BROTHERS OF CHARITY SERVICES IRELAND

FOOD NUTRITION AND HYDRATION POLICY

Document reference number	**NP2014/03**	**Revision No.**	**4**
Approved by	**Brothers of Charity Services Ireland**		
Signed	**Michael Hennessy, Chief Executive**		
Approval date	**31/07/2025**	**Next Revision Date**	**31/07/2028**

Table of Contents

1.0 Introduction 2
2.0 Policy Statement 2
3.0 Purpose 2
4.0 Scope 3
5.0 Legislation/Other Related Policies 3
6.0 Glossary of Terms and Definitions 4
7.0 Roles and Responsibilities 5
8.0 Procedure 6
8.1 Education and Training 6
8.2 Menu Design, Food Preparation and Presentation 6
8.3 Communication and Empowerment 7
8.4 Facilities available for Eating and Drinking 8
8.5 Assessment, Screening and Care Planning 8
9.0 Revision 9
10.0 References/bibliography: 9
11.0 Useful Resources and Websites 10
Appendix 1 Example of Eating, Drinking and Nutrition Needs Assessment (HSE, 2020) 11
Example of a Weight Monitoring Record 12
Example of a quick and easy Malnutrition Screening Tool (MST) 13
Appendix 2 (Source HSE 2020) Example Handout: Signs and Symptoms of a Swallowing Difficulty (dysphagia) 14
Appendix 3 Sample of Food and Fluid Chart (HSE, 2020) 16

Ethos

'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'

'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression.'
The Brothers of Charity Services Ethos (2001), Going Forward Together.

1.0 Introduction

The Brothers of Charity Services Ireland endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships that enhance their quality of life. Our responses are based on the recognition of each person (who is supported by our service) as an individual, an equal citizen with equal rights and an absolute respect of that status. We, therefore, support each person to live their lives based on their own personal visions and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

2.0 Policy Statement

It is the policy of the Brothers of Charity Services Ireland to comply with best practice governance and accountability, as appropriate to health and social care agencies, state bodies and publicly funded organisations.

The Brothers of Charity Services Ireland are committed to ensuring that the nutritional care of individuals supported by the Services are met by promoting best practice and ensuring that legislative and regulatory requirements are met.

The Services are committed to ensuring that individuals supported are offered a well-balanced and nutritious diet which reflects the person's food preferences, cultural and religious considerations and which takes account of any assessed therapeutic diet, individual/special dietary requirements including modified food and thickened drinks.

The Services are committed to identifying individuals at risk of nutritional issues by working closely with General Practitioners, Dieticians and Primary Care Teams.

3.0 Purpose

The purpose of this policy is to ensure the nutritional care of individuals supported by the Adult Services are met by promoting best practice and ensuring that legislative and regulatory requirements are met. The purpose of this policy,

is to work towards the objectives of the Food, Nutrition and Hydration Policy for Adults Accessing Disability Services (HSE, 2020) to:

- Ensure food and nutritional care is supported in a person-centred manner.
- Improve the quality and safety of food and nutritional care in residential services for adults with an acquired, physical and sensory or intellectual disability.
- Support Schedule 5 (Policies and Procedure to be maintained in respect of the Designated Centre) of the Health Act (2007) Care and Support of Residents in Designated Centres for persons (children and adults with disabilities) Regulations 2013.
- Ensure that key areas of improvement recommended by the Health Information and Quality Authority (HIQA) are addressed.

4.0 Scope

This policy applies to all staff working in the Brothers of Charity Adult Services who support individuals and are involved in the provision and delivery of food, fluids and nutritional care in residential and day services for adults.

In order to action this policy, we recommend using, as required, the practical resources and guidance in the Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020. Where a person has been identified as at risk of nutritional issues input from the GP and /or other relevant healthcare professional will inform resources from the Toolkit used to support the person.

5.0 Legislation/Other Related Policies

- Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020; Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020
- Health Information Quality Authority (2013). National Standards for Residential Services for People with Disabilities. Dublin: Health Information and Quality Authority.
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- HSE National Consent Policy Jan 24 V1.2
- National Standards Authority of Ireland I.S. 340: 1994 Hygiene in the Catering Sector
- National Standards Authority of Ireland I.S. 343: 2000 Food Safety Management incorporating Hazard Analysis and Critical Control Point (HACCP).

6.0 Glossary of Terms and Definitions

Dietitian: Dietitians are registered healthcare professionals, who assess specific nutritional requirements of population groups or individuals through the lifespan. They translate this into interventions, which maintain health, reduce risk of poor health or restore health. Using evidence-based approaches dietitians work to empower individuals, families and groups to provide or select food that is nutritionally optimal, safe, tasty and sustainable. Beyond healthcare dietitians improve the nutritional environment for all through government, industry, academia and research.

Dysphagia: refers to an impaired swallow leading to a difficulty in the passage of food and fluids. **Oropharyngeal dysphagia**: is the term used to describe a feeding, eating, drinking and swallowing disorder usually resulting from a neurological or physical impairment of the oral, pharyngeal or oesophageal mechanisms.

FEDS/EDS (some Regions): Feeding, Eating, Drinking and Swallowing or Eating, Drinking and Swallowing.

Malnutrition: A state of nutrition in which a deficiency, excess or imbalance of energy, protein or other nutrients, including minerals and vitamins, causes measurable adverse effects on body function and clinical outcome.

Nutritional care: The basic duty of providing individuals supported by the Services with adequate and appropriate food, drinks and/or artificial nutrition.

Nutrition Care Plan: A nutrition care plan is developed by a dietitian outlining the individual nutritional interventions and outcomes to be monitored. The nutrition intervention chosen is directed to the root cause of the nutrition problem identified by nutrition assessment and is aimed at alleviating the signs and symptoms of the problem.

Occupational Therapist (OT): have a broad education in the health, social, psychological and occupational science which equips them with the skills and knowledge to work collaboratively with people, individually or in groups, to bring about positive life changes to enable them to participate in the activities of everyday life. OTs work with people with a wide range of health needs, including those who have an impairment of body structure or function, to enhance their ability to engage in the activities and occupations they aspire to, or by modifying the environment to better support occupational independence.

Speech and Language Therapist (SLT): provide screening, assessment, diagnosis, management and prevention of speech, language and communication disorders and dysphagia. The objective of speech and language therapy is to improve individuals' quality of life by optimising their ability to communicate and/or swallow safely in their environment.

Staff: refers to all persons paid or unpaid who support individuals in our services

Texture Modified Foods: Foods that have been physically altered to change their texture/ consistency for those with a diagnosis of dysphagia. Altering food texture has demonstrated a therapeutic benefit for reducing the risk of choking.

The International Dysphagia Diet Standardisation Initiative (IDDSI): Is a global standard with terminology and definitions to describe texture modified diets and thickened drinks used for individuals with dysphagia. https://www.iddsi.org/

Individuals requiring a texture modified diet will have similar nutrient goals to those on a regular diet but require different food choices and texture to remain nutritionally well.

The Services: refers to the Brothers of Charity Services Ireland.

Therapeutic Diet: is modified from a 'normal' diet and is prescribed to meet a medical or special nutritional need e.g. diabetes, coeliac disease. It is part of a clinical treatment and in some cases can be the principle treatment of a condition.

Thickened Drinks: Fluids to which there has been an addition of a commercially available thickener.

7.0 Roles and Responsibilities

7.1 Where the Services are involved in supporting the nutritional care of an individual it is the responsibility of all staff involved in that care to read this policy and implement it appropriately in line with the needs and preferences of the individual.

7.2 It is the responsibility of staff to ensure that individuals are referred to Nutrition and Dietetic or Speech and language therapy services as concerns arise. See local guidelines

7.3 It is the responsibility of Services Managers/Team Leaders to ensure that staff have the relevant training, knowledge and practical skills to deliver to support people who have nutritional care needs as appropriate to their role

7.4 It is the responsibility of Service Managers/Team Leaders to ensure that staff receive training in safe food handling as appropriate to their role.

7.5 It is the responsibility of Service Managers/Team Leaders to ensure that staff are aware of the signs and symptoms of a swallowing difficulty (dysphagia) and to report if there are concerns according to local guidelines, see handout example Appendix 2.

7.6 It is the responsibility of Service Managers/Team Leaders to ensure there is available weighing equipment appropriate to individual needs e.g. wheelchair scales with beams for wheelchair users, hoist scales where it is not possible for individual to sit into chair scales or chair/stand-on scales for mobile individuals. Weighing scales should be of a medical grade and calibrated annually.

8.0 Procedure

8.1 Education and Training

8.1.1 Training and education is vital to implement nutritional care successfully and can be an important factor in influencing best practice.

8.1.2 Where a nutrition related concern is identified, it is the responsibility of Services Managers/Team Leaders to ensure that staff have the relevant training, knowledge and practical skills to deliver this support. Useful nutrition and dietetic information available:

- Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020; Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020
- HSELand Modules e.g. validated nutritional screening tools

8.1.3 Staff should be educated on the importance of recognising changes such as weight loss/gain, changes in food habits and be educated of the process to be followed if there is a concern, and who to report to for monitoring and action.

8.1.4 Any staff involved in validated nutritional screening should be trained and be competent to undertake screening and implement management guidelines post screening.

8.1.5 Staff supporting individuals at risk of aspiration or choking will be offered training on identification of swallowing difficulties, the IDDSI Framework and IDDSI Testing Methods.

8.1.6 Staff members should ensure that they are familiar with basic food safety and hygiene guidelines, and that these guidelines are followed in the home.

8.1.7 Individuals should be supported to learn about healthy food choices, meal planning, cooking, and budgeting and money skills, in order that they may be as independent as possible in their meal planning. This can be done through the use of easy read materials designed for individuals with intellectual disabilities.

8.2 Menu Design, Food Preparation and Presentation

8.2.1 The Food Nutrition and Hydration Policy for Disability Services (HSE, 2020) sets out nutrition standards for menus in disability services. Nutrition standards are set out for healthy eating, bone health, dementia, constipation, cultural or religious diets, hydration, therapeutic diets (no added salt, energy dense, renal, gluten free, high fibre, diabetes) and texture modified diets. For further information if required go to the relevant section in the -Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020.

8.1.8 Individuals are supported to plan the food shopping and meal options on a daily and/or weekly basis in so far as possible, bearing in mind people's different skill levels. Where required, meal choices should be provided using easy read /visual supports for accessibility.

8.1.9 Meals including choices should be varied, wholesome and nutritious, reflecting food preferences, seasonal variation, cultural, religious considerations, FEDS recommendations and any special dietary requirements.

8.1.10 Support staff will strive towards health promotion, ensuring that good nutrition and diet are part of an overall healthy lifestyle for individuals. The 'food pyramid' should be used for planning nutritionally balanced, adequate meals including snacks and drinks. Individuals are supported to exercise healthy food choices in their day to day lives. Their right to make their own choices however continues to be respected.

8.1.11 Individuals should have access to meals, refreshments and snacks as required and appropriate. Meals should be properly and safely prepared, cooked and attractively presented.

8.1.12 Food, including Therapeutic diets and Texture Modified Foods and Drinks (IDDSI) should be presented in a manner which is attractive and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition. All foods of a modified texture should be presented separately on the plate so that individuals experience different tastes and flavours. This is particularly important if the food has its form/texture changed for individuals with swallowing difficulties. Staff preparing or serving modified food or drink should be familiar with the IDDSI Testing Methods on www.iddsi.org.

8.1.13 Staff involved in the nutritional support of individuals must ensure that food is always purchased, stored, prepared and presented in a safe and hygienic environment.

8.3 Communication and Empowerment

8.3.1 Suggested resources as required can be found in Section 3 of the Communication Toolkit - Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020: outlining how communication impacts on nutrition, hydration and mealtimes; communication strategies to support nutrition, hydration and mealtimes and communication tools to support nutrition, hydration and mealtimes.

8.3.2 It is recognised that some individuals may not be able to develop the skills of more independent meal planning. Staff are responsible for encouraging these individuals to make what choices they can in their daily/weekly meal choices, (through each person's preferred communication methods).

8.3.3 Families have a vital role to play in the nutrition and health of individuals. Their involvement should be promoted, respected and encouraged. Staff members are also encouraged to liaise with family members in order to gain as much information as possible about a person's food preferences, if they cannot communicate this for themselves. Where the lead role in the nutritional care of an individual is with the family a partnership approach should be adopted.

8.3.4 Staff should look at a variety of ways to facilitate individuals to make informed choices around food based on their needs and abilities e.g. pictures, symbols and real-life examples.

8.3.5 Where reasonable and practicable individuals will be supported to buy, store, prepare, and cook their own meals.

8.4 Facilities available for Eating and Drinking

8.4.1 The environment meals are eaten in is important as it can have a major impact on nutritional intake. Individuals should have opportunities to choose location, time and variety of meal times as appropriate.

8.4.2 Staff must ensure that the eating environment is clean and that there is a relaxed atmosphere conducive to the individual's needs, and which allows opportunities for social interaction, unless otherwise stated in the FEDS plan, individual care plan or behaviour support plan.

8.4.3 Any specific eating or drinking assistance needs will be clearly marked in each person's care plans, and staff must ensure that any such assistance is provided as required, in a dignified, safe and appropriate manner.

8.4.4 To make mealtimes a time of pleasant social sharing, and where individuals choose this, staff should sit with the individuals they support during meals and snacks, and where appropriate can share the same foods and drinks.

8.5 Assessment, Screening and Care Planning

8.5.1 Where a concern regarding malnutrition is identified (e.g. via weight monitoring) a food, nutrition and hydration needs assessment can be undertaken to identify and document individual requirements. Examples are provided in Appendix 1. Care plans in relation to nutrition and hydration should be maintained in line with local procedure.

8.5.2 Weight should be recorded monthly or in line with the persons will and preference. Any changes should be highlighted to a relevant staff to monitor and action. All individuals identified as being at risk of malnutrition should be referred to a dietitian.

8.5.3 All individuals identified as being at risk of malnutrition should be referred to a dietitian. It should be noted that local referral criteria to a dietitian may be different across the BOCSI regions.

8.5.4 Where concerns arise individuals should be referred to Nutrition and Dietetic or Speech and language therapy services as these concerns arise. See local guidelines. Assessments should be completed by CORU registered Dietitians and Speech and Language Therapists.

8.5.5 Where there is an identified need around diet and nutrition, the individual will be referred to dietetic services for ongoing advice and support. A plan detailing the individuals nutritional and hydration needs and specific interventions to address

same will be developed. This will include recommendations for any ongoing referrals e.g. speech and language therapy, dental, medical etc.

8.5.6 Where appropriate, individuals will be referred to a medical, or speech and language professional, for particular feeding, eating, drinking or swallowing difficulties.

8.5.7 Any specific effects of medication on a person's nutritional status will be clearly marked in each person's care plan, and all staff members will be made aware of these possible effects during their local induction process.

8.5.8 Where there may be an increased risk of penetration/aspiration or a choking incident, e.g. due to an individual being supported having epilepsy, any actions or protocols to minimise this risk will be documented in the individuals personal plan.

8.5.9 Where it is necessary to monitor and review an individual's specific dietary needs a Food/Fluid Intake Diary must be maintained for a specified length of time. A sample food and fluid chart is included in Appendix 3.

9.0 Revision

This policy will be reviewed, in light of changing legislation, best practice or views of individuals supported, and thereafter at intervals of not more than three years.

10.0 References/bibliography:

- Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020; Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020.
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
- Health Information Quality Authority (2013). National Standards for Residential Services for People with Disabilities. Dublin: Health Information and Quality Authority.
- HSE (2019) *Prescribing Pathway for the Initiation and Renewal of Standard Oral Nutritional Supplements (ONS) for Adults Living in the Community.*
- HSE (2024) National Consent Policy Jan 24 V1.2
- National Standards Authority of Ireland I.S. 340: 1994 Hygiene in the Catering Sector
- National Standards Authority of Ireland I.S. 343: 2000 Food Safety Management incorporating Hazard Analysis and Critical Control Point (HACCP).

11.0 Useful Resources and Websites

Further information, links to websites and extensive references are provided on a range of food, nutrition and hydration topics in the:

Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020; Implementation Toolkit for the Food Nutrition and Hydration Policy for Adults Accessing Disability Services HSE 2020.

https://www.hse.ie/eng/services/list/4/disability/disability-quality-improvement/national-frameworks-and-policies/food-nutrition-and-hydration-policy.pdf on 6th of February 2025

https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/healthcare-professionals/implementation-toolkit-for-the-food-nutrition-and-hydration-policy-for-disability-services.pdf on 6th of February 2025

Appendix 1 Example of Eating, Drinking and Nutrition Needs Assessment (HSE, 2020)

Please note: 1. Screening where malnutrition is a concern and in line with will and preference vs all residents. 2. BMI if appropriate –may not be appropriate for those short in stature.

2.2 Nutrition Assessments Tools

i. Eating, Drinking and Nutrition Needs Assessment

Identification of Food, Nutrition and Hydration Needs	
1.	Screen all residents for risk of malnutrition using a validated screening tool
2.	Measure weight and height and calculate BMI*
3.	Ask if existing requirements: - for a therapeutic or textured modified diet - for cultural, ethnic or religious dietary requirements - for nutrition support (oral nutritional supplements, enteral tube feeding, parenteral nutrition)
4.	Check for presence of medically diagnosed food allergies or intolerances
5.	Ask resident or carer/family member to rate their appetite, for example, good, fair, poor
6.	Observe for physical difficulties with eating and drinking including: - Swallowing difficulties (please refer to the signs and symptoms of dysphagia in Section 6.1 of this tooklit) - Requirement for adaptive cutlery Send referrals to Speech and Language Therapy and/or Occupational Therapy (as appropriate)
7.	Assess level of assistance required at mealtimes - Not applicable - Partial assistance - Total assistance
8.	Check oral health status
9.	Check food and fluid preferences
10.	Check if existing behaviour issues or distress around food or at mealtimes
11.	Consider conditions that require referral to the dietitian (see Appendix 1 in main policy)

*Weight, height and BMI is included in some nutrition screening tools for example the Malnutrition Universal Screening Tool ('MUST').

Adapted from Implementation Toolkit for the Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals (HSE, 2019)

Example of a Weight Monitoring Record

Accurate and consistent recording of weights can identify whether a person's weight is increasing or decreasing, but to do this means comparing current and previous weights and considering what any changes in weight might mean.

Record the weight amount on this sheet and any change in weight over time and action required.

Name: _____ **Service/Centre:** _____

D.O.B:_____ **Height:** _____

Weighing Scales Details:_____

Date	Weight (kg)	Weight Change (+/-)	Action	Signature

Where a marked change in weight is noted or likely as follows:

- resident has a BMI less than 18.5 kg/m2 (i.e. low baseline weight to start) any weight loss
- recent unintended weight change + or - 3kgs/ or over 3 to 6 months
- History/ ongoing difficulties with decreased food intake or reduced appetite for more than 5 days
- If the person is acutely ill and there has been or is likely to be no nutritional intake for 2 to 3 day

Action Required: Refer immediately to the relevant manager

Example of a quick and easy Malnutrition Screening Tool (MST)

MALNUTRITION SCREENING TOOL (MST)

STEP 1 QUESTION A & QUESTION B

Question A: Have you lost weight recently without trying?

No = 0
Unsure = 2

If **YES**, how much weight (in kg*) have you lost?

1-5 kg = 1
6-10 kg = 2
11-15 kg = 3
>15 kg = 4
Unsure = 2

Weight Loss Score: ☐

TIPS

- Emphasize ***"without trying"***
- Consider weight lost during the last **~6 months**
- If the person is unsure, query any indicators of weight loss such as:
  - » **Loose clothes or using a tighter belt notch**
  - » **Loose rings/jewellery or watches**
  - » **Ill-fitting dentures**

* See below for approximate kilogram (kg) to pounds (lbs) conversion chart.

Question B: Have you been eating poorly because of a decreased appetite?

No = 0
Yes = 1

Appetite Score: ☐

- Emphasize **"eating poorly"**, e.g. eating less than 3/4 of usual intake.
- Is intake likely to decrease considerably for **5 days or more?**
- If re-screening, have **staff noted poor food intake** over the past week?

STEP 2 TOTAL MST SCORE

Add Weight Loss & Appetite Scores

Total MST Score: ☐

- **Document** malnutrition risk category (even for those not at risk).
- **Record any need for special diets** and follow local policy.

MST Score 2 or more = Patient is at risk of malnutrition

STEP 3 MANAGEMENT PLAN

Score 0-1: Monitor weight and re-screen weekly or in line with local policy.

Score 2 or more: Monitor nutritional intake, use strategies to improve nutritional intake and refer to dietitian or implement local policy.

- **Those who are overweight or obese MUST NOT be overlooked in** the diagnosis and prevention of malnutrition.
- **All patients should be screened** on admission to hospital and weekly (or as per local policy) thereafter.

Approximate Weight Conversion Chart

Kilograms	Pounds	Score
1-5 kg	2-11 lbs	1
6-10 kg	12-22 lbs	2
11-15kg	23-33 lbs	3
>15 kg	>33 lbs	4

Note: 14 lbs = 1 stone

Ferguson M. et al. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. Nutrition. 1999;15(6):458-464.
Department of Health (2020) Nutrition screening and use of oral nutrition support for adults in the acute care setting. (NICE) National Clinical Guideline No. 32)

Nutricia, Block 1, Deansgrange Business Park, Deansgrange, Co. Dublin.
NUTRICIA CUSTOMER SUPPORT:
Freephone: 1800 923 404 (ROI) or 0800 783 4379 (NI) **Email:** support.ireland@nutricia.com
This information is intended for healthcare professionals only. **www.nutricia.ie**

NUTRICIA
LIFE-TRANSFORMING NUTRITION

CL2354

Appendix 2 (Source HSE 2020) Example Handout: Signs and Symptoms of a Swallowing Difficulty (dysphagia)

Action if Required: Report and onward referral if there are concerns according to local guidelines

Signs and Symptoms of Dysphagia

- Eyes watering
- Food remaining in mouth after meals
- Being unaware of food when it arrives in the mouth and not doing anything with it (e.g. failing to chew)
- Difficulty in chewing and/or moving food to the back of the mouth
- Spitting out lumps of food
- Eating too fast or putting too much in the mouth
- Food not going down or getting stuck in the throat
- A 'wet' or 'gurgly' voice after swallowing
- Difficulty in swallowing tablets
- Throat-clearing
- Prolonged eating periods
- Weight Loss

Things to look-out for during meal times

- An increase in throat clearing
- Change in respiratory status (multiple chest infections or pneumonia)
- A change in voice during/after eating/drinking (more wet/gurgly)
- Gagging/coughing/choking during/after feeding
- Eye tearing
- Reddening of the face

Aspiration

- This is when food enters the airway and goes to the lungs
- May lead to a pneumonia

Silent Aspiration

- When food or drink goes into a persons airway and they don't feel it or try to cough it out.
- Can be difficult to diagnose

Coughing vs. Choking

Coughing

- Aspiration can result in coughing. Coughing is the body's way of getting food, liquid, and any other object out of the airway. It also keeps things from going into the lungs.
- Coughing is a good thing because that means the body feels something go into the airway.

Blockage/Choking

- This is when food becomes lodged and either partially or totally blocks the airway
- Very dangerous and can result in death
- If the person cannot cough it out the Heimlich manoeuvre may need to be administered

Reproduced with kind permission from Ronán Brady, Speech and Language Therapist, Adult Team, St. Michael's House, Dublin.

Appendix 3 Sample of Food and Fluid Chart (HSE, 2020)

2.6 Sample Food and Fluid Record Chart

Resident Name:_____ **Unit/House:**_____

Day:_____ **Date:**_____

Breakfast

Cereal/Porridge (bowl)	< ½ ☐	½ ☐	¾ ☐	1 ☐	
Toast/Bread (slice)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Butter (pack)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Marmalade (teaspoon)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Egg:_____	< ½ ☐	½ ☐	1 ☐	2 ☐	
Cooked Breakfast:_____	< ½ ☐	½ ☐	1 ☐		
Tea/Coffee (cup/mug)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Sugar (teaspoon)	< ½ ☐	½ ☐	1 ☐	2 ☐	3 ☐

Mid Morning

Tea/Coffee (cup/mug)	< ½ ☐	½ ☐	1 ☐		
Milk (glass) Fruit/Yoghurt:_____	< ½ ☐	½ ☐	1 ☐		
Other Snack:_____	< ½ ☐	½ ☐	1 ☐		

Lunch

Meat /Chicken/fish (portion)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Casserole/Pie/Bake/Stew (portion)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Potato (whole/scoops)	< ½ ☐	½ ☐	1 ☐	2 ☐	3 ☐
Pasta/Rice (portion)	< ½ ☐	½ ☐	1 ☐	2 ☐	3 ☐
Vegetables	< ½ ☐	½ ☐	1 ☐	2 ☐	3 ☐
Dessert:_____	< ½ ☐	½ ☐	1 ☐		
Tea/Coffee/Drink:_____	< ½ ☐	½ ☐	1 ☐		
Other:_____	< ½ ☐	½ ☐	1 ☐		

Evening Meal

Dish of the day:_____	< ½ ☐	½ ☐	1 ☐		
Salad:_____	< ½ ☐	½ ☐	1 ☐		
Bread (slices)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Butter (pack)	< ½ ☐	½ ☐	1 ☐	2 ☐	
Tea/Coffee/Drink:_____	< ½ ☐	½ ☐	1 ☐		
Other:_____	< ½ ☐	½ ☐	1 ☐		

Supper (or other snacks or drinks)

_____	< ½ ☐	½ ☐	1 ☐	2 ☐	
_____	< ½ ☐	½ ☐	1 ☐	2 ☐	

Oral Nutritional Supplements

Sip Drink:_____	< ½ ☐	½ ☐	1 ☐	1½ ☐	2 ☐
Pudding :_____	< ½ ☐	½ ☐	1 ☐	1½ ☐	2 ☐
Shot (30mls):_____	< ½ ☐	½ ☐	1 ☐	1½ ☐	2 ☐
Other:_____	< ½ ☐	½ ☐	1 ☐	1½ ☐	2 ☐