

Multi-Agency Guidance

Supporting adults at risk of choking

March 2023

Version 2.2

Summary Paragraph	This guidance provides the framework for use within Hampshire County Council Adults' Health and Care Department, Hampshire and Isle of Wight Integrated Care Board (ICB), Southern Health NHS Foundation Trust, Solent NHS Trust for the identification, assessment and management of adults aged 18 and over presenting with a choking risk in all care groups.
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Target Audience	<ul style="list-style-type: none"> • Adults who present with a choking risk and/or their carers • Staff working in any NHS and Adults' Health and Care setting • Staff working in the Independent Hospital sector within the Hampshire locality • Staff employed by private domiciliary agencies • Staff employed by Care homes with and without nursing across all care groups
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Version Control

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30.09.2021	Michele Ennis Deputy Designate Safeguarding Adults	1.0	Whole document	Updated
25.08.2022	Michele Ennis Deputy Designate Safeguarding Adults	2.0	Whole document	Updated to ensure information is reflective of current guidance
17.01.2023	Michele Ennis Deputy Designate Safeguarding Adults	2.1	Whole document	Updated following review from NHS Solent Trust
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Quick reference guide

Please do not wait until an emergency arises before reading this guidance.

For quick reference, this page summarises the actions required by this guidance. This does not negate the need to be aware of and to follow the further detail provided in this guidance.

To provide adults aged 18 and over presenting with a significant and/or increased choking risk, and staff working in the NHS, Adults' social care and health and the Independent and Voluntary sector working in Hampshire including day services, residential settings and domiciliary care, guidance on how to identify, assess and manage an adult who has a choking risk.

1.0 Purpose

1.1 To provide best practice guidance for Adults' Health and Care, and health care staff, those who commission care and carers, on how to identify, assess and manage an adult who presents with a choking risk.

1.2 This guidance does not replace existing national or organisational policies and guidelines regarding the management of an adult with dysphagia and / or a choking risk and should be read in conjunction with those existing policies.

1.3 Each service uses different terminology to describe the adult and therefore for the purposes of this document, the patient, service user, client, person will be referred to as the 'adult'.

1.4 This guidance builds on the advice and guidance set out in the document [Reducing the risk of choking for people with a learning disability: A multi-agency review in Hampshire](#) produced by Hampshire Safeguarding Adults Board Multi Agency Partnership, 2012, and, following the development of the Adults' social care and health guidance regarding the management of an adult with a learning disability who presents with a choking risk, this guidance has been broadened to include any adult who is at an increased or significant risk of choking.

1.5 This guidance has been written by multiple organisations within Hampshire and seeks to broaden the earlier guidance so that it is relevant to all adults from all care groups. The agencies may include the independent sector, Care homes with and without nursing, home care agencies, the adults themselves and their carers and or families who may be supporting them, including paid carers.

2.0 Introduction

2.1 All adults are at risk of choking, but adults within health and social care services can be at an increased or more significant risk of choking. Choking can be described as the introduction of a foreign object (edible or non-edible) into an airway which becomes lodged and partially or completely obstructs the air flow to the lungs. Airway obstruction can usually be cleared by coughing. If the airway cannot be cleared quickly, serious brain injury or death follows rapidly.

2.2 This guidance should be read in conjunction with existing policies which may be in place within partner organisations to support adults who may present with a dysphagia and / or choking risk. This guidance offers additional advice to the adult, family members and staff.

2.3 Referrals should be made to SLTs for a specialist dysphagia assessment in line with these policies.

2.4 This guidance supports the newly developed webpage for adults and staff living and working in Hampshire. This webpage provides practical advice and guidance regarding the following areas:

- Mental Capacity Act 2005
- Supported decision making and best interest decisions
- Advocacy
- Assessing and recording the risk of choking
- Care planning, risk assessment and risk management
- Screening for increased risk of choking
- Training Matrix for all staff across organisation boundaries
- Equipment
- Recipe ideas
- Safer swallowing videos
- Food and fluid texture advice (International Dysphagia Diet Standardisation Initiative – IDDSI)
- Reporting choking episodes/incidents
- What to do following a choking incident
- Going into hospital

2.5 Preventing significant harm to adults in Hampshire with an increased risk of choking remains challenging for all those involved in their care, such as their carers, including family members, staff members working in the NHS, Hampshire County Council Adults' Health and Care, and the Independent Sector.

2.6 The proximity of the structures in the throat through which adult eats and breathes and the close coordination that is required for both these functions can lead a healthy adult to choke occasionally. Most obstructions in the throat can be cleared by coughing.

2.7 Vulnerable adults may have a weak or absent protective cough. For example, those with a neurological weakness, stroke-related impairments, rapidly degenerating conditions, for example Motor Neurone Disease (MND), Huntington's disease, adults with advancing dementia and other specialist conditions that could present with an increasing risk of choking.

2.8 There are several risk factors that affect an adult's ability to eat and drink safely. These may be related to physical and/or mental health factors, dysphagia, medication, behaviour and compliance. This is not an exhaustive list but includes:

- Where the adult has a reduced capacity to understand their potential risks associated with choking. This could include an adult who is living with dementia, a learning disability or a deteriorating neurological condition affecting their cognitive ability or a deterioration in their functional mental health, for example, bipolar disorder
- Physical and neurological factors affecting an adult's ability to swallow such as chewing, reduced control of food in their mouth and swallowing

(pharyngeal clearance), or an adult with a compromised posture – see also 5.2 for signs of dysphagia

- An adult may present with behaviours that increase their risk of choking such as bolting their food or 'pica' (eating inappropriate goods and non-food items), a tendency to talk whilst eating, food cramming
- Environmental factors, such as reduced alertness, or increased distractibility
- Consideration should be given to impact of an adult's prescribed and non-prescribed medication

3.0 Contributions

3.1 The following organisations and staff made valuable contributions to the content of this guidance:

- Solent NHS Trust SLT
- Southern Health NHS Foundation Trust SLT
- Hampshire Adults' Health and Care
- Hampshire and Isle of Wight ICB
- Hobbs Rehabilitation Specialists
- Hampshire Hospitals NHS Foundation Trust
- University Southampton Hospital NHS Foundation Trust
- Royal College of Speech and Language Therapists (RCSLT) ALD Dysphagia Lead
- Care Quality Commission (CQC)

4.0 Who does this guidance apply to?

4.1 This guidance is directed toward the following groups:

- All adults aged over 18 years who are confirmed as or are suspected of being at heightened risk of choking and their carers which may include privately commissioned carers
- All staff working in an NHS setting within Hampshire currently excluding the acute hospital setting. These staff members should refer to acute hospital guidance to support adults at risk of choking
- All staff working in Hampshire Adults' Health and Care
- All staff working in Independent Hospitals in Hampshire
- All staff working in an Independent Provider setting such as a care home with and without nursing, domiciliary providers and the private and voluntary sector

5.0 Definitions

5.1 **Choking** is described as the introduction of a foreign object (edible or non-edible) into an airway which becomes lodged and partially or completely obstructs the air flow to the lungs. Choking can also be caused by the airway being constricted or swollen shut.

5.2 **Dysphagia** describes eating and drinking disorders in children and adults which may occur in the oral, pharyngeal and oesophageal stages of deglutition. This includes problems positioning food in the mouth and in oral movements, including sucking, chewing (mastication) and the process of swallowing. The 'normal' swallow needs the respiratory, oral, pharyngeal, laryngeal and oesophageal anatomical structures to function in synchrony, which is dependent upon the motor and sensory nervous system being intact (RCSLT 2018).

5.2.1 Acute signs of dysphagia may include coughing or choking when eating and/or drinking or immediately after intake, effortful or delayed swallow with increased breathing rate after swallowing, wet vocalisations (gurgly voice) particularly after drinking, and change of skin colour.

5.2.2 Chronic signs of dysphagia may include persistent drooling of saliva, recurrent chest infections, coughing during meals or drinks, increased anxiety and challenging behaviour at drinking and mealtimes, signs of malnutrition and/or dehydration, poor skin integrity and hair loss.

5.3 **Aspiration** is the inhalation of either oropharyngeal or gastric contents into the lower airways, that is, the act of taking foreign material into the lungs.

5.4 **Pica** is an eating disorder typically defined as the persistent ingestion of substances of no or little nutritional value for at least one month at an age for which this behavior is developmentally inappropriate. It may be benign or may have life-threatening consequences.

6.0 Duties and responsibilities

6.1 Staff working in Adults' Health and Care and in all NHS and Independent health settings is required to ensure they are working within their organisational policies regarding the management of an adult presenting with a choking risk. This guidance will be shared with private providers as appropriate.

6.2 The Care Quality Commission (CQC) inspects and rates residential care homes and nursing homes in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services are assessed and rated on how safe, effective, caring, responsive and well-led they are.

6.3 There are 11 regulations that set out the fundamental standards of quality and safety. CQC state that “these replace the current 16 regulations: [CQC: Fundamental Standards](#)

6.4 These regulations are clearer statements of the standards below which care should never fall and apply to all settings. Two of the standards are listed as meeting nutritional and hydration needs: [Regulation 14: Meeting Nutritional and Hydration Needs](#); and safe care and treatment: [Regulation 12: Safe Care and Treatment](#)

7.0 Training

7.1 All organisations, as listed in Section 3.1, will be regularly reviewing the provision of training courses for their employees and for provider organisations in caring for an adult presenting with a choking risk. They do so to ensure that the content is fit for purpose and is aligned with policy and current practice.

7.2 A detailed training matrix is included in Appendix I. The training is relevant for:

- Staff members involved in food preparation
- Staff who provide mealtime support with eating and drinking
- Staff writing risk assessments and care plans
- Staff assessing an adult who has a suspected or confirmed choking risk to eat and drink
- Family members who are supporting an adult who has a suspected or confirmed choking risk to eat and drink

7.3 The recommended level of training is based on the ‘type’ of care intervention that a staff member or the adult’s support team undertakes in relation to the adult presenting with the choking risk. The level of recommended training is not based on a staff member’s job title within an organisation.

7.4 Private provider services (including Home Care agencies and Independent Hospitals) regulated by the Care Quality Commission are required to meet a number of essential quality outcomes in order to register to provide services. As part of this arrangement providers must only accept adults whose assessed needs can be met safely and in line with the agreed person-centred care plan. This requirement extends to the care of adults assessed as at risk of choking.

7.5 In order to do this, those providing a commissioned service must ensure that their employees and/or subcontractors who are responsible for meeting an adult’s needs have access to sufficient training as detailed in the training matrix in Appendix I regarding the following areas:

- All Hampshire County Council Adults' Health and Care, providing care to adults who may be at risk of choking will receive training by the Workforce Development team in managing the risk of choking appropriate to their role
- Pre-requisites for safe eating and drinking for example, posture, environment / distractions, texture modification, recognition of choking
- The use of appropriate choking risk screening tools
- Understand how and when to make referrals to specialist services, for example, SLT services
- Be able to safely deliver care to any adult at risk of choking
- Be able to respond to an episode of choking by administering the correct emergency first aid interventions as guided in the management of choking flow chart available from the Resuscitation Council can be located [here](#). (Appendix II) All Hampshire County Council Adults' Health and Care and care staff providing care and those responsible for nutritional management, food preparation, including those who support menu development will receive emergency first aid choking response training as part of the Stepping Forward, Stepping Back induction programme.

8.0 Using the Mental Capacity Act (2005) to support decision making

8.1 [The Mental Capacity Act \(2005\)](#) supports adults to make their own choices. If a decision needs to be made by the adult in relation to their diet, then in line with best practice and legal requirements, the adult has a right to be supported to make their decision. The Mental Capacity Act (2005) and [Code of Practice](#) set out the practices to be followed, including the statutory Best Interests checklist (Section 4, MCA 2005).

8.1.2 For adults where there may be diminished mental capacity and where a choking risk exists, eating and drinking will be a complex area to navigate for all concerned. The Mental Capacity Act (2005) seeks to ensure that adults who lack capacity to make specific decisions for themselves are protected from harm that may arise from their lack of capacity, by allowing others to make decisions in their 'best interests'.

8.1.3 There may be circumstances when a staff member or carer may need to assess an adult's capacity in relation to their choking risk, for example, where an adult likes a particular kind of food which has the potential to increase their risk of choking, and they want to eat that food but the staff member is unsure whether they have the mental capacity to understand the potential dangers that would bring.

8.1.4 Deciding if an assessment of capacity is needed is not always obvious. The staff member should always start by assuming the adult has capacity to make the specific decision (in line with Principle 1 in the Mental Capacity Act, 2005). Here are some example questions that you could use to help with the decision:

- Does the staff member or carer have any evidence to make them think that capacity may be impaired?
- Is there evidence of a mental impairment or disorder or, a diagnosis that could cause you to question the presence of a mental impairment or disorder?
- Does the adult admit to any problems in relation to choking risk? If so, does he/she seek appropriate assistance?
- Can the adult recognise risky situations and respond accordingly?
- Could the adult ask others for help in an emergency?
- Would the adult encounter safety or physical health risks because of memory problems?

If the answers to any of these questions leave a staff member with concerns, then the staff member should undertake an assessment of capacity in relation to the adult's decision making in relation to their choking risk (see 8.1.7 for further guidance).

8.1.5 Staff members or carers must gain the consent of the adult wherever possible, before any screening, assessment or medical investigation is undertaken.

8.1.6 Assessing Mental Capacity – Key steps

- Who is the right individual to assess capacity? Usually, the individual who is most directly involved with the adult in relation to the decision such as a senior care worker who knows the adult, or main carer if the adult is living at home, but the assessment may also need the input of other relevant professionals (e.g., SLTs to support the individual's communication skills). Where the risks are higher, or the situation is more complex it may be appropriate to invite a social worker or nurse who is involved to undertake the capacity assessment
- Be clear on the specific decision that the staff member or carer is assessing against (e.g., is the adult able to make informed decisions about eating the high-risk foods and fully understand the risks?)
- Make every effort to help the adult make the decision in question. Help the adult to gain a general understanding of what the decision is (including the risks) and why they need to make it
- Ask questions designed to uncover the degree of insight the adult has in relation to his/her self-care limitations. The staff member or carer should begin by asking the adult if they are aware of any concerns about risks associated with their diet raised by others who know them well (e.g., friends or family)
- The staff member or carer should ask the adult specific questions to test their 'understanding and appreciation' of the choices available. Choices may include different food options that would generate more or less risk. It may be necessary to probe to assess how far the adult is able to weigh up the advantages and disadvantages of one option over another, whether or not the adult can anticipate the consequences, both in terms of likelihood

and severity. Explore fully the adult's appreciation of the foreseeable consequences

- Are the adult's stated reasons for his/her choice relevant to the decisions in hand? Look for evidence of reasoned choice. Examine the chain of reasoning for logical consistency. This is especially important where the adult seems to be making an irrational or illogical decision that may have an adverse impact on his or her personal care, physical safety or well-being. A review of previous actions, prior wishes or history of choice under similar circumstances may provide information that either justifies or challenges the present choice or preference being expressed
- Decisions about mental capacity are made by the assessor on the 'balance of probability'. In borderline cases or where there is doubt, the assessor must be able to show that it is more likely than not that the answer to these questions is no (Code of Practice 4.48 Mental Capacity Act 2005)
- An eating and drinking at risk (EDAR) pathway is available, to support shared decision-making for adults who are eating and drinking with acknowledged risk. It is recommended that services contact their local SLT services to discuss this further

8.1.7 Best Practice - Recognising that the adult's wish for a quality of life is a legitimate factor

- **How is this important when considering whether an adult has capacity or undertaking a capacity assessment?** To practitioners and family members the reduction of risk is usually of critical importance, whereas the adult may feel that their quality of life is more important than reducing their risk of choking. An adult taking this view is not necessarily lacking capacity and may not be making an 'unwise decision'. It may be a reasonable decision depending on their circumstances, priorities, history and preferences
- **How is this important following an assessment of capacity (where the adult lacks capacity) and you are undertaking a best interest decision?** Justice Mumby (Court of Protection, 2007) said "all life involves risk ... we must avoid the temptation always to put the physical health and safety of the elderly and vulnerable before everything else Safety can sometimes be bought at too high a price We should be willing to tolerate manageable or acceptable risks to achieve the vital good of the vulnerable person's happiness". (please also refer to Section 8.3 below)

8.2 It is essential that all assessments of mental capacity are clearly documented, with full clarity about which specific decision the assessment of capacity is being made against. The clear rationale behind the decision must be set out showing the factors that have been considered.

8.3 Use of the best interests process when the adult is unable to make a key decision or give informed consent.

8.3.1 If an adult is assessed as being unable to make an informed decision

about their own care, a best interest meeting must be held in line with the Mental Capacity Act, 2005. This must include the adult wherever possible or possibly an advocate who can express views about the adult's wishes, feelings and values. Family members and/or friends should also be invited to share their views and professionals who are able to contribute to the decision-making process on behalf of the adult in their best interests. This provides an opportunity to consider all possible options of care, and through discussion reach a decision as to what course of action is in the "best interest" of the adult concerned, considering the adult's known wishes, feelings and values. The 'decision maker' is usually the person or agency with the lead clinical or funding responsibility in relation to the specific decision that is being considered, or the doctor if it is a treatment decision.

8.3.2 In circumstances where care workers or family members disagree with any decision reached regarding the adult's care, it is up to the decision maker (usually, the commissioning body) to weigh up the views of the different parties and make a best interest decision when developing the care plan.

8.3.3 In the event of a significant dispute regarding the best interest decision, every effort should be made to resolve it through discussion, negotiation, or mediation. In the event of irresolvable disputes about best interests, an application can be made to the Court of Protection for a decision about the adult's welfare best interests.

8.3.4 It may be necessary to restrict access to certain environments, foods or objects for some adults who lack capacity in relation to decisions about their food choices due to a risk of choking. In all instances this must be taken as a best interest decision and the process set out in section 4 of the Mental Capacity Act (2005) should be followed.

8.3.5 Should the staff member or carer require further support and or advice regarding the operational application of the Mental Capacity Act (2005), please refer to a senior member of your team.

8.4 Deprivation of Liberty Safeguards (DOLs)

8.4.1 In relation to monitoring an adult who has a high risk of choking it is possible that an enhanced level of supervision may generate consideration of whether a referral for a DOLs or a Community DOL authorisation is indicated. In most cases this will be unlikely, but in a small number of cases where additional restrictions of are placed upon independent movement in the accommodation or levels of supervision are increase; these will need to be considered alongside existing best interest restrictions to determine whether the combined effect deprives the individual of their liberty. Regard will be had to whether the purpose for which a measure is needed can be effectively achieved in a way that is less restrictive to the adult's rights and freedoms.

8.4.2 Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty Safeguards (DoLS) and the judicial DoLS as the system to lawfully

deprive an individual of their liberty. The initial launch of the LPS has been delayed from the original date of 1 April 2022. Therefore, paragraph 8.4.1 will be reviewed and updated following new LPS guidance.

9.0 Managing and reducing the risk of choking

9.1 Screening the risk of choking

9.1.2. Whilst it is not possible to prevent all episodes of choking, reducing the risk of choking and improving the safety of adults who present with a risk of choking is critical.

9.1.3. There is an expectation that all organisations will ensure that:

- Their employees or subcontractors who meet an adult's care needs are fully aware that choking risks can result in fatal incidents and that the choking can affect anybody. However, certain factors may increase the likelihood of a choking incident occurring
- Their employees or subcontractors have an adequate understanding of the varied and range of medical and behavioural conditions and circumstances which can place an adult at risk of choking
- They will provide an appropriate screening tool for employees or subcontractors to use when they are concerned that a person may be at risk of choking. It is recommended that staff working with adults with a learning disability complete the Solent NHS Trust Choking Screening tool (V.16). Please refer to Appendix VI to obtain the most current version of the screening tool.
- Their employees or subcontractors know when and how to escalate concerns to a specialist service – for example, SLT.

9.1.4 Choking risk and subsequent choking can occur as a result of the following.

- Progressive neurological conditions for example, Parkinson's disease, Motor Neurone disease
- Cerebrovascular disease / stroke
- Dementia
- Learning disability
- Structural changes, for example, pharyngeal pouch
- Head and neck surgery, for example cancer of the tongue, jaw or larynx
- Behavioural difficulties / effects of institutionalisation
- Mental health concerns
- Poor oral health / dentition
- Compromised posture
- Effects of medication (see section 17.0)

9.1.5 It is recommended therefore that staff working with an adult with a learning disability (ALD) are required to use the Solent NHS Trust Choking

Screen V 1.16 as part of the assessment process to determine if professional advice is required from a SLT, if there are concerns relating to questions 1-6, then pre-referral liaison will help staff identify if a referral to the SLT is appropriate.

9.1.6 All other referrals to SLT following a concern about a choking concern, should be made to the relevant SLT service, see Appendix III for details.

9.1.7 The Quality Standard, Care of people at risk of choking, has been developed for adults' health and care working in Adults' Health and Care residential and nursing homes to guide them in the practical steps required to aid them reduce the risks of choking among the adults they deliver care to.

9.2. Care planning

9.2.1 The development of an adult's care plan must, wherever possible, include the views and wishes of the adult. The principles and requirements of the Mental Capacity Act (2005) must be considered and implemented when developing an adult care plan.

9.2.2 Providers must have robust processes to ensure that an appropriate eating and drinking care plan is in place for any adult who is at risk of choking. This must be undertaken regardless of the adult's capacity to understand. If the adult is making an unwise decision to eat high risk foods or drink, the provider should ensure that the service user understands the risks they are taking and have a documented mental capacity assessment to support their decision. Providers should take all reasonable steps to mitigate against the risk of choking under their duty of care working to support individuals making unwise decisions.

9.2.3 Providers must ensure there is a process in place to prompt regular reviews by the care provider and for the choking risk to be re-assessed as the needs of the adult change. For example, if there is a medication or physiological change or deterioration in an adult's clinical condition that may impact on their ability to swallow safely.

9.2.4 The provider must monitor that staff are fully competent to recognise and assess a choking risk and to deliver 'safe and effective' care to those adults who are at risk of choking, in line with the adult's agreed care plans and risk assessments.

9.2.5 Different professionals or care givers will often have their own care plans for the adults they are supporting. For example, a self-directed support plan, a SLT safer swallow care plan, and caregivers may have their own adult care plans.

9.2.6 If an adult presents with an increased choking risk this must be considered and reflected consistently throughout the care planning process by those involved in specialist advice giving, or day to day care provision. A

consistent approach across all care givers is very important for keeping the adult safe and reducing the risk of choking and/or aspirating. It is recommended that the care plan follows the adult to any care setting to ensure a consistent and safe approach to managing the adult's choking risk.

9.2.7 Each adult for whom a service is provided must have an adult first aid treatment plan so that those who are wheelchair users or cared for in bed are treated with first aid appropriate to their needs and staff must be aware of this plan and understand how to execute it if required.

9.2.8 In day services, such a plan would only be developed for those people who are both wheelchair users and also identified as at risk of choking.

9.2.9 Where a risk of choking is identified, the plan must include what the concern is and what interactions and interventions are required to minimise the risk.

9.2.10 When developing a care plan, it is recommended that consideration is given to the following regarding management of the risk of choking:

- Detail how to support the adult to eat, drink and take medication safely. This should include optimum positioning for eating and drinking, the level of supervision required, utensils to use, rate of eating / drinking, texture and / or fluid modification, reducing environmental distractions, signs that suggest the adult is tiring or experiencing increased difficulties swallowing
- Detail if the risk of choking increases because of challenging behaviour, fluctuating medical and/or cognitive status
- Document in the adult's records if an incident of choking occurs
- Document if there is a change in the adult's risk of choking
- It is important that the risk plan considers the risk of choking presented by both edible and non-edible items, if appropriate
- Clearly document all health care that is relevant for the adult, such as an annual health or dental check and when and where the care should be sought. It must inform the care givers of what they must do to support the adult in their care to visit the GP, dentist etc.
- Document any prescribed medication or treatments. Some medications can affect the swallow, and it is important that any changes are considered before a medication change. Any identified risks following a change in medication must be clearly documented within the adult's care plan
- The care plan should be reviewed if there are any changes in the medication prescription
- Document any signs and symptoms of swallowing difficulties that may be relevant to an adult's health care and condition, and that can assist care givers in identifying an emerging risk of, or change in risk of choking
- Document the likely prognosis and/or anticipated deterioration for the adult deemed to be at increased risk of choking so that care givers will not make false assumptions which might place the adult at risk

- Provide detailed contingency plans should emergency intervention be required
- Detail the first aid care/intervention that is required should choking occur. This must take into account any adults who use a wheelchair or those who are cared for in a bed
- Include information about the adult's mental capacity to be able to understand their risk of choking and their ability to understand and agree to the protective actions which may be put in place to reduce that risk
- SLT recommendations must NOT be altered, unless this is in consultation with the SLT and is signed and dated accordingly

9.2.11 Further information regarding good care planning can be found on the Hampshire PACT website. Written and produced by Hampshire County Adults' Health and Care and HSIOW ICB.

9.3 Review of Care plan

9.3.1 Whilst regular reviews are necessary in line with each organisation's policy and guidance, it is recommended all care plans are reviewed based on clinical need. Staff must remain vigilant and responsive to the adult's needs at every intervention during all oral intake, including meals, drinks, snacks, and medications.

9.3.2 An adult's care plan and any decisions outlined in it must be reviewed and monitored regularly for any changes. Assessments and decisions must be actively revisited following any change or deterioration in the adult's 's health or behaviour.

9.3.3 In Hampshire the key statutory commissioners of care and support for adults (Hampshire Adults' Health and Care, Hampshire and Isle of Wight ICB) have all agreed that when the provision of support moves from one provider to another, the new provider must not automatically re-write the care/support plan relating to a choking risk onto their own paperwork as this increases the risk of mistakes when transposing information which can increase the choking risks for adults. In line with best practice, the key statutory commissioners of care will develop a standard format for care/support plans relating to choking for all providers to use.

9.4 Managing risk and risk assessments

9.4.1 All staff members, including support staff, have a responsibility to ensure that all adults in need of care and support can refer to this guidance to assess the risk of choking.

All staff involved in the adult's care must:

- Be informed of the care plan and any changes to it in relation to the adult's management plan for choking risk, eating, drinking and taking medication
- Be involved in the care planning process for adults at risk of choking
- Be aware of the consequences of staff not following an agreed management of an adult's choking risk, eating, and drinking and swallowing care plans
- Complete the appropriate choking screening every time concerns are raised, or a risk of choking is suspected regarding current oral intake and be completed every six months after initial completion/initial SLT recommendations are made
- Understand what staff are required to do if the choking screening tool indicates there is a risk of choking or an increased risk of choking for an adult
- Be able to recognise and know how to prepare/present food and fluids to the adult, in keeping with their eating and drinking recommendations. Please see Appendix IV for information in relation to modifying foods and fluids using the International Dysphagia Diet Standardisation Initiative (IDDSI)
- Follow instructions in the care plan for giving medications; including the correct positioning of the adult and ensuring medications are prescribed and dispensed in the appropriate format
- Where an adult experiences a choking episode or a near miss choking episode, this must always be recorded on an incident form
- The incident must also be fully recorded in the daily notes for that adult (where relevant) and consideration should be given to whether a referral or re-referral to an appropriate professional is required such as their General Practitioner or SLT

9.5 Challenging Behaviour that may increase an adult's risk of choking

9.5.1 Some adults may exhibit behaviours that challenge services for example, putting food or other items into their mouth, swallowing non-food items or deliberately trying to choke themselves as a form of self-harming behaviour. If this occurs, staff should immediately seek a multi-professional assessment to agree an action plan to mitigate the risk.

9.6 Staying in Hospital

9.6.1 When an adult is staying in hospital for any reason, their eating and drinking and swallowing needs must be communicated by providers and or carers verbally or document such as their hospital passport. It is of paramount importance that this information goes with the adult to hospital to detail the adult's most up to date eating and drinking recommendations.

9.6.2 When an adult is known to the SLT service and they are aware of their hospital admission, best practice would be for the community services acute SLT services to liaise regarding any changes to the eating, drinking and swallowing recommendations during the hospital admission and following discharge. When an adult is acutely unwell, the adult's eating and drinking skills may require reassessment within the hospital setting.

9.6.3 This potential review of an adult's eating and drinking skills does not negate the importance of clear communication and handover between the hospital, provider, family carers and any other professionals who may be involved such as Adults' social care and health or Community Nursing.

9.6.4 Hospitals should also consider whether there are any training needs and identify any training gaps for the provider staff and / or family carers following the discharge of the adult back to their care in the community setting.

9.6.5 Following discharge from hospital there is a responsibility on hospital teams to ensure that any changes to the management of an adult with a choking risk, including changes to the adult's care plans and risk assessments are appropriately communicated verbally and in writing to the appropriate community teams. This responsibility is within their duty to arrange a safe discharge.

9.7 Safeguarding

9.7.1 The Care Act 2014 (Section 42) confirms the three statutory criteria which is used by the Local Authority to decide whether or not a safeguarding concern meets the criteria for a safeguarding enquiry to be opened. The criteria are:

- The adult has care and support needs (whether or not these are being met by the local authority)
- The adult is experiencing or at risk of experiencing abuse or neglect and
- The adult as a result of their care and support needs is unable to protect themselves from abuse or neglect

9.7.2 It is expected that any choking incident that may have resulted in significant harm due to lapses in care to the adult and/or the lack of care is suspected to have resulted in a choking incident that consideration is given to reporting this incident to the relevant local authority multi-agency safeguarding

hub (MASH). Please refer to Appendix V for details of how to make a referral to MASH.

9.8 The role of the SLT in relation to the management of an adult presenting with a choking risk

9.8.1 A referral is received by the relevant SLT or Multi-disciplinary team (MDT) service and, depending on local policy, an acknowledgement letter is sent to the referrer, adult and GP. The referral is triaged and prioritised in line with local policies and standards. This referral may be deemed inappropriate, and the referrer is informed, it may be passed to SLT or to another profession within the MDT.

9.8.2 If the referral is agreed as appropriate for SLT due to a dysphagia need:

- A swallowing assessment will be completed, either in an outpatient or home/day service setting or as a remote consultation (telemedicine)
- Recommendations will be provided for the safest swallow regime, and these will be discussed and agreed with the adult and / or significant care givers
- Written information to support the recommendations will be provided. This includes a safest swallow care plan/mealtime mat and IDDSI documents for modified food and fluids - see Appendix IV.
- A report/letter will be sent to the referrer, adult, GP, and other relevant agencies
- A SLT review may be carried out, this decision is made on case-by-case basis
- The adult will be discharged when no further SLT intervention is indicated

9.9 Referral to SLT will depend upon the organisation as each team will have different routes of referrals.

9.9.1 The SLT service across Hampshire is set out in Appendix III and provides the contact details for the SLT service that is responsible for receiving SLT referrals. Should a staff member or carer experience a problem with referring an adult to the SLT service, please refer to your General Practitioner or the local Clinical Commissioning Group for advice.

10.0 When to make a referral

10.1 Referrals to SLT should be made if signs of dysphagia are noted (see 5.2.1) or on completion of the Solent choking screen, if the adult has an identified learning disability (see Appendix VI).

10.2 The role of the multi-disciplinary team

10.3 A referral may be more suited to other members of the multi-disciplinary team depending on the risk factors that have been identified. Examples include:

- Consideration of the function of the behaviour if someone is eating very fast, deliberately blocking airway (liaison with Psychology)
- Consideration of sensory needs if cramming food, regurgitation of food or moving about whilst eating (liaison with Occupational Therapy)
- Consideration of unmanaged Pica (may be multi-disciplinary)
- Consideration of excessive wheezing (liaison with Physiotherapy)
- Consideration of difficulty taking medication and side effects of medication (liaison with Pharmacy and/or Psychiatry)

11.0 Immediate first aid for a choking incident

11.1 If an adult isn't breathing normally during or after a choking incident, call 999 to seek emergency medical assessment.

In the event of an abdominal thrust being used to clear the airway an ambulance must be called to assess the risk of splenic injury.

11.2 If the adult stops breathing following a choking incident, cardiopulmonary resuscitation (CPR) should be commenced immediately regardless of a valid 'Do Not Attempt cardiopulmonary resuscitation' (DNACPR) in place.

11.3 Some social care, nursing home and residential settings could be considering the use of suction-based airway clearance devices for people who are choking (sometimes referred to as de-choking devices). The Resuscitation Council UK has issued a position statement on the use of these devices with choking victims RCUK's position on the use of suction-based airway clearance devices on choking victims and is located using the following hyperlink: [RCUK's position on the use of suction-based airway clearance devices on choking victims | Resuscitation Council UK](#) . There is currently limited evidence for their routine use, and the effect on patient survival outcomes.

12.0 What to do following a choking incident

12.1 Ensure that following a choking incident or near miss, a clinical review of the adult is arranged.

12.2 Following a choking incident or near miss it is essential that the incident is clearly documented in the adult's records; that care plans are reflective of the need and that risk assessments have been reviewed and updated if necessary.

12.3 Report any choking incident using own organisation's incident reporting system. This will ensure that any learning identified can be shared with others.

13.0 Medication and risk of choking

13.1 Certain medications irrespective of formulation can produce side-effects which can subsequently impact on swallowing and increases the risk of choking. Certain anti-psychotic medication (used to treat psychiatric disorders), anti-sickness medication (used to treat nausea) and antihistamines and decongestants (used to treat cold like symptoms) can cause a dry mouth which then interferes with the swallowing process. A doctor and or pharmacist can advise. Remember that an adult assessed as presenting with a choking risk may require closer supervision and monitoring when taking medication.

13.2 It is recommended that any known allergies and/or risks of choking should be clearly printed on the front of the adult's medication chart to allow for risks to be mitigated appropriately

13.3 Administration of any prescribed and non-prescribed medication would need to be risk assessed in the same way that administration of food and fluids would need to be risk-assessed appropriately. Advice should be sought from the prescribing physician and or pharmacist in terms of weighing up the benefits and risks of medication for an adult considered to be at risk of choking.

13.4 The type, frequency and formula for medication all form part of the risk assessment. There is an array of different formulations of medicines. These can include tablets and capsules, dispersible/effervescent tablets which are designed to dissolve in water. Liquid medication, topical formulations such as creams ointments, lotions and injections which need to be administered by specially trained carers and members of staff.

14.0 Associated documents

- CQC Regulation 12: Safe Care and treatment
- CQC Regulation 14: Meeting nutritional and hydration needs
- CQC Regulation 9: Person Centred Care
- National Patient Safety Agency
- Southern Health Dysphagia (Swallowing Disorder) Policy Version 2
- Solent Health Choking risk assessment tool – It's no Choking matter!
- PACT Training
- Mental Capacity Act 2005
- How people with Learning disabilities die
- Reducing the risk of choking for people with a learning disability A Multi-agency review in Hampshire
- Choking Guidance – risk assessment and management South Staffordshire and Shropshire Healthcare NHS Foundation Trust

15.0 Guideline review

15.1 The expectation is this guidance will be reviewed every three years by the health subgroup of Hampshire Adults Safeguarding Board and Speech and Language Therapy teams working in Southern Health Foundation Trust and Solent NHS Trust.

16.0 Supporting references

[Mental Capacity Act 2005 Code of Practice, Department of Constitutional Affairs, London: TSO \(2007\)](#)

[Communication and Assessing Capacity, A guide for social work and health care staff \(Chapter 4\) The Scottish Government, Edinburgh \(2008\).](#)

N.B. This guide relates to Scottish incapacity law, however their legislation follows the same principles as British mental capacity legislation.

Appendices

Appendix I

Choking Workforce Development Strategy

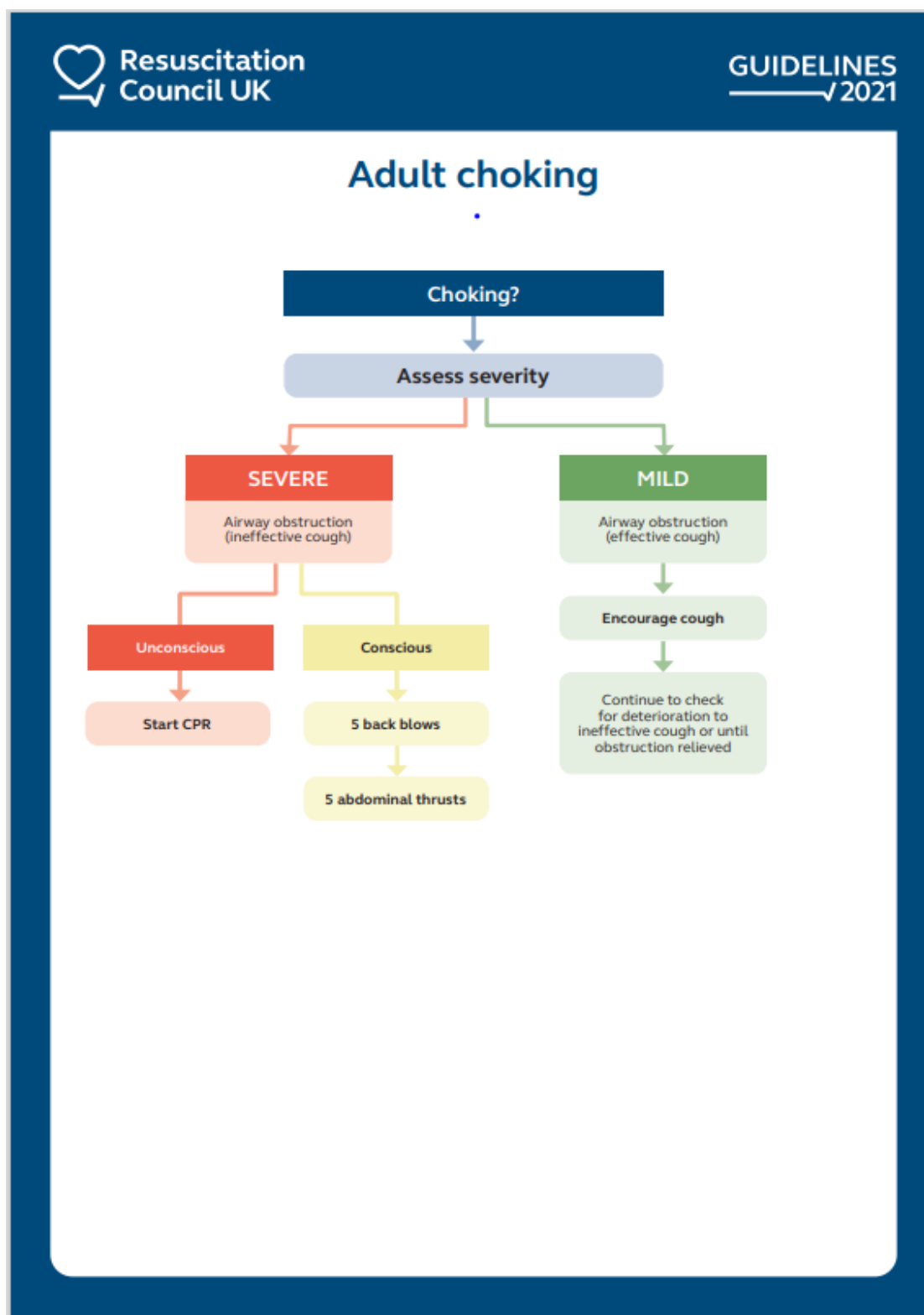
Minimum recommended level (please see next page)

It is for each organisation to review the learning outcomes and the activities staff undertakes recorded within this document to identify the level of training staff in their organisation require matched to the responsibilities they hold.

Recommendation that all Family members/ Carers/ Friends and Volunteers should, as a minimum, have the knowledge of each person's Choking / Dysphagia (link to descriptor) support plan and the skills to meet the identified outcome of that plan

	Level of Training				
Course Title (working title's)	Basic Emergency First Aid	Awareness of Risk of Choking	Food Preparation and Nutrition	Enhanced Awareness	Specialist
Delivery Method	Face to Face Training	E – learning	Face to face training On line resources	Face to face training On line resources	On Line resources
Outcomes	<p>Identify people who are choking. Take immediate appropriate action to the incident. Take immediate appropriate action to the incident for people in wheel chairs / beds and who have restricted mobility Take appropriate action after the incident with regard to Medical checks. Training to include use of simulation models to practice back slaps and abdominal thrusts.</p>	<p>helpstopchoking.hscni.net On line resource page including links to Screening tools Business process NPSA Multi agency policy National and local guidance MUST Tool Nutrition Tool Food Preparation Menu Ideas Emergency Aid flow chart First Aid App Posters Risk assessment tool Approved webpages NES Preparing Food to correct Textures Video clips of Food Preparation Plus Individual knowledge of each person's choking support plan and the skills to meet the identified outcome of the plan</p>	<p>Understand the different definitions of food textures and preparation Support menu development for food textures. Appropriate use of Thickening Agents. Presentation of meals Food Nutritional value. Links to DH – Dysphagia in the Social Care and Health Care Sector Public Health Document- Make reasonable adjustments to Dysphagia services for people with a Learning Disability NES Preparing Food to correct Textures Video clips of Food Preparation</p>	<p>Understand the difference between choking risks (including dysphagia) Provide safe, holistic, good quality care which reduces the risks of choking and aspiration incidents occurring and understand what is a normal and abnormal swallow Understand the importance of adequate nutrition and hydration and the adverse effects of not receiving these Identify factors that increase the risk of choking and the importance of health checks Understand how to contribute to the process of risk assessment and care planning around choking and where to gain support with individual management plans Understand proactive strategies that can reduce the risk of choking Consider an individual's capacity to consent and the role of mental Capacity Act/ DOLS and advocacy Course to have an experiential focus and practical application of skills to support individuals People attending should hold prior knowledge and skills in Support / Care Planning principles, Positive risk assessment , Mental capacity Act and Safeguarding</p>	<p>Know how to Identify factors/ signs and / symptoms that highlight potential increased risk of choking for individuals Knowledge to signpost to specialist practitioners to manage the individuals risk of choking Hold the Skills and knowledge to complete, interpret and take appropriate action a levels of negative health assessment- Dysphagia Add Specialist linked to other risk factors e.g. behaviour, health conditions</p>
Target Audience					
	All staff who are required to respond and provide emergency aid to choking incidents	All Staff who assist individuals to eat who are identified at an increased risk of choking All non S&L staff who are involved in assessing and reviewing an individual's plan of care for choking. All Staff who assist individuals who are identified at an increased risk of choking	All staff involved in food preparation for people who are identified at an increased risk of choking	All staff who lead on the monitoring and identification of individuals who are at the risk of choking Complete risk assessments to minimise the risk of choking Implementation, monitoring and reviewing of an individual's support plan Implementing referrals to specialist practitioners to reduce the risk of choking Nutrition/hydration lead All non S&L staff who are involved in assessing and reviewing an individual's plan of care for choking.	Specialist practitioners e.g. GP's Social Workers SLTs Identify role function (tbc)

Appendix II Adult Choking Algorithm



Source: Resuscitation Council UK: [Adult Choking Algorithm 2021.pdf](#)

Appendix III: Locality Map for SLT service across Hampshire

In July 2022, Clinical Commissioning Groups (CCGs) within Hampshire were replaced by the Hampshire and Isle of Wight Integrated Care Board (ICB). However, the tables below provide information based on previous organisational arrangements and location within Hampshire. If there is uncertainty about how to refer, please ask the GP to make the referral

Southern Health NHS Foundation Trust

Receives referrals for adults who are presenting with a choking risk from the following areas: -

- West Hampshire CCG (adults with a learning disability)
- North Hampshire CCG (adults with a learning disability)
- North East Hampshire and Farnham CCG (adults with a learning disability)
- Inpatient wards for Older Peoples Mental Health
- Lymington Hospital (all care groups)

Solent NHS Trust

Receives referrals for adults who are presenting with a choking risk from the following areas: -

- Portsmouth CCG
- Fareham and Gosport CCG
- South East Hants CCG
- Southampton City CCG
- West Hampshire CCG for patients under 65 years old with a progressive neurological condition who require a home visit, or patients with MND regardless of age
- Inpatients at Gosport War Memorial Hospital (excluding OPMH wards) and Petersfield Community Hospital
- SHFT LD teams based in Fareham & Gosport and South East Hants

Referral details

Portsmouth City, F&G and SEH GP patients – refer via Single Point of Access (SPA) 0300 300 2011
Southampton City / Hants GPs refer via
SNHS.AdultCommunitySALT@nhs.net

Hobbs Rehabilitation (Independent Provider)

Receives referrals for adults who are presenting with a choking risk from the following areas: -

- West Hampshire CCG individuals who present with a swallowing and communication problem of an acquired neurological origin only
- whccg.hobbsrehabilitation.nhs.net

HHFT
North Hampshire CCG
NE Hants CCG
Excluding adults with a learning disability

hh-ft.RHCHadultspeechtherapy@nhs.net

Appendix IV International descriptors

International Descriptors	Hyperlink to PDF Document
IDDSI Framework	IDDSI - IDDSI Framework
IDDSI level 0	Microsoft Word - 0 Thin p1 Adult consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 1	Microsoft Word - 1 Slightly Thick Adult p1 consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 2	Microsoft Word - 2 Mildly Thick Adults p1 consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 3	Microsoft Word - 3 Moderately Thick Adults p1 consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 4	Microsoft Word - 4 Pureed p2 Adults food to AVOID page consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 5	Microsoft Word - 5 Minced & Moist p1 Adults consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 6	Microsoft Word - 6 Soft & Bite-Sized p1 Adult consumer handout 30Jan2019.docx (iddsi.org)
IDDSI level 7	Microsoft Word - 7 Regular Adults p1 consumer handout 30Jan2019.docx (iddsi.org)
IDDSI Transitional Foods	Microsoft Word - Transitional p1 Adult consumer handout 30Jan2019.docx (iddsi.org)

Appendix V

Hampshire Multi Agency Safeguarding Hub Referral Details

For all emergency situations call 999.

If you have concerns or want to report you should contact Hampshire Adult Services:

- **Telephone:** 0300 555 1386 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday

Further information about the [Out of Hours](#) service.

Southampton Multi Agency Safeguarding Hub Referral Details

For all emergency situations call 999.

If you have concerns or want to report you should contact Hampshire Adult Services:

- **Telephone:** 023 8083 3003
- **Email:** adultsocialcareconnect@southampton.gov.uk

Isle of Wight Multi Agency Safeguarding Hub Referral Details

For all emergency situations call 999.

If you have concerns or want to report you should contact Isle of Wight Adult Services:

- **Telephone:** 01983 814980
- **Online referral:** <https://www.iow.gov.uk/iwforms/form.aspx?k=scr>

Portsmouth Multi Agency Safeguarding Hub Referral Details

For all emergency situations call 999.

If you have concerns or want to report, you should contact Portsmouth Adult Services:

- **Telephone:** 023 92680810 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday
- **Email:** portsmouthadulthood@portsmouthcc.gov.uk

Appendix VI: SLT Adults East SPA/S1 Referral Form V8 December 2019

Please register on **Systm1** to SLT Adults SPA caseload and SPA waiting list.

Please confirm client details on system 1 are correct.

All questions should be asked. Referrals are only accepted if mandatory (grey) fields are completed.

Please phone this referral to SPA 0300 300 2011 or email to SNHS.SPA@NHS.net

NHS Number:	
Client Name:	
DOB:	
Client Address (confirmed or updated):	
Client Telephone (confirmed or updated):	
Client's current location:	
Access code/keysafe number:	
Referrers Name:	
Referrers Address:	
Referrers Tel No:	
Referrers <u>secure</u> email address:	
Referrers Job title or Relationship to client:	
If caller is a <u>Parkinson's, MS or MND specialist Nurse</u> or SLT from Community Stroke Rehab Team (<u>CSRT</u>) please answer questions 1 & 9-13 <u>ONLY</u>	
CALL HANDLER:	
DATE:	

Please note incomplete referrals will not be accepted by SLT as all the information is required to be able to triage the referral accurately.

Has the patient consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is no, a reason is required	
1.Reason for referral? <input type="checkbox"/> Communication Difficulty (Explain) <input type="checkbox"/> Swallowing Difficulty (see questions below)	
2. Brief history and duration of the difficulty	
3. Please describe the client's relevant medical history. This is essential information for SLT to assist with triage and priority rating	

4. Swallowing Status:-

This information is needed for all swallow referrals to ensure accurate triage. Give the food and drink options below if necessary

What **FOOD** are they currently taking?

- Normal Diet
- Easy to Chew Level 7
- Soft and Bite sized Level 6 (*Previously known as Texture E fork mashable diet*)
- Minced and Moist Level 5 (*Previously known as Texture D pre- mashed diet*)
- Thick pureed Level 4
- Thin puree – liquidised Level 3
- Nil By Mouth
- Alternative Feeding (PEG)

What **DRINKS** are they currently taking?

- Thin
- Naturally / slightly thick Level 1
- Mildly thick Level 2 (*Previously known as Stage 1 syrup consistency*)
- Moderately thick Level 3 (*Previously known as Stage 2 – custard consistency*)
- Extremely thick Level 4 (*Previously known as Stage 3 pudding consistency*)

5. Do they have difficulty swallowing medication?

- Yes
- No

6. Is the person coughing when eating?

- Yes - Occasionally Frequently
- No

Is the person coughing when drinking?

- Yes - Occasionally Frequently
- No

7. Has this person choked (airway fully obstructed)

- Yes –
What happened?
What food were they eating?
What help did they need?
- No

<p>8. Has the patient had any confirmed unexplained chest infections in the last 3 months (requiring medication)?</p> <p>If yes, how many? _____</p>	
<p>9. Does client live alone?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10. Is this person capable of attending an outpatient appointment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this person able to access video/microphone on a computer/device for video consultation (including support from a carer or family member if needed)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>11. Does the patient have a package of care or any community service in place?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>12. Risks or hazards to visitors? (explain)</p>	
<p>13. Family / Next of Kin Details</p> <p>This question is important as the person being referred may not be able to answer the phone or respond to a letter due to their difficulties</p>	

Referrals from Parkinson's, MS or MND Nurse or CSRT: A separate more detailed report will be sent to the S< team by the referrer

If Using SystemOne: Please send this form via electronic referral selecting the following task recipient
1 SaLT eReferral

IMPORTANT NOTICE

Food and fluid descriptors have changed

The **International Dysphagia Diet Standardisation Initiative (IDDSI)** is a global standard to describe texture modified foods and thickened drinks for individuals with swallowing difficulties of all ages, in all care settings. This change came into effect on 1st April 2019.

The IDDSI framework consists of a continuum of 8 levels (0-7). Levels are identified by labels, numbers and colour codes to improve safety and identification. The standardised descriptors allow for consistent production and testing of thickened drinks and texture modified foods.



Copyright: The International Dysphagia Diet Standardisation Initiative 2016
@ <https://iddsi.org/framework/>