

DINING PLAN

Name:

ASPIRATION

Behavioral Precautions – [including special table or environment]: Occasionally stomps feet and bites fingers when upset; will shake head “no” to refuses food/activity; self-stimulatory behavior-able to verbally redirect.

CHOKING

FOOD TEXTURE: Pureed

FLUID TEXTURE:

- Thick-it to fluids to **Honey** Consistency if gel not available.
- Gels are preferred method of fluids, however, _____ can tolerate honey-thick liquids. If using honey-thick liquids, offer them in a small mosey cup
- If using pudding or gel thickness, offer them in a coated spoon.

CALORIE RESTRICTION/SPECIAL DIET: 1200 low cholesterol

SUPPLEMENTS:

- Applesauce and bran at breakfast
- Prunes every meal [no other fruit or desert]

EATING:

- Requires total set-up and assistance for meals.
- Wears neck napkin
- Staff should be seated at eye-level
- Present food at level of lips and say “take a bite”. Once he takes a bite say “good bite”.
- Ignore negative behavior “head shaking”, reward positive behavior “taking a bite”.
- Has a tendency to bite the spoon.
- Apply gentle downward pressure on the tongue with the bowl of the spoon during each bite to reduce biting.
- If he tilts head backward during meal, staff should reposition his head, and check to assure mouth is cleared prior to offering more food. Respect his refusal.
- Staff may touch his chin while verbally cueing him to take a bite, however, he **SHOULD NOT** be forced in any way to eat.

DRINKING:

- No fluids on tray; Gels per memo
- Gels are preferred method of fluids, however, he can tolerate honey-thick liquids.
- **DO NOT** discourage coughing

SPECIFIC SKILLS TO MAINTAIN/ACQUIRE: Encourage Choice Making

COMMUNICATION:

- Vocalizations
- Facial expressions, behavioral; head shakes yes/no are not always communicative



He uses a coated spoon for eating his food and his gelled liquids. If he is drinking **honey** thick liquids, he uses a small nosey glass.

He sits upright in his wheelchair using his seat belt, chest harness, headrest, and shoes with braces when he eats. **He may remove his lap tray and his splints for eating.**





TRIGGERS To Notify Supervisor/Nursing Staff:

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| <ul style="list-style-type: none">• Bottom not back in wheelchair• Coughing with signs of struggle (watery eyes, drooling, facial redness)• Wet vocal quality• Vomiting• Sudden change in breathing• Watery eyes | <ul style="list-style-type: none">• Total meal refusals (X 2)-nursing notified• Pocketing of food in mouth• Hyper extends neck despite use of compensatory strategies• Weight loss/gain of 5lbs in a month |
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IF APPROPRIATE EQUIPMENT IS NOT AVAILABLE OR YOU ARE UNSURE OF HOW TO IMPLEMENT THIS PLAN CONTACT YOUR SUPERVISOR