

# Screening tool

## Mealtime and Swallowing Initial Risk Screening Tool

### HOW TO USE THIS SCREENING TOOL

<b>If there are any items that have a 'yes' response:</b>	<ul style="list-style-type: none"> <li>• Contact your manager. The person may need a review by a speech pathologist or medical practitioner, depending on the issue.</li> <li>• File the checklist in the person's health file.</li> </ul>		
<b>If all responses are 'no':</b>	<ul style="list-style-type: none"> <li>• Contact your manager to discuss the responses. File the checklist in the person's file.</li> </ul>		
<b>Name of person with a disability:</b>		<b>DOB:</b>	
<b>Residential address:</b>			
<b>Does the person have a current mealtime plan? Is it in date? What are the recommendations?</b>			
<b>Person's weight</b> in kgs (e.g. 80kg):	____ kg	<b>Person's height</b> in metres (e.g. 1.75m):	____ m
<b>Body Mass Index (BMI) = Weight ÷ (Height x Height)</b> e.g. 80kg ÷ (1.75m x 1.75m) (NB: Calculate the height squared before dividing the weight.)	BMI = _____		

	QUESTION	YES	NO	COMMENTS
1	Does the person have a BMI of less than 19? If yes, consult a dietician and speech pathologist as required.			
2	Does the person have a BMI of greater than 25? If yes, consult a dietician			
3	Does the person receive tube feeding? If yes, please clarify if it is for all nutrition/hydration or if it is supplemental to oral feeds in the comments			
4	Is the person on a special diet? e.g. Modified texture (food or fluid), weight adjustment diet, diet that restricts food choices (e.g. allergy/intolerance diet)			
5	Does the person require assistance to eat/drink? This includes any prompting.			
6	Does the person have any mouth or teeth problems? e.g. missing and/or broken teeth, ulcers and/or inflamed gums, dry mouth. If yes, consult a dentist.			
7	Is there a history of choking, chest infections, aspiration pneumonia and/or epilepsy/seizures?			
8	Does it take the person longer than 30 minutes to complete a meal? Or do they show signs of fatigue as the meal progresses?			
9	Do they eat quickly, take large mouthfuls or overfill their mouth?			
10	Do they drool or dribble saliva, food or drink?			
11	Do they cough during or after the meal?			

<b>12</b>	Do they have any voice changes during the meal e.g. does the voice get gurgly?			
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	<b>QUESTION</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<b>13</b>	Do they swallow their food without chewing or after minimal chews?			
<b>14</b>	Do they have any food left in their mouth after swallowing?			
<b>15</b>	Do they hold food in their mouth for a long time before swallowing?			
<b>16</b>	Do they take multiple swallows to clear food from mouth?			
<b>17</b>	Do they show signs of pain or distress during mealtimes? e.g. crying, watery eyes, laboured breathing			
<b>18</b>	Do they have difficulty taking medication?			
<b>19</b>	Has the person had a recent medication change that is impacting on their swallow (e.g. dry mouth, drowsiness, loss of appetite)?			
<b>20</b>	Does the person have reflux, or vomiting post-meal?			
<b>21</b>	Does the person regularly refuse to eat meals?			
<b>22</b>	Does the person refuse to eat certain types of food (e.g. chewy, hard)			
<b>23</b>	Does the person have posture/positioning issues during the mealtime? e.g.- Slumped forward or to the side, bottom forward in seat, reclining/lying down, feet not on floor/footplates.			

<b>24</b>	Does the person engage in any mealtime behaviours which may impact on the swallow? e.g. distractibility, taking others' food, mood swings, lethargy			
<b>25</b>	Does the person require any physical, mechanical or chemical restraints that			

	QUESTION	YES	NO	COMMENTS
	may affect their ability to participate safely in the mealtime? e.g. sedative medication, postural supports, arm splints.			

<b>NAME OF PERSON COMPLETING FORM:</b>	
<b>RELATIONSHIP TO PERSON WITH A DISABILITY:</b>	
<b>DATE:</b>	
<b>SIGNATURE:</b>	
<b>ADDITIONAL COMMENTS:</b>	

*With thanks to Queensland Health and the Department of Human Services Victoria for providing the original document from which this checklist was developed.*