|  |
| --- |
| **Health Support Plan: Mealtime Management or Dysphagia Support** |
| **Participant name:** |  |
| **Occupational therapist /speech pathologist name:** |  |
| **Date of assessment:** |  |
| **Annual (recommended) review date:** |  |
| **Upon review have changes been made to this plan?** | Yes No |
| **Occupational therapist /speech pathologist signature:** |  |
|  **Particpant supported with ( tick one):** **□** Mealtime management only (not dysphagia)  **□** Mealtime management with dysphagia support |
| **Mealtime management plan is developed by the speech pathologist –** follow the specific plan for the participant |
| **Supervision:** |  |
| **Assistance:** |  |
| **Diet:**IDDSI level: |  |
| **Fluids:**IDDSI level: |  |
| **Allergies:** |  |
| **Likes & Dislikes:** |  |
|  |
| Choking First Aid – Top 16 Do's & Don'ts | St John VicHow I like to be supported:* monitor me while I eat
* have access to a working phone in case of an emergency
* provide first aid in the event of choking
* other ……

Follow the speech pathologist’s health support plan* Choose appropriate food textures - Follow the IDDSI Framework
* Follow food safety procedures
* Avoid distractions during mealtimes
* Discourage talking whilst eating and drinking
* Do not force the person to eat or drink
* Offer small bites and sips
* Allow the participant to take their time
* Respect the participants dignity and independence
 |
| **Emergency actions:**  |
| **If required, while I am having a choking episode, please contact Emergency services on 000 or present to the nearest hospital.****In an emergency, please contact:**  |

Participant / Nominee Signature: Date:

**IDDSI International Dysphagia Diet Standardisation Initiative 2019**



|  |  |
| --- | --- |
| drink | yes |
| food | more |
|  | finish |
| stop | no |

**PARTICIPANT NAME**:

**PLAN DATE**:

# **Staff acknowledgement**

I have read and understood the Meal Management Plan for this participant.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Worker Name** | **Worker Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |