

## ADULT SPEECH PATHOLOGY

### PLANNING FOR IDDSI

The implementation date for IDDSI in Australia is 1 May 2019. Do you have a plan for implementation? Things to consider include:

- Changes to policies and procedures
- Changes to documentation
- Training needs for care and food services staff

We recommend that you form a working party and have a look at the resources from the IDDSI website. There are some excellent implementation guides that will be of assistance.

You will find a lot of information on the **IDDSI website** (<https://iddsi.org/>) and there is an app for Apple and Android phones—just search for IDDSI in your app store



## SOFT & BITE-SIZED - Level 6 (Blue)

A Soft Diet may be recommended for a person who has difficulty biting, chewing and/or swallowing more challenging food consistencies, or for a person who tires easily from extended chewing throughout a meal.

Food in a **Soft Diet** is **soft, tender and moist throughout**, with no separate thin liquid. **It must be cut-up into bite-sized pieces no greater than 1.5cm x 1.5cm for adults (or 8 mm for children).** Some residents may not require their food to be cut up, but this must now be explicitly listed as an exception. **The standard for this diet requires food cut-up into bite-sized pieces.**

The texture should resemble casserole, tinned peaches or boiled eggs. It should not be stringy, fibrous (like pineapple or celery) or have a tough skin (like capsicum, corn or chicken skins).



## COLOURS and TESTING

There is a **colour** allocated to every IDDSI level. If you currently use colour coding in your kitchen then you will need to change to the new IDDSI colours. The companies making commercial thickened fluids or food will be transitioning to the new colours.

Every IDDSI consistency is described in detail on the [IDDSI website](#). There is a testing procedure for each level of food and fluid so that you can assess whether the dish that you wish to serve is suitable for that particular diet. **The main testing method for a soft diet uses a fork.**

### Testing if a food is



### SOFT & BITE-SIZED



### BREAD: Not classed as a “soft” texture.

Bread is **not** included as part of a soft diet. The ability to safely manage bread and sandwiches should be assessed on a case-by-case basis by a Speech Pathologist.

Bread is considered a **regular** food texture (Level 7—Black) as it requires the ability to effectively bite and chew.

## LEVELS OF SUPERVISION

For some individuals, a level of supervision may be required to ensure safe and/or adequate oral intake. Levels of supervision can be defined in various ways, however Adult Speech Pathology defines 3 levels of supervision as follows:

**1:1 Supervision:** Sitting with the person and **directly** monitoring the individual throughout - maybe also providing full feeding assistance, assisting as needed or providing ongoing prompting.

**Close Supervision:** In the same room as the person – ready to intervene or assist as needed or if they are having issues.

**Distant Supervision:** Monitoring regularly (e.g. if the person is eating in their room, ensure the door is open and check frequently). Ideally, you will be within earshot.

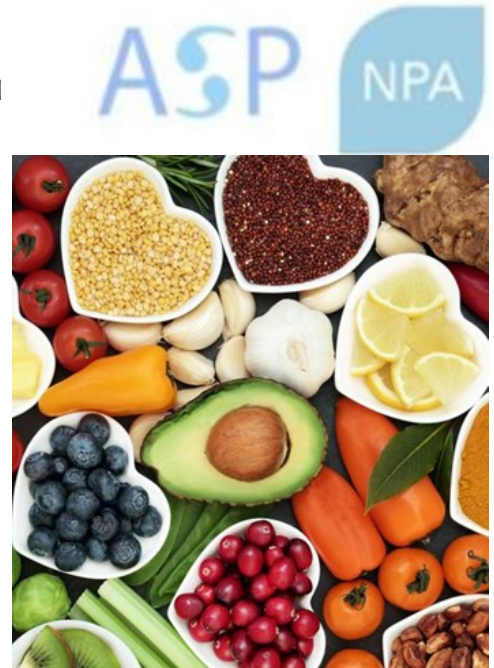


## MALNUTRITION

Approximately 50% of individuals in an aged care home are malnourished or at risk of malnutrition. The reasons are numerous, with many having medical problems affecting requirements, loss of appetite, dementia and perhaps even dislike of the food. Residents who require a texture modified diet tend to be the most at risk of weight loss. They are often more unwell than those who do not need modification of their diet, but also the food can be unappetising. We will discuss the presentation of the food in the next newsletter, but it is important to make every mouthful count. All texture modified foods should be fortified with protein and energy additions.

Protein is the nutrient that is needed the most, so encourage the meat, fish, chicken, egg portion of the meal in preference to 'eating all of the vegies'. Add items such as milk, milk powder, egg, grated cheese, legume powders to boost protein in the small amount of food that is eaten.

Also use cream, oil, butter, margarine to add additional calories to the food. Use full fat dairy foods. If a resident prefers the dessert and refuses a main course, offer 2 desserts instead!



## NOURISHING FLUIDS

A wide variety of nourishing drinks can be offered to boost intake for those who are eating poorly. Use a Food First approach and try out recipes for:

- Milkshakes
- Smoothies
- Iced coffee
- Hot chocolate
- Fruit sherbet
- Juices

Add a variety of ingredients- check with residents what they prefer. Develop a rotation so that there is something different every day. Get the Lifestyle staff involved in making a milkshake of the day



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*This newsletter is a joint collaboration between Adult Speech Pathology and Nutrition Professionals Australia.*