



YOUR COMPLETE GUIDE TO DYSPHAGIA

Inspired by patients. Developed by experts. Delivered with care.

PERSONAL INFORMATION

Name:

Date:

You have been advised to have the following:

FLUIDS:

Level 1/Slightly thick

Level 2/Mildly thick

Level 3/Moderately thick

Level 4/Extremely thick

FOOD:

Level 3/Liquidised

Level 4/Puréed

Level 5/Minced and moist

Level 6/Soft and bite-sized

Level 7/Regular

Speech & language therapist:

Contact number:

Email:

Dietitian:

Contact number:

Email:

Additional notes:

.....

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- Gary Brailsford - Dysphagia Chef, Dining with Dignity
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- St Monica's Care Home, Bristol

INTRODUCTION

We understand that being diagnosed with dysphagia can be daunting and slightly confusing at times. This booklet has been created to help you through your dysphagia journey; from diagnosis to living with it in your day-to-day life.

We do not feel anyone should have to live without the joy of food and drink in their lives and so we have provided a range of resources, helpful information and useful tips just for you.

And the information doesn't stop in this booklet - we have created a website which we keep regularly updated with new tips and tricks www.nestlehealthscience.co.uk/dysphagia that you can download and follow.

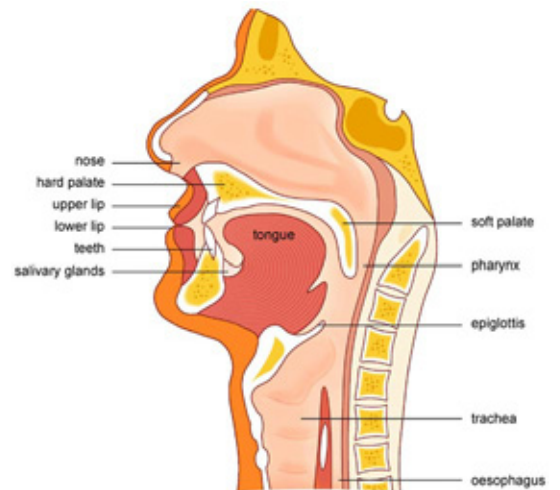
So let's go back to the start and look at: What exactly is dysphagia?

WHAT IS DYSPHAGIA?

Dysphagia, pronounced dis-FAH-juh, is the medical name for swallowing difficulties. This type of difficulty usually occurs due to an underlying condition including stroke, head injury, learning disabilities, Alzheimer's disease and head and neck cancer.

Swallowing becomes difficult because the muscles used for chewing and swallowing (lips, jaw, tongue, palate and throat muscles) become weak or uncoordinated. As a result food and drink can go into the lungs instead of the stomach, known more often as 'going down the wrong way'. This can cause serious chest infections and even pneumonia.

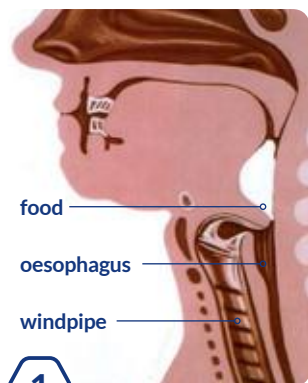
Some people with dysphagia will only have problems swallowing certain types of food or drink, others cannot swallow anything at all.



THE SWALLOWING PROCESS

Swallowing is a complex process and involves the coordination of nerves and 50 different pairs of muscles in the face, neck, and oesophagus¹ - so it is easy to see why sometimes this process stops working as efficiently as it should.

STAGES OF SWALLOWING



Food enters the mouth and is chewed until it forms a soft ball that can be swallowed



Food moves into the throat. At this point certain muscles close your airway to protect your lungs, allowing food to pass safely into the oesophagus (the tube leading to your stomach)



Food continues to move down the oesophagus into the stomach

WHAT IS DYSPHAGIA? (CONT.)

THE SWALLOWING PROCESS WITH DYSPHAGIA



With dysphagia, the muscles do not work properly to close off the windpipe to protect your lungs. Food and fluid can trickle through your vocal cords into the lungs.

THE SYMPTOMS OF DYSPHAGIA YOU MAY EXPERIENCE



Coughing or choking when eating or drinking



Recurrent chest infections



Voice sounding gurgly, bubbly or wet after eating or drinking



Food or drink coming out of your nose



Food or drink coming out of your mouth



Runny nose or eyes during or immediately after meals



Feeling that food or drink has 'gone down the wrong way'



Pain or discomfort when swallowing



Feeling that food is stuck in your throat or chest



Unexplained weight loss



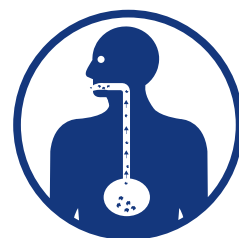
Pouching of food in the cheeks



Leftover food in the mouth after swallowing



Eating slower than usual or avoiding eating/drinking



Regurgitating of food

DIAGNOSIS AND MANAGEMENT OF DYSPHAGIA

GETTING DIAGNOSED WITH DYSPHAGIA

Your Speech & Language Therapist will assess what is making swallowing difficult for you and advise you on which types of food and drink are safe for you to have. They may also give you exercises or positions to help make swallowing safer and easier.

If you are losing weight unexpectedly, you may also have some support from a dietitian who will monitor your weight and help you to get the calories and nutrition that your body needs. Doctors and nurses may also be involved in your care to help you manage any symptoms of dysphagia.

During the swallow assessment your Speech & Language Therapist may conduct a bedside swallow test, this involves the following steps:

- Taking a detailed case history - gathering your medical history and observing each stage of your swallowing process
- Observing eating and drinking various consistencies of food and drink; the therapist will look for signs of difficulties at all stages of the swallowing process
- The Speech & Language Therapist will often feel the swallow function by placing a hand on the throat. Some therapists may use a stethoscope to listen to the swallow
- The therapist will be looking for any signs of food or drink entering the windpipe before, during and after swallowing


Following this type of assessment, the Speech & Language Therapist may be able to make recommendations on the safest diet and fluid consistencies that you are able to tolerate.

THE MANAGEMENT OF DYSPHAGIA

Your Speech & Language Therapist may advise you to change the consistencies of your food and drink to make swallowing safer. Thickened drinks and softer food may be safer to swallow because they are easier to control in your mouth; they also move more slowly down the throat, allowing your muscles time to protect your airway.

Your Speech & Language Therapist may advise on specific manoeuvres, and techniques. They may also give advice on positioning, posture and specific adapted equipment to help (dysphagia spoons, cups that limit volume of fluids to swallow at a time).

Your Speech & Language Therapist may also recommend exercises for you to do to help strengthen the muscles in your mouth used for chewing, biting and swallowing your food.



It is important that you follow the recommendation from your Speech & Language Therapist.

SAFE SWALLOWING

10 TOP TIPS FOR SAFER SWALLOWING

-  Sit in an upright position for meals and drinks. Lying down when eating or drinking can make swallowing difficult and unsafe
-  Remain sitting upright for at least 30 minutes after eating and drinking
-  Reduce distractions around you while eating or drinking e.g. turn off the TV or radio
-  Avoid talking when eating or drinking
-  Give yourself plenty of time so that meals are not rushed
-  Take small bites or sips of food and drink. Large mouthfuls can be difficult to swallow
-  Pause between mouthfuls, making sure you have swallowed everything in your mouth before taking another bite or sip
-  If you find eating tiring, it may be easier to have smaller meals more frequently
-  Avoid high risk foods unless advised otherwise by your Speech & Language Therapist. Follow all recommendations made by your Speech & Language Therapist or dietitian- they have been made to ensure you eat and drink safely
-  If you find eating tiring, it may be easier to have smaller meals more frequently
-  For family/carers: ensure the person is fully alert before offering food or drink to someone with swallowing difficulties

DRINKING WITH DYSPHAGIA

A thickening powder called Resource® ThickenUp™ Clear may have been recommended by your Speech & Language Therapist. This will thicken your drinks to a safe consistency for swallowing - your Speech & Language Therapist will advise whether you should have Level 1 (slightly thick), Level 2 (mildly thick), Level 3 (moderately thick) or Level 4 (extremely thick) thickened drinks.

WHAT IS RESOURCE® THICKENUP™ CLEAR?

Resource® ThickenUp™ Clear is a powder that when mixed with your drink thickens within minutes giving you a safe drink to swallow. Resource® ThickenUp™ Clear does not change the taste, smell, or look of your drink ensuring you can still enjoy your favourite beverage. It can be mixed with hot, cold, fizzy and still drinks.

Drinks thickened with Resource® ThickenUp™ Clear retain their natural appearance*. It dissolves fully and easily without creating lumps in all types of liquids.



RESOURCE® THICKENUP™ CLEAR AT A GLANCE[†]

- Does not change the taste of drinks or food
- Does not thicken more over time – this means jugs can be prepared in the morning and left covered in the fridge for up to 24 hours, or six hours at room temperature
- Dissolves entirely - the appearance of drinks is not altered
- Drinks do not become thinner once they have been in contact with saliva
- Gluten free and suitable for vegetarians
- Does not create lumps (lumps can create a choking hazard)
- Can be used in carbonated drinks and still remain fizzy
- Can also be used as a soaking solution to make some foods smooth textured (see page 26)
- Can be added to puréed food to make consistencies suitable for a texture modified diet (see page 12)

*By strictly following the directions for use

[†]When following the instructions on the pack

HOW TO USE RESOURCE[®] THICKENUP[™] CLEAR

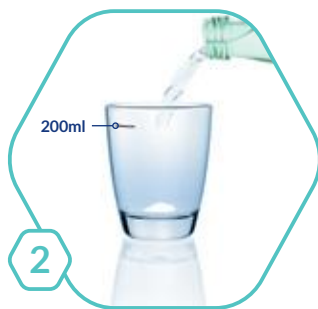
Mixing Resource[®] ThickenUp[™] Clear with your drink is simple, however you must ensure you follow the steps exactly, as the powder is very sensitive to liquid and if mixed the wrong way your drink can feel lumpy and grainy.



1. Powder first

Use the dosage scoop included in the tin

For best results, add the powder to a clean, dry cup, glass, or beaker



2. Add liquid

Add the liquid to the powder



3. Stir

Start stirring immediately, until the powder is completely dissolved



4. Serve

Leave to stand for one minute before serving

TIPS FOR MIXING RESOURCE[®] THICKENUP[™] CLEAR

- Must use a clean, dry cup or glass otherwise the powder will not work correctly
- Use a measuring jug to ensure correct amount of liquid for the powder
- Use the measuring scoop in the tin of Resource[®] ThickenUp[™] Clear to ensure correct dosage
- Keep thickened drinks refrigerated up to a maximum of 24 hours
- Once a drink has been thickened, do not add more powder
- Once tin is opened, dispose of after four weeks
- It is important to drink enough fluid each day to keep you healthy – aim for six to eight cups

ADDITIONAL TIPS

HOT DRINKS

Prepare the hot drink as per the individual's preference, before adding to the powder
For safety, allow the thickened, hot drink to cool down slightly before serving

CARBONATED DRINKS

For optimal results, stir the carbonated drink to reduce the amount of carbonation

MILK

After adding Resource® ThickenUp™ Clear, leave to stand for a few minutes until the drink reaches the required thickness

ORAL NUTRITIONAL SUPPLEMENTS (200ml)

Add half the volume of the oral nutritional supplement (e.g. Resource® Energy/Resource® 2.0 Fibre) and stir immediately until the powder is completely dissolved. Add the second half of the oral nutritional supplement and continue to stir until the powder is completely dissolved. Leave to stand for up to 20 minutes until the drink reaches the desired thickness

Mixing to the right level is easy, please refer to the table below to show how much powder you need to make your favourite drink.

SPEECH & LANGUAGE THERAPIST TO COMPLETE

You are on a Level of thickened drinks.

Please use scoop(s) of Resource® ThickenUp™ Clear for every 200ml of liquid.

VOLUME OF LIQUID

NUMBER OF SCOOPS

200ml – small glass tumbler

..... scoops

330ml – average can of drink

..... scoops

500ml – large pint glass

..... scoops

EATING WITH DYSPHAGIA

Your Speech & Language Therapist may recommend for you to go on a texture modified diet.

This is where your food is adapted to allow easier and safer chewing and swallowing.

WHAT ARE FOOD DESCRIPTORS?

The following descriptors categorise foods according to one of the IDDSI levels - this guidance has been taken from the International Dysphagia Diet Standardisation Initiative (IDDSI)².

The level you need will be recommended on an individual basis by a Speech & Language Therapist following assessment of your swallow, so it is very important to wait for them to tell you the right level for you.

SPEECH & LANGUAGE THERAPIST TO COMPLETE

You have been recommended a Level diet.

FOOD DESCRIPTORS



LEVEL 3/LIQUIDISED

DESCRIPTION/ CHARACTERISTICS

- Can be drunk from a cup
- Some effort is required to suck through a standard bore or wide bore straw (wide bore straw = 6.9 mm diameter)
- Cannot be piped, layered or moulded on a plate
- Cannot be eaten with a fork because it drips slowly in dollops through the prongs
- Can be eaten with a spoon
- No oral processing or chewing required – can be swallowed directly
- Smooth texture with no 'bits' (lumps, fibres, bits of shell or skin, husk or particles of gristle or bone)

PHYSIOLOGICAL RATIONALE FOR THIS LEVEL OF THICKNESS

- If tongue control is insufficient to manage Mildly Thick drinks (Level 2), this Liquidised/Moderately Thick Level may be suitable
- Allows more time for oral control
- Needs some tongue propulsion effort
- Pain on swallowing



LEVEL 4/PUREED

DESCRIPTION/ CHARACTERISTICS

- Usually eaten with a spoon (a fork is possible)
- Cannot be drunk from a cup
- Cannot be sucked through a straw
- Does not require chewing
- Can be piped, layered or moulded
- Shows some very slow movement under gravity, but cannot be poured
- Falls off spoon in a single spoonful when tilted and continues to hold its shape on a plate
- No lumps
- Not sticky
- Liquid must not separate from solid

PHYSIOLOGICAL RATIONALE FOR THIS LEVEL OF THICKNESS

- If tongue control is significantly reduced, this category may be easiest to manage
- Requires less propulsion effort than Minced and Moist (Level 5), Soft and Bite-sized (Level 6) and Regular (Level 7), but more than Liquidised/Moderately Thick (Level 3)
- No biting or chewing is required
- Increased residue is a risk if too sticky
- Any food that requires chewing, controlled manipulation or bolus formation are not suitable
- Pain on chewing or swallowing
- Missing teeth, poorly fitting dentures

FOOD DESCRIPTORS



LEVEL 5/MINCED & MOIST

DESCRIPTION/ CHARACTERISTICS

- Can be eaten with a fork or spoon
- Could be eaten with chopsticks in some cases, if the individual has very good hand control
- Can be scooped and shaped (e.g. into a ball shape) on a plate
- Soft and moist with no separate thin liquid
- Small lumps visible within the food
 - Paediatric, 2mm lump size
 - Adult, 4mm lump size
- Lumps are easy to squash with tongue

PHYSIOLOGICAL RATIONALE FOR THIS LEVEL OF THICKNESS

- Biting is not required
- Minimal chewing is required
- Tongue force alone can be used to break soft small particles in this texture
- Tongue force is required to move the bolus
- Pain or fatigue on chewing
- Missing teeth or poorly fitting dentures



LEVEL 6/SOFT & BITE SIZED

DESCRIPTION/ CHARACTERISTICS

- Can be eaten with a fork, spoon or chopsticks
- Can be mashed/broken down with pressure from a fork, spoon or chopsticks
- A knife is not required to cut the food, but may be used to help loading a fork or spoon
- Chewing is required before swallowing
- Soft, tender and moist throughout, but with no separate thin liquid
- 'Bite-sized' pieces, as appropriate for size and oral processing skills
 - Paediatric, 8mm pieces
 - Adult, 15mm = 1.5cm pieces

PHYSIOLOGICAL RATIONALE FOR THIS LEVEL OF THICKNESS

- Biting is not required
- Chewing is required
- Tongue force and control is required to move the food for chewing and to keep it within the mouth during chewing
- Tongue force is required to move the bolus for swallowing
- Pain or fatigue on chewing
- Missing teeth, poorly fitting dentures

FOOD DESCRIPTORS



LEVEL 7/REGULAR

DESCRIPTION/ CHARACTERISTICS

- Normal, everyday foods of various textures that are developmentally and age appropriate
- Any method may be used to eat these foods
- Foods may be hard and crunchy or naturally soft
- Sample size is not restricted at Level 7, therefore, foods may be of a range of sizes
 - Paediatric, smaller or greater than 8mm pieces
 - Adults, smaller or greater than 15mm = 1.5cm pieces
- Includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy or crumbly bits
- Includes food that contains pips, seeds, pith inside skin, husks or bones
- Includes 'dual consistency' or 'mixed consistency' foods and liquids

PHYSIOLOGICAL RATIONALE FOR THIS LEVEL OF THICKNESS

- Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is 'swallow ready'
- An ability to chew all food textures without tiring easily
- An ability to remove bone or gristle that cannot be swallowed safely from the mouth



COOKING TIPS

Our professional dysphagia chef has pulled together some top tips when cooking to help you achieve the best outcome from your recipes for all levels.



-  All meat products must be cooked until very tender
-  All vegetables must be cooked in water to ensure the vegetables are soft and retain water for hydration
-  When vegetables are cooked, drain the water off properly
-  Do not overcook the vegetables to a mash (as this can affect nutritional content, appearance and colour)
-  Creamed potato must be lump free and smooth in consistency
-  Ensure all foods are tasted to ensure correct seasoning
-  Use Resource® ThickenUp™ Clear to help thicken foods that require extra thickening
-  Think about the colour of foods for later presentation
-  Think about taste - avoid duplication and clashes of different flavours
-  Think about the size of the portions (not too big as this can be off putting, but also not too small)
-  Sieve for pips, seeds, husks, skins and gristle
-  Food hygiene rules state that foods should be served at 63° C. or above - ensure these levels are met

HIGH RISK FOODS

There are some foods that are very difficult to swallow safely. You should avoid these foods unless told otherwise by your Speech & Language Therapist. **This is not an exhaustive list so please consult your Speech & Language Therapist or if in doubt, leave it out!**

- Stringy/fibrous – celery, pineapple, bacon fat, melted cheese
- Husks – sweetcorn, granary bread
- Crunchy and crumbly foods – toast, crisps, biscuits, flaky pastry, crumble, pie crusts
- Hard foods – tough meat, chewy and boiled sweets, nuts, seeds
- Vegetable and fruit skins – beans, peas, potatoes, orange segments, vegetable stalks, grapes
- Mixed consistency foods – cereals that do not blend with milk, soups with lumps, yoghurt with bits
- Ice-cream, jelly and whipped cream - melt into thick liquid. Be careful with these foods and only use if your Speech & Language Therapist says it's safe

THICKENING FOODS

Some foods may require thickener to be added to them, this can be achieved through the use of plain flour or potato starch. However, this can sometimes alter the taste of the product, so a popular alternative is to use a prescribed thickener such as Resource® ThickenUp™ Clear. By adding Resource® ThickenUp™ Clear into foods such as puréed vegetables you can achieve the correct consistency, without changing the taste or look of the food.

RESOURCE® THICKENUP™ CLEAR NUTRITION INFORMATION

TYPICAL VALUES	1.2g/200ml LEVEL 1/ SLIGHTLY THICK	2.4g/200ml LEVEL 2/ MILDLY THICK	4.8g/200ml LEVEL 3/ MODERATELY THICK	9.6g/200ml LEVEL 4/ EXTREMELY THICK	100g
Energy kJ/kcal	15/3.7	31/7.3	61.8/14.7	123.6/29.4	1287/306
Fat (0% kcal) g	0	0	0	0	0
of which saturates g	0	0	0	0	0
Carbohydrate (81% kcal) g	0.74	1.5	3.0	5.9	62
of which sugars g	0.02	0.04	0.09	0.17	1.80
Fibre (18% kcal) g	0.32	0.65	1.30	2.59	27
Protein (1% kcal) g	0	0	0	0	1
Salt (=Na (g) x 2.5) g	0.032	0.064	0.13	0.26	2.7
Sodium mg/mmol	13/0.56	25/1.1	51/2.2	102/4.4	1060/46.1
Potassium mg/mmol	4.8/0.12	9.6/0.24	19/0.49	38.4/1	400/10.2

RECIPES



Meet Gary Brailsford,
the Nestlé Health Science
chef for dysphagia.

Gary has created a range of recipes to help you learn how to adapt everyday meals to meet your texture modified diet recommendations for dysphagia.

On the following pages there are some examples of delicious recipes that have been adapted for a dysphagia diet for you to try.

We hope you find them useful!

Remember

Visit the Nestlé Health Science website where you will find a whole range of different recipes for you to try:

Website: www.nestlehealthscience.co.uk/dysphagia

Please speak to your Speech & Language Therapist for further information and advice.

RECIPES – BREAKFAST

PORRIDGE WITH APPLE COMPOTE

4 LEVEL 4/PUREED **5** LEVEL 5/MINCED & MOIST **6** LEVEL 6/SOFT & BITE SIZED

Ingredients:

150ml semi-skimmed milk
40g porridge oats
1 bramley apple (peeled, cored and sliced)
1 teaspoon of honey
Squeeze of lemon juice
Resource® ThickenUp™ Clear



Instructions:

1. Place the milk and oats into a saucepan and stir
2. Bring to the boil stirring the mixture continuously
3. Allow to cook out on a lower heat for a couple of minutes
4. In a separate saucepan, add the peeled apples, honey and lemon juice
5. Stir over medium-low heat until the apples are thoroughly coated with the other ingredients
6. Cover the saucepan and continue to cook for 10 to 15 minutes or until the apples have cooked down to a purée
7. Transfer the apples into the bowl of a blender or food processor and purée until smooth with no lumps or pips
8. Purée the porridge with a blender to ensure it's smooth with no lumps
9. Add the Resource® ThickenUp™ Clear to the porridge and mix until you get a Level 4/Puréed consistency
10. Place some of the honeyed apple purée in the bottom of a sundae dish, then top with the puréed porridge mix
11. Add a small spoon of purée to the top to finish it off

RECIPES – LUNCH

PRAWN COCKTAIL

4 LEVEL 4/PUREED **5** LEVEL 5/MINCED & MOIST **6** LEVEL 6/SOFT & BITE SIZED

Ingredients:

20g cooked and peeled prawns
1 teaspoon mayonnaise
1 1/2 teaspoon of tomato ketchup
20g peeled cucumber
5g watercress & rocket leaf or fresh spinach
20g ripe tomatoes
1 teaspoon of ketchup
Resource® ThickenUp™ Clear
Salt and pepper to season
A pinch of paprika to garnish the top



Instructions:

1. Place the peeled cucumber, watercress and rocket in a blender. Blend until smooth. Season with salt and pepper
2. Add the Resource® ThickenUp™ Clear to get the desired consistency (Level 4/Puréd)
3. Remove the seeds from the tomatoes with a spoon
4. Place the tomatoes in the blender and blend until smooth. Then pass through a sieve to remove pips and skin
Add 1 tsp of ketchup and season
5. Add the Resource® ThickenUp™ Clear and mix until you get a Level 4/Puréd consistency
6. Place the prawns, mayonnaise and the remaining ketchup in a blender and blend until smooth, season if required
7. Using a small glass place the cucumber mix in the bottom
8. Add the tomato mix for the next level
9. Place the prawn mix on the top and level off
10. Add a sprinkle of paprika to the top if you would like, this can be omitted if it causes coughing or irritation

RECIPES – ROAST DINNER

CHICKEN ROAST DINNER

 **LEVEL 4/PUREED**  **LEVEL 5/MINCED & MOIST**  **LEVEL 6/SOFT & BITE SIZED**

Ingredients:

120g chicken fillet	2-3 potatoes
8g dried stuffing mix	100g carrots peeled and sliced
1 teaspoon of oil	100g parsnips peeled and sliced
1 chicken stock cube	1-2 scoops Resource® ThickenUp™ Clear
5g margarine	Gravy browning (very little to colour)
5g plain flour	Salt and pepper to season
¼ pint hot water	

Instructions:

1. Heat the oil in a pan
2. Season the chicken fillets with salt and pepper then place in the pan and sauté until slightly coloured and sealed
3. Remove the chicken fillets and place in an ovenproof dish, cover with foil and place in the oven on 200°C, 180°C (fan assisted) or gas mark 6 for 30 minutes. Check that the fillets are cooked
4. Whilst the chicken is cooking, start to cook your vegetables
5. Place the peeled potatoes in a saucepan of cold salted water, enough to cover
6. Bring the water to the boil and simmer for approximately 10 minutes until cooked
7. Place the carrots in a saucepan of cold salted water, enough to cover
8. Bring the water to the boil and simmer for approximately 10 minutes until cooked
9. Place the parsnips in a saucepan of cold salted water, enough to cover
10. Bring the water to the boil and simmer for approximately 10 minutes until cooked
You can use alternative vegetables, such as broccoli
11. Place the margarine in the pan and heat to melt, add the flour to make the roux. Add the stock cube to the hot water, dissolve and then add a little at a time to the roux. Ensure you stir well to achieve a smooth sauce
12. Add a very small amount of gravy browning to get the desired colour
13. Add the dried stuffing mix and allow to gently simmer until the sauce is cooked. Check the seasoning is correct
14. Ensure that the chicken fillets are cooked through by checking the juices run clear

RECIPES – ROAST DINNER

CHICKEN ROAST DINNER

ONCE EVERYTHING IS COOKED: PREPARING TO LEVEL 4



15. For a PUREED (Level 4) texture place the cooked chicken and sauce in the blender and blend until completely smooth ensuring there are no lumps
16. Add the Resource® ThickenUp™ Clear and mix in well until the desired consistency is achieved. Check against the IDDSI Framework (see page 13)
17. Keep warm whilst you prepare the vegetables
18. Check your vegetables are soft and cooked through by lightly mashing a piece of each with a fork
19. Once cooked, drain the carrots in a colander and place in a separate bowl and blend until smooth
20. Add a scoop of Resource® ThickenUp™ Clear and mix in well with a fork until the desired consistency is achieved (add another scoop if needed). Check against the IDDSI Framework (see page 13)
21. Once cooked, drain the parsnips in a colander and place in a separate bowl and blend until smooth
22. Add a scoop of Resource® ThickenUp™ Clear and mix in well with a fork until the desired consistency is achieved (add another scoop if needed). Check against the IDDSI Framework (see page 13)
23. Once cooked, drain the potatoes in a colander, then mash until very smooth with no lumps
24. Spoon the chicken, potatoes, carrots and parsnips onto a warm plate and serve immediately
25. Do not pour on extra gravy before serving

ONCE EVERYTHING IS COOKED: PREPARING TO LEVEL 5



15. Chop the cooked chicken into finely minced pieces approximately 4mm in size for adults and 2mm in size for paediatrics
16. Check the size of your pieces using the slot between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size
17. For a MINCED AND MOIST (Level 5) texture blend the sauce to a smooth consistency and add to the diced Chicken. Check against the IDDSI Framework (see page 14). Ensure there are no ingredients that are bigger than 4mm for adults and 2mm for paediatrics
18. Add the Resource® ThickenUp™ Clear and mix in well until the desired consistency is achieved. Check against the IDDSI Framework (see page 14)
19. Keep warm whilst you prepare the vegetables
20. Check your vegetables are soft and cooked through by lightly mashing a piece of each with a fork. Drain
21. Chop the carrots and parsnips into finely minced pieces that are 4mm for adults and 2mm for paediatrics
22. Check the size of the carrot and parsnip pieces using the slot between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size
23. Once cooked, drain the potatoes in a colander, transfer to a bowl then mash until very smooth with no lumps
24. Spoon the chicken, potatoes, carrots and parsnip pieces onto a warm plate and serve immediately
25. Do not pour on extra gravy before serving

ONCE EVERYTHING IS COOKED: PREPARING TO LEVEL 6

6



15. Chop the cooked chicken into bite size pieces which are 15mm in size for adults and 8mm in size for paediatrics
16. Check the size of your pieces using the size of thumb nail (15mm x 15mm)
17. For a SOFT AND BITE SIZED (Level 6) texture blend the sauce to a smooth consistency and add to the chicken pieces. Check against the IDDSI Framework (see page 14). Ensure there are no ingredients that are bigger than 15mm for adults and 8mm for paediatrics
18. Add the Resource® ThickenUp™ Clear and mix in well until the desired consistency is achieved. Check against the IDDSI Framework (see page 14)
19. Keep warm whilst you prepare the vegetables
20. Check your vegetables are soft and cooked through by lightly mashing a piece of each with a fork. Drain
21. Chop the carrots and parsnips into small pieces 15mm in size
22. Check the size of the carrot and parsnip pieces using the size of your thumb nail, if pieces are too large continue to chop to correct size
23. Once cooked, drain the potatoes in a colander, transfer to a bowl then mash until very smooth with no lumps
24. Spoon the chicken, potatoes, carrots and parsnip pieces onto a warm plate and serve immediately
25. Do not pour on extra gravy before serving



RECIPES – DESSERT

DECONSTRUCTED BLACK FOREST GATEAUX

4 LEVEL 4/PUREED **5** LEVEL 5/MINCED & MOIST **6** LEVEL 6/SOFT & BITE SIZED

Ingredients:

60g chocolate sponge with no bits in (no chocolate pieces/nuts)

1/2 pint of black cherry jelly

210g black cherry pie filling sieved/blended

1 scoop Resource® Thicken up™ Clear

5g cocoa powder sieved

15g icing sugar sieved

½ teaspoon vanilla extract

100 ml double cream



Instructions:

1. Divide the sponge and place in the bottom of the sundae dishes
2. Pour the jelly into the sundae dishes to about ¾ up the dish. The jelly should completely cover the sponge level. It should be the same level (soaking solution) otherwise the jelly would turn to water in the mouth
3. With a teaspoon just break the sponge up into the jelly so there are no lumps in the base
4. Allow to set in the fridge for about 1 hour
5. Put the sieved cherry pie filling into a bowl and add the 1 scoop of Resource® Thicken up™ clear and mix in until dissolved. Check against the IDDSI Framework for a Level 4/Puréed texture ensuring the purée is smooth with no lumps (see page 13)
6. Place the cherry mix on top of the set jelly bases
7. Place the cream, vanilla extract, sieved icing sugar and cocoa, into a bowl and stir slowly at first to dissolve all the ingredients then whisk until thick. Using a piping bag, pipe the cream on top of the cherry mix

RECIPES – SNACK

FRUIT SMOOTHIE



LEVEL 3/LIQUIDISED

Ingredients:

½ banana cut into pieces

75g blueberries or strawberries

2 dessert spoons live vanilla yoghurt

450ml semi-skimmed milk

Juice of 1 orange (ensure no pips)

1 teaspoon of honey



Instructions:

1. Place the ingredients into a blender and blend for approximately 2 minutes until smooth
2. Pass through a fine sieve to ensure there are no pips or seeds
3. Check the consistency meets the food descriptors table for Level 3/Liquidised on page 13

RECIPES – SOAKING SOLUTION

BISCUIT

4 LEVEL 4/PUREED **5** LEVEL 5/MINCED & MOIST **6** LEVEL 6/SOFT & BITE SIZED

Bread, cakes and biscuits are high risk foods for individuals with dysphagia. Using Resource® Thicken up™ Clear as a soaking solution can overcome this problem by smoothing the texture of these foods.

Ingredients:

Plain biscuits – such as a rich tea biscuit (no nuts, chocolate chips or dried fruit allowed)

100ml milk or juice

1 scoop of Resource® Thicken up™ Clear



Instructions:

1. Place 1 scoop of Resource® Thicken up™ Clear into a clean, dry glass
2. Add the milk or juice and stir with a spoon until completely dissolved
3. Place the biscuit into the solution for 1 minute then remove and place on a small side plate
4. Place in the refrigerator for 2 hours until soft

See the Nestlé Health Science website for more recipes and information:

www.nestlehealthscience.co.uk/dysphagia

WEIGHT MANAGEMENT

FORTIFICATION

Your dietitian, nurse or doctor may have advised that you need to increase or reduce your weight to keep you as healthy as possible. We have provided some suggestions that will allow you to meet these requirements, and still ensure you receive all the nutrition and calories you require to stay healthy.

WEIGHT GAIN

To stop you losing weight you need to increase the amount of calories in your diet. You can do this by:

- Adding milk, cream or grated cheese to food such as mashed potato
- Making porridge with milk rather than water and adding sugar or honey
- Adding milk or cream to soup
- Making drinks such as hot chocolate or coffee with milk and a spoonful of cream
- Ensure all drinks or liquid foods are at the right texture for you, by adding Resource® ThickenUp™ Clear to achieve the right thickness
- Making or blending milkshakes with a little added cream. Make sure there are no lumps
- Using full fat milk instead of semi-skimmed or skimmed. You could add extra calories by also adding milk powder as well as milk in drinks

There is a useful weight chart on page 32 to help your healthcare professional keep track of your weight.

HEALTHY EATING

To maintain a healthy weight and ensure a healthy diet, follow these tips:

- Choose low fat and low sugar products where possible
- Use skimmed or semi-skimmed milk
- Choose fruits and vegetables to include in your diet that meet the texture descriptor you have been recommended by your Speech & Language Therapist - refer to tables on pages 12-15
- Reduce the amount of salt and sugar in your diet

There is a useful weight chart on page 32 to help your healthcare professional keep track of your weight.

TIPS

TIPS FOR MANAGING SYMPTOMS

This section includes a range of tips to help with symptoms often associated with dysphagia

TIPS FOR SERVING FOOD FOR INDIVIDUALS WITH DEMENTIA

- Using contrasting plates to the table covering will focus attention onto the plate; ideally the food should also contrast with the colour of the plate to draw attention to the food
 - Patterned tablecloths and napkins can cause distractions at meal times so keeping items plain reduces confusion
 - Cutlery, plates and cups are available that can assist with eating and drinking e.g. cups with handles, thick handled cutlery
 - Evidence has shown that using red or blue plates and cups can increase oral intake by up to 84%³
-

TIPS FOR MANAGING DRY MOUTH

Some people with dysphagia may experience a dry mouth. This can be caused by some medications or by breathing through the mouth.

SUGGESTIONS TO RELIEVE A DRY MOUTH

- Try to keep your mouth closed and breathe through your nose as much as possible
- Avoid too much tea, coffee, sugary drinks or alcohol as they can have a drying effect on the mouth and throat
- Avoid smoking cigarettes which can worsen dryness
- Ensure teeth and tongue are cleaned thoroughly daily
- Sip fluids suitably thickened throughout the day to keep your mouth hydrated
- Treat symptoms of oral thrush (thick, white build up on tongue) – your GP will choose the right medication for you
- Ask your GP if you can safely use a saliva replacement gel

TIPS FOR MANAGING SALIVA

Weakness of the lips on one or both sides can cause wetness at the corners of the mouth or dribbling. Normally we swallow excess saliva automatically throughout the day without being aware of this. People with dysphagia may find their body does 'automatic' swallows less often, making it feel as though you are producing more saliva than usual.

SUGGESTIONS TO RELIEVE WETNESS OR DRIBBLING

- Try to keep your mouth closed and breathe through your nose as much as possible
- Get into the habit of swallowing at regular intervals, even if you feel there is no need, to keep your mouth free of excess saliva
- If you feel saliva escape from your mouth, try to suck it back in, push it back in with your tongue tip, or pull it back in with your top lip
- Try to reduce your use of tissues as this can result in soreness and dry skin around the mouth area. If you need to remove excess saliva, gently dab away with soft tissue, avoid wiping your mouth. If your lips feel dry or chapped use a lip product to relieve this

TIPS WHEN EATING

The following tips are to help create the best environment and position for you to swallow effectively and safely.

BEFORE EATING

- Create a relaxed environment
- Minimise distractions e.g. switch off the television
- Ensure mouth care has been completed adequately
- Ensure dentures are in correctly (if required)
- Sit in an upright position (as close to 90° as possible)
- Ensure you are well supported to stay in an upright position with pillows and that any weak limbs are supported for comfort
- Follow any other specific recommendations from your Speech & Language Therapist

TIPS (CONT.)

TIPS WHEN EATING (CONT.)

The following tips are to help create the best environment and position for you to swallow effectively and safely.

BEFORE EATING – IF EATING BY YOURSELF

- Ensure that you have the correct textured diet
- Take only small mouthfuls of ½ or 1 teaspoon at a time
- Take regular sips of fluid (thickened if necessary) throughout the meal
- Do not drink through a straw unless approved by the Speech & Language Therapist
- Do not rush your food, allow yourself time to chew and swallow
- Avoid talking throughout the meal
- If one side of the mouth is weak, place the spoonful of food in the stronger side
- Ensure the food remains at a suitable temperature throughout the meal, reheat if necessary so it stays palatable and at the right consistency
- Follow any other recommendations from your Speech & Language Therapist

DURING FEEDING – IF SOMEONE IS FEEDING YOU/YOU ARE THE FEEDER

- Ensure that the correct textured diet is being offered to the individual
- Offer small mouthfuls of ½ or 1 teaspoon at a time
- Offer sips of fluid (thickened if necessary) throughout the meal
- Make sure the feeding process is not rushed, allow the individual time to chew and swallow at their own pace
- Avoid talking throughout the meal
- If one side of the mouth is weak, place the spoonful of food in the stronger side
- Ensure the food remains at a suitable temperature throughout the meal, reheat if necessary so it stays palatable
- If food spills out of the individual's mouth, if possible encourage them to use their tongue to remove this. Alternatively wipe away gently with a tissue. Do not scrape the spoon on the individual's mouth or face
- If possible, allow the individual to hold the utensil themselves, or place your hand over their hand
- Do not offer drinks through a straw unless approved by the individual's Speech & Language Therapist
- Follow any other recommendations from the individual's Speech & Language Therapist

AFTER EATING

- Ensure you remain sitting upright (as close to 90° as possible) for at least 30 minutes after your meal
- Follow any other recommendations from your Speech & Language Therapist
- If you are the feeder: check the person's mouth for any residue of food on the tongue or in the cheeks, if possible prompt them to use their tongue to clear this

GOOD ORAL HYGIENE

Good oral hygiene is especially important for individuals with dysphagia as any food and liquid that is left pocketed inside the mouth could enter the lungs and cause chest infections due to the production of harmful bacteria.

The following steps should be taken every day to ensure high levels of oral hygiene;

- Brush teeth and tongue thoroughly twice a day using a low foaming toothpaste
- Avoid using water when cleaning the teeth
- Ensure all excess toothpaste and saliva is spat out or wiped away using a tissue
- Ensure any dentures are fixed securely and are not pocketing any food
- Remove dentures to clean them
- Treat symptoms of oral thrush immediately (thick, white build up on tongue)
– your GP will choose the right medication for you



Additional
tips

WEBSITE LINKS

www.swallowingdisorderfoundation.com

Information and resources on dysphagia

www.patient.co.uk

A leading health and wellness site in the UK for patients and medical professionals

www.nhs.uk

NHS Choices is the UK's biggest health website and has information on dysphagia

www.stroke.org.uk

www.alzheimers.org.uk

www.dementiauk.org

www.parkinsons.org.uk

www.mndassociation.org

Motor Neurone Disease

www.hda.org.uk

Huntington's Disease

www.epilepsy.org.uk

www.mindroom.org

Learning difficulties

WEIGHT CHART

To ensure that the recommendations you have been given are working, your weight will need to be monitored, so please complete the below chart on a weekly basis or as advised by your healthcare professional.

Tip

If possible, it is best to weigh yourself in the morning before breakfast with no or little clothing on.

DATE	WEIGHT	CHANGE IN WEIGHT FROM PREVIOUS WEEK
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If you notice a continual weight loss, please contact your Speech & Language Therapist or Dietitian.

NOTES

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NOTES

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References.

1. <https://www.nidcd.nih.gov/health/dysphagia>
2. The International Dysphagia Diet Standardisation Initiative 2016 <http://iddsi.org/framework>
3. Douglas et al (2015) Environmental Considerations for improving nutritional status in older adults: a narrative review. *Journal of the Academy of Nutrition & Dietetics*, 115 (11), 1815-1831.

Resource® ThickenUp™ Clear is a food for special medical purposes for use under medical supervision.

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