Dining Plan

Name: 

Revised Date: 

Choking Risk: yes/no

Dysphagia Diagnosis: yes/no

Food Allergies:

Diet Restriction/Special Diet:

Food Texture: 

Fluid Texture: 

Supplements: 

Eating/Special Instructions: 

Snacks: 

Specific Skills to Maintain/Acquire: 

Communication: 

Pictures of adaptive equipment should be placed here.

Use a digital camera, polaroid etc…

Electronically attach or tape polaroid picture

Pictures of individual in his/her appropriate eating position and staff position during meals (if assistance is needed) should be placed here.

Triggers To Notify (Nurse, Lead Staff, House Manager, Supervisor) Staff:

- Coughing with signs of struggle (watery eyes, drooling, facial redness)
- Wet Vocal Quality
- Vomiting
- Sudden change in breathing
- Watery eyes
- Weight loss/gain of 5 lbs. in a month.

If appropriate equipment is not available or you are unsure of how to implement this plan contact your supervisor

Outreach Services of Indiana Comprehensive Dysphagia: OR-FN-HS-DN-24(11-9-09)