

Care Plan - Service User with Dysphagia

A: SERVICE USER DETAILS

| | | |
|-----------------------|---------------------------|------------------------------|
| Surname: | First Name(s): | Likes to be known as: |
| Date of Birth: | Age last birthday: | Service User Ref. No: |

B: DURATION OF DYSPHAGIA PROBLEM

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|--|--|
| <p>Is this a newly-diagnosed problem?</p> <input type="checkbox"/> YES / <input type="checkbox"/> NO (delete as appropriate) | <p>Is this a pre-existing dysphagia condition that has got worse?</p> <input type="checkbox"/> YES / <input type="checkbox"/> NO (delete as appropriate) |
|--|--|

C: RISK ASSESSMENT OF EATING, DRINKING & SWALLOWING

| # | CARE PLAN ELEMENT | Action Required | OUTCOME |
|---|--|-----------------|---------|
| 1 | LOCATION & ENVIRONMENT: 1.1 Positions for eating & drinking 1.2 Posture 1.3 Service users with physical disabilities | | |
| 2 | PREVIOUS MEDICAL HISTORY: 2.1 Problems with swallowing 2.2 Problems with choking 2.3 Fear of choking 2.4 Medication contra-indicators | | |
| 3 | SUPPORT REQUIRED - 1: 3.1 Adapted cutlery, utensils etc 3.2 Food portion sizes 3.3 Food pureed 3.4 Adequate liquids to assist eating | | |
| 4 | SUPPORT REQUIRED - 2: 4.1 Help with feeding 4.2 Moderate speed of eating to minimise risk of choking | | |
| 5 | COMMUNICATION: 5.1 Communicating with service user whose first language is not English 5.2 Communicating with service user with impaired vision and / or hearing | | |

OUTCOMES / CONCLUSION:

Name of Assessor: _____ Signature: _____ Date: _____