MEALTIME CONCERNS IN DEMENTIA

✓	Specific concern or issue	Advice or potential strategy	✓
	Holds food in mouth	Encourage self feeding where possible. This may require some direct assistance initially	
		<p>Give verbal prompts to chew and swallow e.g. "You have food in your mouth, keep chewing and try and swallow it"</p> <p>Alternate food and fluids throughout the meal but avoid eating and drinking at the same time</p> <p>Check that the mouth is clear between each mouthful. Do not offer more until the mouth is clear</p> <p>Give gentle encouragement/verbal description of the food e.g. "I'm going to give you some carrots now"/"I'm going to give you a sip of your juice/tea"</p> <p>Try placing an empty spoon against the lips. This can be a reminder that there is food in the mouth</p>	
	Coughing or choking at mealtimes	Monitor for patterns with specific foods or difficulties happening more often	
		<p>Are there any other signs of aspiration - recurrent chest infections, weight loss</p> <p>Think before you thicken' Information Leaflet and consider your resident's wishes regarding eating and drinking prior to contacting SLT</p> <p>Do not thicken fluids unless recommended by SLT</p> <p>Contact SLT if difficulties are happening frequently and/or other signs of aspiration are present</p>	

Outcomes

Swallowing Diary

Resident's name: _____

Monitor swallowing difficulties by recording them in the table below.

Date	Time	What was the difficulty with? (eg coffee? toast? biscuit?)	What happened? (e.g. coughed/ choked/had to clear throat/had to take a drink)	How were they feeling? (e.g. tired/ unwell needed medication)	Position (standing/sitting/ lying in bed/other)

Date	Time	What was the difficulty with? (eg coffee? toast? biscuit?)	What happened? (e.g. coughed/choked/had to clear throat/had to take a drink)	How were they feeling? (e.g. tired/unwell needed medication)	Position (standing/sitting/lying in bed/other)

Outcome: (e.g. pattern when tired, only odd occasions, request for assistance from SLT)

Swallowing and End of Life Care

Swallowing deterioration can be part of the normal dying process. The focus of care at this time should be comfort, and it is important that we follow any eating and drinking wishes that the resident or their family may have expressed.

A direct SLT assessment is not usually the most appropriate management for someone at the end of their life. Supporting residents to be comfortable, and take small amounts of food and fluids as they are able and want to, should be the priority. This can be documented in the Action Plan or in their care plan as appropriate.

The following advice may help you support residents at this time:

What should you do if:

Q1. You are not sure if the resident is nearing end of life

A1. Contact the GP to discuss the resident's condition.

Q2. The resident is in the last days of their life

A2. Consider starting an end of life care document. This will support residents at the end of their life to take food or drink by mouth as long as tolerated. The Scottish Palliative Care Guidelines explain that there is a reduced need for food and drink as part of the normal dying process.

Q3. The resident is looking for oral intake

A3. Support residents to take small amounts of food and fluids as they are able and want to, where appropriate.

Q4. The resident is coughing or spluttering when eating and drinking

A4. Oral intake should be offered as the person wishes, taking their own comfort into account.

Q5. The resident is coughing during oral intake and is distressed

A5. Make sure the resident is sufficiently alert for oral intake. Try to make sure the resident is sitting as upright as they are able and offer small amounts at a time.

Trying a teaspoon can be helpful. Stop and try again later as there can be variability in the swallow.

Q6. Staff and/or family are distressed by coughing during oral intake

A6. If the resident is not distressed, then offer oral intake as they wish. Remember that swallowing deterioration can be part of the normal dying process. The focus of care at the end of life is comfort for the individual. Often talking with families and educating staff about what is happening can support them during this time.

Q7. The resident is drowsy or has reduced consciousness

A7. This can be normal as someone is nearing the end of their life. Only offer oral intake when the resident is sufficiently alert. Try at regular intervals throughout the day as alertness may be variable.

Q8. The resident isn't eating or is eating less

A8. A reduced need for food is part of the normal dying process. Try offering preferred flavours. Offer oral intake as the resident wishes.

Q9. The resident has a dry mouth

A9. Regular mouth care is important, particularly in the last few days of life.
Refer to the Mouth Care section of the Scottish Palliative Care Guidelines.

Please contact your local SLT department if you would like any further advice or assistance.

For more information, please access the Healthcare Improvement Scotland - Right Decision Service to access:

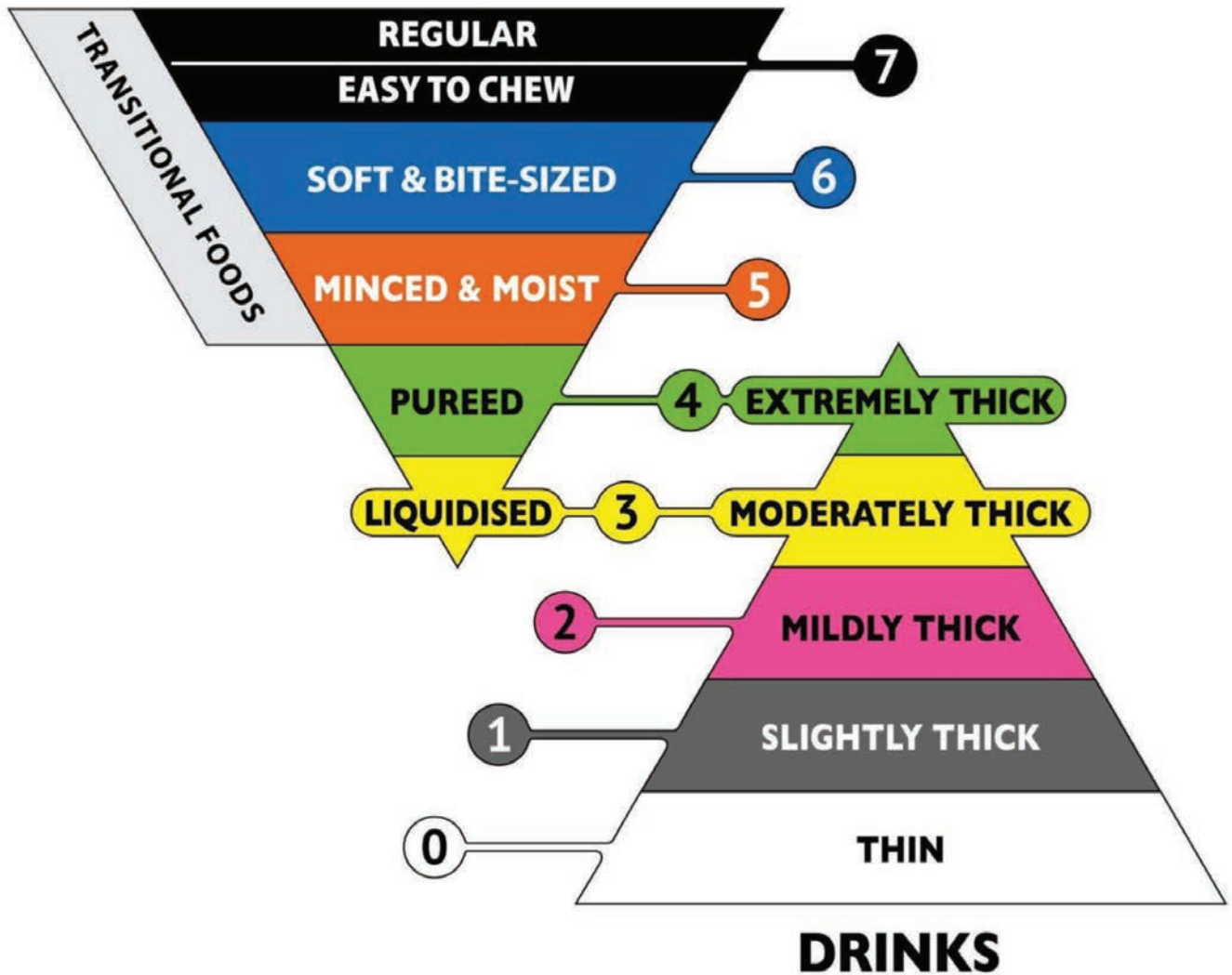
Guidance At End Of Life (GAEL) for Health Care Professionals

<https://rightdecisions.scot.nhs.uk/nhsggc-palliative-care/resources/guidelines-policies/guidance-at-end-of-life-gael-for-health-care-professionals-543/>

Dysphagia Diet Descriptors: Quick Guide



FOODS



Dysphagia Diet Descriptors: Foods

	✓	✗
IDDSI Level 7 Regular Foods	<ul style="list-style-type: none"> • Includes all food types • Normal everyday foods • Variety of textures • Biting and chewing required 	
IDDSI Level 7 Regular Easy to Chew Foods	<ul style="list-style-type: none"> • Normal everyday foods which are soft or tender • Biting and chewing required 	<ul style="list-style-type: none"> • Avoid high risk foods
IDDSI Level 6 Soft & Bite Sized Foods	<ul style="list-style-type: none"> • Soft, tender & moist throughout • Bite sized (no bigger than 1.5cm) • Can be mashed down with the pressure of a fork, spoon or chopstick • No thin liquid leaking or dripping from the food • Chewing required 	<ul style="list-style-type: none"> • Biting not required • Avoid high risk foods • Avoid bread unless recommended by SLT
IDDSI Level 5 Minced & Moist Foods	<ul style="list-style-type: none"> • Very soft • Small moist lumps (no bigger than 4mm) • Lumps should be easy to squash with the tongue • Can be eaten with a fork or spoon • Can be scooped and shaped on the plate/holds its shape on a spoon and slides off when the spoon is tilted leaving very little residue • May be served with thick, smooth gravy/sauce • Minimal chewing required 	<ul style="list-style-type: none"> • Avoid high risk foods • Avoid foods that require biting or any significant chewing • No separate thin liquid (liquid can be drained)
IDDSI Level 4 Pureed Foods	<ul style="list-style-type: none"> • Smooth • No lumps • Pureed and sieved to remove small bits • Not sticky • Usually eaten with a spoon, a fork is possible • Can be piped, layered or moulded • Falls off the spoon in a single spoonful when tilted and continues to hold shape on a plate • No chewing required • A thickener may be added to maintain stability 	<ul style="list-style-type: none"> • Avoid textured food • Not sticky • No lumps (puree or sieve as required to remove small bits) • Liquid must not separate from solid • Cannot be drunk from a cup • Cannot be sucked through a straw • Cannot be poured
IDDSI Level 3 Liquidised Foods	<ul style="list-style-type: none"> • Smooth texture with no bits • Can be eaten with a spoon • Can be drunk from a cup • Effort needed to drink it through a straw • No chewing required 	<ul style="list-style-type: none"> • Cannot be eaten with a fork because it slowly drips through the prongs • Cannot be piped, layered or moulded on a plate • No mixed textures

DYSPHAGIA DIET DESCRIPTORS: DRINKS

	✓	✗
IDDSI Level 0 Normal Thin Drinks	<ul style="list-style-type: none"> • Thin • Flows like water • Flows easily through a straw • Examples include water, diluting juice, tea/coffee with no milk 	<ul style="list-style-type: none"> • No thickener
IDDSI Level 1 Slightly Thick Drinks	<ul style="list-style-type: none"> • Thicker than water • A little more effort required to drink than thin liquid • Flows through a straw • Examples include full fat milk, thin smoothies, thick fruit juice • Thickener may be required for some drinks to achieve this consistency 	
IDDSI Level 2 Mildly Thick Drinks	<ul style="list-style-type: none"> • Flows off a spoon • Can sip from a cup • Pours directly from a spoon but slower than thin drinks • Effort is required to drink this thickness through a standard straw • Thickener may have to be added to achieve this consistency 	<ul style="list-style-type: none"> • Some drinks may not need thickener e.g. thicker smoothie
IDDSI Level 3 Moderately Thick Drinks	<ul style="list-style-type: none"> • Easily pours from a spoon when tilted, does not stick to spoon • Can be taken from a spoon • Can be drunk from a cup • Some effort is required to suck through a standard straw • Thickener will need to be added to achieve this consistency 	<ul style="list-style-type: none"> • No bits
IDDSI Level 4 Extremely Thick Drinks	<ul style="list-style-type: none"> • Usually eaten with a spoon • Shows some very small movement under gravity, but cannot be poured • A spoonful must plop off the spoon if the spoon is tilted or turned sideways: a very gentle flick may be needed to dislodge from the spoon • Thickener required 	<ul style="list-style-type: none"> • Cannot be sucked through a straw • Cannot be drunk from a cup

Food and Drinks Guide based on the IDDSI Framework and Descriptors: <http://iddsi.org/framework/>

Handy hints

- Use a fork or shaker to thicken
- Add more fluid if the drink becomes over thick

For more detailed information, including advice sheets and audit forms for catering staff please visit: www.iddsi.org

THINK BEFORE YOU THICKEN

If you, or someone you care for, use or are considering using thickened fluids to help you with drinking or swallowing difficulties here are some things to consider.

If you have any questions or concerns about thickened fluids, speak to your GP, speech and language therapist or healthcare advisor first before considering making any changes to your drinks.

What are thickened fluids?

Thickened fluids can be drinks that are naturally thicker, like smoothies, or drinks which can be made thicker by adding things such as pureed food or thickening powders or gels to them.

Thicker drinks travel more slowly in the mouth and can make it easier to swallow for some people.

How thickened fluids can help

- Thickened fluids can help you swallow more easily as they move more slowly in your mouth
- Thickened fluids may help stop liquid coming out of your mouth as you drink (dribbling)
- They can stop drinks going the wrong way into your lungs which could cause other healthcare problems
- They can make it easier to swallow medication

How thickened fluids can cause problems

- Drinks made with thickener need to be carefully made and as advised by the manufacturer
- Thickened drinks might make your poo hard or runny
- Thickeners can change the taste as well as the texture of drinks - some people don't like this change
- There is a risk that thickened fluids could go into your lungs and cause serious health problems
- Thickened drinks might make you want to drink less, making you feel thirsty and putting you at risk of dehydration
- The use of thickeners in fluids might stop certain medications working properly

Remember - you or the person you care for has a choice in the use of thickened fluids and you can change your mind at any time.

Talk to your healthcare professional about what is best for you.


This leaflet has been produced by the Royal College of Speech and Language Therapists to support service users and carers in the use of thickened fluids. To find out more visit: [rcslt.org](https://www.rcslt.org)



Texture modified diet snack ideas

	Sweet snack ideas	Savoury snack ideas
<p>Liquidised</p>  <p>3</p>	<p>Drinkable - ensure sieved and level 3 tested:</p> <ul style="list-style-type: none"> • Smooth yogurt (thick and creamy) • Custard • Fruit puree (remove excess fluids) • Milkshakes (level 3 tested) 	<p>Drinkable - ensure sieved and level 3 tested:</p> <ul style="list-style-type: none"> • Bowl of soup • Avocado liquidised with yoghurt, mayonnaise or cream cheese <p>Please note: If somebody is on level 4 fluids, they cannot have level 3 snacks</p>
<p>Pureed</p>  <p>4</p>	<ul style="list-style-type: none"> • Smooth yogurt (thick and creamy) / custard with smooth syrup style sauces such as chocolate or fruit flavour • Fruit puree (remove excess fluid) • Chocolate mousse or whip e.g. Angel delight, or similar • Crème caramel • Lemon curd • Smooth rice pudding with seedless jam • Trifle with soft fruit – may need to be sieved • Pureed plain sponge with thick custard 	<ul style="list-style-type: none"> • Soft cheese triangle • Smooth houmous or guacamole • Smooth taramasalata • Smooth paté • Smooth nut butter mixed with cream or milk to form Level 4 puree food • Soft cream cheese and meat/fish/bean paste (these can be eaten on their own) <p>Please note: All of these foods need to be a smooth, uniform consistency</p>
<p>Minced and moist</p>  <p>5</p>	<p>Any food listed above and:</p> <ul style="list-style-type: none"> • Mashed banana • Mashed cake with cream/custard • Finely broken biscuit in yogurt/custard • Avocado mashed with banana • Mashed sponge with cream, thick yoghurt or cream • Thick milk puddings served with smooth seedless jam 	<p>Any food listed above and:</p> <ul style="list-style-type: none"> • Mashed egg (with mayonnaise/butter/smooth mustard) • Mashed tuna (with mayonnaise/butter/smooth mustard) • Ripe avocado finely mashed with Greek yoghurt or cream cheese. Seasonings such as pepper or finely ground herbs and spices could be added for extra flavour
<p>Soft and bite-sized</p>  <p>6</p>	<p>Any food listed above and soft and bitesized pieces of:</p> <ul style="list-style-type: none"> • Milky Way or similar • Soft cake/cake bars • Soft muffins (no raisins) • Soft banana • Soft stewed fruit • Chocolate rolls broken into bite sized pieces, chocolate buttons, ripe avocado mashed with banana 	<p>Any food listed above and soft and bitesized pieces of:</p> <ul style="list-style-type: none"> • Smooth cheese (e.g goats cheese, brie or camembert with rind removed) • Corn snacks (Quavers/Wotsits/Skips, or similar) - with care - at the discretion of SLT • Ripe avocado mashed with cream cheese or greek yoghurt

Texture modified diet snack ideas

	Sweet snack ideas	Savoury snack ideas
<p>Easy to chew</p>  <p>7</p>	<p>Any food listed above and:</p> <ul style="list-style-type: none"> • Soft biscuits (jaffa cakes) • Sponge fingers • Soft plain/cheese/treacle scones (with butter/jam/cream) • Soft fudge • Soft/stewed fruit <p>Remember: Jelly sweets, marshmallows, pink wafers are normal foods and are not suitable for those on a texture modified diet</p>	<p>Any food listed above and:</p> <ul style="list-style-type: none"> • Soft crustless toast (lots of topping) • Soft sandwiches with moist fillings (egg or shaved ham or tuna or ripe avocado. with mayonnaise/salad cream/sauce). • Boiled eggs • Crustless quiche • Soft crisps (Wotsits/Quavers/Skips, or similar) <p>Remember: for bread, remove crusts and choose bread without grains and seeds</p>

Resource created by: Glasgow City HSCP Adult SLT Service and NHSGGC Care Home Dietetic Team

DISCLAIMER: NHS GREATER GLASGOW & CLYDE ARE NOT RESPONSIBLE FOR THE INTERPRETATION AND USAGE OF THIS CONTENT. APPROPRIATE ADVICE SHOULD BE SOUGHT AS REQUIRED.

FOOD TEXTURES THAT POSE A CHOKING RISK



Examples are drawn from international autopsy reports

Hard or dry textures are a choking risk because they require good chewing ability to break down and mix with saliva to make them moist enough to be safe to swallow.

Examples of hard or dry textures: nuts, raw carrots, crackling, hard crusty rolls.

Fibrous or tough textures are a choking risk because they require good chewing ability, and sustained chewing ability to break down to small enough pieces that are safe to swallow.

Examples of fibrous or tough textures: steak, pineapple

Chewy textures are a choking risk because they are sticky and can become stuck to the roof of the mouth, the teeth or cheeks and fall into the airway

Examples of chewy textures: candies/lollies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato

Crispy textures are a choking risk because they require good chewing ability to break down and mix with saliva to make them soft, rounded and moist enough to be safe to swallow.

Examples of crispy textures: crackling, crisp bacon, some dry cereals

Crunchy textures are a choking risk because they require good chewing ability, and sustained chewing ability to break them into small enough pieces and mix with saliva so that they are safe to swallow.

Examples of crunchy textures: raw carrot, raw apple, popcorn

Sharp or spiky textures are a choking risk because they require good chewing ability to break them into small enough, soft, rounded pieces and moist enough to be safe to swallow.

Examples of sharp or spiky textures: dry corn chips

Crumbly textures are a choking risk because they need good tongue control to bring crumbly pieces together and mix with enough saliva to hold together to be moist and safe to swallow.

Examples of crumbly textures: crumbly dry cakes, dry cookies, dry biscuits or scones

Pips, seeds, and the white parts of fruit are a choking risk because they are hard and part of other hard or fibrous textures, making it a complex process to separate and remove them from the mouth

Examples of pips, seeds and white parts of fruit include apple or pumpkin seeds, the white part of oranges

Skins, husks or outer shells are a choking risk because the pieces are often fibrous, spiky, and dry needing good chewing skills to make the pieces smaller, and enough saliva to make it moist, OR enough skill to remove the pieces from the mouth. These small pieces become stuck to teeth and gums and catch in the throat when swallowed.

Examples of skins, husks or outer shells include pea shells, grape skin, bran, psyllium

The IDDSI Framework and Descriptors are licensed under the Creative Commons Attribution-Sharealike 4.0 International License <https://creativecommons.org/licenses/by-sa/4.0/> IDDSI 2.0 | July, 2019

Bone or gristle is a choking risk because these pieces are hard and not usually chewed and swallowed. They require good tongue skills to remove them from the food texture they are attached to, and then remove the bone or gristle from the mouth.

Examples of bone or gristle includes chicken bones, fish bones

Round, or long shaped foods are a choking risk because if they are not chewed into small pieces and are swallowed whole they are a shape that can completely block the airway causing choking

Examples of round or long shaped foods include sausages, grapes

Sticky or gummy textures are a choking risk because they are sticky and can become stuck to the roof of the mouth, the teeth or cheeks and fall into the airway. They require sustained and good chewing ability to reduce stickiness by adding saliva to make them safe to swallow.

Examples of chewy textures: nut butter, overcooked oatmeal, edible gelatin, Konjac containing jelly, sticky rice cakes, candy

Stringy textures are a choking risk because the string can be difficult to break and the flesh can become trapped with part in the mouth and part in the throat tied together by the stringy texture.

Examples of stringy textures include: green string beans, rhubarb

Mixed thin-thick textures are a choking risk because they require an ability to hold the solid piece in the mouth while the thin liquid portion is swallowed. After the liquid portion is swallowed the solid pieces are chewed and swallowed. This is a very complex oral task.

Examples of mixed thin-thick textures include: soup with food pieces, cereal pieces with milk, bubble tea

Complex food textures are a choking risk because they require an ability to chew and manipulate a variety of food textures in one mouthful.

Examples of complex food textures include: hamburger, hot dog, sandwich, meatballs and spaghetti, pizza

Floppy textures are a choking risk because if they are not chewed into small pieces they become thin and wet and can form a covering over the opening of the airway, stopping air from flowing.

Examples of floppy textures include: lettuce, thin sliced cucumber, baby spinach leaves

Juicy food textures where the juice separates from the food when chewing is a choking risk because it needs the person to be able to swallow the juice while controlling the solid piece in the mouth. Once the juice has been swallowed good chewing skills are needed to break the food into smaller pieces for safe swallowing. It is a complex oral task.

Examples of juicy food textures include: watermelon

Hard skins or crusts formed during cooking or heating are a choking risk because they require good chewing skills to break them down into smaller pieces while mixed with other food textures not affected by the heating process.

The IDDSI Framework and Descriptors are licensed under the Creative Commons Attribution-Sharealike 4.0 International License <https://creativecommons.org/licenses/by-sa/4.0/> IDDSI 2.0 | July, 2019

ACTION PLAN

Resident's name: _____

Date: _____

Completed by: _____

Section	Used (tick)	Outcome (e.g. success, no change, onwards request for assistance from SLT)
Frequently Asked Questions (FAQ)		
Mealtime Concerns in Dementia		
Swallowing Diary		
Swallowing and End of Life Care		
Quick Guide to Food & Fluid Consistencies		
High Risk Foods		

Final outcome:

CONTACTS

Please check local arrangements for Learning Disability Services

GLASGOW:

- Speech and Language Therapy Care Home and Hospice Team,
Community Centre for Health,
547 Dumbarton Road,
Partick, G11 6HU.

Localities covered:

Glasgow City; East Renfrewshire; East Dunbartonshire; West Dunbartonshire (Clydebank, only).

Please refer to this service if the person requiring SLT resides in a non-NHS nursing, residential or hospice facility.

To make a referral, please submit a completed referral form to the email address below.

Tel: 0141 232 9222

Email: ggc.sltcarehome.referrals@nhs.scot

Please note, for specific Swallowing Matters queries please phone: **0141 232 9224**

RENFREWSHIRE: *Aiming to launch 2026*

- **Renfrewshire RES SLT contact:**
Phone: **0141 207 7466**
Email: ggc.renfrewshireres@nhs.scot
- Renfrewshire referral process:
Email: adultservicesreferral.sw@renfrewshire.gov.uk
Phone: **0300 300 1380** or **07483 374 467**

Please check local arrangements for Neilston, Barrhead and Uplawmoor

INVERCLYDE: *Aiming to launch 2026*

- **Neuro Rehabilitation Service,**
Larkfield Unit, Inverclyde Royal Hospital, Larkfield Road, PA16 0XN
Please refer to this service if the person is under 70 years old with a confirmed Neurological diagnosis. Referrals to this service via Single Point of Access (SPOA) to the email address below.
Tel: **01475 505 001**
Email: ggc.inverclydephysicaldisability.rehabservice@nhs.scot
- **Rehabilitation and Enablement Service,**
Inverclyde Centre For Independent Living
10-16 Gibshill Road,
Greenock, PA15 2UP.
All other referrals for nursing and residential home residents within the Inverclyde HSCP to be made to this service via SPOA to the email address below.
Tel: **01475 714 350**
Email: icrs@inverclyde.gov.uk

Localities covered:

Inverclyde HSCP (all Inverclyde based residential and nursing homes)

DEMENTIA AND SWALLOWING

This leaflet provides information about swallowing difficulties that can be associated with dementia. It offers practical advice and suggestions that may help support eating and drinking.

This guide gives general advice only. For specific advice or to discuss any concerns you that are not addressed in this resource please contact your local Speech and Language Therapy Department.

Swallowing difficulties

Eating and drinking are an integral part of our daily life. We often take for granted how automatic this process is. Dementia can interfere with the processes involved in making eating, drinking and swallowing a safe and enjoyable experience.

Mealtimes can become more challenging and it may be hard to work out what is happening and why. This may be particularly difficult if the person also has communication difficulties, as they may be unable to explain what they are experiencing.

It is good to identify factors which are likely to lead to problems and adapt before complications develop.

Everyone has different experiences in their journey with dementia. However there are often similarities in the problems encountered.

These might include:

- Distraction
- Not recognising food or drink
- Holding food in the mouth
- Not opening the mouth
- Refusing food or drink
- Difficulties with chewing
- Coughing and choking when eating and drinking

There are many practical hints and tips to try and make mealtimes enjoyable. The following information will include advice on:

- Preparing for Mealtimes
- The Environment
- How to identify swallowing problems
- Assisting at mealtimes

Preparing for Mealtimes

- Reduce distractions - turn the TV/Radio off, reduce clutter in the surrounding area.
- Make sure the person does not need the toilet and that they are comfortable.
- Make sure any pain is addressed well in advance of the mealtime.
- Ensure the person is wearing their glasses, hearing aid or dentures if required. Sight, smell, hearing and taste have a huge role in stimulating the appetite and the swallowing reflex.
- Be aware of the effect of medication on eating and drinking and plan medication accordingly.
- Ensure good mouth care to increase comfort and decrease any pain or discomfort. This can reduce chest infections in the case of people with swallowing problems.

The Environment

- Ensure the person is in a good position. For swallowing, the best position is sitting upright.
- Only put out the essentials, if having soup you only need to put out a spoon.
- If crockery is a different colour from the table or tablecloth it can increase awareness of the crockery.
- vEnsure there is adequate lighting;
- Make food look and smell appealing. Use different colours, textures and smells. The aroma of cooking can stimulate someone's appetite.
- Explain what the food is and encourage small amounts regularly.
- Finger foods can be easier for people who are easily distracted or who prefer to be on the move.
- Make sure the temperature of the food is right as people with dementia can lose the ability to judge the temperature.
- Provide fluids regularly. The sensation of thirst can change, so people sometimes benefit from encouragement.
- Use a clear glass so the person can see what's inside, or a brightly coloured cup to draw attention to it.

Identifying Swallowing Problems

People with dementia can develop swallowing difficulties and there may be a risk of food or drink going down the wrong way. It is important that people with dementia and those around them look out for the warning signs.

Everybody coughs on their food occasionally, but if this is happening regularly please contact your local SLT service to discuss this further. If you are concerned please seek medical advice.

Signs of swallowing difficulties include:

- Coughing or choking
- A gurgly or moist sounding voice during or after eating/drinking
- A change in breathing rate after eating/drinking
- Throat clearing
- Pocketing food in mouth
- Reduced chewing, particularly with textured foods. If this is noted the person may benefit from eating softer foods.

Other signs of swallowing difficulties can include:

- Recurrent chest infections
- Dehydration
- Weight Loss
- Not coping with saliva/secretions

It may be helpful for you to keep a diary of any swallowing difficulties.

Assisting at mealtimes

- Encourage independence as much as possible.
- Try and position yourself at eye level as much as possible.
- Make sure you are in a comfortable position so the mealtime is relaxed.
- Tell the person what you are giving them.
- Try not to talk to anybody else whilst giving the person their food as it can be distracting.
- Ensure the person is being given the appropriate consistencies of food/drink if they require modifications.
- Allow plenty of time to give the person their food. Do not rush.
- Ensure they have swallowed before giving them the next mouthful.
- Offer sips of fluid throughout the meal but avoid eating and drinking at the same time.
- Consider what may be useful. This could be a teaspoon for someone who overfills their mouth, a smaller plate for someone who doesn't enjoy a larger portion, or their favourite cup.
- A verbal prompt to swallow may be helpful.
- Softer foods may be easier for some people to manage.
- Dry, crumbly foods can be more difficult to manage.

Examples of some foods that are more difficult to chew and swallow:

- **Mixed Consistencies:** mince with thin gravy, runny porridge with milk
- **Dry or Crumbly Foods:** biscuits, crackers, toast
- **Very Chewy Foods:** meat, toffee
- **Fruit/Vegetables with a husk or skin:** beans, peas, apples

Further Information

- **Alzheimer's Scotland**
www.alzscot.org
- **Alzheimer Scotland**
22 Drumsheugh Gardens, Edinburgh
Tel: 0131 243 1453
Email: info@alzscot.org

•

•

•

REFERENCES & USEFUL RESOURCES:

International Dysphagia Diet Standardisation Initiative Framework (IDDSI) 2019

<https://iddsi.org/Framework>

National Clinical Guideline for Stroke for the United Kingdom and Ireland

www.strokeguideline.org

Parkinson's UK - www.parkinsons.org.uk

Eating, Swallowing & Saliva Control Information Leaflet (2018)

<https://www.parkinsons.org.uk/information-and-support/eating-swallowing-and-saliva-control>

Link to training hub for staff -

<https://www.parkinsons.org.uk/professionals/learning-hub>

Resuscitation Guidelines (Resuscitation Council UK, 2021)

<https://www.resus.org.uk/library/2021-resuscitation-guidelines>

Scottish Palliative Care Guidelines (2020), End of Life Care (Mouthcare)

<https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/symptom-control/mouth-care/>

Supporting people with eating, drinking and swallowing difficulties (Dysphagia) Guidance 2020

<https://hub.careinspectorate.com/media/4953/supporting-people-with-eating-drinking-swallowing-difficulties.pdf>

New guidance on supporting people with eating, drinking and swallowing difficulties (www.careinspectorate.com)

The Dysphagia Game

<https://www.dysphagiagame.com/>

Tips for Eating and Drinking booklet

<https://www.alzscot.org/wp-content/uploads/2025/04/Tips-for-Eating-and-Drinking-booklet-Alz-Scot.pdf>

Swallowing Matters Bite Sized Training available on the Speech and Language Therapy NHS Lanarkshire You Tube Channel (Playlist 11. Adult Service)

<https://www.youtube.com/watch?v=hPCE8HKClcY&list=PLsWfBznCQCzyLxiq9QsCVQIlajDTsShQW&index=3&pp=iAQB>

NHS Greater Glasgow and Clyde Dysphagia Resources

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/dietetics/iddsi/>

This work is the property of NHS Lanarkshire and is licensed under the creative commons license CC BY-NC-ND (<https://creativecommons.org>).

Localised information may be added but no changes to the material content can be made.

Contact: speechandlanguagetherapymonklands@lanarkshire.scot.nhs.uk