



A fact sheet for aged care staff



Nutrition and texture modified food and drink

This fact sheet outlines the steps that aged care staff should take to:

- consult with residents
- assess the need for texture modified food and drink
- correctly prepare texture modified food and drink that looks, smells and tastes great.

Why this matters

Texture modified foods and drinks may be part of an individual management plan for someone with swallowing problems, known as dysphagia.

Food and drinks can be modified to compensate for the type of difficulty a resident is experiencing and to make swallowing more comfortable, safer and easier.

Texture modifications will help to lower the risks of dysphagia, including choking and infection. This can be caused by food or drink 'going down the wrong way' and entering the airway or lungs. Texture modifications can also help prevent dehydration and malnutrition arising from not being able to swallow enough food or drink.



What you need to do

1 Appropriate assessment of needs is vital

Individual assessment is required of the benefit of texture modified food and drinks. There is no 'one size fits all' approach for texture modified food and drinks.

Individual assessment is necessary because what may be easier for one resident may be more difficult for another as a result of their particular swallowing issues.

A speech pathologist can assess a resident's swallowing issues and recommend appropriate modifications to the texture of foods and thickness of drinks, and the way the person eats. A dietitian can help adapt and review menu plans for texture modified food.

Residents with difficulties swallowing can be assessed and reviewed by a speech pathologist and dietitian.

2 Correct preparation is key

The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework at <https://iddsi.org/Framework> outlines standardised names and descriptions of texture modified food and drinks across 8 levels (0-4 for drinks, 3-7 for foods).

It is essential that preparation of texture modified food and drinks follows the required guidelines of consistency to avoid potential problems such as choking or aspiration.



Speech Pathologists are the qualified health professionals who assess swallowing and can recommend individual management strategies that may include texture modified food and drinks.

Dietitians are the qualified health professionals who assess individual nutritional needs and can advise on meeting these needs when a person is consuming texture modified food and drinks.





3 Individual resident needs must still be met

Texture modified food and drink must still look, taste and smell great. There are many ways to ensure that texture modified foods and drinks are still full of flavour and look appealing.

Consult with a dietitian for advice on menu planning and implementation that works best for each resident.

Residents requiring texture modified food and drink must have access to appropriate texture modified food for all their meals including breakfast, lunch, dinner, snacks and celebratory meals.

Residents who eat a texture modified diet still need to be given choices and the option to eat a variety of texture modified food and drinks, just as those eating a regular diet have with their meals.

4 Resident consultation

Consultation with and feedback from residents is important for all meals, and especially for texture modified food and drink.



Providing appealing food, no matter the texture

Food and drink must look, smell and taste great regardless of modifications to texture and thickness. Ways to maintain the appeal of food and drinks requiring modification include:

- ✓ clearly telling staff and residents what the pureed food is, as it can all look the same
- ✓ using food moulds to shape puree foods so they look like the original shape and size
- ✓ piping different foods into varied shapes and patterns
- ✓ using ramekins to hold minced meats and gravy or sauce, with soft vegetables arranged on the plate
- ✓ layering pureed fruit and custard in a clear container
- ✓ layering minced meat, vegetables and sauce like lasagne
- ✓ providing sharp knives to cut up foods where needed to avoid a 'mashed' look
- ✓ including regular menu items where they are still suitable such as mousse, pate and custard
- ✓ keeping food and flavours separate, not mixing different purees into one big mess on the plate.





5 Dignity of choice

Some residents may not want to have the recommended modified texture food and drinks because they feel they will miss their favourite meals too much.

Ensure you give residents all the information they require to make an informed choice. This includes offering and arranging a speech pathologist for:

- ✓ an assessment and advice
- ✓ education and answering questions about options
- ✓ documenting resident opinions, concerns and wishes
- ✓ documenting the process followed and decisions made.

Refer to fact sheet, Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR) at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers.

People having texture modified food and drinks must still be able to enjoy a range of foods across the day that look, taste and smell great.



Standard 1: Consumer dignity and choice

The Aged Care Quality Standards are clear. Consumers are to be supported to exercise choice in the care they receive and the way it is delivered, and be supported to take risks (Standard 1 (3)).



Symptoms and risks of dysphagia can worsen if cognitive function and frailty decline.

Symptoms and risks can improve if dysphagia is caused by a temporary illness, stroke or dental problems. This may mean that the resident can return to their usual food and drink textures and reassessment should be undertaken.

Research shows that increasing physical activity can assist with symptoms of dysphagia, particularly helping to avoid negative consequences of aspiration.

6 Ongoing monitoring is needed

Risks of dysphagia include malnutrition and dehydration. There is risk associated with a texture modified diet if residents enjoy meals less and eat less.

Watch for malnutrition flags such as appetite loss, changes in amount of food and drink taken and changes in bowel function and urine output. You should not have to wait for the resident to lose weight. If you notice any of these changes, you should talk to your manager as soon as possible.

7 Monitor symptoms

The symptoms and severity of dysphagia can change over time.

Watch for changes and, with the resident's consent, organise a review with a speech pathologist.

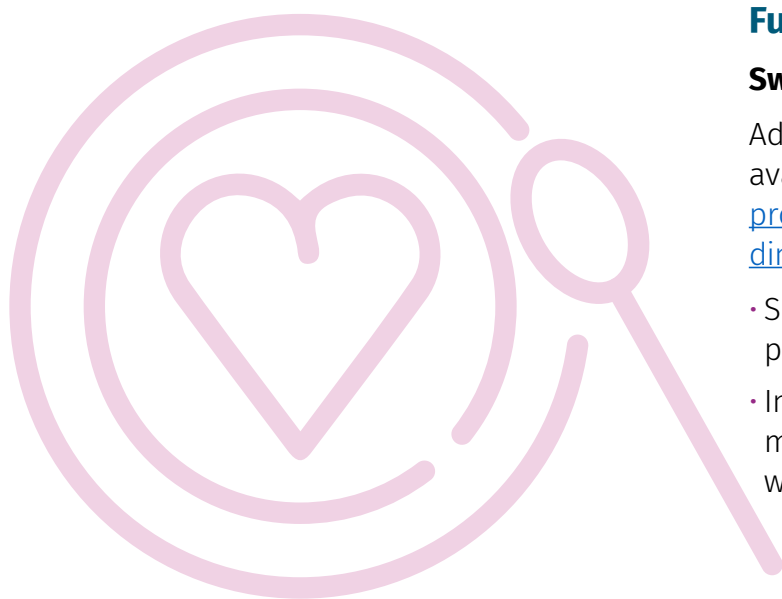
All changes described by the resident or identified by staff should be documented.

Further resources

Swallowing

Additional fact sheets on swallowing are available at www.agedcarequality.gov.au/providers/quality-care-resources/food-dining-and-nutrition-resources-providers:

- Supporting safe and enjoyable mealtimes for people with swallowing difficulties fact sheet
- Informed choice and supported decision making for people who plan to Eat and Drink with Acknowledged Risk (EDAR) fact sheet.



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