Food, Nutrition and Hydration Policy

For Adults Accessing Disability Services

2020

Implementation Toolkit

Building a Better Health Service

Seirbhís Sláinte Níos Fearr á Forbairt

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Introduction

1.1 Foreword

Ireland ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018, which indicates requirements for active participation and inclusion in all aspects of life, education, health and accessibility, including supported decision making. The right to live independently in a place of one's own choosing is a core value of the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006).

Residential services should be aware of the unique social and developmental needs of adults living in their care, and their different requirements as they grow, develop and mature form childhood into adulthood (HIQA, 2013).

Those with a disability have the right to:

- Nutritional support from providers who respect their needs
- To be actively involved in determining the services they receive and are empowered to exercise their rights including the right to food choices, enjoyment of meals, food patterns and food preferences
- A nutritious and adequate diet based on scientific health and nutrition research (guidelines and recommendations provided in this policy)
- A culturally-acceptable diet that promotes the individual's health and meets individual needs
- Safely-prepared and stored food served in a pleasant atmosphere
- A varied diet of fresh, whole, and minimally-processed foods
- Choices of foods to include or exclude from the individual's diet
- On-going information, provided in a way people understand, about individual dietary needs and appropriate foods to meet those needs, communicated in a way easily understood
- Representation in population-based food and nutrition research studies, to ensure findings generalise to, and are useful for, people with disabilities
- Fair and respectful treatment from those health care professionals involved in the provision of food and nutrition.

(Adapted from Academy of Nutrition and Dietetics, 2008).

This Toolkit provides practical resources and guidance for all care staff tasked with the implementation of the Nutrition and Hydration policy.

For each section in Part A of the policy there is an equivalent section in this toolkit with resources to help implement the recommendations in each section of the policy.

Most of the resources in this toolkit have been developed by heath care professionals working in Irish residential settings, and I am deeply grateful for all the help and support of these colleagues, especially the members of the technical working group (listed in Part B of the main policy).

Anne Marie Bennett
Project Dietitian for Social Care

1.2 Acknowledgements

Ireland ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018, which indicates requirements for active participation and inclusion in all aspects of life, education, health

SECTION 2.0

Nutritional Care for Adults Accessing Disability Services

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Nutritional Care for Adults Accessing Disability Services

2.1 Screening Tools

i. Malnutrition Universal Screening Tool ('MUST')

The 'MUST' screening tool is the most commonly used screening tool in Ireland. It is validated for use in hospital and community settings. It is a 5-Step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition) or obese.

The 5 'MUST' Steps

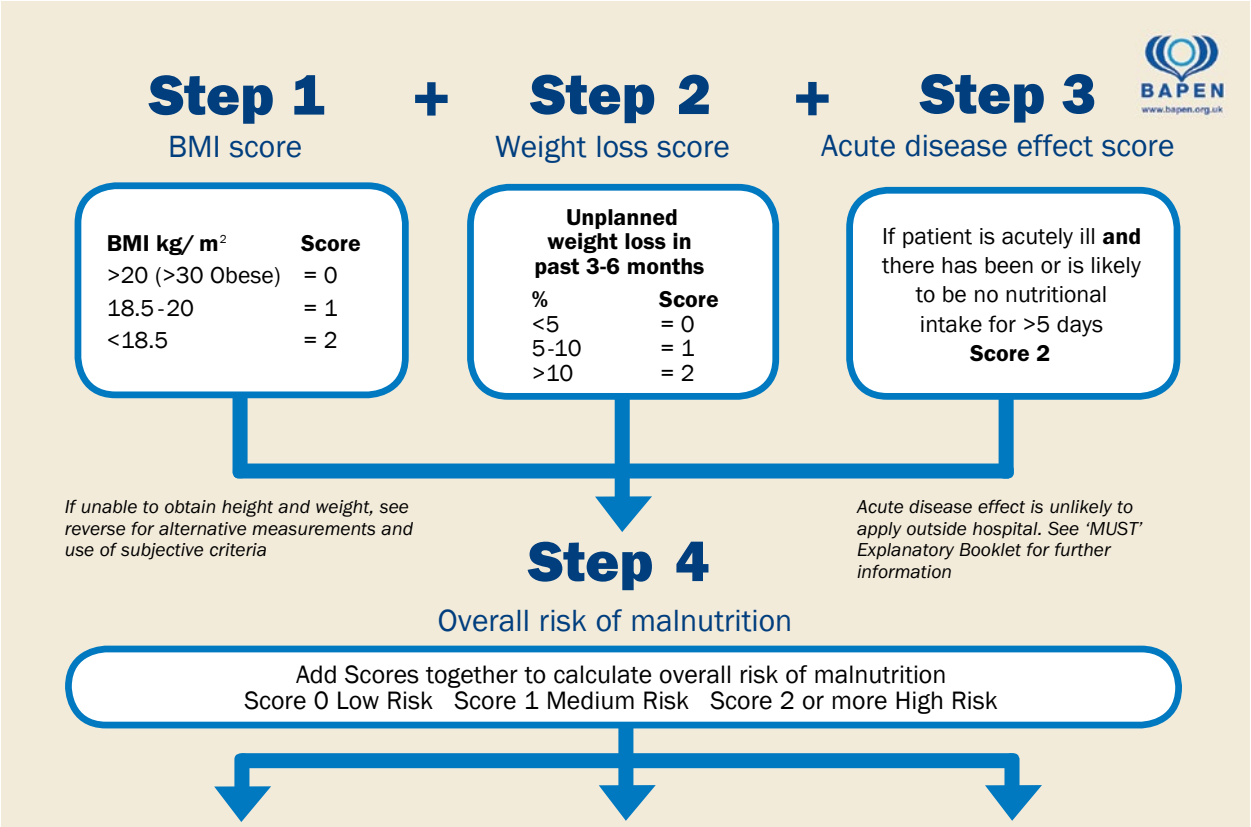
Step 1
Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2
Note percentage unplanned weight loss and score using tables provided.

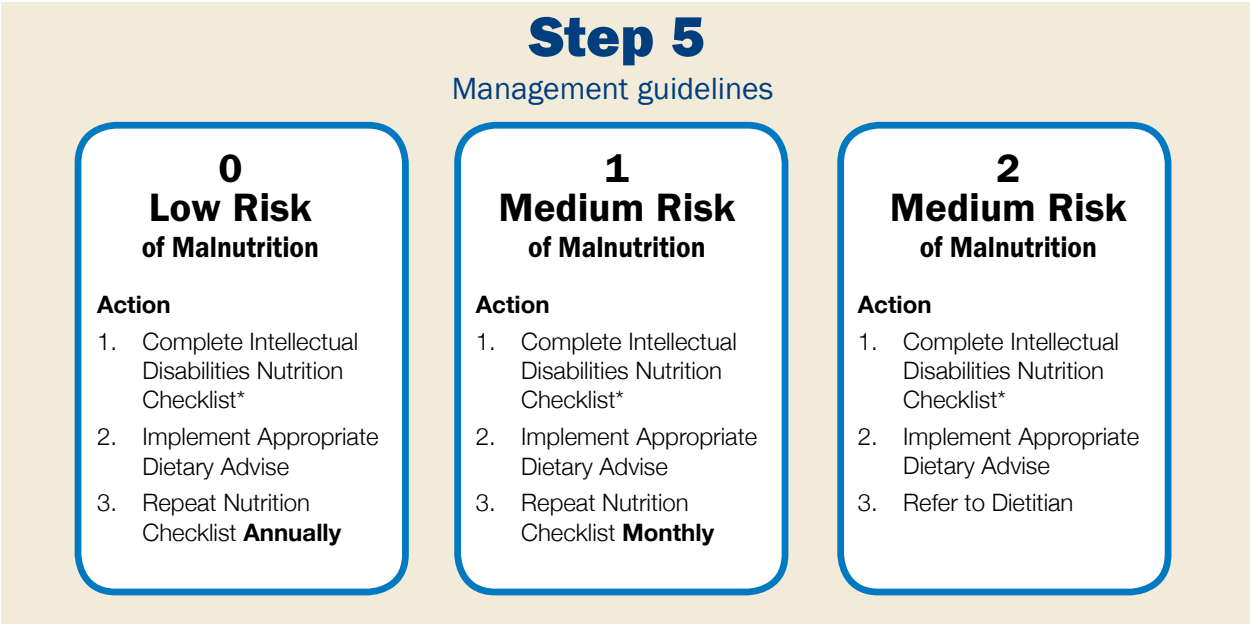
Step 3
Establish acute disease effect and score.

Step 4
Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5
Use management guidelines and/or local policy to develop care plan.



The following Management Guidelines (Step 5 of 'MUST') relevant to the Intellectual Disability setting have been developed by the Community Nutrition and Dietetic Service in HSE Dublin Mid-Leinster (Midlands Area) (2015).



*The Intellectual Disabilities Nutrition Checklist is contained in the next section as part of the screening tool developed for adults residing in HSE community house, titled MUST-ID (HSE Dublin Mid-Leinster (Midlands Area) (2015).

Full BAPEN 'MUST' resource can be downloaded free of charge from BAPEN website at: *https://www.bapen.org.uk/pdfs/must/must-full.pdf*

An on-line training module has been developed for all healthcare staff, it is available on the HSEland website at: *https://www.hseland.ie/dash/Account/Login*

iI. MUST-ID

An Irish nutrition screening tool consisting of the 'MUST' (BAPEN), and supported by the IDNC which incorporates tube feeding, oral nutrition supplementation, dysphagia, constipation and healthy lifestyle screening. This tool was developed by the Community Nutrition and Dietetic Service, HSE Dublin Mid-Leinster (Midlands area), 2015).

Intellectual Disabilities Nutrition Checklist for Adults (>18 years) residing in HSE Community Houses

Instructions:

1. To be completed for every service user initially & repeated monthly for service users whose 'MUST' score is 1. Repeat annually for 'MUST' 0
2. Complete Section 1 & 2 every time, complete Section 3 (Healthy Lifestyle) only if 'MUST' Score 0.
3. Select Appropriate Dietary Advice Sheet, document, implement and insert copy into service user's Care Plan.
4. If referring to dietitian, attach copy of this Nutrition Checklist to primary care referral form.

Name of Service User:

DOB of Service User:

Address:

Name & Job Title of Person Completing Checklist:

Date Completed:

Section 1 : Nutrition Support Nutrition Screen & Action Plan

CRITERIA	RESULT		ACTION PLAN
'MUST' Screening Tool Results	Weight (kg) Ulna Length(cm) Height (m) MUAC (cm) (if applicable) BMI (kg/m²) BMI Score Weight Loss Score Acute Illness Score Total Score		**Score 0** (1) Complete Nutrition Checklist (2) Repeat Nutrition Checklist Annually **Score 1** (1) Complete Nutrition Checklist (2) Implement 'When I have a Small Appetite, What Can I Eat' Dietary Advice (3) Repeat Nutrition Checklist in 1 month **Score 2 or More** (1) Complete Nutrition Checklist (2) Implement 'When I have a Small Appetite, What Can I Eat' Dietary Advice (3) Refer to the Community Dietitian
Service User is tube fed (NG /PEG/ Gastrostomy/ Jejunostomy/PEJ)	Yes	No	If Yes Refer to the Community Dietitian
Service User is prescribed an oral nutritional supplement e.g. Ensure/ Fortsip or Fresubin/Nualtra products	Yes	No	If Yes Refer to the Community Dietitian
Known Dysphagia (Requires Modified Texture Diet and or Fluids)	Yes	No	If Yes, state Texture & Fluid type recommended by SLT:

Section 2: Constipation Screen & Action Plan		
CRITERIA	**RESULT**	**ACTION PLAN**
Constipation i.e. Less than 1 movement every 3 days Movement hard to pass / on laxatives. State laxative type & dose if already prescribed:	Yes No	**If Yes** (1) Implement Flaxseed Regimen (Section 4.0) (2) Discuss laxative type & dose with GP if already prescribed

Section 3 : Healthy Lifestyle Screen & Action Plan (Complete only if 'MUST' SCORE 0)		
CRITERIA	**RESULT**	**ACTION PLAN**
Body Mass Index greater than or equal to 25kg/m²	Yes No	If Yes Implement Healthy Lifestyle Dietary Advice
Review the service user's last blood results. Was their total cholesterol >5mmol/L?	Yes No	If Yes Implement Healthy Lifestyle Dietary Advice
Diagnosed Impaired Glucose Tolerance	Yes No	If Yes Implement Healthy Lifestyle Dietary Advice
Diagnosed Diabetes (Type 2)	Yes No	**If Yes** (1) Implement Healthy Lifestyle Dietary Advice (2) Refer to Community Dietitian
Name of Dietary Advice Sheet(s) Inserted into Service User Care Plan: Signed:		

Reproduced with kind permission from the Community Nutrition and Dietetic Service, HSE Dublin Mid-Leinster (Midlands area).

iii. Subjective Global Assessment (SGA)

The Canadian Malnutrition Task Force, under the leadership of Dr. Jeejeebhoy, revised the SGA form to better reflect the effect dietary intake has on body composition. As well, the form includes detail around the importance of understanding the difference poor appetite and cachexia have on body composition.

Available to download from: *http://nutritioncareincanada.ca/sites/default/uploads/files/SGA%20Tool%20EN%20colour_2017(1).pdf*

iv. Mini Nutritional Assessment (MNA)

This validated screening tool was designed for patients and residents aged 65 years and over. It was developed by Professor Bruno Velas in association with the Nestle Nutrition Institute.

Further information about the MNA, along with a downloadable MNA form is available at: *https://www.mna-elderly.com/*

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 6.0 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)

ii. INDI NCP Nutrition Assessment Structure Checklist (for dietitian use only)

NCP NUTRITION CARE PROCESS

Document 3:
Nutrition Assessment Structure Checklist for Medical and Dietetic Notes

Note:

i. Entries should be compliant with the **Record Keeping Guideline Document** and in accordance with local policy.
ii. If the legend of heading names is on the top of the record, only the legend number needs to be documented in the record margins, heading names do not need to be transcribed. Information included under each heading (1-8) is outlined below.
iii. All heading legend numbers (1-8) must be included in each entry. Order can vary, be grouped together, e.g. '2&3 – Nil new of dietetic relevance' or marked not relevant, e.g. '3 – N/A'.

onsent: Obtain from patients/clients, in accordance with local policy, if applicable or as per local policy.
ast medical, social and surgical histories: Record on the front/top of record or as per local policy (record on first entry &update as necessary).

1	**Medical, Tests and Procedures**	**New referral:** • Note the date of and reason for presentation, the medical diagnosis and reason for referral. • *Summarise* investigations/observations/tests (e.g. MUST) if relevant to dietetic intervention (full transcript not needed). • Include relevant MDT recommendations, e.g. 'SLT ax on x/x/xx – recommended Texture B Minced Moist diet'. **On review**: • Comment on relevant information in clinical notes or document 'Nil new of dietetic relevance' if appropriate.
2	**Biochemistry**	• Comment on abnormal or relevant results – full transcription of results is not necessary. • Cross-reference with relevant medications if appropriate, e.g. blood glucose with insulin. • If all normal, document 'Biochemistry normal on x/x/xx' or 'Nil new of dietetic relevance on x/x/xx' and record the date of the last blood test results. If no new biochemistry results, document 'Nil new since x/x/xx'.
3	**Medications**	• Include all relevant *prescribed* medications and electrolyte supplementation (can cross-reference with biochemistry). • If there are no medications of dietetic relevance, record 'Nil of dietetic relevance on x/x/xx'. • Document any change(s) of dietetic relevance. If no change(s) document 'No change(s) of dietetic relevance since x/x/xx'
4	**Nutrition Focused Physical Findings**	• Document findings from body systems, which may include: ○ General physical appearance ○ Oral health & dentition ○ Reported swallow difficulties ○ Appetite (increased/decreased) ○ Nausea and vomiting ○ Chemosensory changes ○ Bowel symptoms ○ Hand grip strength • Document findings from fluid balance, which may include: ○ Positive/negative e.g. oral/enteral/parenteral nutrition volume/route, urinary/stoma output. • Symptoms may be cross-referenced with medications or biochemistry, e.g. constipated, note on anti-diarrhoeals.
5	**Anthropometry & Nutritional Requirements**	• As relevant: Height, weight (ABW/EBW/IBW), BMI, waist circumference, % weight change over time (include reasons, if applicable), ulna length, MUAC, muscle and subcutaneous fat wasting, abdominal circumference, body surface area, fat mass, % body fat/fat free mass/body water. *Additional paediatric: Length, occipital frontal circumference centiles.* • Nutritional requirements: Indicate predictive equations used for energy and protein requirements by name, e.g. Henry Oxford or by full equation, e.g. 10.2(64) + 572. Estimate energy, protein, lipid/fat, carbohydrate, fluid, micronutrient, non-nutrient (e.g. fibre/caffeine) requirements if relevant. Refer to paediatric standards • Local policy should specify how frequently nutritional requirements should be reviewed. Refer to date of last estimated nutritional requirements if not re-estimating requirements.
6	**Food & Nutrition related History**	• Document method of estimating oral dietary intake (e.g. 24 hour recall, diet history), intake from breastfeeding/Human milk replacement. • Document name of enteral/ parenteral feed. Quantify estimated energy, protein, fluid and other relevant nutrient intakes from oral, enteral or parenteral routes as appropriate (can cross reference influencing factors here e.g. biochemistry, medications, nutrition focused physical findings (e.g. appetite tolerance) or nutritional requirements. • Document as appropriate: ○ Food allergies/intolerances/alternative diets. ○ *Non-prescribed* supplements, vitamins, minerals, or complementary/alternative medications. ○ Food and nutrition-related knowledge/beliefs/behaviour/motivations. ○ Factors affecting food intake/supply e.g. functional capabilities, physical activity ○ Can cross reference with nutrition focused physical findings and nutritional requirements
7	**Summary of Nutritional Issues (Nutrition Diagnosis)**	**I. If implementing 'Nutritional Assessment only (steps 1-7):** Summarise results of Nutrition Assessment data. **II. If implementing Nutrition Diagnosis:** • Document the Nutrition Diagnosis as a **PES statement** (problem, aetiology, signs & symptoms), using standardised terminology. • If no Nutrition Diagnosis is identified, this should be stated "No Nutrition Diagnosis at this time" and a reason provided.
8	**Plan**	**The nutrition care plan should include the headings below** *(not obligatory, guide only).* • **Food and/or nutrient delivery**: enteral/parenteral feeding prescriptions, oral sip feeds, breast milk/ human milk replacement • **Nutrition education**: dietary advice and written information provided. • **Nutrition counselling**: counselling techniques used. • **Co-ordination of nutrition care**: special diet orders, liaising with MDT staff. • **Planned follow up.**

Abbreviations: ABW, Actual Body Weight; ax, Assessment; BMI, Body Mass Index; EBW, Estimated Body Weight; IBW, Ideal Body Weight; MDT, Multi-disciplinary team; MUAC, Mid Upper Arm Circumference; MUST, Malnutrition Universal Screening Tool; NCP, Nutrition Care Process; SLT, Speech and Language Therapist.
ALL NUTRITION ASSESSMENT CRITERIA (1-8) MUST BE INTERPRETED USING CORRECT AGE, GENDER & DISEASE-RELATED REFERENCE STANDARDS

iii. Sample NCP Assessment Form (for dietitian use only)

Page 1 of 2 (Sample NCP Assessment Form)

Personal Details		**Date of Assessment**	/ /	
Name		GP Details		
MRN				
DOB		NOK		
Address		Social Hx.		
Consent obtained ☐ Acting in Resident's best interest ☐				

1. Medical Tests and Procedures	
Previous Medical History	
Presenting Complaint	
2. Biochemistry	
3. Medications	

ONS	
Vitamin Supplements	

4. Nutrition Focused Physical Findings (general physical appearance, clinical findings)			
Appetite		Dentition	
Bowels		Cognition	
Swallow		Mobility	
Skin Integrity		Oedema	

5. Anthropometry				**Nutritional Requirements**	
Weight History		Ulna (cm)		**BMR**	
Date	Weight (kg)	Height (m)		Stress factor	
		Height^2 (m^2)		Activity factor	
		BMI (kg/m^2)		Wt. gain/deficit factor	
		MUST Score		**EER**	
		Dry Weight		**Protein**	
		% Wt. Loss		**Fluid**	

6. Food and Nutrition Related History (see overleaf for more detailed diet history if available)				
Diet History ☐	Kcal		HH ☐	HCP ☐
24 hr Recall ☐	Protein (g)		Day Centre ☐ MOWs ☐ Assistance at mealtimes ☐	
Food Record Charts ☐	Fluid (mls)		Shopping	Cooking
			Smoker	No Yes
			Alcohol	No Yes

7. Nutrition Diagnosis (PES statement)

8. Plan (food and/or nutrient delivery, Nutrition education, Nutrition counselling, co-ordination of nutrition care, planned follow up)		
See Plan in medical chart on: / /	Dietitian (signed)	

Page 2 of 2 (Sample NCP Assessment Form)

Food and Nutrition Related History		
Breakfast:		Additional Checklist ☐ Vegetables, homemade soup ☐ Salad ☐ Fruit ☐ Juice, sugary minerals, fluids ☐ Potatoes – mash, chips, other ☐ Pasta, Rice ☐ Cereals ☐ Dairy - milk, yoghurt, cheese ☐ Rice Pudding, Custard ☐ Red Meat – bacon, sausage ☐ Poultry – chicken, turkey ☐ Fish – oily, white ☐ Eggs ☐ Beans, lentils, nuts, seeds ☐ Fats – butter, spread, oil, mayo ☐ Salt Added ☐ Sauces – gravy, soup, stock cube, bovril ☐ Cakes, Biscuits, chocolate, sweets ☐ Crisps, peanuts ☐ Exercise
11am		
Midday meal		
3pm		
Evening meal		
Supper		**Comment:**
Additional Snacks / takeaways / meals out / weekends / alternative days		

Step (1 – 8)	**Additional Notes (please refer to steps 1 – 8 in previous page)**

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2.3 Energy Requirements (for dietitian use)

i. Henry Oxford Equation

Table 1: Henry Oxford Equations

Sex	Age (years)	Kcal per day
Male	10-18	18.4*W + 581
	18-30	16.0*W + 545
	30-60	14.2*W + 593
	60-70	13.0*W + 567
	70+	13.7*W + 481

Sex	Age (years)	Kcal per day
Female	10-18	11.1*W + 761
	18-30	13.1*W + 558
	30-60	9.74*W + 694
	60-70	10.2*W + 572
	70+	10.0*W + 577

W = Weight in kilograms

Steps to Estimating Energy Requirements for Adult

Step 1: Calculate Basal Metabolic Rate (BMR) using the Henry Oxford equations above

Step 2: If clinically indicated, add a stress factor that estimates the increased requirements due to disease process, using the Elia nomogram (see section on stress factors below)

Step 3: Calculate a combined factor for activity and thermogenesis (diet induced)

- Bedbound immobile + 10% BMR
- Bedbound mobile/sitting in chair + 15-20% BMR
- Mobile on unit + 25% BMR

For mobile community residents consider using Physical Activity Levels (PAL) – detailed in Table 2.

Total Energy Expenditure (TEE) = BMR + (% BMR as stress factor) + (%BMR as activity factor) + weight loss/gain factor.

Table 2: PAL Values for Community Living Residents

	Occupational Activity – Light		Occupational Activity – Moderate		Occupational Activity – Moderate / Heavy	
	Male	Female	Male	Female	Male	Female
Non Active	1.4	1.4	1.6	1.5	1.7	1.5
Moderately Active	1.5	1.5	1.7	1.6	1.8	1.6
Very Active	1.6	1.6	1.8	1.7	1.9	1.7

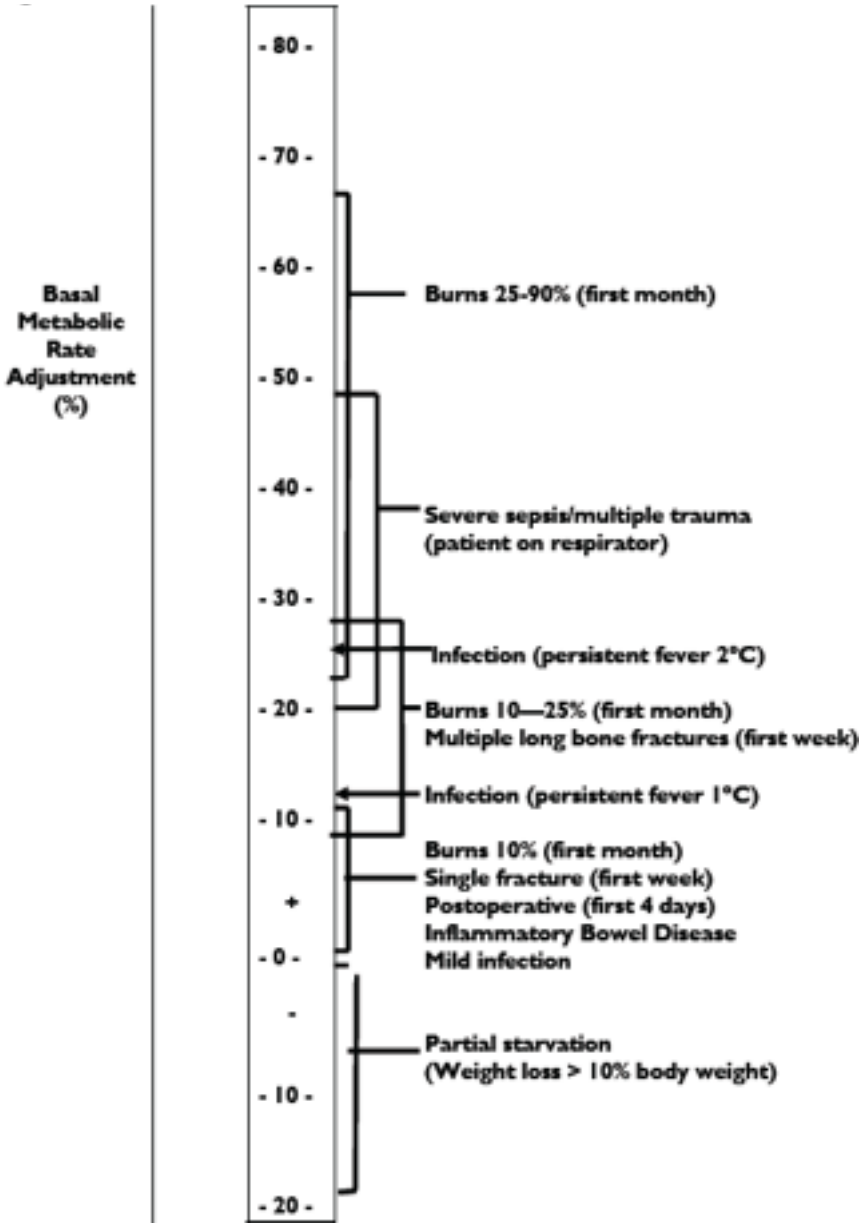
Stress Factors

Metabolic stress can result from severe trauma, major surgery, burns, sepsis and long-bone fractures. A review of a patient's clinical state and biochemistry will indicate whether or not a patient is metabolically stressed and to what degree. The stress response is characterised by at least one of the following:

- Elevated temperature
- Raised white cell count
- Elevated C-reactive protein (CRP)
- Raised blood urea
- Low serum albumin levels

For general stress factors use the Elia nomogram as a guide.

Elia nomogram



ii. Mifflin-St. Jeor Equation

Men: BMR = (9.99 X weight in kg) + (6.25 X height in cm) – (4.92 X age) + 5

Women: BMR = (9.99 X weight in kg) + (6.25 X height in cm) – (4.92 X age) – 161

The determine Total Energy Expenditure (TEE), the BMR is multiplied by the appropriate activity factor, as follows:

- Sedentary (little or no exercise) BMR X 1.200
- Lightly active (light exercise/sports 1-2 days per week BMR X 1.375
- Moderately active (moderate exercise/sports 3-5 days/week) BMR X 1.550
- Very active (hard exercise/sports 6-7 days/week) BMR X 1.725
- Extra active (very hard exercise/sports and physical job) BMR X 1.900

iii. Obesity and Energy Requirements

In a person who is greater than 120% of Ideal Body Weight (IBW), estimated energy requirements can be determined using an adjusted body weight.

Females: [(Actual Body Weight (ABW) in kg – Ideal Body Weight (IBW) in kg) * 2.5]/ IBW
Males: [ABW in kg – IBW in kg) * 3.8] / IBW

Simple caloric equation for Obesity (Horie, 2008)
Estimated Energy Expenditure = 17-21 kcals/kg ABW

2.4 Hydration Management

i. Signs and Symptoms of Dehydration

Good levels of hydration can help prevent or aid in the treatment of pressure ulcers, low blood pressure, urinary infections, constipation, confusion, falls. Aim for an intake of 1,500 mls fluid daily minimum (approx. 8 cups/glasses).

DEHYDRATION CHECKLIST

- ☐ **Increased Thirst**
- ☐ **Dry Mouth and Lip**
- ☐ **Tired or Sleepy**
- ☐ **Decreased urine output**
- ☐ **Dark Coloured urine or strong smelling urine**
- ☐ **Headache**
- ☐ **Dry and loose skin**
- ☐ **Dizziness**

Urine Colour Chart

1	HYDRATED	5	DEHYDRATED
2	HYDRATED	6	DEHYDRATED
3	HYDRATED	7	SEVERELY DEHYDRATED
4	DEHYDRATED	8	SEVERELY DEHYDRATED

ii. General Hydration Management

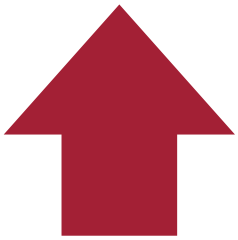
1. Provide fluids consistently throughout the day.
2. Ensure each person receives a daily intake of a minimum of 1,500 mls of free fluids in 24 hrs (approx. 8 cups/glasses).
3. Those that are small of stature may require less fluid, requirements should be assessed on an individual basis, refer to dietitian if unsure of exact requirements.
4. Have a jug of fresh water and glasses available for visitors and staff to offer to the residents throughout the day.
5. Ensure that all fluids are thickened to correct consistency if resident has been prescribed thickened fluids by an SLT.
6. Schedule additional fluid rounds other than meal times.
7. Offer a drink at the end of each meal to cleanse and refresh the mouth.
8. Offer a variety of fluids – water, milk, unsweetened juice, tea, coffee, soup, homemade fruit smoothies etc. Water should be first preference.
9. Monitor for fluid loss during hot weather.

iii. Hydration Management during Illness

10. Record food and fluid intake on *Food & Fluid Record Sheet.* (sample available in this section).
11. Offer 30 – 60 mls fluid per hour when awake and alert.
12. In order to maximise intake, ensure fluids are provided consistently throughout the day and when awake at night.
13. Offer a variety of fluids but water should be first preference.
14. Offer hydrating foods for main meals/snacks – cereal with milk, soup, jelly and ice- cream, yogurt drinks etc.
15. Offer a drink with every 2 – 3 mouthfuls of food in order to maximise intake.
16. Monitor for fluid loss related to vomiting/diarrhoea/fever.
17. Consider subcutaneous fluids if appropriate.

2.5 Anthropometry

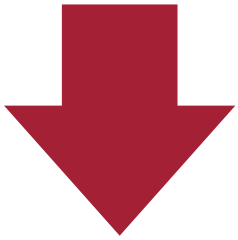
i. Importance of Weight Checks



Increased weight

Could be caused by:

- Over Eating
- Fluid Retention
- Medications
- Low Mood
- Underlying Medical Condition



Decreased Weight

Could be caused by:

- Not eating enough (Malnutrition)
- Dental problems
- Increase in tremors / shakes
- Vomiting / Diarrhoea (malabsorption)
- Medications
- Low Mood
- Underlying Medical Condition

Always recheck weight if there is a significant change from last month

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ii. Weighing Guidelines

1. Weight checks should be carried out monthly on roughly the same time each month and preferably at the same time of the day.
2. Weights should be recorded on reliable and calibrated scales, and the same scales should be used each time.
3. Weights should be recorded in kg (see weight conversion chart in this section.
4. If in doubt about accuracy of weight i.e. unrealistic increase or decrease in 1 month, always re-check weight.
5. Unintended weight change of 10% of body weight within 3-6 months (NICE, 2006) should be referred to a Dietitian.

Clothing

6. Individuals should be weighed in light clothing and shoes should be removed.

Bladder

7. Bladder should be emptied prior to weight check.
8. If an individual has a urinary catheter in situ, then the catheter bag should be emptied.
9. If the individual wears a pad, the pad should be dry.

Bowels

10. Persons should be weighed preferably when bowel is empty.
11. Note: If an individual is constipated this may add 1-2 kg weight.

Mobility

12. If individual is able to mobilise independently, a stand-on scales may be used.
13. If individual is unable to stand independently, sit on scales should be used.

Wheelchair

14. If an individual is weighed in their wheelchair ensure an accurate weight of the chair each time, as adjustments to wheelchair can make a significant difference to the weight of the chair e.g. addition/removal of head-rest, food-plates etc.
15. Rucksacks / catheter bags / enteral feeds /power packs / trays should be removed from the wheelchair before weighing an individual.

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iii. Procedure for Weighing Residents

- ✔ Weigh residents every month at the same time of day
- ✔ Weigh all residents using the wheelchair scales
- ✔ Residents to be weighed in normal clothes and shoes
- ✔ Remove coats / heavy boots / items in pockets before weighing
- ✔ Remove rucksacks /catheter bags / enteral feeds from the wheelchair before weighing resident
- ✔ In order to calculate the correct weight

  (A) Weigh the Resident + Wheelchair

  (B) Weigh the Wheelchair
- ✔ Subtract the weight of the Wheelchair from the weight of the Resident + Wheelchair to get actual weight of resident:

  A-B = Weight of Resident
- ✔ Report any significant changes in weight to the Dietitian and CNM/Care worker

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iv. Weight Conversion Chart

St Lb	Kg	St Lb	Kg	St Lb	Kg	St Lb	Kg	St Lb	Kg	St Lb	Kg
4 0	25.4	6 5	40.4	8 10	55.3	11 1	70.3	13 6	85.3	15 11	100.2
4 1	25.9	6 6	40.8	8 11	55.8	11 2	70.8	13 7	85.7	15 12	101.7
4 2	26.3	6 7	41.3	8 12	56.2	11 3	71.2	13 8	86.2	15 13	101.2
4 3	26.8	6 8	41.7	8 13	56.7	11 4	71.7	13 9	86.6	16 0	101.6
4 4	27.2	6 9	42.2	9 0	57.2	11 5	72.1	13 10	87.1	16 2	102.5
4 5	27.7	6 10	42.6	9 1	57.6	11 6	72.6	13 11	87.5	16 4	103.4
4 6	28.1	6 11	43.1	9 2	58.0	11 7	73.0	13 12	88.0	16 6	104.3
4 7	28.6	6 12	43.6	9 3	58.5	11 8	73.5	13 13	88.5	16 8	105.2
4 8	29.0	6 13	44.0	9 4	59.0	11 9	73.9	14 0	88.9	16 10	106.1
4 9	29.5	7 0	44.5	9 5	59.4	11 10	74.4	14 1	89.4	16 12	107.0
4 10	29.9	7 1	44.9	9 6	59.9	11 11	74.8	14 2	89.8	17 0	108.0
4 11	30.4	7 2	45.4	9 7	60.3	11 12	75.3	14 3	90.3	17 2	108.9
4 12	30.8	7 3	45.8	9 8	60.8	11 13	75.8	14 4	90.7	17 4	109.8
4 13	31.3	7 4	46.3	9 9	61.2	12 0	76.2	14 5	91.2	17 6	110.7
5 0	31.8	7 5	46.7	9 10	61.7	12 1	76.7	14 6	91.6	17 8	111.6
5 1	32.2	7 6	47.2	9 11	62.1	12 2	77.1	14 7	92.1	17 10	112.5
5 2	32.7	7 7	47.6	9 12	62.6	12 3	77.6	14 8	92.5	17 12	113.4
5 3	33.1	7 8	48.1	9 13	63.1	12 4	78.0	14 9	93.0	18 0	114.3
5 4	33.6	7 9	48.5	10 0	63.5	12 5	78.5	14 10	93.4	18 2	115.2
5 5	34.0	7 10	49.0	10 1	64.0	12 6	78.9	14 11	93.9	18 4	116.1
5 6	34.5	7 11	49.4	10 2	64.4	12 7	79.4	14 12	94.3	18 6	117.0
5 7	34.9	7 12	49.9	10 3	64.9	12 8	79.8	14 13	94.8	18 8	117.9
5 8	35.4	7 13	50.3	10 4	65.3	12 9	80.3	15 0	95.3	18 10	118.8
5 9	35.9	8 0	50.8	10 5	65.8	12 10	80.7	15 1	95.7	18 12	119.8
5 10	36.3	8 1	51.3	10 6	66.2	12 11	81.2	15 2	96.2	19 0	120.7
5 11	36.7	8 2	51.7	10 7	66.7	12 12	81.6	15 3	96.6	19 2	121.6
5 12	37.2	8 3	52.2	10 8	67.1	12 13	82.1	15 4	97.1	19 4	122.5
5 13	37.7	8 4	52.6	10 9	67.6	13 0	82.6	15 5	97.5	19 6	123.4
6 0	38.1	8 5	53.1	10 10	68.0	13 1	83.0	15 6	98.0	19 8	124.3
6 1	38.6	8 6	53.5	10 11	68.5	13 2	83.5	15 7	98.4	19 10	125.2
6 2	39.0	8 7	54.0	10 12	68.9	13 3	83.9	15 8	98.9	19 12	126.1
6 3	39.5	8 8	54.4	10 13	69.4	13 4	84.4	15 9	99.3	20 0	127.3
6 4	39.9	8 9	54.9	11 0	69.9	13 5	84.8	15 10	99.8		

v. Sample Weight Monitoring Chart

- Residents should be weighed at the beginning of each Month
- Weight should be recorded in kg
- Follow weighing guidelines as per Section ii & iii above as appropriate

Weight Monitoring Chart		
Name:	DOB:	Height (m):

Year =					
	Weight of Resident (plus wheelchair if relevant) A	Weight of Wheelchair (place 0 in column if not wheelchair bound) B	Actual Weight A - B	Weight Loss/Gain (+/- kg)	Signature
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

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vi. Measuring Height

- Where possible, a height measure should be used in order to obtain the most accurate measurement.
- If a height measure is not available, choose a wall that is clear of hanging objects, and which has a flat floor surface beneath.
- Resident should be barefoot or in thin socks and wearing light clothing so the positioning of the body can be seen.
- The resident should stand with their back to the wall , with weight distributed evenly on both feet, heels together and the back of the heels should touch the wall if possible.
- The head should be positioned so that the resident can look straight ahead, with line of vision perpendicular to the body, known as the 'Frankfort Plane'.
- The arms should hang freely by the sides with the head, back and heels in contact with the wall.
- The resident is asked to inhale deeply and maintain a fully erect position, while maintaining the head in the Frankfort position.
- A pencil mark should be placed on the wall at the exact top point of the head, OR if using a height measure the moveable head board brought onto the topmost point on the head with sufficient pressure to compress the hair.
- The height is recorded in metres and centimtres, to the nearest 0.1cm either using a measuring tape or reading from the height measure.

For residents who are unable to stand upright, but can maintain a flat lying position, use a measuring tape as follows:

- Individual should be lying down on their back on their bed or on a soft mat on the floor.
- Measure the length of the body in small sections.
- Add these together to provide a total length.
- If the person has marked scoliosis, measure both sides and take the average. (NHS Tayside Nutrition)
- If height cannot be measured, use a reported or recently documented height.

vii. Height Conversion Chart

Feet	Inch	Metre
4 ft.	0	1.21
4 ft.	1	1.24
4 ft.	2	1.27
4 ft.	3	1.29
4 ft.	4	1.32
4 ft.	5	1.34
4 ft.	6	1.37
4 ft.	7	1.39
4 ft.	8	1.42
4 ft.	9	1.44
4 ft.	10	1.47
4 ft.	11	1.49

Feet	Inch	Metre
5 ft.	0	1.52
5 ft.	1	1.54
5 ft.	2	1.57
5 ft.	3	1.60
5 ft.	4	1.62
5 ft.	5	1.65
5 ft.	6	1.67
5 ft.	7	1.70
5 ft.	8	1.72
5 ft.	9	1.75
5 ft.	10	1.77
5 ft.	11	1.80

Feet	Inch	Metre
6 ft.	0	1.83
6 ft.	1	1.85
6 ft.	2	1.88
6 ft.	3	1.90
6 ft.	4	1.93
6 ft.	5	1.95
6 ft.	6	1.98

viii. Alternative Height Measurements

Ulna Length

- Ask the resident to bend an arm (left side if possible), palm across chest, fingers pointing to opposite shoulder
- Using a tape measure, measure in centimtres (cm) to the nearest 0.5 cm between the elbow (olecranon) and the mid-point of the prominent bone of the wrist (styloid process)
- Use Table 3 below to convert ulna length (cm) to height (m)

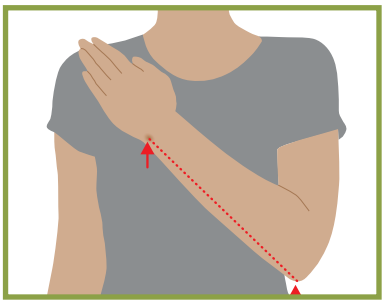
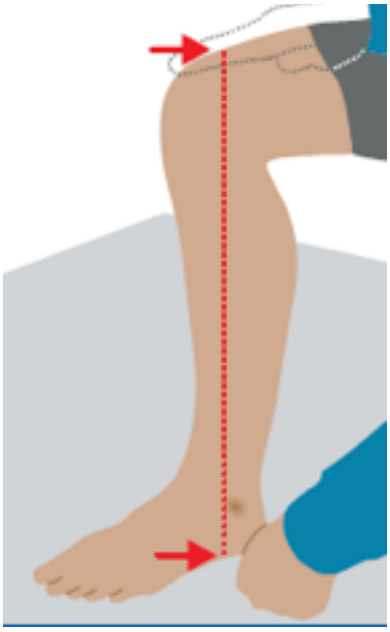


Table 3: Estimating Height from Ulna Length

Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (≥65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
Height (m)	men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	men (≥65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
	Ulna length (cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
Height (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (≥65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Knee Height



- Measure left knee if possible
- The resident should be seated, with knee at a right angle
- Hold tape measure between 3rd and 4th fingers with zero reading underneath fingers
- Place opposite hand flat against the subject's thigh, about 4cm behind the front of the knee
- Extend the tape measure straight down the side of the leg in line the bony prominence at the ankle (lateral malleolus) to the base of the heel. Measure to nearest 0.5cm
- Use table 4 below to convert knee length (cm) to height (m)

Table 4: Estimating Height from Knee Length

Height (m)	Men (18-59 years)	1.94	1.93	1.92	1.91	1.90	1.89	1.88	1.87	1.865	1.86	1.85	1.84	1.83	1.82	1.81
	Men (60-90 years)	1.94	1.93	1.92	1.91	1.90	1.89	1.88	1.87	1.86	1.85	1.84	1.83	1.82	1.81	1.80
	Knee height (cm)	65.0	64.5	64.0	63.5	63.0	62.5	62.0	61.5	61.0	60.5	60.0	59.5	59.0	58.5	58.0
Height (m)	Women (18-59 years)	1.89	1.88	1.875	1.87	1.86	1.85	1.84	1.83	1.82	1.81	1.80	1.79	1.78	1.77	1.76
	Women (60-90 years)	1.86	1.85	1.84	1.835	1.83	1.82	1.81	1.80	1.79	1.78	1.77	1.76	1.75	1.74	1.73
Height (m)	Men (18-59 years)	1.80	1.79	1.78	1.77	1.76	1.75	1.74	1.73	1.72	1.71	1.705	1.70	1.69	1.68	1.67
	Men (60-90 years)	1.79	1.78	1.77	1.76	1.74	1.73	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64
	Knee height (cm)	57.5	57.0	56.5	56.0	55.5	55.0	54.5	54.0	53.5	53.0	52.5	52.0	51.5	51.0	50.5
Height (m)	Women (18-59 years)	1.75	1.74	1.735	1.73	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64	1.63	1.62
	Women (60-90 years)	1.72	1.71	1.70	1.69	1.68	1.67	1.66	1.65	1.64	1.63	1.625	1.62	1.61	1.60	1.59
Height (m)	Men (18-59 years)	1.66	1.65	1.64	1.63	1.62	1.61	1.60	1.59	1.58	1.57	1.56	1.555	1.55	1.54	1.53
	Men (60-90 years)	1.63	1.62	1.61	1.60	1.59	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.49	1.48
	Knee height (cm)	50.0	49.5	49.0	48.5	48.0	47.5	47.0	46.5	46.0	45.5	45.0	44.5	44.0	43.5	43.0
Height (m)	Women (18-59 years)	1.61	1.60	1.59	1.585	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.50	1.49	1.48
	Women (60-90 years)	1.58	1.57	1.56	1.55	1.54	1.53	1.52	1.51	1.50	1.49	1.48	1.47	1.46	1.45	1.44

Demispan

- Locate and mark the mid-point of the sternal notch (the V at the base of the neck)
- Ask the resident to raise the right arm until it is horizontal with the shoulder (give assistance if necessary, ensuring the wrist is straight)
- Place a tape measure between the middle and ring finger of the subject's right hand, with zero at the base of the fingers
- Extend the tape measure along the length of the arm to the mid-point of the sternal notch
- Measure to the nearest 0.5cm
- Use Table 5 below to convert demispan (cm) to height (m)

Table 5: Estimating Height using Demispan

Height (m)	Men (16-54 years)	1.97	1.95	1.94	1.93	1.92	1.90	1.89	1.88	1.86	1.85	1.84	1.82	1.81	1.80	1.78	1.77	1.76
	Men ≥55 years)	1.90	1.89	1.87	1.86	1.85	1.84	1.83	1.81	1.80	1.79	1.78	1.77	1.75	1.74	1.73	1.72	1.71
	Demispan (cm)	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83
Height (m)	Women (16-54 years)	1.91	1.89	1.88	1.87	1.85	1.84	1.83	1.82	1.80	1.79	1.78	1.76	1.75	1.74	1.72	1.71	1.70
	Women (≥55 years)	1.86	1.85	1.83	1.82	1.81	1.80	1.79	1.77	1.76	1.75	1.74	1.73	1.71	1.70	1.69	1.68	1.67
Height (m)	Men (16-54 years)	1.75	1.73	1.72	1.71	1.69	1.68	1.67	1.65	1.64	1.63	1.62	1.60	1.59	1.58	1.56	1.55	1.54
	Men (≥55 years)	1.69	1.68	1.67	1.66	1.65	1.64	1.62	1.61	1.60	1.59	1.57	1.56	1.55	1.54	1.53	1.51	1.50
	Demispan (cm)	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66
Height (m)	Women (16-54 years)	1.69	1.67	1.66	1.65	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.54	1.53	1.52	1.50	1.49	1.48
	Women (≥55 years)	1.65	1.64	1.63	1.62	1.61	1.59	1.58	1.57	1.56	1.55	1.54	1.52	1.51	1.50	1.49	1.47	1.46

Notes:

- Demispan should not be used in residents with severe or obvious curvature of the spine (kyphosis or scoliosis)
- For bed bound residents, those with severe developmental disability or those with kyphosis or scoliosis, it is preferable to use ulna length to estimate height

ix. Body Mass Index (BMI) Chart

BMI Chart (Kgs/m²) for use with the Weight Management Treatment Algorithm

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

icgp

A Quick Reference Guide For Primary Care Staff

(See www.icgp.ie/weightmanagement or www.hse.ie for additional online resources)

Underweight (<18.5 kgs/m²)	Healthy weight (18.5 -24.9 kgs/m²)	Overweight (25 - 29.9 kgs/m²)	Obese Class I (30 - 34.9 kgs/m²)	Obese Class II (35 - 39.9 kgs/m²)	Obese Class III (> 40 kgs/m²)

Stone	lbs	4' 10"	4' 11"	5' 0"	5' 1"	5' 2"	5' 3"	5' 4"	5' 5"	5' 6"	5' 7"	5' 8"	5' 9"	5' 10"	5' 11"	6' 0"	6' 1"	6' 2"	6' 3"	kgs
7st 2lbs	100	20.9	20.2	19.6	18.9	18.3	17.8	17.2	16.7	16.2	15.7	15.2	14.8	14.4	14.0	13.6	13.2	12.9	12.5	45.5 kgs
7st 7lbs	105	22.0	21.3	20.5	19.9	19.2	18.6	18.1	17.5	17.0	16.5	16.0	15.5	15.1	14.7	14.3	13.9	13.5	13.2	47.7 kgs
7st 12lbs	110	23.0	22.3	21.5	20.8	20.2	19.5	18.9	18.3	17.8	17.3	16.8	16.3	15.8	15.4	14.9	14.5	14.2	13.8	50 kgs
8st 3lbs	115	24.1	23.3	22.5	21.8	21.1	20.4	19.8	19.2	18.6	18.0	17.5	17.0	16.5	16.1	15.6	15.2	14.8	14.4	52.3 kgs
8st 8lbs	120	25.1	24.3	23.5	22.7	22.0	21.3	20.6	20.0	19.4	18.8	18.3	17.8	17.3	16.8	16.3	15.9	15.4	15.0	54.5 kgs
8st 13lbs	125	26.2	25.3	24.5	23.7	22.9	22.2	21.5	20.8	20.2	19.6	19.0	18.4	18.0	17.5	17.0	16.5	16.1	15.7	56.8 kgs
9st 4lbs	130	27.2	26.3	25.4	24.6	23.8	23.1	22.4	21.7	21.0	20.4	19.8	19.2	18.7	18.2	17.7	17.2	16.7	16.3	59.1 kgs
9st 9lbs	135	28.3	27.3	26.4	25.6	24.7	24.0	23.2	22.5	21.8	21.2	20.6	20.0	19.4	18.9	18.3	17.8	17.4	16.9	61.4 kgs
10st 0lbs	140	29.3	28.3	27.4	26.5	25.7	24.9	24.1	23.3	22.6	22.0	21.3	20.7	20.1	19.6	19.0	18.5	18.0	17.5	63.6 kgs
10st 5lbs	145	30.4	29.3	28.4	27.5	26.6	25.7	24.9	24.2	23.5	22.8	22.1	21.5	20.8	20.3	19.7	19.2	18.7	18.2	65.9 kgs
10st 10lbs	150	31.4	30.4	29.4	28.4	27.5	26.6	25.8	25.0	24.3	23.5	22.9	22.2	21.6	21.0	20.4	19.8	19.3	18.8	68.2 kgs
11st 1lbs	155	32.5	31.4	30.3	29.3	28.4	27.5	26.7	25.8	25.1	24.3	23.6	22.9	22.3	21.7	21.1	20.5	19.9	19.4	70.5 kgs
11st 6lbs	160	33.5	32.4	31.3	30.3	29.3	28.4	27.5	26.7	25.9	25.1	24.4	23.7	23.0	22.4	21.7	21.2	20.6	20.0	72.7 kgs
11st 11lbs	165	34.6	33.4	32.3	31.2	30.2	29.3	28.4	27.5	26.7	25.9	25.1	24.4	23.7	23.1	22.4	21.8	21.2	20.7	75 kgs
12st 2lbs	170	35.6	34.4	33.3	32.2	31.2	30.2	29.2	28.3	27.5	26.7	25.9	25.2	24.4	23.8	23.1	22.5	21.9	21.3	77.3 kgs
12st 7lbs	175	36.7	35.4	34.2	33.1	32.1	31.1	30.1	29.2	28.3	27.5	26.7	25.9	25.2	24.5	23.8	23.1	22.5	21.9	79.5 kgs
12st 12lbs	180	37.7	36.4	35.2	34.1	33.0	32.0	31.0	30.0	29.1	28.3	27.4	26.6	25.9	25.2	24.5	23.8	23.2	22.5	81.8 kgs
13st 3lbs	185	38.7	37.4	36.2	35.0	33.9	32.8	31.8	30.8	29.9	29.0	28.2	27.4	26.6	25.9	25.1	24.5	23.8	23.2	84.1 kgs
13st 8lbs	190	39.8	38.5	37.2	36.0	34.8	33.7	32.7	31.7	30.7	29.8	28.9	28.1	27.3	26.6	25.8	25.1	24.4	23.8	86.4 kgs
13st 13lbs	195	40.8	39.5	38.2	36.9	35.7	34.6	33.5	32.5	31.5	30.6	29.7	28.9	28.0	27.3	26.5	25.8	25.1	24.4	88.6 kgs
14st 4lbs	200	41.9	40.5	39.1	37.9	36.7	35.5	34.4	33.4	32.3	31.4	30.5	29.6	28.8	28.0	27.2	26.4	25.7	25.1	90.9 kgs
14st 9lbs	205	42.9	41.5	40.1	38.8	37.6	36.4	35.3	34.2	33.2	32.2	31.2	30.3	29.5	28.7	27.9	27.1	26.4	25.7	93.2 kgs
15st 0lbs	210	44.0	42.5	41.1	39.8	38.5	37.3	36.1	35.0	34.0	33.0	32.0	31.1	30.2	29.4	28.5	27.8	27.0	26.3	95.5 kgs
15st 5lbs	215	45.0	43.5	42.1	40.7	39.4	38.2	37.0	35.9	34.8	33.7	32.8	31.8	30.9	30.0	29.2	28.4	27.7	26.9	97.7 kgs
15st 10lbs	220	46.1	44.5	43.1	41.7	40.3	39.1	37.8	36.7	35.6	34.5	33.5	32.6	31.6	30.7	29.9	29.1	28.3	27.6	100 kgs
16st 1lbs	225	47.1	45.5	44.0	42.6	41.2	39.9	38.7	37.5	36.4	35.3	34.3	33.3	32.4	31.4	30.6	29.7	28.9	28.2	102.3 kgs
16st 6lbs	230	48.2	46.6	45.0	43.5	42.2	40.8	39.6	38.4	37.2	36.1	35.0	34.0	33.1	32.1	31.3	30.4	29.6	28.8	104.5 kgs
16st 11lbs	235	49.2	47.6	46.0	44.5	43.1	41.7	40.4	39.2	38.0	36.9	35.8	34.8	33.8	32.8	31.9	31.1	30.2	29.4	106.8 kgs
17st 2lbs	240	50.3	48.6	47.0	45.4	44.0	42.6	41.3	40.0	38.8	37.7	36.6	35.5	34.5	33.5	32.6	31.7	30.9	30.1	109.1 kgs
17st 7lbs	245	51.3	49.6	47.9	46.4	44.9	43.5	42.1	40.9	39.6	38.5	37.3	36.3	35.2	34.2	33.3	32.4	31.5	30.7	111.4 kgs
17st 12lbs	250	52.4	50.6	48.9	47.3	45.8	44.4	43.0	41.7	40.4	39.2	38.1	37.0	35.9	34.9	34.0	33.1	32.2	31.3	113.6 kgs
18st 3lbs	255	53.4	51.6	49.9	48.3	46.7	45.3	43.9	42.5	41.2	40.0	38.9	37.7	36.7	35.6	34.7	33.7	32.8	31.9	115.9 kgs
18st 8lbs	260	54.5	52.6	50.9	49.2	47.7	46.2	44.7	43.4	42.1	40.8	39.6	38.5	37.4	36.3	35.3	34.4	33.5	32.6	118.2 kgs
18st 13lbs	265	55.5	53.6	51.9	50.2	48.6	47.0	45.6	44.2	42.9	41.6	40.4	39.2	38.1	37.0	36.0	35.0	34.1	33.2	120.5 kgs
19st 4lbs	270	56.5	54.6	52.8	51.1	49.5	47.9	46.4	45.0	43.7	42.4	41.1	40.0	38.8	37.7	36.7	35.7	34.7	33.8	122.7 kgs
19st 9lbs	275	57.6	55.7	53.8	52.1	50.4	48.8	47.3	45.9	44.5	43.2	41.9	40.7	39.5	38.4	37.4	36.4	35.4	34.4	125 kgs
20st 0lbs	280	58.6	56.7	54.8	53.0	51.3	49.7	48.2	46.7	45.3	43.9	42.7	41.4	40.3	39.1	38.1	37.0	36.0	35.1	127.3 kgs
20st 5lbs	285	59.7	57.7	55.8	54.0	52.2	50.6	49.0	47.5	46.1	44.7	43.4	42.2	41.0	39.8	38.7	37.7	36.7	35.7	129.5 kgs
20st 10lbs	290	60.7	58.7	56.8	54.9	53.2	51.5	49.9	48.4	46.9	45.5	44.2	42.9	41.7	40.5	39.4	38.3	37.3	36.3	131.8 kgs
21st 1lbs	295	61.8	59.7	57.7	55.9	54.1	52.4	50.7	49.2	47.7	46.3	44.9	43.7	42.4	41.2	40.1	39.0	38.0	36.9	134.1 kgs
21st 6lbs	300	62.8	60.7	58.7	56.8	55.0	53.3	51.6	50.0	48.5	47.1	45.7	44.4	43.1	41.9	40.8	39.7	38.6	37.6	136.4 kgs
21st 11lbs	305	63.9	61.7	59.7	57.7	55.9	54.1	52.5	50.9	49.3	47.9	46.5	45.1	43.9	42.6	41.5	40.3	39.2	38.2	138.6 kgs
22st 2lbs	310	64.9	62.7	60.7	58.7	56.8	55.0	53.3	51.7	50.1	48.7	47.2	45.9	44.6	43.3	42.1	41.0	39.9	38.8	140.9 kgs
22st 7lbs	315	66.0	63.8	61.6	59.6	57.7	55.9	54.2	52.5	50.9	49.4	48.0	46.6	45.3	44.0	42.8	41.6	40.5	39.5	143.2 kgs
22st 12lbs	320	67.0	64.8	62.6	60.6	58.7	56.8	55.0	53.4	51.8	50.2	48.8	47.4	46.0	44.7	43.5	42.3	41.2	40.1	145.5 kgs
23st 3lbs	325	68.1	65.8	63.6	61.5	59.6	57.7	55.9	54.2	52.6	51.0	49.5	48.1	46.7	45.4	44.2	43.0	41.8	40.7	147.7 kgs
23st 8lbs	330	69.1	66.8	64.6	62.5	60.5	58.6	56.8	55.0	53.4	51.8	50.3	48.8	47.4	46.1	44.8	43.6	42.5	41.3	150 kgs
23st 13lbs	335	70.2	67.8	65.6	63.4	61.4	59.5	57.6	55.9	54.2	52.6	51.0	49.6	48.2	46.8	45.5	44.3	43.1	42.0	152.3 kgs
24st 4lbs	340	71.2	68.8	66.5	64.4	62.3	60.4	58.5	56.7	55.0	53.4	51.8	50.3	48.9	47.5	46.2	45.0	43.7	42.6	154.5 kgs
24st 9lbs	345	72.3	69.8	67.5	65.3	63.2	61.2	59.3	57.5	55.8	54.1	52.6	51.1	49.6	48.2	46.9	45.6	44.4	43.2	156.8 kgs
25st 0lbs	350	73.3	70.8	68.5	66.3	64.1	62.1	60.2	58.4	56.6	54.9	53.3	51.8	50.3	48.9	47.6	46.3	45.0	43.8	159.1 kgs
25st 5lbs	355	74.4	71.9	69.5	67.2	65.1	63.0	61.1	59.2	57.4	55.7	54.1	52.5	51.0	49.6	48.2	46.9	45.7	44.5	161.4 kgs
		147.3 cms	149.9 cms	152.4 cms	154.9 cms	157.5 cms	160 cms	162.6 cms	165.1 cms	167.6 cms	170.2 cms	172.7 cms	175.3 cms	177.8 cms	180.3 cms	182.9 cms	185.4 cms	188 cms	190.5 cms	

x. Calculate Body Mass Index (BMI)

Body Mass Index (BMI) = $\frac{\text{body weight in kg}}{(\text{height in metres})^2}$

Table 6: BMI Ranges

BMI (kg/m²)	Interpretation
<18.5	Underweight
18.5-24.9	Healthy weight
25-29.9	Overweight (pre-obese)
30-34.9	Moderately (obese class I)
35-39.9	Severely obese (obese class II)
≥40	Morbidly obese (obese class III)

(WHO, 2002)

N.B. BMI may not be appropriate for those that are small in stature

xi. Estimating BMI Category

If neither height nor weight can be measured or obtained, a likely BMI range can be estimated using the mid upper arm circumference (MUAC).

Measuring MUAC (*see Fig. 1*)

1. The resident should be standing or sitting.
2. Use left arm if possible and ask resident to remove clothing so arm is bare.
3. Locate the top of the shoulder (acromion) and the point of the elbow (olecranon process).
4. Measure the distance between the 2 points, identify the mid point and mark on the arm.

See Fig. 2

5. Ask the resident to let arm hang loose and with tape measure, measure circumference of arm at the mid point.
6. Do not pull the tape measure tight – it should just fit comfortably round the arm.

Fig. 1

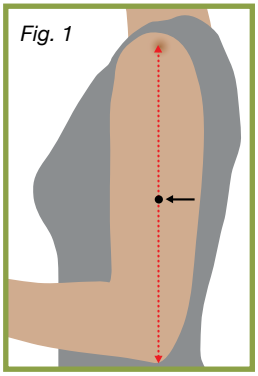
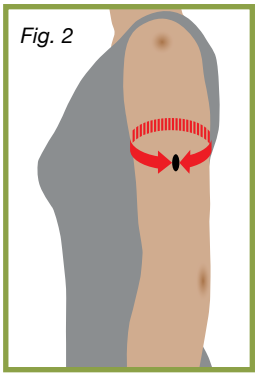


Fig. 2



If MUAC is less than 23.5cm, BMI is likely to be less than 20kg/m²
i.e. resident is likely to be underweight

If MUAC is more than 32.0cm, BMI is likely to be more than 30kg/m²
i.e. resident is likely to be obese

Weight Change over Time

- MUAC can also be used to estimate weight change over a period of time and can be useful for residents in long term care.
- MUAC needs to be measured repeatedly over a period of time, preferably taking 2 measurements on each occasion and using the average of the 2 figures.

If MUAC changes by at least 10% then it is likely that weight and BMI have changed by approximately 10% or more.

Note: Without further evidence it is not possible to assign absolute values to measurements of MUAC or percentage changes.

xii. Calculating Ideal Body Weight (IBW) (for dietitian use only)

The most common method to calculate IBW is the Hamwii method (Breen & Ireton-Jones).

Women IBW (kg) = 45.45 kg + 2.27 kg for each 2.54 cm (1 inch) over 1.52 cm (5 foot)

Men IBW (kg) = 50 kg + 2.73 kg for each 2.54 cm (inch) over 1.52 cm (5 foot).

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 ☐

2.7 Community Education Programmes

A Community Based Nutrition and Cooking Programme

The aims of the Healthy Food Made Easy course are:

- To Encourage healthy eating
- To improve our knowledge of nutrition when preparing our meals at home
- To eat healthy meals on a budget

This is a 6 week course: 2 - 2½ hour sessions per week.
The course outline is as follows:

1 Building a food pyramid
2 The fibre providers
3 Focus on fats
4 Food for life
5 Shop smart!
6 The road ahead

There will be an opportunity for all participants to prepare, cook and eat healthy food in Sessions 2-6.

For areas providing this cookery programme contact your local community dietitian manager, contact details available on *www.hse.ie/nutritionsupports* at *https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/healthcare-professionals/community-dietetics-referrals-updated-july-2019.pdf*

Able 2 Cook 4 Health

Session 1: A Healthy Balanced diet
Session 2: Lower Fats, but still tasty
Session 3: Making healthier choices
Session 4: Fruit and vegetables
Session 5: Quick Tasty Healthy snacks
Session 6: Finishing up

The Food and Health project

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Developed by Cara Cunningham, Senior Community Dietitian, Community Nutrition and Dietetic Service, HSE Midlands.

Please contact this department if you are interested in running this programme.

SECTION 3.0

Communication Toolkit

SECTION 3.0

Communication Toolkit

This section is reproduced with thanks to the IASLT affiliated Adult ID Special Interest Group.

3.1 Communication and How It Impacts On Nutrition, Hydration and Mealtimes

Communication is the exchange of thoughts, messages and information between speaker and listener (2 people or more). It's a two way process. Communication enables us to:

- Get a message across and share information
- Make choices and have control
- Express our needs, likes and dislikes
- Express our identity
- Have friendships, relationships and connections

In general, three key aspects of communication should be considered when planning supportive communication in relation to nutrition, hydration and mealtimes. These are:

(i) Understanding the individual's own communication profile (Table 7).

(ii) Establishing a supportive communication environment (Table 8)

(iii) Identifying supportive communication partners (Table 8)

Table 7: Understanding the Individual's Own Communication Profile

Area of Communication	Examples	Impact on nutrition, hydration and mealtimes
Receptive Communication (i.e. how people understand information)	**Understanding Symbols:** information can be presented in different symbolic forms: ▸ Objects, photographs, pictures, words are all different kinds of symbols. ▸ People with disabilities will have differing levels of understanding. Some might respond better to objects; others to photos etc. ▸ It is important to know how the person best understands information when you are offering choices or having conversations with them about their food preferences.	Ability to make choices dependent on how choices are symbolically represented (show real food/photo/drawing/menu).
	Language Processing (i.e. understanding verbal information): ▸ Processing 'wh' questions – who, what, where, when, what happened, why ▸ Understanding choices and often choosing the last option provided; Concepts (e.g. hot/cold; on/under; more/less; before/after; first/then) ▸ Vocabulary - Many different words are used describe the same thing e.g. squash, pop, high-juice, cordial, miwadi, dilute ▸ Longer Sentences (e.g. causal relationships - if you decide to drink your tea without thickener, then you may get sick) ▸ Understanding negatives e.g. 'there's no bread', 'there isn't any bread' - can be easily missed for a person with comprehension difficulties and the sentence may be understood to have the opposite meaning and as a consequence lead others to think the person is being difficult.	▸ Ability to anticipate when meals will be happening ▸ Ability to understand how they can contribute/ exercise choice around their mealtimes ▸ Ability to understand instructions before, during and after mealtimes ▸ Understanding and adhering to Feeding, Eating, Drinking and Swallowing (FEDS) recommendations.

Area of Communication	Examples	Impact on nutrition, hydration and mealtimes
Expressive Communication (i.e. how someone gets their message across)	**Use of various modes of expressive communication to express needs, wants, preferences around mealtimes:** ▸ Non verbal communication (body language, eye contact, facial expression) ▸ Vocalisations ▸ Objects of Reference ▸ Signs (Lámh) ▸ Picture-based communication (visuals, visual timetable, PECS) ▸ Words – clear or unclear ▸ Sentences.	If the person's expressive communication is not understood by communication partners, this may lead to: ▸ Interaction being reduced during mealtimes ▸ Person experiencing limited or no control in relation to their nutrition and hydration preferences ▸ Person making less communication attempts ▸ Reduced independence and autonomy ▸ Frustration and behaviours that challenge due to unsuccessful communication attempts (e.g. if requesting more or requesting something different to eat/drink) ▸ Impact on intake (e.g. if the person indicates a different food preference but this is not understood or responded to).
Social Communication	**A person with reduced social communication skills may have difficulty:** ▸ Initiating and maintaining conversations ▸ Asking and responding to questions ▸ Communicating in 1:1 or in group situations ▸ Communicating with new or less familiar communication partners ▸ Responding to verbal and non-verbal cues.	▸ Ability to socially engage with others at mealtime activities ▸ Ability to build relationships with their peers during mealtimes ▸ Ability to appropriately make requests, object, refuse or end mealtimes ▸ Possible negative impact experienced by other residents in the house and their experiences of mealtimes as a group.

Area of Communication	Examples	Impact on nutrition, hydration and mealtimes
Executive Functioning	**Memory** Cognitive ability impacts on how a person remembers to complete tasks.	May need verbal or visual supports to remember how to complete tasks (e.g. setting the table, eating, tidying up).
	Attention Ability to regulate own attention and/or divide attention between tasks before, during and after mealtimes.	▸ May need support during a range of activities to stay on task and complete same (e.g. shopping, cooking, meals). ▸ May be easily distracted by other people or activities while eating their food.
	Organising and planning Ability to sequence and complete tasks.	May need guidance to successfully complete mealtime related tasks (e.g. compiling a shopping list, following a recipe etc.)
	Regulating emotions Managing own feelings, understanding own feelings and how to appropriately express these.	May need support to cope with unexpected events (e.g. food spillages, temperature variations -too hot/too cold, busy shops).
Sensory	**Sensory Processing**	▸ Sensitivities to light/ sound / textures / smells may negatively impact on mealtime experience. ▸ A person's sensory preferences need to be considered when planning trips to the shops, restaurants and mealtimes themselves. ▸ Advice from an OT should be sought where appropriate.

Area of Communication	Examples	Impact on nutrition, hydration and mealtimes
Sensory	**Visual Impairment**	▸ A visual impairment may have a significant impact on a person's level of understanding as s/he may be missing cues that aid understanding such as gesture, facial expressions, environmental cues, routines, visual aids and peer behaviours etc. ▸ May impact on a person's ability to manage food related tasks independently – food preparation, feeding themselves etc. ▸ People with significant visual impairment may experience increased stress if an unknown food or drink is being presented. ▸ Support should be sought from available HSCPs/ carers/ support staff who know the person will in planning mealtime adaptations.
	Hearing Impairment	▸ A hearing impairment may impact on the person's ability to understand verbal information presented to them particularly within noisy environments. ▸ They may miss particular words – leading to inappropriate responses. ▸ The person may also experience barriers in engaging in group conversations during mealtimes.
Supported Decision Making	The Assisted Decision Making Act (ADM) directs us to assume that all people have the capacity to make their own decisions and this should be our starting point in supporting those with a disability to make choices around their nutrition, hydration and mealtime preferences.	People with disabilities should be supported to have their will and preferences heard and understood. This can be a complex process. The ADM Act will provide more guidance when it is fully enacted however, all support staff working with people with disabilities should be aware of its principles.

3.2 Communication Strategies to Support Nutrition, Hydration and Mealtimes

Table 8: General Communication Strategies

General Communication Strategies	
Total Communication Approach	▸ Carers should communicate using a Total Communication Approach. This means using all forms of communication that may be needed for the individual e.g. spoken word, gesture, Lámh signs, visuals, objects. ▸ This approach advocates that all modes of communication be made available to the person e.g. speech, manual signs, photographs and pictorial symbols; alongside all the usual elements of non-verbal communication. ▸ It allows the person to use multiple ways of expressing their thoughts and feelings e.g. pointing, taking someone by the hand, signing. ▸ A person may have additional sensory impairments, so when the Total Communication Approach is used the person is receiving the message through multiple senses. ▸ Total Communication increases success in both understanding and expression.

General Communication Strategies	
Establishing a supportive communication environment	**1. Space, light and layout:** ▸ Ensure there are comfortable places to communicate ▸ Ensure you can see peoples' faces when they are communicating ▸ Rearrange layout to suit different opportunities for communicating if necessary. **2. Noise levels:** ▸ What is the general level of noise like? ▸ Are the noise distractions from inside or outside the environment? ▸ Are there ways to gain people's attention? ▸ Can the person hear or be heard? **3. Using visual support:** ▸ Are signs, symbols, photos, writing used? ▸ Are they used as labels, or to support routines, or as timetables? ▸ Are the right visual supports available for the needs of the resident? **4. Clear and consistent routines:** ▸ Does the person know what to expect and when? ▸ How well are visual supports used to help people understand and follow routines? **5. The role of carers/support staff in the environment:** ▸ What skills/approaches do support staff use to listen to/ speak with/communicate with people in the environment? ▸ Are staff members aware of the communication systems / skills used by each person? **6. How opportunities are planned and created to support communication?** ▸ Be familiar with how a person's communication opportunities are created; do they use their device throughout the mealtime? Do they use a visual schedule to plan the structure of their mealtime? How are they motivated to communicate?

General Communication Strategies	
Identifying supportive communication partners	**The 4 S's:** ▸ **Say Less** – Reduce language to key words ▸ **Stress** – Add stress to the key works ▸ **Go Slow** – Slow rate of speech ▸ **Show** – Use visuals/objects related to what is being said. **Make it easier to pay attention** ▸ Gain the person's attention, reduce distractions, reduce background noise and make sure the person can see your face. **Make listening easier** ▸ Use simplified (reduced) language, chunk instructions and information. **Make it visual** ▸ Use visual supports (pictures/photographs/objects). **Make it multimodal** ▸ Use a total communication approach (gestures, visuals, Lámh, body language, facial expressions). **Give time** ▸ Some people need 10 or more seconds to process and respond to verbal information. Remember some people may consistently choose the last choice and this may be indicative of delayed language processing. Change the order of choices to double check the accurate answer is being given.

3.3 Communication Tools to Support Nutrition, Hydration and Mealtimes

i. Visual Supports

What are Visual Supports?

This refers to using pictures or other visual items to support communication for an individual who has difficulty understanding or using language. These can be objects, photographs, drawings, symbols, videos and written words. One important factor to consider, when planning visual supports, is the level of symbolic understanding i.e. developmental level of understanding visual information. Speech and Language Therapy assessment can determine an individual's level of symbolic development. Visual supports have a variety of uses:

- First-Then board: Shows something that an individual prefers that will happen after completing a task that is less preferred. It may be used to motivate an individual to engage in a less preferred activity.
- Visual schedule/timetable: Shows what is going to happen throughout the day or within a task or activity. It may be helpful in increasing understanding and decreasing anxiety surrounding transitions.
- Choice board: Allows an individual to select between two or more choices. The number of choices will depend on the individual.
- Independence/self-help boards: Shows the sequence of steps in a particular skill. It is used to aid memory and comprehension.
- Visual timers: Provides the time remaining of an activity/until a transition or how long an individual may have to wait.

Labelling environment/accessible signage: This refers to visual signage used to help orientate an individual to their surroundings e.g. pictorial signs on kitchen cupboards to show what is inside.

Example from Practice:

Conor is a 24 year old man with a diagnosis of ASD and is functioning within the moderate range of intellectual disability. Conor presents with anxiety if he does not know what is happening throughout his day. Staff working with Conor use a visual schedule to support Conor's understanding of his daily routine including mealtimes.

Example of a Visual Menu Board:

Example from Practice:

Deirdre is a 67 year old lady with a diagnosis of Down Syndrome and is functioning within the mild range of intellectual disability. Deirdre also has a diagnosis of mid stage dementia. Making tea for her house mates is a very important part of Deirdre's day, however, Deirdre has been having some difficulties understanding and remembering the steps within this task. In order to maintain her independence with this activity, staff have created a visual independence board to display the steps in making a cup of tea. The board is placed beside the kettle and allows Deirdre to follow the steps by herself.

Example of an Independence Board:

1. Put water in the kettle

2. Turn on kettle to boil the water

3. Get a cup from the press

4. Take out the teabags

5. Get the milk from the fridge

6. Put a teabag in the cup

7. Pour the boiling water in the cup

8. Pour milk into the cup

Example from Practice:

Cherry Lane is a community residential home where four woman with intellectual disabilities live. Once a week the ladies meet with staff to plan their menus for the week. They use a visual menu board to pick and choose what meals they would like. The visual menu board for a particular day is then displayed in their kitchen as a reminder to everyone what meals have been planned.

Example of a Choice Board:

ii. Easy Read Information

What is Easy Read Information?

Easy to Read documents are made up of short, simple sentences that will communicate the most important messages you need to get across.

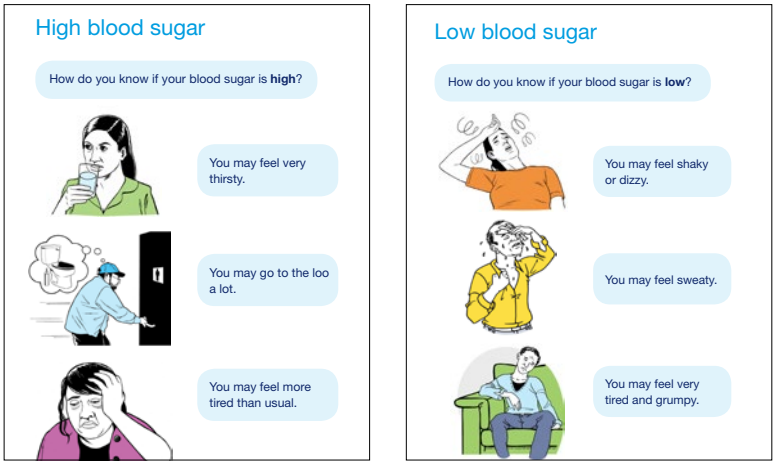
These are usually accompanied by pictures that will aid understanding. The 'document' might be a letter, a poster, a form, an instruction booklet or a version of a more complicated report. Many organisations have their own policies regarding creating easy read information. The Irish Association of Speech & Language Therapists (I.A.S.L.T) have created a guidance document for making information easy read:

https://www.iaslt.ie/documents/public-information/Alternative%20and%20Supported%20Communication/Make-it- Easy-December-2011.pdf

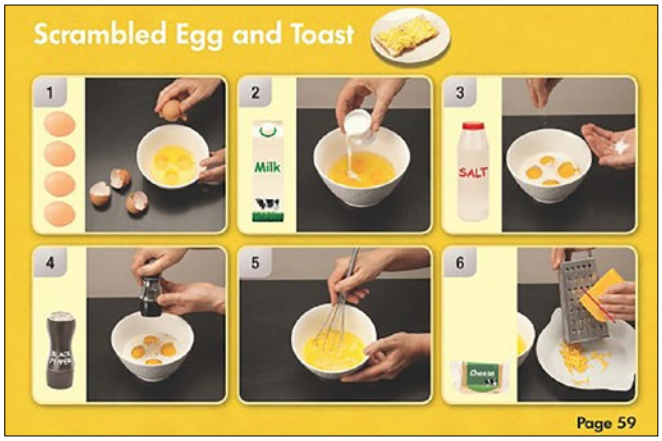
Example from Practice:

Bartek is a 32 year old man functioning within the mild range of intellectual disability. Bartek loves cooking, however, he finds it difficult to follow recipes in standard cook books. Bartek uses a 'Just Look and Cook' book that has recipes in a pictorial format to support his ability to follow a recipe. Staff supporting Bartek also create easy read recipes that Bartek wants to make that aren't in the 'Just Look and Cook' book.

Example of Easy Read Information related to Diabetes:



Example of accessible recipe (from 'Just Look and Cook'):



iii. Personal Communication Dictionary

What is a Personal Communication Dictionary?

A personal communication dictionary (also known as gesture dictionary) is a document that helps to outline the ways in which an individual communicates through recording and suggesting meanings for a person's unique gestures, body language, facial expressions and vocalisations. This is important for individuals who rely on others to interpret their communication and don't communicate through methods such as speech, writing or symbols. A communication dictionary can help to ensure that all communication partners are aware of the individual's communication behaviours and agree on how to respond. To create a communication dictionary, people who know an individual will need to observe and describe the person's behaviours, interpret what these behaviours mean and then agree on an appropriate response.

Example from Practice:

Frank is a 50 year old man functioning within the severe-profound range of intellectual disability. Frank is living in a shared residential service in the community. Frank communicates primarily through body language, movement, facial expressions, simple gestures and some vocalisations and relies on others to interpret what he is trying to communicate. There is a high turn over of staff in Frank's home and as result new and unfamiliar agency staff are frequently working with Frank. In order to ensure that all people working with Frank understand what he is communicating and how to respond, familiar communication partners and staff have created a Personal Communication Dictionary for Frank.

Frank's Personal Communication Dictionary

"This is what I do..."	*"This is what I am trying to tell you..."*	*"This is what you can say and/or do..."*
Low pitched vocalisation; rocking in chair	"I am hungry and I would like to eat now."	*Say:* "Frank I can see that you are hungry. I will get you something to eat." *Do:* Get Frank something to eat.
Stick out tongue while drinking	"I don't want anymore to drink."	*Say:* "Frank you are sticking your tongue out. I think you don't want anymore drink." *Do:* Stop giving Frank a drink. If Frank hasn't had much to drink offer more to drink in approx. 30 minutes.
Flushed face, tears, tense body language, temperature	"I feel sick."	*Say:* Offer me reassurance e.g. 'I see you are sick Frank, I'm going to try to find out what is wrong and make you more comfortable' *Do:* Try to find out why I am sick

iv. 'Touch Cues'/ 'On Body Signs'/ Canaan Barrie Sign System

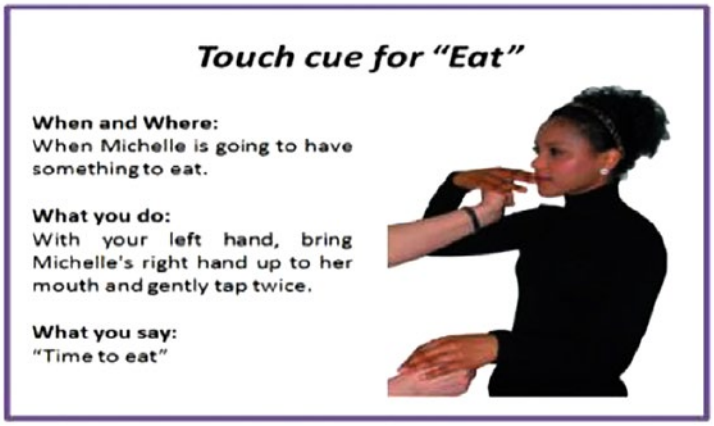
What are 'Touch Cues'/ 'On Body Signs'?

This refers to a tactile communication system that involves the communication partner pointing, drawing or making varied hand shapes and movements directly onto the face, arms, torso or legs of the person. This approach is referred to by a variety of different names i.e. 'Body Signing' 'On body Signing' 'Touch Cues/Signs' 'Tactile Cues/Signs' 'Canaan Barrie Sign System' etc. These systems are frequently used to support individuals with visual and/ or hearing impairment and/or severe-profound and multiple learning disabilities who present with complex communication difficulties. Individuals and organisations can develop their own touch cue system; however, this must be well documented to ensure consistency across communication partners and environments. Canaan Barrie is a systemised body signing system designed for people with multiple disabilities and visual impairment and currently consists of 150 adapted signs. These systems are not stand alone systems and act as a complementary systems i.e. used with other approaches as part of a Total Communication Approach.

Example from Practice:

Michelle is a 55 year old woman with a diagnosis of visual and hearing impairment and functions within the severe- profound range of intellectual disability. Michelle communicates using body language, movement, facial expressions and some vocalisations and relies on staff to interpret her communication. Michelle has difficulty hearing words and is unable to see pictures and as a result relies on tactile methods of communication such as touch cues to help her understand. In consultation with the speech and language therapist, staff working with Michelle created a system of touch cues which was well documented to ensure consistency across all communication partners. Staff working with Michelle use a touch cue for "eat" to help her understand when it is time for a meal. Over time and consistency of use, Michelle has demonstrated understanding of this touch cue as she now smiles in response to use of the cue.

Example of Created Touch Cue System:



v. Objects of Reference System

What is an Objects of Reference (OOR) System?

An Object of Reference (OOR) is a tangible, multidimensional, multisensory "symbol" used to represent a person, object, location or event (POLE). OORs are sets of objects that are used systematically as a means of communication. Other names for OORs include – object cues, object symbols, tactile symbols, tangible cues, tangible symbols. OORs are frequently used to support individuals with visual and/or hearing impairment and/or severe-profound and multiple learning disabilities who present with complex communication difficulties. Consistency in use of the OOR system overtime across environments and communication partners is crucial for success.

Example from Practice:

Kevin is a 40 year old man functioning within the severe range of intellectual disability and has an additional diagnosis of Cortical Visual Impairment (CVI). Kevin communicates through movement, body language, facial expressions, simple gestures and vocalisations. Kevin presents with difficulties with vision and as a result has difficulties understanding photographs and symbols. In collaboration with the speech and language therapist, staff working with Kevin created an OOR system to support Kevin's comprehension and choice making. All the OORs that Kevin uses and what they mean are documented so that the OORs can be consistently used across all environments. Kevin brings his OORs in a dedicated OOR bag everywhere that he goes. Staff present Kevin with the same red cup as an OOR for "drink" every time that he is going to have a drink. Kevin holds the OOR and staff encourage him to engage with the sensory aspects of it through touch. Over time and consistency of use, Kevin now shows anticipation of having a drink when he is presented with the OOR. Kevin is now working on using OORs to make choices with staff presenting Kevin with a choice to two familiar OORs.

Examples of OORs choice board:

vi. Communication Books and Communication Boards

What is a Communication Book?

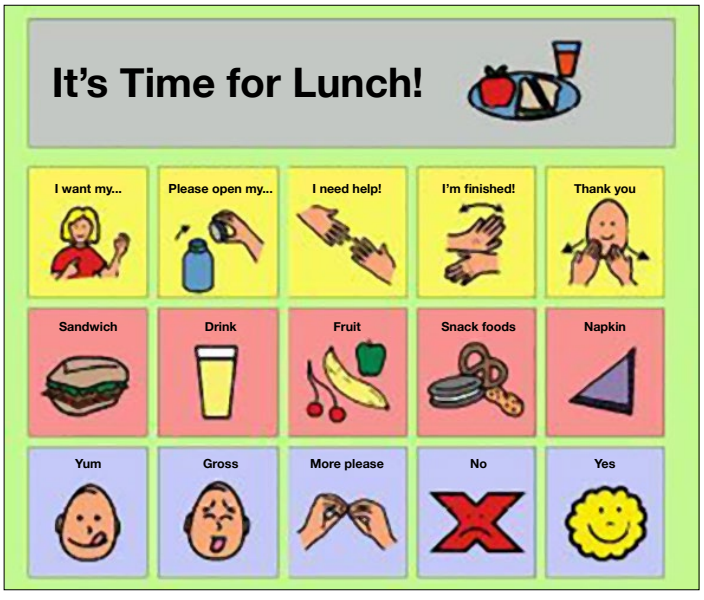
It is a low-tech visual augmentative and/or alterative communication (AAC) system that represents words and/or phrases. It often contains pictures and/or symbols accompanied by a word or label and are usually organised by topic. It allows an individual to communicate messages and/or sentences by pointing to, gesturing to or looking at the pictures or symbols in the communication book. Some individuals also may use speech in combination to pointing at symbols. The way that it is created will depend on the individual's needs and abilities e.g. how many symbols on each page, and is determined through speech and language therapy input. It is important for communication partners to model how it can be used through providing aided language stimulation i.e. the communication partner points out symbols in the book as s/he interacts and communicates verbally with the individual.

A **communication board** is a low-tech visual augmentative communication strategy that represents words and/or phrases with pictures and/or symbols on one board and is usually organised around a particular topic e.g. dinner, ordering in a restaurant etc.

Example from Practice:

Ananya is a 28 year old woman functioning within the mild range of intellectual disability. Ananya communicates using language at sentence level; however, she presents with significantly decreased speech intelligibility i.e. unfamiliar listeners have difficulties understanding what she is saying. Ananya uses her communication book to augment her speech when she is talking to people. Ananya brings her communication book with her everywhere she goes. One way in which she uses her communication book is to order food when she goes out to eat. Ananaya's communication book is very important socially, particularly when chatting to friends in cafes.

Example of Communication Board for Lunch:



vii. Augmentative & Alternative Communication (AAC) Devices

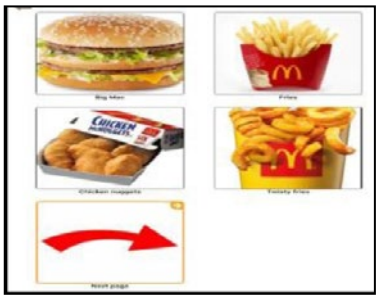
What are AAC Devices?

AAC devices are medium-tech and high- tech devices that produce synthesised speech and/or can record words and phrases. AAC devices range from simple voice output devices such as a Big Mack, to communication apps on the iPad, to very sophisticate high-tech devices such as eye gaze systems. The type of AAC device that is suitable for an individual and the way that a device is set up depends on the individual's needs and abilities and is determined through speech and language therapy input. AAC devices can be accessed in different ways depending on the skills of the individual e.g. directly activating a device by pressing buttons, switches, eye gaze etc. It is important for communication partners to model how a device can be used through providing aided language stimulation.

Example from Practice:

Rae is a 22 year old female functioning within the moderate range of intellectual disability. Rae primarily communicates using the SoundingBoard app on the iPad. Rae presents with difficulties with upper limb function and as a result uses a switch to access the communication buttons. Rae uses the SoundingBoard app to order food from her favourite fast food restaurant. Staff supporting Rae have added pictures of all the foods available in that restaurant so that Rae can make a choice and order her food independently.

Example of switch accessed iPad and a communication page from the SoundingBoard app on the iPad:



viii. Talking Mats

What are Talking Mats?

Talking Mats is a visual framework used to help people to communicate more effectively through aiding people to understand decisions and express opinions. Talking Mats is a tool that aids both comprehension and expression. It is an interactive tool that uses three sets of pictures (topics, options and a visual scale) and a space to display them (see picture below). Once the topic is chosen, the participant is given the options related to this one at a time and asked to think about what they feel about each one. They can then place the symbol under the appropriate visual scale symbol to indicate what they feel. Talking Mats is not a stand-alone resource for replacing existing methods of communication but a tool to augment communication for specific situations. Talking Mats is suitable for individuals with symbolic understanding and works best for individuals that can understand at least 2 key pieces of information.

Example from Practice:

Neil is a 25 year old man with a diagnosis of Down Syndrome and is functioning within the mild range of intellectual disability. Neil communicates verbally. Neil presents with difficulties with language processing, attention and memory. Neil is working with the dietician regarding losing weight. With the support of a Speech and Language Therapist, the dietician decided to use a Talking Mat with Neil to explore his understanding of losing weight and planning things that can help. The dietician identified the topic of 'losing weight' and options related to this e.g. walking, chocolate, salad, fizzy drinks etc. She decided to use a top scale of 'helping to lose weight', 'unsure' and 'not helping to lose weight'. During their meeting, the dietician presented each option to Neil one at a time and asked him what he thought about each option. The dietician used language appropriate to Neil's level of understanding and used open questions (e.g. "what do you think of…?") to encourage Neil's ownership of the Talking Mat. Neil placed the options under the top scale to indicate what he thought about each option.

Although Neil communicates verbally, the visual framework of the Talking Mat ensured Neil had time to process what was being discussed, reduced memory demands and allowed Neil and the dietician to easily review what they had discussed and agreed.

ix. Social Stories

What are Social Stories?

Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and what is expected of the person in that situation. Social stories are a tool used to support understanding and often have pictures to further support each piece of information/sentence to further enhance the person's understanding. It is important to consider a person's individual communication strengths and needs when determining if a social story is the appropriate strategy for the person you are working with.

Example from Practice:

Aisling is a 30 year old woman with a diagnosis of autism spectrum disorder and functioning within the moderate range of intellectual disability. Aisling communicates primarily using words and short phrases. Aisling likes to go out to eat; however, she can become very anxious in situations if she doesn't know what is going to happen. As a result of this, she has recently begun refusing to go out to restaurants and cafés. One strategy that staff working with Aisling have tried is creating and using a social story about going out to a restaurant. Staff read through the social story with her just before going out to the restaurant. This social story supports Aisling to understand and anticipate what will happen (e.g. "I will have to wait for a table") and what is expected of her in this situation (e.g. "I will tell the waiter what I want to eat").

Example of social story for going out to a restaurant:

I am going to a Restaurant	
I am going to a Restaurant.	
I will go to the restaurant in a car.	
I might have to wait for a table.	
There may be lots of people and lots of noise.	
I will sit down at the table when it is ready.	
I will look at the menu.	

I will choose something to eat and drink.	
I will tell the waiter/waitress what I want to eat and drink.	
I must stay sitting in my seat when I am in the restaurant.	
When my food comes I will eat it.	
I will pay for my food and drink when I am leaving.	
Going to a restaurant can be fun!	

x. Video Modelling

What is Video Modelling?

Video modelling is a resource that uses video recording to help teach by providing a visual model of the targeted behaviour, or skill. An example of video modelling is 'basic video modelling'. Basic video modelling involves recording someone (not the individual) engaging in the target behaviour, or skill. The video is then watched by the individual at a later time. Another example is 'video self-modelling'. This is used to record the individual displaying the target skill, or behaviour, and this then reviewed later by the individual. The aim is that the individual will watch these videos and then imitate the skill/behaviour themselves.

Example from Practice:

Michelle is a 35 year old woman with a diagnosis of moderate intellectual disability and ASD. Michelle communicates primarily using words and short phrases. Michelle recently moved into a residential service after living at home with her elderly mother. Michelle was finding it difficult to adjust to the new routines during mealtimes. Following a discussion between Michelle and her key worker, Michelle decided that she would like to help with the breakfast mealtime preparation. To help her remember the routine, and prepare for it, Michelle's key worker supported her to set the table for breakfast, while it was being video recorded on her tablet. That evening, Michelle's key worker sat down with her to plan for the following day. They looked back over the video and discussed the routine. The next day Michelle watched the video to support her in completing the task.

xi. All About Me/Communication Passport

What is an 'All About Me'?

A person's 'All About Me' is a record of the person's life as it is now, completed in order to have a starting point for planning and imagining change. It includes information about the person's skills, their past, their interests, what is important to them, what their typical week looks like etc. This information is used to help you, and the person, to think about what their future looks like and what goals they may have.

What is a Communication Passport?

Communication Passports describes, in detail, how a person communicates and how others should communicate with them. They are practical and person centred documents. Information is clear and easy to understand and presented in an accessible way, if meaningful to the person. They are helpful when new staff meet the person, to know how best to help an individual with a disability communicate. Communication Passports aim to support people with complex communication difficulties who cannot easily speak for themselves. Many people with complex communication needs use informal ways of communicating such as touch, movements, sounds, smells, objects and experiences. It is important that this informal communication is recognised, valued and respected. A communication passport is a way of recognising and recording these forms of communication and passing on valuable information to other people.

Example from Practice:

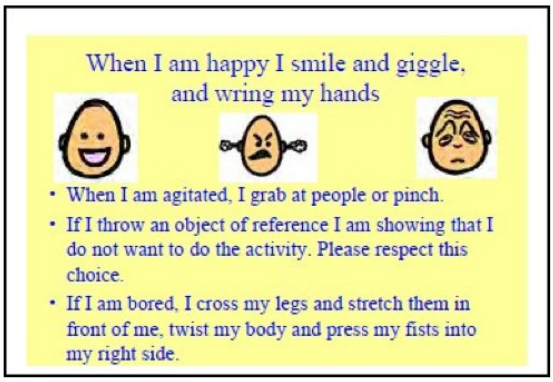
Paul is a 26 year old man with a diagnosis of moderate intellectual disability. Paul communicates primarily using some words, Lámh and visuals. Paul really enjoys cooking dinner for himself on a Saturday, with the support of staff.

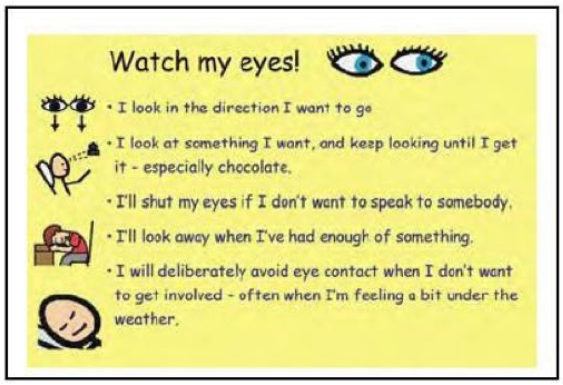
Recently in Paul's residential unit there have been some changes to the staff team. This has meant that Paul is being supported by new staff members on the days he likes to cook. Paul has been getting upset as some new staff did not understand what Paul was saying and they ended up making food that Paul does not like. This resulted in Paul's key worker creating a Communication Passport for Paul and updating his All About Me to include his food preferences.

Now, when a new staff member starts in the unit, and are working with Paul on a Saturday, they are firstly directed to Paul's Communication Passport to learn about how they can communicate with Paul and how he may communicate with them. They are also directed to review Paul's All About Me where they can find out Paul's food preferences.

All about me:

Communication Passport:





xii. E-Tran frame

What is e-tran frame?

An e-tran frame looks like a photo frame but it has a cut-out in the centre of the frame. It is made from a see-through material, e.g. perspex glass. Pictures or objects can be attached to the edges of the frame. The number of items on the frame will depend on the user's cognitive and choice-making ability. The frame is placed in front of the user and the communication partner sits opposite. The person uses eye pointing to refer to pictures/ objects. The communication partner watches, through the cut-out, which picture/object the person's eyes are pointing to.

Example from Practice:

Jane is a teenager who is very interested in watching what is happening; expressing her choices and telling her news. She has a severe intellectual disability and a physical disability of quadriplegia. Jane is nonverbal but communicates using vocalisations, eye pointing, facial expressions, some limited trunk movements and an E-tran frame to communicate.

Yesterday, in her day centre, the group were deciding on what they would cook in Home Economics. Everyone in the class had a vote and the choice with the highest votes would win. Jane's keyworker placed the pictures of the choices on her E-tran frame and held it up for Jane to see. Jane looked at all the choices and decided on salmon mousse. Jane's keyworker looked through the plexus glass of the E-tran board and followed Jane's eye pointing. Jane's keyworker asked Jane if she had decided on salmon mousse. Jane confirmed by smiling and making a slight trunk movement and her vote was added to the classes' choice.

Example of an E-tran frame:

xiii. Pictorial Exchange Communication System (PECS)

What is Pictorial Exchange Communication System (PECS)?

PECS is a communication system to support people to learn how to communicate intentionally by approaching another person and giving them a picture of an item in exchange for the physical item. A person can use the system to communicate a request and make a comment provided that they can be symbolised in a picture-format.

Example from Practice:

Mark is an adult with a severe intellectual disability and autism. Staff are sometimes unsure of Mark's communication attempts as Mark's communication is not always clear and directed to others. Mark loves mealtimes as staff observe that he smiles and uses excited vocal tone. Recently, Mark has begun to engage in behaviours that challenge at mealtimes. One staff observed that Mark had got frustrated as staff had forgotten to give him his drink.

Staff linked with the speech and language therapist for help with encouraging Mark to become more independent in asking for drinks/food. Together, they decided on using PECS as a tool to support Mark's understanding of intentional communication and use his interest in mealtimes as motivators. Staff received training and used the structured prompting system consistently. After a number of months, Mark is still in phase 1 but is beginning to take the picture off and hand it to a communication partner sitting next to him, without any physical cueing. This is a great start to helping Mark understand how asking leads to getting his favourite drink.

xiv. Community Request Cards

What are Community Request Cards?

Community Request Cards are for people who want to make requests for items or services in the community. They promote autonomy by allowing the person to communicate their message as independently as possible.

Example from Practice:

Jennifer is a 30 year old woman with a moderate intellectual disability and autism. Jennifer is a keen communicator and those who know her well understand her messages. Jennifer communicates using a range of her own signs, Lámh, body language and some visuals (photographs).

Jennifer enjoys going to her local restaurant for a coffee with her key worker. The staff there know Jennifer well. As a 30 year old woman, Jennifer prefers to order for herself. She uses her community request card (pictured here) to order her cappuccino at the counter and then takes a seat.

Jennifer needed supported initially to learn the routine of handing over the card and waiting for the purchase/order to be made. The restaurant staff also needed coaching to know how to give her extra time to use the card and to acknowledge and respond to Jennifer's request. Through weekly practice, the system is up and running and hopefully Jennifer will learn to use this and other community request cards in new situations.

xv. Lámh

What is Lámh?

Lámh is a sign system designed for and with people with intellectual disabilities and other communication needs in Ireland. It is a sign system that uses speech and signs key words in each phrase/sentence.

Example from Practice:

Paul is a young man with a moderate intellectual disability who lives a busy life and has a wide range of friends and family. Paul has a great sense of humour and enjoys communicating with his peers, family and staff. Paul uses Lámh as his main form of communication; staff and family use Lámh daily with Paul when communicating messages with him. He also uses some visual supports (photographs and photosymbols).

Paul likes to know the meal plan for his week. His food is very important to him. Each Sunday, Paul, his key worker and the other residents in his house put together the weekly meal planner. They use a combination of visuals and Lámh signs to discuss choices and options for each day of the week. Once decisions have been made, Paul and his key worker put together a weekly visual timetable to represent this. Each morning, Paul uses his Lámh signs (e.g. Monday, dinner, pasta) to check in on the plan with his key worker.

Paul is a competent signer. His use of Lámh sign enables him to feel in control over his weekly meal planner, to contribute to group decision making and to ask questions if he forgets any of the details.

Paul's staff need to remember to use Lámh signs with Paul and the House Manager regularly sends them on Lámh training to refresh their skills.

With special thanks to Ronán Brady, SLT, St. Michael's House, Dublin Caroline Howorth, SLT Manager, St. Michael's House, Dublin. Orla Kelleher, SLT, Cope Foundation, Cork and Niamh O'Keeffe, SLT, Daughter's of Charity Services, Navan Road, Dublin for their dedicated work on compiling this comprehensive toolkit to accompany the Nutrition & Hydration Policy for Disability Services.

SECTION 4.0

Healthy Food for Life - Guidelines and Resources

4.1 Food Shelf Fact Sheets

Healthy Food for Life

Your guide to

Vegetables, salad and fruit

The foods on this shelf are low in calories and contain fibre which aids digestion. They provide many important vitamins and minerals.

Choose 5 to 7 servings a day.

Food Shelf Facts

The foods in this shelf can help control body weight as part of a healthy lifestyle and contain nutrients that protect against heart disease and cancer.

Enjoy a variety of coloured fruit and vegetables to benefit from the different minerals and vitamins each contains.

Oranges, strawberries or kiwifruit are rich in vitamin C which aids iron absorption.

Most fruit and vegetables are fat free.

What is one Serving?

1 serving size is:	
Apple, orange, pear or banana	1
Plums, kiwis or mandarin oranges	2
Strawberries	6
Grapes	10
Raspberries	16
Cooked vegetables – fresh or frozen	½ cup
Salad – lettuce, tomato, cucumber	1 bowl
Homemade vegetable soup	1 bowl
Unsweetened fruit juice	150ml

Portion guide

Fill half your plate with vegetables, salads or fruit.

Healthy Eating Tips

Base your meals on vegetables, salad and fruit. Add salad vegetables to sandwiches.

Limit fruit juice to once a day with a meal and always choose unsweetened.

Choose fruit and raw vegetables such as chopped carrots as tasty, healthy snacks.

Add vegetables to stir-fries, stews and curries – the more vegetables the better.

For more food facts and healthy eating tips visit **www.healthyireland.ie**

Source: Department of Health. December 2016.

Healthy Food for Life

Your guide to

Wholemeal cereals and breads, potatoes, pasta and rice

The foods on this shelf are the best energy providers for your body.

Choose 3 to 5 servings a day. Up to 7 servings for teenage boys and men aged 19–50. Very active people will need more.

Food Shelf Facts

Wholegrain choices contain fibre to help your digestive system and can protect against bowel diseases.

Wholemeal breads, cereals and potatoes provide the best energy for the body to work.

The amount of energy you need depends on your physical activity levels. Adults watching their weight will need less.

The number of servings you need depends on age, size, if you are a man or a woman and on activity levels.

What is a Serving?

1 serving size is:
2 thin slices wholemeal bread, 1½ slices wholemeal soda bread or 1 pitta pocket
⅓ cup dry porridge oats or ½ cup unsweetened muesli
1 cup flaked type breakfast cereal
1 cup cooked rice, pasta, noodles or cous cous
2 medium or 4 small potatoes, 1 cup yam or plantain

Portion guide
Use a 200ml disposable plastic cup to guide portion size for breakfast cereals, cooked rice and pasta.

Healthy Eating Tips

Choose a **variety** of foods from this shelf every day.

Try using brown rice and wholewheat pasta and check your portion guide.

Be aware of portion size and calorie difference
1 small wrap = 2 slices of bread
1 pitta pocket = 2 slices of bread
1 demi baguette = 4 slices of bread
Some types may contain more calories than others.

For more food facts and healthy eating tips visit **www.healthyireland.ie**
Source: Department of Health. December 2016.

Healthy Food for Life

Your guide to

Milk, yogurt and cheese

The foods and drinks on this shelf provide calcium needed for healthy bones and teeth. They also provide good quality protein for growth and repair.

Choose 3 servings a day.
Choose 5 if aged between 9 and 18 years.

Food Shelf Facts

Calcium found in dairy foods is important for bone health and especially during the teenage growth spurt.

Vitamin D helps absorb calcium better. The Irish diet is low in vitamin D – talk to your pharmacist or doctor about taking a supplement.

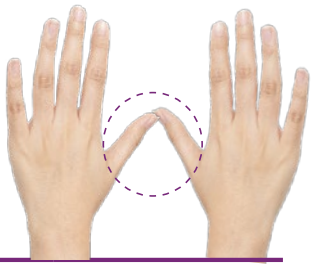
Low-fat options provide the same amount of calcium and other nutrients with fewer calories and saturated fat.

All foods from this shelf are a good source of calcium, protein, vitamin B12, riboflavin and vitamin A.

What is a Serving?

1 serving size is:
1 glass (200ml) milk
1 carton (125g) yogurt
1 bottle (200ml) yogurt drink
2 thumbs (25g) of hard or semi-hard cheese such as cheddar or edam
2 thumbs (25g) soft cheese such as brie or camembert

Portion guide for cheese
Use two thumbs, width and depth to guide portion size.



Healthy Eating Tips

Choose reduced-fat or low-fat varieties. Choose low-fat milk and yogurt more often than cheese.

Milk on cereal can be a good way to reach 5 servings a day if aged 9 to 18 years.

Some yogurts and yogurt drinks can have added sugar. Check the label.

If choosing dairy alternatives such as soya milk and yogurts, choose those with added calcium.

For more food facts and healthy eating tips visit **www.healthyireland.ie**
Source: Department of Health. December 2016.

Healthy Food for Life

Your guide to

Meat, poultry, fish, eggs, beans and nuts

The foods on this shelf provide protein for growth and repair. They are also the main source of iron for healthy blood.

Choose 2 servings a day.

Food Shelf Facts

Lean red meat is a good source of iron. Chicken, turkey and fish are good low-fat options.

Oily fish provides essential omega 3 fats.

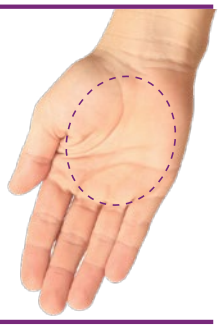
Beans and eggs are good sources of protein and are low in fat. They are a good choice for meat-free days.

Limit processed salty meats such as sausages, bacon and ham – not every day.

What is a Serving?

1 serving size is:	
Lean beef, lamb, pork, mince or poultry	50–75g cooked (half size of palm of hand)
Cooked fish, soya or tofu	100g
Beans or lentils	¾ cup
Eggs	2
Unsalted nuts or seeds	40g

Portion guide
The palm of the hand, width and depth without fingers and thumbs, shows how much meat, poultry and fish you need in a day.



Healthy Eating Tips

Lean meat is best. Remove skin from poultry and visible fat from meat for the healthier option.

Use low-fat cooking methods such as grilling, baking, steaming or boiling. Cook without fat or oil to keep calorie intake low.

Eat oily fish up to twice a week.

Homemade shepherd's pies, stews, stir-fries and curries are good choices for family meals.

For more food facts and healthy eating tips visit **www.healthyireland.ie**

Source: Department of Health. December 2016.

Healthy Food for Life

Your guide to

Your guide to fats, spreads and oils

Fats, spreads and oils provide essential fats but use in very small amounts.

Use as little as possible.

Food Shelf Facts

All types of fats and oils are very high in calories but some contain better fats than others.

Reduced-fat spreads are lower in calories as they contain less fat and more water.

Saturated fats, found in hard fats, raise blood cholesterol and can increase risk of heart disease.

Essential fats are found in vegetable oils, including rapeseed, olive, canola, sunflower and corn oils.

What is a Serving?

1 serving size is:

1 portion pack of reduced-fat or light spread for 2 slices of bread

1 teaspoon of rapeseed, olive, canola, sunflower or corn oil per person when cooking

Portion guide

Portion packs of reduced-fat spread found in cafes can guide the amount you use. One should be enough for two slices of bread.

1 for 2 slices of bread

Healthy Eating Tips

Choose mono or polyunsaturated reduced-fat or light spreads.

Choose rapeseed, olive, canola, sunflower or corn oils.

All oils contain the same amount of calories. Always cook with as little fat or oil as possible – measure it out instead of pouring into the pan.

Limit mayonnaise, coleslaw and salad dressings as they also contain oil. Choose lower fat options and use smaller amounts.

For more food facts and healthy eating tips visit **www.healthyireland.ie**

Source: Department of Health. December 2016.

Healthy Food for Life

Your guide to

Foods and drinks high in fat, sugar and salt

Most people consume snacks high in fat, sugar and salt and sugar sweetened drinks up to 6 times a day (Healthy Ireland Survey 2016). There are no recommended servings for this shelf because they are not needed for good health.

Not every day – maximum once or twice a week.

Food Shelf Facts

These foods have little nutritional value and may cause obesity which can lead to heart disease, type 2 diabetes and some cancers.

Many processed foods like cakes, biscuits and confectionery contain high levels of added sugars and can be high in calories.

Eating too much salt can lead to raised blood pressure, which triples your chances of developing heart disease and stroke.

Many processed foods like takeaways and ready meals are high in fat and can be harmful to heart health.

A Guide to 100 Calories

Each of the following contains 100 calories

4 squares of chocolate (half a bar)	2 plain biscuits or 1 chocolate biscuit
1 small or fun-sized chocolate coated bar	½ can or 200ml of sugary drink
1 bag lower-fat crisps	1 scoop of vanilla ice-cream
1 small cup cake (no icing)	½ or 1 cereal bar – check the label for calories
1 plain mini muffin	5–6 chips

Healthy Eating Tips

Limit foods and drinks high in fat, sugar and salt to sometimes – not every day. Choose smaller amounts or fun-size servings.

Limit chips and takeaway food as much as possible – most are very high in fat, salt and calories.

Choose healthy snacks such as fruit and vegetables.

Drink water instead of sugary drinks.

For more food facts and healthy eating tips visit **www.healthyireland.ie**

Source: Department of Health. December 2016.

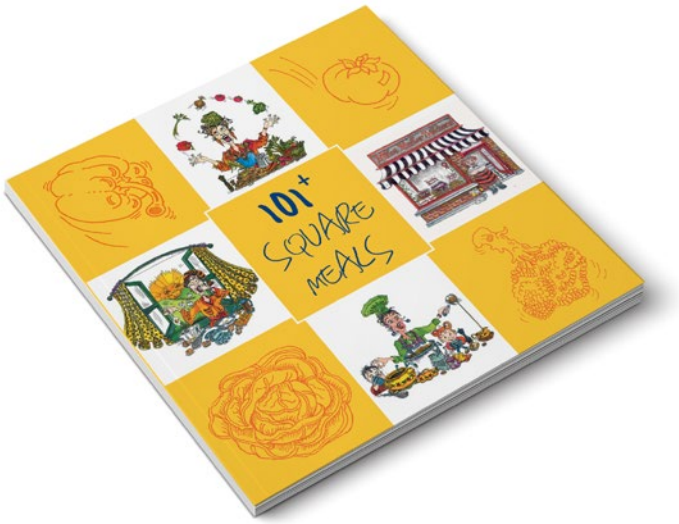
4.2 Recipes for a Healthy Balanced Diet

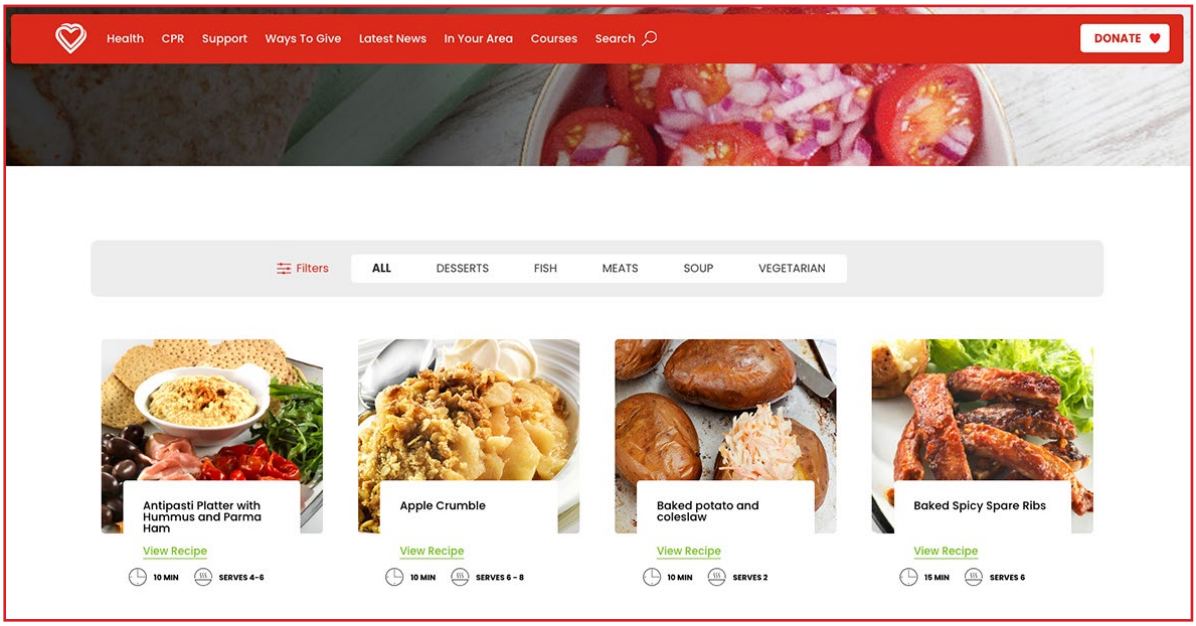
Using selected recipes and shopping for ingredients in season or on offer will help to plan for a varied and healthy diet on a budget. 101+ Square Meals is a useful, simple recipe book that provides ideas for healthier meals and in turn get best value for money. The book also contains shopping tips, food safety messages, menu planning advice, and even some treats and snacks for special occasions. The recipes are easy to follow and will be useful to improve health and wellness for all residents and staff.

This book can be ordered free of charge from the *www.healthpromotion.ie* website at

https://www.healthpromotion.ie/publication/fullListing?category=&searchHSE=101+square&x=4&y=8

A downloadable soft copy is also available from the Health Promotion website.





Healthy easy to prepare recipes are also available on-line on the Irish Heart Foundation website at *https://irishheart.ie/recipes/*

4.3 Shopping Guide for Healthy Eating

Item	Recommended ✔	Poor Choice ✖
Cereal	▸ Porridge ▸ High fibre cereal e.g. Shredded wheat, Bran flakes ▸ No added sugar muesli ▸ Sugar free granola	▸ Chocolate coated cereals ▸ Sugar coated cereals
Bread	▸ Brown Bread	▸ White Sliced pan
Potatoes	▸ Whole Potatoes to boil, steam or bake	▸ Chips
Rice	▸ Brown Rice	▸ White Rice ▸ Fried Rice
Pasta	▸ Wholegrain pasta	▸ White boiled pasta
Vegetables	▸ All Fresh or frozen vegetables ▸ Salad ▸ Fresh vegetable soup	▸ Salad with creamy dressings ▸ Potato salad ▸ Packet vegetable soup ▸ Baked beans
Fruit	▸ All Fresh Fruit ▸ All berries ▸ Tinned fruit in own juice	▸ Dried fruit ▸ Tinned fruit in syrup ▸ Squash/juice drinks
Milk	▸ Low fat milk ▸ Skimmed milk ▸ Semi-skimmed milk	▸ Flavoured milk e.g. chocolate, strawberry
Yoghurt	▸ Natural yoghurt ▸ Low fat Greek yoghurt ▸ Diet yoghurts	▸ Chocolate or toffee flavoured yoghurts ▸ Dessert type yoghurts
Cheese	▸ Low fat cheddar cheese ▸ Cottage cheese ▸ Edam ▸ Mozzarella	▸ Full fat cheese ▸ Cheese sticks ▸ Cheese spreads ▸ Processed cheese
Meat	▸ Lean red meat ▸ Chicken ▸ Turkey	▸ Chicken in batter or breadcrumbs ▸ Burgers/sausage rolls ▸ Sausages/rashers/puddings
Fish	▸ Fresh or frozen fish ▸ Tinned fish in brine/tomato sauce/olive oil	▸ Fish fingers ▸ Fish in batter or breadcrumbs
Drinks	▸ Water ▸ Milk ▸ Freshly squeezed juices ▸ Homemade fruit smoothies	▸ Fizzy drinks ▸ High energy caffeine drinks ▸ Protein drinks

Adapted from 101+ Square Meals Recipe Book

4.4 Reading Labels

This wallet sized shopping card is available to order from Irish Hearth Foundation at *info@irishheart.ie*

4.5 Alcohol

Healthy Food for Life

hi Healthy Ireland

Alcohol

Weekly lower risk limits

Alcohol is not needed for health	Alcohol is not recommended for young people under 18 years	Alcohol is not recommended for pregnant or breastfeeding women	Alcohol contains calories and may promote snacking.

Women age 18–51+	Men age 18–51+
11 standard drinks 110g alcohol over a week	**17 standard drinks** 170g alcohol over a week

No safe limit for alcohol use by under 18s.
Have 2–3 alcohol free days a week.

What is 1 standard drink?

One standard drink contains

Calories	Pure Alcohol
100–150	**10g**

Examples of one standard drink

½ pint beer or lager

Small glass wine

Single measure spirit

For food facts and healthy eating tips visit **www.healthyireland.ie**

Source: Department of Health. December 2016.

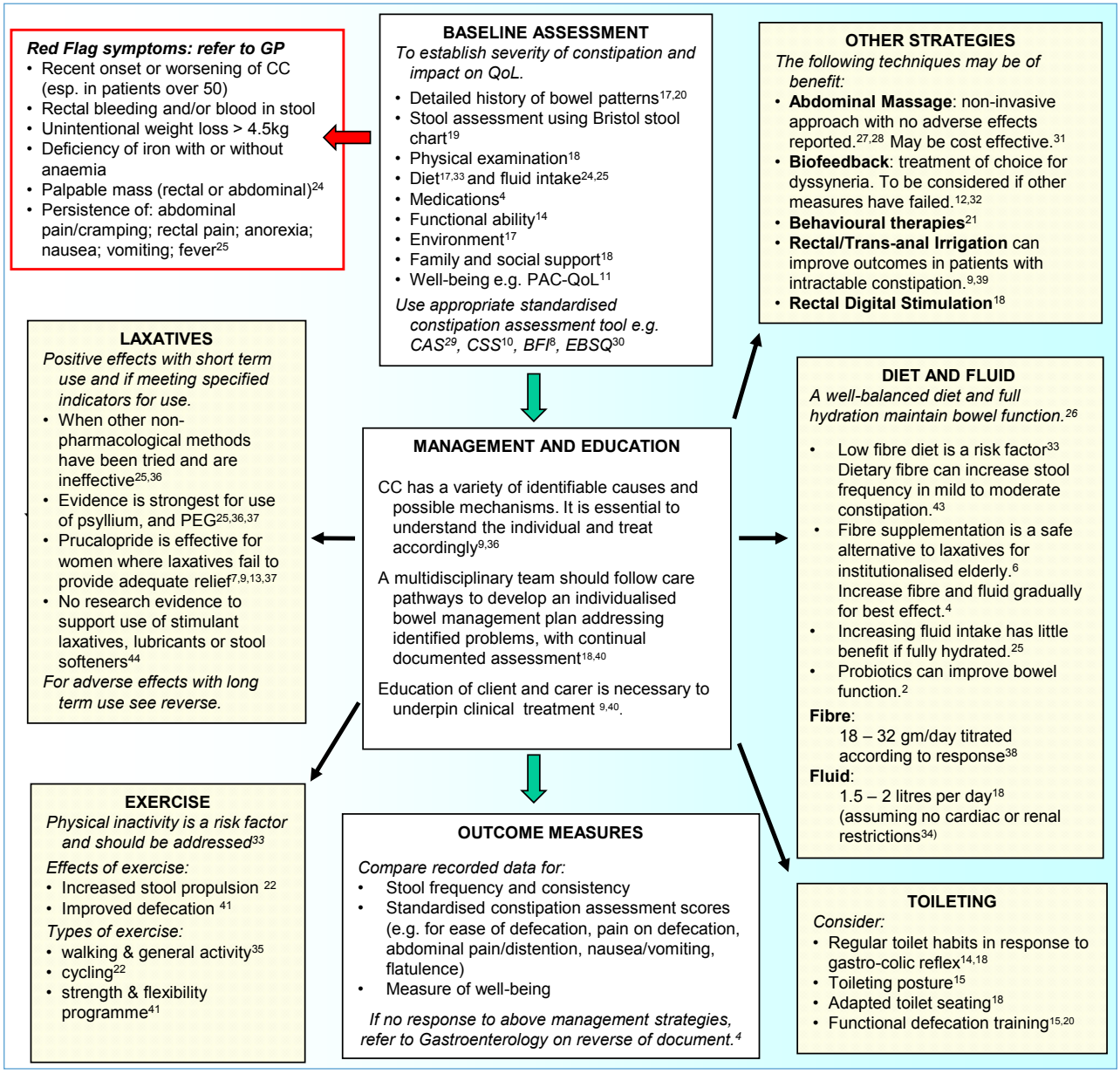
4.6 Sample Bone Health Risk Assessment Form and Action Plan

Bone Health Risk Assessment Form and Action Plan			
Resident Name:			
Date: **Unit/House:**			
Risk Factor		**Yes / No (✔/✖)**	**Action**
Mobility	Wheelchair user		▸ Review current care-plan – liaise with activity department (where available) to access wheelchair appropriate exercise programme
	Ambulant		▸ Increase level of activity ▸ Refer to Physiotherapist if there is a deterioration in mobility
Medications	Anti-epileptic drugs		▸ Check Vitamin D status ▸ Commence Vitamin D supplementation
	Steroids		▸ Check Vitamin D status ▸ Commence Vitamin D supplementation
Nutritional Concerns	Underweight		▸ Screen for Malnutrition ▸ Commence Food and Fluid Record chart ▸ Food Fortification ▸ Refer to Dietitian
	Low Vitamin D Intake		▸ Spend time outside in the summer sun ▸ Introduce dietary sources of Vitamin D to diet ▸ Commence Vitamin D supplementation if Vitamin D status indicates
	Low Calcium Intake		▸ Introduce dietary sources of Calcium to diet if tolerated ▸ Commence Calcium supplementation
History of Bone Fracture			▸ Ensure all the care team are aware of fracture history ▸ Recommend DEXA Scan
Medical Issues: Endocrine	Menopause Hyperparathyroidism Hypogonadism		▸ Discuss options with the medical team

Adapted from Cope Foundation – Bone Health Policy and Guidelines (2018)

4.7 Constipation Management

i. Algorithm for Management of Chronic Constipation of Adults within the Community



Full resource available to download from *https://www.ndti.org.uk/uploads/files/ConstipationGuideline2016.pdf*

ii. Bristol Stool Chart

Type 1		**Separate hard lumps, like nuts (hard to pass)**
Type 2		**Sausage shaped but lumpy**
Type 3		**Like a sausage but with cracks on the surface**
Type 4		**Like a sausage or snake, smooth and soft**
Type 5		**Soft blobs with clear cut edges (passed easily)**
Type 6		**Fluffy pieces with ragged edges, a mushy stool**
Type 7		**Watery, no solid pieces, entirely liquid**

Distributed with the kind permission of Dr K. W. Heaton; formerly reader in Medicine at the University of Bristol.

iii. Examples of Medications and Conditions Associated with Constipation

Medications	▸ Opioids ▸ NSAIDs ▸ Anticholinergic agents ▸ Antidepressants ▸ Antispasmodics ▸ Calcium channel blockers ▸ Antihypertensives ▸ Antiparkinsonian drugs ▸ Antipsychotics ▸ Antacids ▸ Calcium supplements ▸ Bile acid resins ▸ Iron supplements ▸ Antihistamines ▸ Diuretics ▸ Anticonvulsants
Endocrine and metabolic disorders	▸ Diabetes mellitus ▸ Hypothyroidism ▸ Hyperparathyroidism ▸ Hypercalcemia ▸ Chronic renal insufficiency
Neurological	▸ Parkinson's disease ▸ Cerebrovascular disease and Cerebrovascular Accident (CVA) ▸ Multiple Sclerosis (MS) ▸ Autonomic neuropathy ▸ Spinal cord lesions ▸ Dementia
Myopathic Disorders	▸ Amyloidosis ▸ Scleroderma ▸ Chronic intestinal pseudoobstruction
Anorectal Disorders	▸ Anal fissures ▸ Anal strictures
Other	▸ Depression ▸ Disability ▸ Poor mobility

iv. Summary of Most Commonly used Laxatives

Type	Brands	Notes
Bulk Forming	▸ Ispaghula Husk (Fybogel®) ▸ Methylcellulose (Celevac®) ▸ Sterculia (Normocol®)	▸ Swell and push stools along gut ▸ Good fluid intake essential ▸ **Not to be taken at night before bed**
Osmotics	▸ Lactulose (Duphalac®) ▸ Macrogols (Movicol®, Maloxole®)	▸ Draws water into gut and softens stools ▸ **Lactulose must be taken regularly** ▸ Macrogols are more potent osmotic laxatives (regular or PRN)
Stimulants	▸ Bisocodyl (Dulcolax®) ▸ Senokot (Senna®) ▸ Sodium Picosulfate (Dulcolax® liquid)	▸ Use if immediate relief needed e.g. in pain ▸ Not for those that are impacted ▸ Typically takes effect in 8-10 hours ▸ Best to take at night – relief in the morning ▸ **Prolonged use not recommended**
Faecal Softeners	▸ Glycerol suppositories ▸ Liquid paraffin (not recommended)	▸ Not first choice- usually need more than softener
Bowel Cleansing Agents	▸ Fleet® phosphate enema ▸ Microlax® enema ▸ Microlette® enema ▸ Picolax® sachets ▸ Klean prep® sachets	▸ These are bowel cleansing agents as opposed to laxatives ▸ Works within minutes ▸ **Not recommended for regular use**
Newer Agents	For example: ▸ Prucalopride tablets (Resolor®)	▸ Chronic constipation, used when not responding to other agents

This list is not exhaustive.

Please consult product literature for current prescribing details- Summary of Product Characteristics (SPCs) available on *www.hpra.ie*

Reproduced with kind permission from Louise Kennedy, Senior Clinical Pharmacist, Phoenix Pharmacy Department, C/O St. Mary's Hospital, Phoenix Park.

v. Guidelines for Introduction of Linseed/Flaxseed into diet

How to gradually introduce Milled* Linseeds/Flaxseeds

Milled linseeds can be mixed into porridge, yoghurt, puree fruit, soup, casseroles or sprinkled over salads. It is important to drink plenty of fluids when using milled linseed, an extra cup of fluid (at least 150mls) for every 2-3 teaspoons of milled linseeds is recommended, e.g. cup of tea or glass of water/milk/orange juice.

*Milled seeds are recommended as may be used for residents on modified texture diets (always consult SLT).

Day	Dose	Record if bowel motion occurred or had any bloating
Day 1	2 teaspoons at breakfast	
Day 2	Same as Day 1	
Day 3	2 teaspoons at breakfast and 2 teaspoons at evening meal	
Day 4	Same as Day 3	
Day 5	2 teaspoons at breakfast and 2 teaspoons at evening meal and 2 teaspoons before bedtime	
Day 6	Same as Day 3	
Day 7	3 teaspoons at breakfast and 2 teaspoons at evening meal and 2 teaspoons before bedtime	
Day 8	Same as Day 7	
Day 9	3 teaspoons at breakfast and 3 teaspoons at evening meal and 2 teaspoons before bedtime	
Day 10	Same as Day 9	
Day 11	3 teaspoons at breakfast and 3 teaspoons at evening meal and 3 teaspoons before bedtime	
Day 12	Same as Day 11	
Day 13	4 teaspoons at breakfast and 3 teaspoons at evening meal and 3 teaspoons before bedtime	
Day 14	Same as Day 13	

How to know when the dose is correct?

When having a bowel motion every 1-2 days then it is possible to stop increasing amount and stick with the dose that is working. At this dose stools should be big, soft and comfortable to pass, not requiring straining.

Reproduced with kind permission from Aisling Snedker, TF Consultant dietitian at Clinical Dietitian

vi. Correct Position for Opening Bowels

Correct position for opening your bowels

Step one

Knees higher than hips

Step two

Lean forwards and put elbows on your knees

Step three

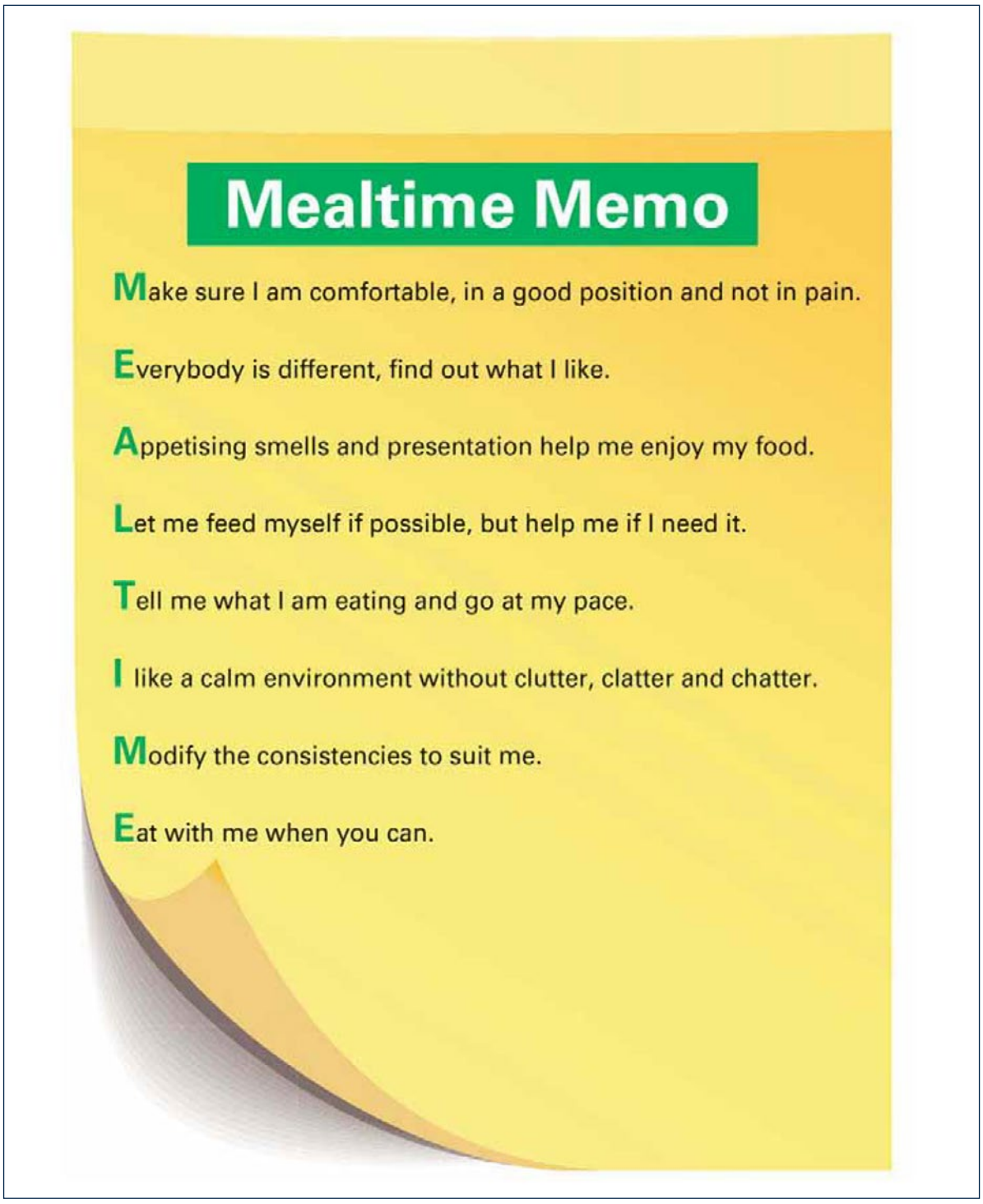
Bulge out your abdomen
Straighten your spine

Correct position

Knees higher than hips
Lean forwards and put elbows on your knees
Bulge out your abdomen
Straighten your spine

4.8 Dementia

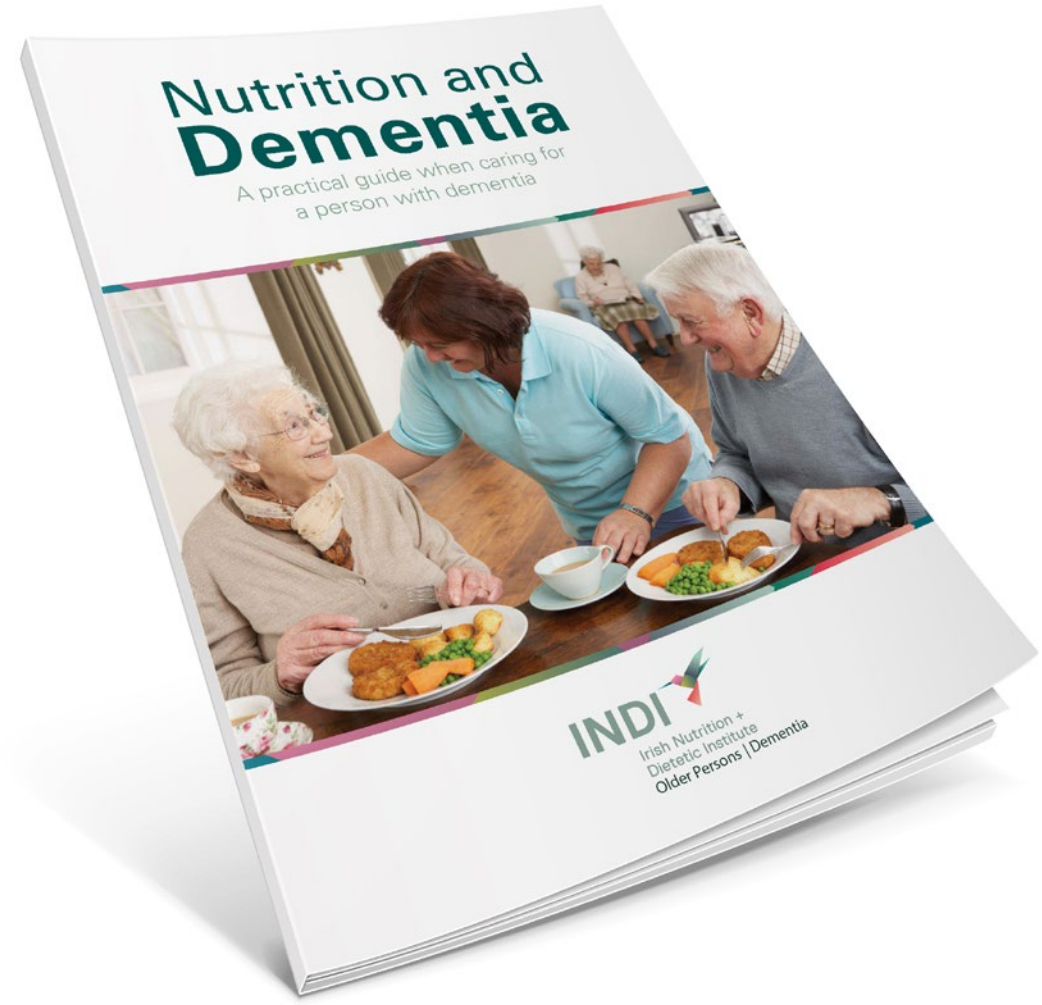
i. Mealtime Memo



Reproduced from the NHS Dumfries and Galloway: Communication and MealtimesToolkit, helping people with dementia to eat drink and communicate. Rebecca Kellett and Colleagues, Speech and Language Therapy Adult Services 2012.

ii. Nutrition and Dementia Booklet

This booklet provides a practical guide to eating well with dementia.



Booklet available to order free of charge from healthpromotion.ie at *https://www.healthpromotion.ie/publication/fullListing?category=Dementia&searchHSE=*

Download a copy from
https://www.healthpromotion.ie/hp-files/docs/HNC01205.pdf

SECTION 5.0

Resources and Factsheets for Adults Requiring Therapeutic Diets

SECTION 5.0

Resources and Factsheets for Adults Requiring Therapeutic Diets

5.1 Weight Management

i. Weight Loss Dietsheet

	Foods to CHOOSE	Foods to AVOID
Breakfast	Small bowl Porridge / 2 Weetabix **OR** Scrambled/boiled egg, grilled tomato + one slice brown bread **OR** 2 slices brown bread with low fat butter and small amount of marmalade	▸ Full fat butter ▸ Sugar in cereal ▸ Sugar in drinks e.g. tea/ coffee ▸ Large amounts of butter/ marmalade/jam ▸ Fruit juices
Lunch	1 salad or meat/fish (tuna/salmon) sandwich **OR** Bowl of homemade soup with 1-2 thin slices of wholemeal bread **OR** Small tin sugar free beans on toast (2 thin slices of wholemeal bread) + low fat butter **OR** Salad with meat / salmon / sardines / cottage cheese with 1-2 thin slices of wholemeal bread + low fat spread **OR** 1 Fish Cake with salad/cooked vegetables **OR** 1 Scrambled Egg + 1-2 slices of brown bread	▸ Mayonnaise ▸ Salad cream ▸ Hard cheeses ▸ Shop bought salad dressing
Main Meal	1 serving spoon of Casserole/stew **OR** 1-2 small slices of Chicken/Fish/Turkey/Roast beef/ lamb **with** 1-2 scoops potato **OR** 1-2 small boiled potato **OR** 1 cup cooked rice/pasta/noodles **with** Large portion of Vegetables (up to half a plate)	▸ Remove visible fat/skin ▸ Avoid large portions of potatoes/pasta/rice ▸ Butter added to potato or vegetables ▸ White or cheese sauces
Snacks and Drinks	Piece fresh fruit Diet Yogurt Low fat cheese on crackers Tea/coffee with low fat milk, no sugar No Added Sugar Cordial	▸ Buns/cakes ▸ Desserts ▸ Biscuits ▸ Ice Cream ▸ Cream

Reproduced with kind permission from the Nutrition and Dietetics Department, St. Mary's Hospital, Phoenix Park, Dublin 20.

ii. Guide to Weight Management

'A Guide to Managing your Weight' is a publication from the Ireland East Hospital Group. It is a step by step guide to help individuals achieve and maintain a healthier weight. It covers all the areas that need to be addressed across healthy eating, physical activity, motivation and self-monitoring.

This booklet can do downloaded from *https://uploads-ssl.webflow.com/56bb313e0cccd239096171fd/5b854258b978e4337b33230a_ Regional%20Hospital%20Mullingar%20Weight%20Management% 20Guide%202018.pdf*

5.2 Diabetes

i. Sample Dietsheet

	Foods to CHOOSE	Foods to AVOID
Breakfast	Small bowl Porridge / Weetabix / Ready Brek **OR** Scrambled/boiled egg, tomato and no added sugar beans **OR** Boiled egg + one slice of brown bread **OR** 2 slices brown bread with low fat spread and small amount of low sugar jam/low sugar marmalade	▸ Sugar in cereal ▸ Sugar in drinks e.g. tea/ coffee ▸ Large amounts of marmalade/jam ▸ Fruit juices
Lunch	1 salad or meat/fish (tuna/salmon) sandwich **OR** 1 serving spoon of shepherd's pie + peas **OR** Bowl of homemade soup with 1-2 thin slices of wholemeal bread **OR** Small tin sugar free beans on toast (2 thin slices of wholemeal bread + low fat spread **OR** Salad with meat / salmon / sardines / cottage cheese with 1-2 thin slices of wholemeal bread + low fat spread **OR** 1 Fish Cake with salad/cooked vegetables **OR** Scrambled Egg + 1-2 slices of brown bread	▸ Mayonnaise ▸ Salad cream ▸ Butter ▸ Cheddar cheese ▸ Milk puddings
Main Meal	1 serving spoon of Casserole/stew **OR** 1-2 small slices of Chicken/Fish/Turkey/Roast beef/lamb **with** 1-2 scoops potato **OR** 1-2 small boiled potato **OR** 1 cup cooked rice/pasta/noodles **AND** Large portion of Vegetables (Up to half a plate)	▸ Remove visible fat/skin ▸ Avoid large portions of potatoes/pasta/rice ▸ Butter added to potato or vegetables ▸ White or cheese sauces
Desserts (once per week)	Sugar Free Jelly / Diet Yogurt **with** Piece of fruit or fruit salad (in own juices)	▸ Dessert maximum once or twice a week ▸ Cream ▸ Ice Cream
Snacks and Drinks	Tea/coffee with low fat milk, no sugar Diet fizzy drink/No Added Sugar Cordial Diet Yogurt Low fat cheese on crackers	▸ Buns/cakes ▸ Biscuits ▸ Custard type or rice pudding ▸ Dried Fruit

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ii. Healthy Eating Booklet for People with Type 2 Diabetes

Order Booklet from *www.healthpromotion.ie at https://www.healthpromotion.ie/publication/fullListing?category=Diabetes&searchHSE=*

Download a copy from *https://www.healthpromotion.ie/hp-files/docs/HWB00380.pdf*

5.3 No Added Salt Dietsheet

	Foods to CHOOSE	Foods to AVOID
Vegetables, salad and fruit	All Fresh and Frozen Fruits and Vegetables Homemade soups with vegetables	Canned Vegetables Salted or Pickled Vegetables Vegetable Juice Canned or packet soups
Wholemeal cereals and breads, potatoes, pasta and rice	Wholemeal bread, pitta pocket Potatoes Porridge oats Rice, pasta, noodles, cous cous Low Sodium Crackers e.g. cream crackers	Pretzels Commercially prepared rice and noddle mixes Pre-packaged meals Potato, Corn, and Tortilla Chips Canned Ravioli Canned Macaroni and cheese Crackers Sunflower Seeds
Milk, yoghurt and cheese	Milk (Skimmed, low-fat, full-fat) Cottage Cheese All yoghurts	Full fat cheese Buttermilk
Meat, poultry, fish, eggs, beans and nuts	Lean beef, lamb, pork, mince or poultry Fresh or frozen Fish Eggs Fresh or frozen peas, beans & lentils Tofu Unsalted nuts or seeds	Ham Salt Pork Bacon Sausage Hot Dogs Deli Meats e.g. salami, pastrami, chorizo, prosciutto and pancetta Frozen meals/ Takeaway/Fast food meals Canned Beans Corned beef Spam Canned Herring and Anchovies Battered fish Salted Nuts Salted Popcorn
Fats, spreads and oils	Butter (unsalted) Reduced fat spreads Oil Low Sodium Salad Dressings (check label)	Bacon fat Duck fat Pate Prepared salad dressings (check label)
Seasonings	Garlic/Garlic powder Onion/Onion powder Black Pepper Lemon Juice Dry Mustard Low-Sodium/salt-free seasoning (Vinegar) Tabasco Sauce Horseradish	Table Salt Garlic Salt/Onion Salt/Celery Salt Olives Meat Tenderizer Monosodium Glutamate (MSG) Bouillon/Stock Cubes Barbecue Sauce Steak Sauce Soy Sauce Teriyaki Sauce

Reproduced with kind permission from the Nutrition and Dietetics Department, St. Mary's Hospital, Phoenix Park, Dublin 20.

5.4 Energy Dense Resources

i. Sample Diet sheet (High Calorie High Protein)

	Foods to CHOOSE	Foods to AVOID
Breakfast	Porridge/Weetabix/Ready brek **with** full fat milk or high protein milk, sugar and cream **AND/OR** Bread/Toast with thickly spread Butter + Jam **OR** Cooked breakfast: e.g. Boiled Egg / Scrambled Egg with butter / Sausage / Rasher / beans/ tomato **with** Glass of Fruit Juice or Glass of full fat milk	▸ Low fat Milk ▸ Low fat spreads
Lunch	Baked Beans on Toast **with** thickly spread butter **OR** Potato gratin/Quiche/Shepard's pie/Waffles /Fish Cakes/Omelette/Scrambled Egg with full fat butter **OR** Sardines/tinned salmon on toast **OR** Sausage Rolls/Croquettes/Fish Fingers/ Chicken Goujons + added mayonnaise **OR** Salad with meat/salmon/cheddar cheese + mayonnaise or salad cream **OR** Rice Pudding / Custard dessert with milk and sugar **with** Glass of full fat Milk	▸ Low fat mayonnaise ▸ Lot fat cheese ▸ Lot fat custard type desserts
Main Meal	1-2 slices of Lamb/beef/Chicken/Turkey/ Fish **OR** 1-2 serving spoons of Casseroles/Pies/stews **with** 1-2 scoops of mashed Potato or 1-2 medium boiled potatoes with Butter **and** 1-2 serving spoons of Vegetables with Butter Add white / cheese sauces where available	▸ Low fat butter
Desserts	Regular dessert with ice cream/cream	▸ Diet yoghurts ▸ Sugar free jelly
Snacks and Drinks	Hot Chocolate made on full fat milk All Juices Banana or Fresh Fruit Salad with ice cream, cream or honey Cheese and Crackers - add butter All full fat Yoghurts Ambrosia Custard/Ambrosia rice pudding Cakes/Biscuits/Fruit pies	

Reproduced with kind permission from the Nutrition and Dietetics Department, St. Mary's Hospital, Phoenix Park, Dublin 20.

ii. Supporting a Person at Risk of Malnutrition

These resources could be considered for use in aiding individuals to get more nourishment from their meals.

This leaflet can be downloaded from the HSE Nutrition Supports Website at *https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/public/hse-making-the-most-of-every-bite.pdf*

The 'Making the Most of Every Bite' cook book is available to download from the HSE Nutrition Supports Website at *https://www.hse.ie/eng/services/list/2/primarycare/community-funded-schemes/nutrition-supports/making-the-most-of-every-bite-cookbook.pdf*

A copy of the cook book can also be ordered free of charge at *www.healthpromotion.ie*, register as a Health Care Professional if you are not already registered and search 'making the most.'

iii. Food Fortification

A Fortified (high calorie, high protein) diet should be followed when:

- Appetite/ intake is poor
- Person is unintentionally losing weight
- Person is already underweight (BMI < 18.5 kg/m^2 in an adult)

To Increase Calories and Protein using everyday foods:

- Encourage little and often meal pattern with nourishing snacks in between meals
- Aim for 1 pint full fat milk/day. Can be used to make up sauces, soup, hot drinks
- Include protein sources at least 2-3 times a day, if possible
- Good sources of protein: dairy foods, meat, fish, poultry, pulses, nuts and eggs.

To Fortify Foods & Drinks:

- **Fortified Milk:** Whisk 4 tablespoons of milk powder (e.g. Marvel) into 1 pint of full fat milk to increase calories and protein. Use within 1 day.
- **Full fat Natural/Greek Yoghurt:** Can be used on desserts, milkshakes, and can be mixed with fruit
- **Cream:** Add to soup, desserts, drinks, potatoes, scrambled eggs, sauces.
- **Ice Cream:** Add to milk shakes and puddings.
- **Butter:** Add to potato and vegetables, spread thickly onto bread/scones.
- **Sugar:** Add to drinks, cereals and puddings
- **Jam/Honey:** Spread on bread or scones
- **Eggs:** Can be used in many ways (poached / boiled / scrambled).
- **Cheese:** Sprinkle grated cheese into soups, sauces, egg dishes or onto fish, potatoes and vegetables.

Ideas for Light Meals/ Snacks:

- Cheese/beans on buttered toast
- Small sandwich / bread roll with fish, meat, cheese or egg (add mayonnaise)
- Full fat Cheese on crackers Or Savoury biscuits with cheese spread.
- Scrambled egg / omelette with added cheese/ham/mushrooms.
- Tinned/packet soup – make up with full fat milk. Add chopped cooked meat if liked, add cream for extra calories, serve with buttered bread
- Cereal with fortified milk/cream and sugar.
- Scone/biscuits with butter and jam Or Toast/crumpets with butter and jam.
- Baked potato with butter/mayonnaise filled with cheese/coleslaw/minced meat.
- Small portions of pizza /quiche /flan.

Ideas for Desserts:

- Milk puddings – tinned or made with milk, add extra cream
- Yogurt / Fromage Frais - 'thick & creamy' varieties instead of 'diet' or 'low fat'.
- Pot of mousse / trifle / jelly and ice cream
- Custard and fruit (fresh, tinned or stewed)
- Milk shakes – add cream or ice cream
- Apple tart and cream

Ideas for Nourishing Drinks:

Sometimes if a person's appetite for solid foods is poor, nourishing drinks may be a better option.
Offer some of the following:

- Hot milky drinks e.g. horlicks, ovaltine, cocoa, hot chocolate
- Cold drinks, e.g. cold milk, milk shakes with added ice cream/unsweetened fruit juice
- Soup – made with milk instead of water
- Complan, Build-Up, etc. (make with milk). Available from pharmacies/supermarkets.

Adapted from COPE Foundation, Nutrition and Hydration Policy (2017) with kind permission.

iv. 100 Calorie Boosters

Savoury toppings	
1 tablespoon mayonnaise (15g) 1 tablespoon butter (15g) (15g) 2 tablespoons cream cheese (30g)	1 tablespoon pesto (20g) 1 tablespoon peanut butter
Sweet toppings	
1 heaped tablespoon sugar (25g)	2 heaped teaspoons honey (35g)
Fruit & Nuts	
Small handful of peanuts (30g) Small handful of cashew nuts (20g) 5 dried apricots (50g) 2 – 3 dates (40g)	5 Brazil nuts (15g) 1 banana (100g) 6 prunes (60g) 1 heaped tablespoon sultanas (35g)
Dairy	
2 tablespoons pouring cream (30mls) 3 tablespoons skimmed milk powder (27g) 1 scoop ice-cream (60g) (125g) 1 medium slice cheddar cheese	150mls full fat milk 30mls condensed milk 1 pot full fat yogurt
Snacks (for persons who do not require texture modification)	
1 digestive biscuit with butter/Nutella 2 fingers kit-kat	5 jelly babies Small bag of crisps

Adapted from COPE Foundation, Nutrition and Hydration Policy (2017) with kind permission.

v. High Calorie Snack Ideas

200 kcals Snacks* Suggestions**

* where kcal content of the food snack was slightly over or under 200kcal, kcal content has been rounded to 200kcal for ease of use.

**Please refer to SLT services for guidance on modifying any of the snack suggestions for resident's recommended for modified diet and/or fluids.

Food	Quantity of Food	Additions
Custard	Half Small Bowl	1 level tablespoon of Single cream **and** 1 heaped tablespoon Skimmed milk powder
Rice Pudding	Half Small Bowl	1 level tablespoon of Single cream **and** 1 heaped tablespoon Skimmed milk powder
Custard	Just over half Small Bowl	1 scoop Vanilla Ice-cream
Custard	Just over half Small Bowl	1 portion pack Jam/Marmalade
Cornflakes	Small Bowl	1 cup of Full Fat Milk
Weetabix	1 biscuit	1 cup of Full Fat Milk **and** 2 heaped teaspoons Sugar
Full Fat Custard Style Yogurt	1 pot (125 g)	
Egg in a Cup - Boiled Egg and Slice Pan Bread	1 egg 1 slice	1/2 pat Full Fat Butter **and** 1 pat Full Fat Butter
Slice Pan Bread	1 slice	1 pat Full Fat Butter **and** 2 slices of Full Fat Cheddar Cheese
Slice Pan Bread	1 slice	1 pat Full Fat Butter **and** 1/4 can Baked Beans
Slice Pan Bread	1 slice	1 pat Full Fat Butter **and** 1/2 level tablespoon Mayonnaise **and** 1 slice Ham
Slice Pan Bread	1 slice	1 pat Full Fat Butter **and** 1/2 level tablespoon Mayonnaise **and** 1 slice Turkey
Slice Pan Bread	1 slice	1 pat Full Fat Butter **and** 1 portion pack Jam/ Marmalade
Cream Crackers	3	2 pats Full Fat Butter
Cream Crackers	2	1 pat Full Fat Butter **and** 1 portion pack Jam/ Marmalade
Cream Crackers	2	2 slices Full Fat Cheddar Cheese
Chocolate Digestive Biscuits	3	
Fruit Scone	Small	1 pat Full Fat Butter

Drinks Plus Snacks		
Full Fat Milk	3/4 Mug	1 heaped tablespoon Skimmed Milk Powder **and** 2 Rich Tea Biscuits
Milky Tea	1 Cup	2 Digestive Biscuits **and** 1 pat Full Fat Butter
Full Fat Milk	1 glass	2 heaped tablespoons Complan
Full Fat Milk	3/4 Mug	2 heaped tablespoons Complan
Milky Tea	1 Cup	1 slice of Slice Pan Bread **and** 1 pat Full Fat Butter **and** 1 portion pack Jam/Marmalade
Ovaltine Original – Full Fat Milk	1 Mug	2 heaped tablespoons Ovaltine Original
Horlicks Original – Full Fat Milk	1 Mug	2 heaped tablespoons Horlick's Original
Cabury Coca – Full Fat Milk	1 Mug	1 heaped teaspoon Cabury's Coca **and** 1 Digestive Biscuit
Full Fat Milk	3/4 Mug	1 Mini Bar of Chocolate
Full Fat Milk	1 Mug	1 heaped tablespoons Skimmed Milk Powder

Adapted from Provision of Nutritionally Balanced Meals in Residential Care for Older People & Intellectual Disabilities, Dublin Mid-Leinster (2013) with kind permission.

5.5 High Fibre Fact Sheet

What is Fibre?

There are two types of fibre found in the food that we eat:

1. **Insoluble Fibre** is the name given to the part of food which cannot be broken down when eaten. This undigested product helps promote regular healthy bowel movements.
2. **Soluble Fibre** is fermented in the gut and can help the good bacteria in our gut thrive which also improves our bowel health. It can also help with keeping our cholesterol levels healthy and improve our heart health!

What foods are high in Fibre?

Fruit and Vegetables: A variety is best – fresh, frozen, tinned and stewed or dried fruits. Add vegetables to soups, stews, casseroles. Eat the skins of fruit where possible. Include salad vegetables in sandwiches and with meals. Half a small glass prune juice per day can often help bowels move.

Breakfast Cereals: Porridge, Branflakes, All-Bran, Fruit n' Fibre, Weetabix, Shredded Wheat, Shreddies and Muesli. Oats contain both soluble and insoluble fibre.

Breads and Starchy Foods: Wholemeal, Wholegrain and Granary Bread. Jacket Potatoes, Brown Rice, Wholewheat Pasta are better than the white options.

Protein Rich foods high in Fibre: Beans and pulses including peas, lentils, baked beans, butter beans, kidney beans, chickpeas and many more beans. Unsalted nuts and seeds – can be added to curries, salads, cereals, yoghurt.

Biscuits and Crackers and snacks: Wholemeal varieties for example, Digestive, Hobnobs, Oatcakes, Fig rolls. Wholewheat crackers or Rye crisp breads and Ryvita. Unsalted popcorn as a snack after meals.

Fluids: When eating a high fibre diet remember to drink plenty of fluids.

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5.6 Fluid Fact Sheet

The importance of Fluids - Why do I need to drink?

Water is necessary for life! We need it to get rid of waste products from the body, and to replace fluid we lose from breathing and sweating. If we don't replace this fluid, we can run the risk of becoming dehydrated. As a result you may feel tired, suffer from nausea and constipation, or have headaches.

How can I tell if I am drinking enough?

You will know if your urine is pale and straw-like in colour (see colour chart below). If you regularly pass darker coloured urine, it is a good idea to drink a little more. First thing in the morning, it is normal for urine to be a little darker in colour due to being stored in the bladder overnight.

1–3 = good | 4 = at risk | 5-6 = dehydrated

How much fluid should I have in a day?

It can vary how much you require depending on your age and weight. For most people 8-10 cups per day is enough. This fluid can include water, tea, milk, and fruit juice. You don't have to drink bottled or filtered water; tap water is fine. If you have a fever, or the weather is warm or you have sweated more than usual due to exercise, have an extra couple of glasses per day.

I don't have like water – what else can I drink?

If you like hot drinks try weak tea, add a slice of lemon to warm water, or be adventurous and try some fruit or herb teas like camomile or peppermint.

If you like cold drinks water is a good start. Milk and fruit juices are also options. If you don't like drinking plain water, try using some diluted squash or a dash of fruit juice for extra flavour.

Are there any drinks I should avoid?

- Strong coffee, strong tea, and some fizzy drinks (particularly the cola types) contain caffeine. Taking a lot of drinks containing caffeine can cause you to go to the toilet more often, and become dehydrated.
- Sugary, fizzy drinks can also cause tooth decay, extra gas and weight gain. So, if you drink a lot of these types of drinks try swapping to some of the other ones mentioned above.
- As with any lifestyle changes, do it gradually. If you don't drink much at the moment, build it up over a few weeks with fluids you enjoy!

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5.7 Gluten Free Dietsheet

	Foods to CHOOSE	Foods to AVOID
Breakfast	Gluten Free Porridge/ Cornflakes **with** milk **OR** Gluten Free Bread/Toast **with** butter/jam **OR** Scrambled Egg/Boiled egg/grilled tomato/beans Fruit juice /tea / coffee	▸ Weetabix ▸ Regular porridge/oatmeal ▸ Sausages ▸ Black and white pudding ▸ Hash browns ▸ Fruit juice of any kind ▸ All types of regular Bread (white and brown) ▸ Scones ▸ Bagels ▸ Muffins ▸ Baked goods e.g. croissants, Danish pastries etc.
Lunch/Light Meal	Assorted sandwiches made with gluten free bread (salad/meat/egg/sardine/tuna/salmon/cheese) **OR** Mixed Salad with slice turkey/chicken/beef/tuna/1 egg **OR** Omelette / scrambled egg on gluten free toast **OR** Potato, onion & spinach frittata **OR** Potato and ham gratin	▸ Soup ▸ Garlic bread ▸ Pasta ▸ Lasagne ▸ All Burgers
Main Meal	1-2 slices plain meat e.g. Lamb/beef/Chicken/ Turkey **with** 1 – 2 small potatoes (baked/boiled/mashed) **and** All vegetables (not in suuce) 2 x tablespoons of vegetables **OR** Mince dish made with tomato type sauce **OR** Shepard's pie with gluten free gravy Beans. Peas, Mushrooms	▸ Gravy (unless gluten free) ▸ Stuffing ▸ White sauces ▸ Battered chicken ▸ Battered fish ▸ Foods in bread crumbs e.g. croquettes, fish fingers, vegetable burgers
Snacks and Drinks	Pureed or fresh fruit Cheese with gluten free crackers All yoghurts Custard Milk pudding Gluten free plain biscuits	▸ Biscuits ▸ Crackers ▸ Cakes/buns/cupcakes ▸ Fruit pies or crumbles ▸ Cheesecake ▸ Lemon meringue ▸ Trifle ▸ Semolina

Use separated toasters, utensils and chopping boards to avoid cross contamination. For further details on food allergen see section 6.6 in main body of policy.

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5.8 Renal Dietsheet

	Foods to CHOOSE	Foods to AVOID
Breakfast	Medium Bowl of cereal: Porridge/Weetabix/ Ready brek **with** small amount of milk **OR** White bread/Toast **with** Scrambled Egg/ Boiled egg	No added salt to any meal ▸ Sausages/rashers/black & white pudding ▸ Hash browns ▸ Fruit juice of any kind ▸ Soda Bread ▸ Scones
Lunch/ Light Meal	Mixed Salad with slice turkey/chicken/beef/ tuna/1 egg **OR** Salad sandwich with 1 slice turkey/chicken/ beef/tuna/ **OR** Egg sandwich (1 egg) on white bread	▸ Cheese ▸ Fish cakes ▸ Smoked fish ▸ Baked Beans ▸ Chips ▸ Waffles ▸ Packet or tinned soup
Main Meal	1-2 slices plain meat e.g. Lamb/beef/ Chicken/Turkey **with** Double boiled potatoes 2 x tablespoons of vegetables **OR** Plain or breaded fish **with** Small amount of white sauce/tartar sauce/ mayonnaise	▸ Gravy ▸ Brown sauce ▸ Bacon/Ham ▸ Potato products (unless double boiled) ▸ Peas ▸ Mushroom
Snacks and Drinks	Digestive biscuit Rich tea biscuit Unsalted Cracker (e.g. Cream Cracker) with tinned salmon Water Tea/Coffee	▸ Chocolate biscuits or chocolate desserts ▸ Ice Cream ▸ Rhubarb or banana ▸ Dried fruit ▸ Fruit pie or crumble ▸ Cheesecake or pavlova ▸ Lemon meringue ▸ Gateaux or Sponge cake ▸ Trifle ▸ Milk Pudding ▸ Yoghurts

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SECTION 6.0

Resources for Adults Requiring a Texture Modified Diet and Thickened Drinks

SECTION 6.0

Resources for Adults Requiring a Texture Modified Diet and Thickened Drinks

6.1 Signs and Symptoms of Dysphagia

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

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SECTION 7.0

Food Service

SECTION 7.0

Food Service

7.1 Menu Planning Resource

i. Tips for Making Recipes Healthier

Tips for Making Recipes Healthier

- Use low fat or skimmed milk instead of full fat milk.
- Use low fat spread instead of butter or margarine (look on label to make sure it states that it is suitable for cooking/baking).
- Use low fat cheese instead of full fat cheese.
- Try using less sugar than what is stated in the recipe or use a sugar substitute instead of sugar e.g. Splenda/Candarel (NOTE: in general, you only need to use 1/10th of the weight of sweetener as sugar stated in the recipe as it is lighter than sugar).
- Use low fat crème fraiche or low fat natural yoghurt instead of cream.
- Use Rapeseed Oil or Olive Oil instead of Butter/Margarine/Lard where recipe allows. NOTE: Use SPARINGLY as these oils have the same calories as hard fats.
- Use coarse brown flour instead of white flour. Remember to add a teaspoon of baking powder if you do this.
- Reduce suggested portion sizes from ‘full size’ to ‘treat size’ for baked goods.
- Don’t pile the plate or bowl high with food! Use household measures outlined in menu ideas section and also have a look at the visual examples of average meals sizes to help get used to what an average portion size is from ‘Food Shelf Fact Sheets’ in Section 3.0.

ii. Ideas for Healthy Snacks

Dairy

- Low fat cheese and yoghurt
- Small tub of natural yoghurt with handful of blueberries

Fresh Fruit

- Pears, apple slices, satsumas, banana, seedless grapes, slices of melon, mango, pineapple, kiwi, plums
- Berries such as strawberries, blueberries, blackberries and raspberries
- Choose fruits in season and those that are grown locally where possible
- The fruit from canned fruit in own juice can be added to low fat yoghurt or fromage frais.

Raw Vegetables

- Peeled carrots, sweet pepper, tomato, cucumber or celery (all well washed)
- Can be eaten with dips such as hummus, guacamole, tzatziki, salsa or Greek yoghurt with chives.

Unsalted Nuts

- Pecan, almond, cashew, hazelnut, walnut – **only a handful (8-10 nuts)**
- Not to be given to anyone with swallowing or eating difficulties
- Always check for a nut allergy

Home made snacks

- Plain popcorn
- Oven-baked potato crisps

Healthy Crackers

- Crispbread
- Oatcakes
- Rice cakes
- Cream crakes
- Melba toast
- Low salt crackers
- Can be served with low fat cream cheese

Milky Drinks

- Smoothies made with low fat milk or yoghurt or low fat frozen yoghurt with some added fruit

iii. Menu Ideas

Breakfast Options				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Cereal e.g. Porridge*/Ready Brek*/Weetabix*/ Bran flakes*/ Cornflakes/Rice Krispies/ No added sugar muesli No added sugar granola	Breakfast cereals well moistened with milk** **Avoid:** coarse or hard breakfast cereals that do not moisten easily e.g. toasted muesli, bran cereals, cereals with nuts, seeds & dried fruit.	Breakfast cereals with small moist lumps e.g. porridge or Weetabix soaked in milk	Smooth, lump free breakfast cereals e.g. pureed porridge, Ready Brek, Weetabix **(Mashed & mixed with milk** – smooth & lump free)** **Avoid:** Cereals with coarse lumps or fibrous particles e.g. all dry cereals, **porridge that has not been pureed**	2-4 weetabix/3-6 dsp dry porridge oats or muesli/4-8 dsp flake type cereal
Bread/Toast e.g. Wholegrain*/ granary*/ Brown soda*	Unsuitable	Unsuitable	Unsuitable	2 thin slices
Spread Low fat*	Low fat *	Low fat *	Low fat *	1 tsp per slice
Jam/Honey/ marmalade Reduced sugar*/ use sparingly*	Jam/Honey/ Marmalade without seeds or dried fruit	Jam/Honey/ marmalade without seeds or dried fruit	Smooth Jam/ Honey/Marmalade (without seeds, pulps or lumps)	1 tsp per slice
Fruit	Fresh fruit pieces that are naturally soft e.g. banana/ well-ripened pear; stewed & canned fruit in small pieces; pureed fruit. **Avoid:** pieces larger than 1.5cm that pose a choking risk e.g. whole grapes, cherries; dried fruit, seeds & fruit peel.	Mashed soft fresh fruit e.g. banana/ mango; finely diced soft pieces of canned or stewed fruit (Peel & remove all pips before stewing fresh fruit such as apples or pears); pureed fruit Avoid: Fruit pieces larger than 0.4cm/4mm & Fruit that is too hard to be mashed with a fork	Pureed fruit **(remove skin and seeds before cooking)**; well mashed banana **Avoid:** Pureed fruit with visible lumps	1-2 medium/2-4 small/10-20 grapes or berries

Breakfast Options				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Yoghurt Natural*, Low fat* or diet*	Yoghurt with soft fruit **Avoid:** Yoghurt with seeds, nuts, muesli, hard bits fruit	Yoghurt (may contain soft fruit pieces)	Yoghurt (lump free) e.g. plain or vanilla	1 small pot (125g)
Egg Boiled*/ Poached*/Scrambled*, Fried with minimal oil	Eggs – all types suitable except fried	Very soft & moist egg dishes e.g. scrambled egg	Pureed scrambled egg **Avoid:** Scrambled egg that has not been pureed	1-2 eggs
Small grill 1 Rasher (remove fat*), 1 egg, grilled Tomato*, 1 High % meat sausage (check label), Mushrooms*	Chopped sausage meat (skin removed); egg- scrambled/ poached or boiled egg – chopped; pudding – chopped **Avoid:** Dry, tough, chewy or crispy meats e.g. rashers, fried eggs **Avoid:** puddings containing grains/ seeds	Soft moist scrambled egg. **Avoid:** all else	Pureed scrambled egg **Avoid:** all else	1 of each/1 thin slice black/white pudding
Baked beans	Mashed baked beans	Mashed baked beans	Pureed baked beans, ensure all husks are removed	½ regular size (415g) tin if serving with toast/1/4 regular size tin if serving with grill
Pancake	Chopped pancake – **ensure no hard edges or crispy**	Unsuitable	Unsuitable	1 medium/2 mini pancakes
Fruit Juice e.g. Prune/Cranberry/ Apple /Orange Unsweetened*	Fruit juice **	Fruit juice **	Fruit juice ** without pulp	100ml(1/2 Disposable plastic cup)
Tea/Coffee With Low fat*/ skimmed milk*	**	**	**	1-2 cups

Key: *=Healthiest Options ** = check if fluids need to be thickened dsp=dessertspoon; tsp=teaspoon

Main Meal Options				
Chicken Options (or replace chicken with Turkey) – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Roast Chicken	Chopped moist roast chicken **Avoid:** Dry, tough, chewy or crispy meat & meat with gristle	Coarsely minced roast chicken with gravy (remove all skin, bones & gristle before mincing)	Pureed roast chicken – pureed with sauce/gravy to achieve a thick moist texture	50-75g (2-3 oz) cooked weight (100g/size of palm of hand uncooked weight)
Chicken Casserole	Ensure chicken moist & chop into small pieces, chopped well cooked carrots. **Remove:** Celery	Blend casserole to reduce particle size **Remove:** Celery & onion	Pureed chicken casserole **Remove:** Celery & onion	6 dessertspoons
Chicken mustard & bacon Casserole	Ensure chicken moist & chop into small pieces. **Remove:** Rashers & Leeks	Blend Casserole to reduce particle size **Remove:** Rashers, onion & Leeks	Pureed casserole **Remove:** Rashers, onion & Leeks	6 dessertspoons
Chicken Curry	Ensure chicken moist & chop into small pieces **Remove:** Sweetcorn, peas	Blended chicken curry **Remove:** Sweetcorn, peas, Brocolli, onion	Pureed chicken curry **Remove:** Sweetcorn, peas, Brocolli, onion	6 dessertspoons
Stir Fry Chicken	Unsuitable	Unsuitable	Unsuitable	6 dessertspoons
Chicken Salad	Chopped chicken & extra light mayonnaise; soft chopped beetroot	Unsuitable	Unsuitable	50-75g (2-3 oz) cooked weight chicken/ size of palm of hand uncooked weight
Chicken Stew	Ensure chicken moist & chop into small pieces	Blended chicken stew **Remove:** Onion	Pureed chicken stew **Remove:** Onion	2 ladles/6 dessertspoons stew
Chicken Hot Pot	Ensure chicken moist & chop into small pieces, chop potatoes into small pieces **Remove:** sweetcorn, peas, celery	Blended chicken hot pot **Remove:** all skin, bones, gristle, onion, sweetcorn, peas, celery.	Pureed chicken hot pot **Remove:** all skin, bones, gristle, onion, sweetcorn, peas, celery.	2 ladles/6 dessertspoons hot pot

Main Meal Options				
Chicken Options (or replace chicken with Turkey) – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Chicken Goulash	Ensure chicken moist & chop into small pieces, chop potatoes small	Blended chicken goulash **Remove:** Onion	Pureed chicken goulash **Remove:** Onion	2 ladles/6 dessertspoons hot pot
Sweet & Sour Chicken	Ensure chicken moist & chop into small pieces, chop carrot & peppers into small pieces & cook until very soft.	Blended sweet & sour chicken. **Remove:** onion, peppers	Pureed sweet & sour chicke. **Remove:** Onion, peppers	3-4 dessertspoons
Stuffed Chicken Fillet	Ensure chicken moist & chop into small pieces	Coarsely minced chicken with a sauce e.g. mushroom sauce.	Pureed chicken with a sauce e.g. mushroom sauce.	1 chicken fillet
American Style Chicken	**Remove:** 'American style' coating, skin, bones & gristle. Chop moist chicken from leg into small pieces.	Coarsely minced chicken with a sauce/gravy **Remove:** 'American style' coating, skin, bones & gristle.	Pureed minced chicken with a sauce/gravy **Remove:** 'American style' coating, skin, bones & gristle.	1-2 chicken drumsticks
Chicken in Barbeque Sauce	**Remove:** Skin & bones from chicken. Chop moist chicken from leg/thigh into small pieces & mix with sauce	Coarsely minced chicken with sauce **Remove:** Skin, bones & gristle from chicken.	Pureed chicken with sauce **Remove:** Skin, bones & gristle from chicken.	1-2 chicken thighs/legs per person
Chicken & broccoli Pie	Chop moist chicken into small pieces **Remove:** crispy topping	**Remove:** Brocolli, onion and crispy topping. Blend remaining ingredients	**Remove:** Brocolli, onion and crispy topping. Puree remaining ingredients	6 dessertspoons
Chicken in mushroom sauce	Fry chicken until just before it starts to brown. Chop moist chicken into small pieces & chop mushrooms into small pieces.	Blend meal	Puree meal	1-2 chicken thighs per person
Chicken Risotto	**Remove:** sweetcorn, leeks (NB soft rice – do not re- microwave)	Unsuitable	Unsuitable	6 dessertspoons

Main Meal Options				
Fish Dish Options – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Oven baked e.g. salmon, trout, mackerel	**Remove:** All skin & bones & chop into bite-sized pieces	**Remove:** All skin & bones Coarsely blended or mash fish with sauce e.g. white sauce	**Remove:** All skin & bones Baked fish soufflé or mousse	100g (4 oz) /size of palm of hand cooked weight
Salmon/Trout/ Mackerel/Sardine Salad (use fresh, tinned or smoked fish)	Chopped fish (all skin & bones removed) & extra light mayonnaise, soft beetroot	Unsuitable	Unsuitable	Half tin/50g drained weight
Oven baked Whiting, Cod, Plaice, Haddock - fresh or frozen without breadcrumbs or batter	**Remove:** All skin & bones & chop into bite-sized pieces	**Remove:** All skin & bones Coarsely blended or mash fish with sauce e.g. white sauce	**Remove:** All skin & bones Fish soufflé/mousse	100g (4 oz)/ size of palm of hand cooked weight
Fish pie (include mix of white & oily fish)	Blended/Mashed fish pie	**Remove:** Onion Blend fish pie	**Remove:** Onion. Puree fish pie	6 dessertspoons
Baked stuffed fish	Unsuitable	Unsuitable	Unsuitable	100g (4 oz) / size of palm of hand cooked weight of fish
Crispy baked fish in tomato sauce	**Remove:** Celery & crispy topping	Unsuitable	Unsuitable	100g (4 oz) / size of palm of hand cooked weight of fish
Golden Cod	**Replace:** Chopped potato with mashed potato	**Remove:** Onion & cheese Blended golden cod	**Remove:** Onion & cheese Pureed golden cod	100g (4 oz) / size of palm of hand cooked weight of fish
Tuna Quick Bake	**Remove:** crispy topping	**Remove:** all breadcrumbs & onion, Blended bake	**Remove:** all breadcrumbs & onion, Pureed bake	1 small square

Main Meal Options				
Vegetarian Options – Most recipes for dishes below can be found in 101 Square meals				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Spanish Omelette	Spanish Omelette	Unsuitable	Unsuitable	2 eggs
Veggie Burger	Unsuitable	Unsuitable	Unsuitable	1 Burger per person
Vegetarian Casserole	Chop carrot & mushrooms into small pieces & cook until very soft	**Remove:** onion, blend casserole to reduce particle size	**Remove:** onion, puree casserole	6 dessertspoons
Vegetable Curry	Chop all vegetables into small pieces, cook all vegetables until very soft	**Remove:** onion, blend curry to reduce particle size	**Remove:** onion, puree casserole	6 dessertspoons
Vegetable Lasagne	Chop lasagne portion into small pieces	**Remove:** Onion, blend lasagne	**Remove:** Onion, puree lasagne	1 small square
Vegetable Pasta Bake	**Remove:** crispy topping Chop into small pieces	**Remove:** grated cheese & breadcrumbs. Blended pasta bake	**Remove:** grated cheese & breadcrumbs Pureed pasta bake	1 small square
Macaroni Cheese	**Remove:** crispy topping	**Remove:** grated cheese & breadcrumbs. Blended macaroni cheese	**Remove:** grated cheese & breadcrumbs Pureed macaroni cheese	6 dessertspoons
Vegetable Risotto	Use risotto rice, ensure vegetables are cooked until soft	Unsuitable	Unsuitable	6 dessertspoons

Main Meal Options				
Beef Options – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Roast Beef	Chopped moist roast beef **Avoid:** dry, tough, chewy or crispy meat & meat with gristle	Coarsely minced roast beef with gravy (remove all fat before mincing)	Pureed roast beef – pureed with sauce/gravy to achieve a thick moist texture	50-75g (2-3 oz) cooked weight (100g/size of palm of hand uncooked weight)
Beef Casserole	Ensure beef moist & chop into small pieces, chop carrot & mushrooms into small pieces & cook until very soft	**Replace:** steak with minced beef **Remove:** onion, blend casserole to reduce particle size	**Replace:** steak with minced beef **Remove:** onion, puree casserole	6 dessertspoons
Beef Curry	Ensure beef moist & chop into small pieces	Blended beef curry **Remove:** onion	Puree curry **Remove:** onion	6 dessertspoons curry, 3 dessertspoons rice
Stir Fry Beef	Unsuitable	Unsuitable	Unsuitable	6 dessertspoons
Beef Salad	Chopped beef & extra light mayonnaise; soft chopped beetroot	Unsuitable	Unsuitable	50-75g (2-3 oz) cooked weight (100g/size of palm of hand uncooked weight)
Beef Stew	Chop beef & carrot into small pieces & ensure beef moist when serving & carrot very soft	**Replace:** beef steak with minced beef, blend beef stew **Remove:** Onion	Replace: beef steak with minced beef, puree beef stew **Remove:** Onion	2 ladles/6 dessertspoons stew
Minced Beef Hot Pot	Chop carrot & potato into small pieces	Blended minced beef hot pot. **Remove:** onion	Pureed minced beef hot pot **Remove:** Onion	2 ladles/6 dessertspoons hot pot
Beef Goulash	Chop beef & potato into small pieces & ensure beef moist when serving & potato very soft	**Replace:** Stewing beef with minced beef **Remove:** onion, blend beef goulash	**Replace:** Stewing beef with minced beef **Remove:** Onio, puree beef goulash	2 ladles/6 dessertspoons hot pot
Lasagne	Chop lasagne portion into small pieces	**Remove:** onion blend lasagne	**Remove:** Onion, puree lasagne	1 Small square

Main Meal Options				
Beef Options – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Meatballs	Chop meatballs. Ensure moist/ make curry sauce and mix with meatballs if necessary.	Unsuitable	Unsuitable	2-3 meatballs per person
Chilli Con Carne	Chilli con carne	**Remove:** Onion, peas Blended chilli con carne	**Remove:** Onion, peas Pureed chilli con carne	2 ladles/6 dessertspoons
Burgers	Unsuitable	Unsuitable	Unsuitable	1 burger per person
Shepherd's Pie (Minced beef & vegetable pie)	**Remove:** Peas.	**Remove:** Onion, Peas, Brocolli Blended Shepherd's Pie	**Remove:** Onion, Peas, Brocolli Pureed Shepherd's Pie	1 Small square
Spaghetti Bolognese	**Remove:** Brocolli, sweetcorn. **Replace:** Spagetti with penne pasta and half each penne.	**Remove:** Onion, Brocolli, Sweetcorn **Replace:** Spagetti with penne pasta – Cook until very soft, blend using additional water from cooking pot & then blend Bolognese separately	**Remove:** Onion, Brocolli, Sweetcorn **Replace:** Spagetti with penne pasta – Cook until very soft, puree using additional water from cooking pot & then puree Bolognese separately	2 ladles/6 dessertspoons
Meat Loaf	Chopped beef loaf, no crispy edges	Unsuitable	Unsuitable	2 thin slices

Main Meal Options				
Lamb Options – Most recipes for dishes below can be found in 101 Square meals Recipe Book				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Roast Lamb	Chopped moist roast lamb **Avoid:** Dry, tough, chewy or crispy meat & meat with gristle	Coarsely minced roast lamb with gravy (remove all skin, bones & gristle before mincing)	Pureed roast lamb with gravy (remove all skin, bones & gristle before pureeing)	50-75g (2-3 oz) cooked weight (100g/size of palm of hand uncooked weight)
Grilled Lamb Chops	Unsuitable	Unsuitable	Unsuitable	1-2 chops
Lamb Curry	Ensure lamb moist & chop into small pieces. **Remove:** Sweetcorn	**Remove:** Onion **Replace:** Stewing Lamb with minced lamb. Blend lamb curry	**Remove:** Onion **Replace:** Stewing Lamb with minced lamb. Puree lamb curry	6 dessertspoons
Lamb Cutlet Casserole	**Remove:** all bone/fat/gristle from cutlets; cut potatoes & meat into small pieces & finely chop onion	**Remove:** all bone/fat/gristle from cutlets, onion **Replace:** Lamb cutlets with minced lamb. Blended minced lamb casserole	**Remove:** all bone/fat/gristle from cutlets, onion **Replace:** Lamb cutlets with minced lamb Pureed minced lamb casserole	1-2 lamb cutlets per person
Lamb Stew	Chop lamb & carrot into small pieces & ensure lamb moist when serving & carrot very soft	**Replace:** Stewing Lamb with minced lamb **Remove:** Onion. Blended lamb stew	**Replace:** Stewing Lamb with minced lamb **Remove:** Onion. Pureed lamb stew	2 ladles/6 dessertspoons stew

Main Meal Options				
To meat/fish/vegetarian dished above, add 1-3 portions vegetables (if not already included in meal):				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving**
Cabbage	Well cooked & chopped (hard stalk in middle removed)	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Spinach	Well cooked	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Brocolli	Well cooked florets (stalks removed)	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Brussel Sprouts	Unsuitable	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Curley Kale	Unsuitable	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Carrots	Very soft	Tender cooked & mashed	Pureed	½ cup (4 dessertspoons)
Parsnip	Very soft	Tender cooked & mashed	Pureed	½ cup (4 dessertspoons)
Turnip	Very soft	Tender cooked & mashed	Pureed	½ cup (4 dessertspoons)
Butternut Squash	Very soft	Tender cooked & mashed	Pureed	½ cup (4 dessertspoons)
Peas	Soft canned suitable, fresh garden peas unsuitable	Soft canned only - mashed	Soft canned only – pureed Ensure husks are removed	½ cup (4 dessertspoons)
Beans	Soft canned suitable, fresh garden beans unsuitable	Soft canned only - mashed	Soft canned only – pureed Ensure husks are removed	½ cup (4 dessertspoons)
Sweetcorn	Unsuitable	Unsuitable	Unsuitable	¼ cup (2 dessertspoons)
Mushrooms	Chopped & well cooked	Unsuitable	Unsuitable	¼ cup (2 dessertspoons)
Onions	Finely chopped	Unsuitable	Unsuitable	¼ cup (2 dessertspoons)

Main Meal Options				
To meat/fish/vegetarian dished above, add 1-3 portions vegetables (if not already included in meal):				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving**
Courgettes	Baked in a sauce with skin removed suitable, fried/ grilled/with skin on unsuitable	Unsuitable	Unsuitable	¼ cup (2 dessertspoons)
Cauliflower	Very soft –florets only	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Peppers	Very soft	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Tomato	Unsuitable	Unsuitable	Unsuitable	1 Tomato
Celery	Unsuitable	Unsuitable	Unsuitable	½ cup (4 dessertspoons)
Beetroot	Very soft-chopped	Very soft - mashed	Very soft - pureed	½ cup (4 dessertspoons)
Lettuce	Unsuitable	Unsuitable	Unsuitable	6 – 8 Leaves
Cucumber	Remove skin and seeds	Unsuitable	Unsuitable	6 - 8 Slices
Radish	Unsuitable	Unsuitable	Unsuitable	½ cup (4 dessertspoons)

Light Meal or Lunch Time/Tea Time Options **Most recipes for dishes below can be found in 101 Square meals Recipe Book**				
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Scrambled Egg	Suitable	Very soft & moist scrambled egg	Pureed scrambled egg	2 eggs
Poached Egg	Suitable – chop	Suitable – cut up	Pureed	2 eggs
Boiled Egg	Suitable – chop	Unsuitable	Unsuitable	2 eggs
Fried Egg	Unsuitable	Unsuitable	Unsuitable	2 eggs
Omelette	**Avoid adding:** Peppers & peas	Unsuitable	Unsuitable	2 eggs
Spanish Omelette	**Avoid adding:** Peppers Chop into small pieces	Unsuitable	Unsuitable	2 eggs
Savoury Pancakes	Chop	Unsuitable	Unsuitable	1 medium/2 mini pancakes
French Toast	Unsuitable	Unsuitable	Unsuitable	2 thin slices bread
Baked Beans	Baked beans	Mashed baked beans	Pureed baked beans Ensure husks are removed	Small tin 'No Added Sugar' (415g tin)
Meat/Fish/Cheese/ Egg Salad	Chopped meat/ fish without bones & skin & extra light mayonnaise/soft cheese only; soft chopped beetroot	Unsuitable	Unsuitable	50-75g (2-3 oz) cooked meat or 100g (4oz) cooked fish or 2oz (2 small matchbox size cheese or 2 eggs)
Meat/Fish/Cheese/ Egg Sandwich	Unsuitable	Unsuitable	Unsuitable	2 thin slices bread; 1-2 slices cold meat/½ tin fish/ matchbox size cheese/1-2 eggs
Homemade Soup	May contain small soft lumps, avoid leeks	Soup may contain small soft lumps e.g. pasta	Soup – blended or strained to remove lumps	2 ladles/6 dessertspoons

Light Meal or Lunch Time/Tea Time Options **Most recipes for dishes below can be found in 101 Square meals Recipe Book**				
Tinned fish e.g. salmon/sardines/ Mackerelel/Tuna	**Remove:** skin & bones	**Remove:** skin & bones Coarsely blended with a sauce e.g. tuna with low fat mayonnaise	**Remove:** skin & bones Fish mousse	½-1 standard size tin
Regular	**Soft and bite-sized (Level 6) 1.5cm/half an inch**	**Minced & Moist (Level 5) 0.4cm/4mm**	**Pureed (Level 4)**	**Average Serving Size i.e. what you eat at a meal**
Cheese on toast	Unsuitable	Unsuitable	Unsuitable	2 thin slices bread & 1 small matchbox size cheese/slice
Baked Potato with filling	**Avoid:** Skin from potato, sweetcorn. rashers, crispy bacon, peas	Unsuitable	Unsuitable	1 medium sized potato
Potato cakes	Chop into small pieces **Remove:** any crispy bits	Unsuitable	Unsuitable	2 medium potato cakes
Cheese, onion & potato pie	Cheese, onion & potato pie	Mashed potato with very soft cheese e.g. cottage cheese	Mashed potato with smooth cheese paste e.g. ricotta cheese and milk based sauce	6 dessertspoons
Mushroom Bake	**Remove:** crispy topping; ensure peppers very soft before serving	Unsuitable	Unsuitable	4 dessertspoons

Adapted from Menu Planning Resource Pack (2015) compiled by Dorothy Loane, Senior Community Dietitian, and Donna Rolfe, Senior SLT, HSE Dublin Mid-Leinster (Midlands Area) with kind permission. Kindly reviewed for IDSSI compliance by Ronán Brady, SLT, St. Michael's House, Dublin.

iv. Eating Out & Takeaways

Choosing Healthier Options:

- Choose tomato based over creamy based sauces.
- Ask for sauce on the side.
- Avoid eating skin from chicken/fat from meat.
- Ask for low fat/skimmed options e.g. coffee made on low fat/skimmed milk instead of full fat milk; low fat spread.
- Chose boiled rice more often than fried/pilau rice.
- Chose boiled/jacket potatoes more often than chips/roast potatoes/ mashed potatoes
- Serving sizes are often much larger when eating out or getting a takeaway than an average serving size. Consider sharing between 2 or ordering 1-2 main course to share between 2-3 individuals.
- Chose small/regular size over large/supersized meals.
- Chose water or a diet drink over full sugar fizzy drinks.
- Share a dessert or choose a healthy starter and main course and skip dessert.

What to avoid if an individual has swallowing difficulties (i.e. requires a texture modified diet):

- All rice
- Hard crunchy chips (Soft, fluffy chips allowed on Soft Texture Modified diet).

SECTION 8.0

Monitoring, Audit and Evaluation

SECTION 8.0

Monitoring, Audit and Evaluation

The audit tool below will assist care providers to assess their existing practices against the key recommendations in the policy body.

Nutrition Screening			
1.	Does the unit admission policy contain a requirement to weigh residents on admission and record the weights in the resident admission notes?	Yes ☐	No ☐
2.	Are residents screened for malnutrition on admission using a validated tool?	Yes ☐	No ☐
3.	If the answer to 2 is 'Yes', please indicate which screening tool is used: ☐ MUST ☐ MNA ☐ SNAQ ☐ MST ☐ other (please specify) _____		
4.	Do residents identified as malnourished or at risk of malnutrition receive appropriate nutrition counselling regarding their needs and any treatment required?	Yes ☐	No ☐
5.	Are residents categorised as malnourished or at risk of malnutrition, following initial nutrition screening, referred to a dietitian?	Yes ☐	No ☐
6.	Is a resident's food and drink intake monitored once they have been identified as malnourished or at risk of malnutrition?	Yes ☐	No ☐
7.	Are residents routinely re-screened for malnutrition?	Yes ☐	No ☐
8.	If the answer to Q.7 is 'Yes', please indicate how often screening takes place: ☐ monthly ☐ every 3 months ☐ every 6 months ☐ other (please specify) _____		

Nutrition and Hydration Assessment			
9.	A food, nutrition and hydration needs assessment is carried out and recorded for each resident?	Yes ☐	No ☐
10.	Based on a food, nutrition and hydration assessment is a referral sent to the appropriate Health and Social Care Profession?	Yes ☐	No ☐
11.	Does the unit have access to:	Yes	No
	Dietitian	☐	☐
	Speech & Language Therapist	☐	☐
	Occupational Therapist	☐	☐
	Physiotherapist	☐	☐
	Dental and Oral Health Practitioner	☐	☐
Education and Training			
12.	Is specific training provided for staff involved in nutrition and hydration care? Please tick as appropriate: ☐ nursing ☐ care assistants ☐ catering ☐ other (please specify) _____ Please specify type of training:		
13.	Please indicate the method(s) used to train staff involved in nutrition and hydration care: ☐ lecture/workshop ☐ workbook ☐ e-learning ☐ other (please specify) _____		
14.	Do catering staff receive training in the preparation of special/ restrictive/therapeutic menus e.g. gluten free, diabetic, renal? Please specify:	Yes ☐	No ☐

Education and Training (continued)			
15.	Is there a designated member of staff responsible for food service in each unit/community house?	Yes ☐	No ☐
16.	What process is in place to ensure residents on special/restrictive/therapeutic diets receive the correct meals?		
Involving the Resident			
17.	Are residents consulted regarding individual food preferences e.g. likes and dislikes	Yes	No
	routines (prefers to eat in own room or dining room/kitchen) portion sizes	☐	☐
	textures (e.g. prefers soft type food)	☐	☐
	flavours (e.g. dislikes spicy food)	☐	☐
18.	Is the information above about resident's routines and nutrition/ hydration preferences documented in resident's records?	Yes ☐	No ☐
19.	Are daily menus available for residents?	Yes ☐	No ☐
20.	Is there a procedure in place to help residents understand and chose menu options (see communication tools in Section 3.0)?	Yes ☐	No ☐
21.	Are residents consulted on menu planning?	Yes ☐	No ☐
22.	Does the unit conduct regular surveys of residents regarding satisfaction with food choices, palatability and presentation?	Yes ☐	No ☐
23.	Are arrangements in relation to mealtimes and snacks explained to residents?	Yes ☐	No ☐
24.	Are dining, feeding and drinking aids available to facilitate residents with eating difficulties to eat independently?	Yes ☐	No ☐

Involving the Resident (continued)			
25.	Are staff available on all units to provide assistance to residents who require help with feeding?	Yes ☐	No ☐
26.	If a resident misses a meal, is there a system in place to ensure that the resident gets a meal outside of normal mealtimes?	Yes ☐	No ☐
Provision of Therapeutic Diets			
27.	Are there menu options in place for provision of:	Yes	No
	Weigh Loss diet	☐	☐
	Diabetes diet	☐	☐
	No Added Salt diet	☐	☐
	High Fibre diet	☐	☐
	Energy Dense diet	☐	☐
	Gluten Free diet	☐	☐
	Renal diet	☐	☐
28.	Have all menus been reviewed by a dietitian to ensure they provide adequate nutrients, range and overall balance to meet the needs of residents?	Yes ☐	No ☐
Modified Consistency Diets			
29.	Are texture modified menus available to residents with chewing or swallowing difficulties?	Yes ☐	No ☐
30.	Has advice been sought from a speech and language therapist with regard to the appropriate consistency for residents on texture-modified menus?	Yes ☐	No ☐
31.	For those requiring Texture Modified diet, how many residents have been prescribed:	Number	
	Level 3 - Liquidised	☐	
	Level 4 - Pureed	☐	
	Level 5 - Minced & Moist	☐	
	Level 6 – Soft & Bite Sized	☐	

Mealtimes and Dining Experience			
32.	Is the menu range suitable for residents from different ethnic, religious and cultural backgrounds?	Yes ☐	No ☐
33.	Are ethnic, religious and cultural groups consulted regarding food choices and preparation?	Yes ☐	No ☐
34.	Are appropriate between meal snacks and drinks available to residents on request?	Yes ☐	No ☐
35.	Is fresh water within reach of all residents, including those with mobility issues, 24 hours a day? (Fluid restricted residents are exempt).	Yes ☐	No ☐
36.	Are residents offered a variety of fluids including: tea, coffee, juice, cordials, milk, throughout the day to enable 6-8 x 200ml servings per day? (Fluid restricted residents are exempt).	Yes ☐	No ☐
37.	Are mealtimes unhurried and relaxed and in line with protected mealtime policy (if one in place for the unit).	Yes ☐	No ☐
38.	Are all residents comfortably positioned for mealtimes? (in bed/out of bed/in dining room/ hand washing available/offered to resident).	Yes ☐	No ☐

SECTION 9.0

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