

Quarterly Review for Person with Dysphagia/Risk of Aspiration
Residential Site Visit

Consumer Name _____ **CM Agency** _____

Date _____ **Regional Office** _____

People with dysphagia/risk of aspiration need to be observed eating/drinking at least every six months using the “ Mealtime Observation Checklist”

1) Does the person uses a feeding tube? Yes _____ No _____

2) Does the residential staff have responsibility for assisting with the feeding tube in any way? Yes _____ No _____

3) If yes to both questions #1 and # 2:

a) Are the feeding tube guidelines present (usually written by the nurse)?

b) Can staff explain the feeding tube protocol?

2) If the person is an oral eater:

a) Date of the most current Mealtime Procedure Packet:

b) Is it available on site?

c) If adaptive equipment is recommended in the MPP is it available?

d) If adaptive equipment is recommended is it being used?

e) Can staff explain the main components of the MPP (texture, positioning during and after meals, adaptive equipment, and foods to avoid/encourage)?

3) Date of the current Health Care Plan regarding dysphagia/aspiration

4) Date of the current Crisis Prevention Plan regarding dysphagia/aspiration
Can staff describe the plan?

6) Is dental care up to date? If not what is the plan to address this need?

7) Is the person’s weight stable? If not what is the plan to address this?

8) Comments/concerns-

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