

## Comprehensive Aspiration Risk Management Plan (CARMP)

Name: Patrick Drake      Date of Birth: 4/6/1979      Last 4 SS#: 0820      Page 1 of 11

**CARMP:**  Initial  Annual    **Date:** 3/17/2021      **Revised:**  Y    **Revision Date:** Click or tap to enter a date.      **Risk level:** Moderate

**Date of ARST:** 1/5/2021      **ISP Term:** 4/15/21-4/14/22      **Case Manager:** Lola Devine      **CM Agency:** Finley Case Management

***NOTE:** Some CARMP Strategies may be optional for persons at moderate risk for aspiration due to Risky Eating Behavior (REB), when that is the ONLY criteria met on the Aspiration Risk Screening Tool (ARST). The optional REB strategy sections are labeled as “\*\*Optional for REB Only”. Other required CARMP sections continue to be required or may be determined “not applicable (n/a)” based on assessment & IDT consensus.*

**REB ONLY criteria**

STRATEGIES	PHOTOS (optional)	LEAD CONTACT*
<b>A. RECOGNIZE AND REPORT INDIVIDUAL SPECIFIC SIGNS AND SYMPTOMS OF ASPIRATION</b> (required)		
The following is a list of those specific <b>signs and/or symptoms (S&amp;S)</b> of aspiration or aspiration associated illnesses (including dehydration) that have been identified for this person. This should not be a generic listing of S&S of aspiration that applies to all people. <i>(If specific S&amp;S are not known the IDT may use generic until individual specific S&amp;S identified)</i> 1. Coughing during or after eating 2. Gurgling or “wet sounding” voice during or after eating 3. Dry lips/smacking lips		<b>Nurse</b> All IDT members should: • Provide input • Monitor and report
<b>All IDT members are required to monitor for individual specific signs and symptoms of aspiration</b> When any of the identified signs and/or symptoms listed above is observed the following actions are required: 1. <u>The observer</u> calls the agency nurse to report the observation & make a note in the daily documentation at that site. 2. <u>The nurse</u> determines the appropriate follow up action, coordinates this with the direct support personnel (DSP) and documents in nursing notes. Nursing actions may include, but are not limited to, contacting the PCP, monitoring temperature, pulse, and respirations for next 72 hours, sending the person to urgent care or the emergency room. 3. <u>The nurse</u> informs the <u>observer</u> of the actions taken and follow up as needed. 4. <u>DSP</u> will document all actions taken.		<b>Nurse</b> • All IDT members are responsible to monitor, report, and implement strategies
<b>B. HEALTH MONITORING AND REPORTING</b> (required)		
<b>Refer to the Medical Emergency Response Plan(s) (MERPs) for specific guidelines</b>		<b>Nurse</b>
<b>Observe and report to the nurse immediately:</b> choking that requires suctioning, abdominal thrusts (Heimlich maneuver) or 911.		<b>Nurse</b>
Use Pulse Oximeter 4 times per day (frequency) Notify Nursing: 95 <i>(insert range)</i>		<b>Nurse</b>
<b>If vomiting or seizures occur:</b> Follow the MERP(s). 1. Identify positioning during vomiting: laying on the left side to allow drainage Identify positioning during seizures: N/A (Refer to Seizure Plan) 2. Call the nurse. 3. If vomiting occurred; check temperature, pulse, respirations, and O2 saturation level (pulse oximeter) three times a day, for three days. Document all results in Therap and notify nurse of each result.		<b>Nurse</b>

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4. If any S&S of aspiration or aspiration associated illness are present after vomiting, immediately have the person seen by the PCP, urgent care, or in the ER.		
Nurse will monitor and document clinical and respiratory status and report to PCP as needed.		<b>Nurse</b>
Staff will monitor weight (frequency): Monthly Nurse to notify PCP for weight loss/gain of 10 lbs. or 10% bodyweight within 6-month period.		<b>Nurse</b>
All IDT members are required to monitor for signs and symptoms of dehydration as listed in section A (some examples are dry mouth, poor skin turgor, low or dark urine output, etc.). Notify nurse and RD with concerns.		<b>Nurse</b>
Other Monitoring & Reporting Related to: 1. Respiratory/bronchial issues. Refer to respiratory care plan if needed. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</span> 2. Other: GERD, constipation, seizures, etc. Refer to other plans as needed. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</span> 3. Hydration/Dehydration due to other complex medical/behavioral needs. Refer to plan as needed. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A</span>		<b>N/A</b>
<b>C. ORAL INTAKE STRATEGIES (required if the person eats, drinks, or takes medications orally)</b> <input type="checkbox"/> Not applicable - 100% NPO (if checked, delete all areas in section below)		
<b>Positioning of person</b> when eating or drinking anything: Patrick should be sitting at the dining table with his feet flat on the floor. Be sure he is close to the table and not 'twisted' in his chair.		<b>PT</b> Designated Trainer: Gina Smith Home Inc.
<b>Positioning of person assisting</b> with all food or fluids: sitting on Patrick's right side		<b>PT</b> Designated Trainer: Gina Smith Home Inc.
<b>Nutrition Recommendations: <input checked="" type="checkbox"/> Refer to more detailed Nutrition Plan, as needed.</b> 1. Nutrition goals: 1) Gradual weight gain of 2-3 pounds each month until a weight is reached within the recommended weight range of 117-143 pounds. 2) Soft BM every 1-2 days. 3) Meet nutritional needs on a daily basis. 4) Encourage at least 60 ounces of fluid per day. 2. Recommended weight range: 117-143 pounds 3. Diet order: Diet order: Encourage 2nd servings at meals. Add high calorie condiments to food to boost caloric intakes, such as melted cheese, butter, gravy, sour cream, mayonnaise, salad dressing, cream cheese, jelly, honey, whip topping, cream sauces, olive oil, canola oil, half and half, Greek yogurt, etc. 8oz prune juice twice daily. Provide high calorie beverages, such as juice, smoothies, milk, lemonade, sweetened tea rather than water and flavored water packets that contain no calories to help with weight maintenance. 4. Food allergies, if known: No known food allergies 5. Supplements/snacks ( <i>do not list vitamins</i> ): 1 cup super pudding twice daily between meals + evening snack 6. Caloric needs per 24 hours (For informational purposes; does not need to be tracked unless stated): 1800 calories 7. Protein needs per 24 hours (For informational purposes; does not need to be tracked unless stated): 60 grams		<b>RD</b>

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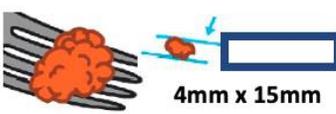
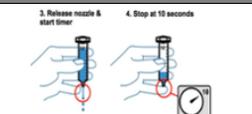
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8. Fluids: <ol style="list-style-type: none"> <li>a. Fluid intake needs per 24 hours (For informational purposes; does not need to be tracked unless stated): 1800ml (60 oz)</li> <li>b. Fluid intake restrictions (per PCP orders): None Ordered I&amp;O must be tracked.</li> <li>c. Additional strategies to minimize risk of dehydration (<i>such as offer beverages with regular intervals, variety of beverages, offer small amounts frequently, etc.</i>): 1) Offer 10 ounces of fluid with all 3 meals and all 3 snacks. 2) Offer additional fluids every hour between meals. 3) Provide mostly fluids that contain calories to help with weight maintenance.</li> </ol>			
<b>Diet Texture:</b> Choose <u>one</u> appropriate IDDSI Level; delete all other levels. <i>Note:</i> Refer to CARMP Instructions if DCP has occurred.			<b>SLP</b>
<i>IDDSI Level</i>	<i>IDDSI Description - do not alter</i>	<i>Testing Methods – see Appendix: IDDSI Reference</i>	
<b>Level 6 – Soft and Bite-Sized Food</b>	<ul style="list-style-type: none"> <li>• no separate thin liquid</li> <li>• mashes, stays squashed</li> <li>• chewing required before swallowing</li> </ul> <p><b>* must pass both food piece size and softness tests</b> →</p>	 	Per SLP: Level 5 recommended in all settings
<b>Level 5 – Minced and Moist Food</b>	<ul style="list-style-type: none"> <li>• can eat with fork or spoon</li> <li>• no separate thin liquid</li> <li>• easy to squash with tongue</li> <li>• small lumps</li> </ul> <p><b>* must pass all 3 tests: fork, squash, spoon tilt</b> →</p>	 	Per DCF 3/10/21: Level 6 allowed at home only: Level 5 in all other settings
<b>Instructions/Guidance for <u>preparation of food</u> for person</b> ( <i>describe blender/speed being used, fluids to add, etc.</i> ): N/A			
<b>Liquid Consistency:</b> Choose <u>one</u> IDDSI Level; delete all other levels. <i>Note:</i> Refer to CARMP Instructions if DCP has occurred.			<b>SLP</b>
<i>IDDSI Level</i>	<i>IDDSI Description - do not alter</i>	<i>IDDSI Flow Test/Test Methods - see Appendix: IDDSI Reference</i>	
<b>Level 0 Thin Liquid</b>	<ul style="list-style-type: none"> <li>• no liquid restriction</li> <li>• flows like water</li> <li>• fast flow</li> </ul>		
<b>When liquids must be thickened, a commercial thickener or specific additive must be identified:</b> _____			<input checked="" type="checkbox"/> N/A
<b>Instructions/Guidance for <u>preparation of liquid</u> for person:</b> N/A			
<b>Adaptive Eating Equipment</b> ( <i>identify by name; photos are helpful. Include web links or attach page with ordering/purchasing information</i> ) <ol style="list-style-type: none"> <li>1. Utensils: 2 Munchkin spoons (one for Patrick, one for caregiver)</li> <li>2. Dishes:                         <ul style="list-style-type: none"> <li>• Partitioned/Divided plate for Patrick – see picture</li> <li>• Extra plate for staff with food on it</li> </ul> </li> </ol>		   	<b>OT</b>

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3. Cup ( <i>specify style, lid, spout, straw, etc.</i> ): Nosey Cup (1oz marked on cup) 4. Cup for hydration outside of mealtime: Nosey Cup (1oz marked on cup) 5. Mat: Dycem non-skid (if plate does not have non-slip feet) 6. Other ( <i>blender/food processor, etc.</i> ): N/A	Nosey Cups <a href="https://www.amazon.com/dp/B009R2EH3I/ref=cm_sw_em_r_mt_dp_77CYNG33P833HD7TXZ8Q">https://www.amazon.com/dp/B009R2EH3I/ref=cm_sw_em_r_mt_dp_77CYNG33P833HD7TXZ8Q</a> Munchkin Soft Tip Spoon 6 Pack <a href="https://www.amazon.com/dp/B003WUGR6G/ref=cm_sw_em_r_mt_dp_GCKTCHGX3A4ASTKMY60Z">https://www.amazon.com/dp/B003WUGR6G/ref=cm_sw_em_r_mt_dp_GCKTCHGX3A4ASTKMY60Z</a> Compartment Dish with 3 Dividers <a href="https://www.amazon.com/dp/B07NJMV69G/ref=cm_sw_em_r_mt_dp_VHCMH3G7EJMTF1DQ9VZG">https://www.amazon.com/dp/B07NJMV69G/ref=cm_sw_em_r_mt_dp_VHCMH3G7EJMTF1DQ9VZG</a>	
<b>Level of Supervision when eating and/or drinking</b> ( <i>describe</i> ): Caregiver should be seated at the table with Patrick		SLP
<p><b>Assisted Eating Techniques:</b> how to assist the person with eating <b>when another person</b> is bringing the food and/or liquid to their mouth  <b>** Patrick can usually feed himself (see Self-Feeding Techniques below). If he is tired or not feeling well, he may not be able to feed himself for the whole meal. Use the following strategies to feed him.</b></p> <ol style="list-style-type: none"> <li>Presentation of Food (<i>describe placement on lips or tongue, types of cues given, pacing, amount on spoon, alternating food and liquid sips, alertness strategies, etc.</i>):                         <ul style="list-style-type: none"> <li>Scoop the food onto the spoon</li> <li>Tell Patrick, “Here comes a bite”</li> <li>Wait for him to bring his head up and open his mouth</li> <li>Place spoon in his mouth and apply slight downward pressure to mid-third of tongue</li> <li>Wait for him to close his lips around the spoon and then pull it out</li> <li>Look to make sure he has swallowed the food in his mouth before giving him another bite</li> </ul> </li> <li>Presentation of Liquid (<i>describe placement on lips or in mouth, types of cues given, pacing, amount of liquid in cup or per sip, etc.</i>):                         <ul style="list-style-type: none"> <li>Fill his cup to the 1oz mark.</li> <li>Tell Patrick, “Here comes a drink”</li> <li>Wait for him to bring his head up and open his mouth</li> <li>Place the cup on his lips and wait for him to close them around the rim.</li> <li>DO NOT pour the liquid into his mouth.</li> <li>Slightly tip the cup and give him no more than three small consecutive drinks</li> <li>Remove the cup and allow him to take breath before giving him more</li> </ul> </li> </ol>		SLP

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<p><b>Self-Feeding Techniques:</b> assistance needed <b>for the person</b> to safely bring the food and/or liquid to their own mouth</p> <ol style="list-style-type: none"> <li>1. Adaptive Equipment (<i>describe position of plate, utensils, cup</i>): center plate in front of Patrick, put Munchkin spoon and nose cup to right of his plate</li> <li>2. Communication Aid(s) (<i>describe basic use as part of self-feeding</i>): N/A</li> <li>3. Presentation of Food (<i>describe table set up, other _____</i>): <ul style="list-style-type: none"> <li>• Caregiver should put <u>all</u> food on the second plate and keep it off to the side.</li> <li>• Place only <b>3 Munchkin-sized spoonfuls</b> on Patrick’s plate at a time (in any section of the plate).</li> <li>• Use the second Munchkin spoon to flatten or spread the food out around his plate. Refill as needed.</li> <li>• Do NOT attempt to touch or take Patrick’s spoon out of his hand. Use the extra spoon to stir or reposition his food on the plate. First tell him what you are doing, “I see your food needs stirring, Can I help you?”</li> <li>• If Patrick has too much on the spoon, use the second Munchkin spoon to scrape some off.</li> </ul> </li> <li>4. Presentation of Liquid (<i>describe location on table, set up, other _____</i>): Fill his nose cup to the 1oz mark, place cup on table for Patrick to pick up. Refill to 1oz mark as needed.</li> <li>5. Cues needed (<i>for successful pacing, utensil use, other...</i>): <ul style="list-style-type: none"> <li>• Remind Patrick to take a drink every 3 spoonfuls.</li> <li>• If Patrick is eating too fast, give him gentle reminders to “chew it all”, “slow down”, or “take a drink”.</li> </ul> </li> <li>6. Other: <b>If Patrick is tired or not feeling well, he may not be able to feed himself for the whole meal. See Assisted Eating Techniques above.</b></li> </ol>		OT
<p><b>Sensory Support</b> (<i>describe strategies to support sensory needs and ensure safety during mealtime</i>): Turn off background noise such as tv or radio. Close dining room blinds partway so Patrick doesn’t have to squint in the sunlight. In the community/at a restaurant, have Patrick sit facing ‘away’ from the activity and away from the aisle or walkway, whenever possible.</p>		OT
<p><b>Behavioral Support</b> (<i>include strategies to address risky eating behavior, prompts to address distraction, provide reassurance, combat food insecurity related to trauma, confusion, overstimulation, anxiety, motivation, etc.</i>):</p>		N/A
<p><b>Positioning after oral intake:</b>  <b>Minimum</b> length of time this position must be maintained:</p>		N/A

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<b>D. ORAL MEDICATION DELIVERY STRATEGIES</b> <input type="checkbox"/> Not applicable – 100% NPO or <input type="checkbox"/> ** Optional for REB Only (if checked, delete both rows in section)		
<b>Altered form of Medication:</b> 1. Refer to MAR for current medications & appropriate times for medication delivery. <b>DO NOT LIST MEDICATIONS HERE.</b> 2. Describe the altered form of medications as needed due to sensory and/or dysphagia limitations ( <i>check all that apply, if using multiple altered forms of medication specify type for each</i> )  <input type="checkbox"/> Liquid ( <i>special instructions</i> ): <input checked="" type="checkbox"/> Crushed [assure medication is crushable] ( <i>special instructions</i> ): <input type="checkbox"/> Cut into pieces no larger than _____, ( <i>special instructions</i> ): <input checked="" type="checkbox"/> Whole ( <i>special instructions</i> ): <input type="checkbox"/> Sprinkled on food ( <i>special instructions</i> ): <input type="checkbox"/> Dissolved in liquid ( <i>special instructions</i> ): <input type="checkbox"/> Other (describe):	Nurse	
<b>Oral Medication Delivery Method:</b> Indicate additional delivery techniques intended to minimize aspiration risk; check all that apply. <i>Note: Level of Assistance with Medication Delivery is based on the MAAT: contact nurse with any questions.</i> <u>Liquid Medication/Medication Dissolved in Liquid:</u> <input type="checkbox"/> Drink using _____ ( <i>specify cup type, straw, etc.</i> ) <u>Other Forms of Medication:</u> <input checked="" type="checkbox"/> Mix with pureed food ( <i>e.g., water, puree food, soft foods, etc.</i> ) <input checked="" type="checkbox"/> Present using Munchkin spoon ( <i>e.g., syringe, specific spoon, med cup, fingers, etc.</i> ) <input type="checkbox"/> Number of pills/tablets/capsules in mouth at one time <input checked="" type="checkbox"/> Follow each oral presentation medication dose with a drink ( <i>drink, puree food etc.</i> ) <input type="checkbox"/> Visually examine the mouth ( <i>cheeks, under tongue, area between lips and teeth</i> ) to assure medication has been swallowed. <input type="checkbox"/> Sweep the mouth with a _____ ( <i>gloved finger, toothette</i> ) to assure medication has been swallowed. <input type="checkbox"/> Other:	SLP	
<b>E. TUBE (Enteral) FEEDING STRATEGIES</b> via <input type="checkbox"/> G; <input type="checkbox"/> J; <input type="checkbox"/> G/J; or <input type="checkbox"/> NG tube <input checked="" type="checkbox"/> Not applicable, no feeding tube (if checked, delete all areas in tube feeding section below)		
<b>F. POSITION FOR ROUTINE ACTIVITIES</b> <input checked="" type="checkbox"/> <b>Determined not applicable based on assessment &amp; IDT consensus</b> (if checked, delete row below)		
<b>G. ORAL HYGIENE STRATEGIES</b> (required) ** if REB only <input type="checkbox"/> <b>Determined not applicable based on assessment &amp; IDT consensus</b> (if checked, delete all areas in oral hygiene section below)		
Please check all that apply ( <i>for team information only</i> ): <input type="checkbox"/> own teeth (all present) <input checked="" type="checkbox"/> own teeth (some missing) <input type="checkbox"/> no teeth <input type="checkbox"/> partial plate/dentures used <input type="checkbox"/> partial plate/dentures refused		

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1. Complete Oral Care 2 times per day.		<b>Nurse</b>
2. Identify when oral care should occur: after breakfast and after dinner		<b>OT</b>
3. Recommended Location(s) for oral care: in bathroom, at sink		
4. List and describe ALL needed oral hygiene supplies (including those identified by the team and <u>prescribed/recommended</u> per the Dentist/Oral Hygienist): 4.1. Mouthwash/solutions ( <i>refer to MAR if ordered</i> ): N/A 4.2. Toothpaste ( <i>refer to MAR if ordered</i> ): fluoride, gel (not paste) 4.3. Toothbrush(es): manual, small head, soft bristles 4.4. Other ( <i>include partial/denture care as needed</i> ): nosey cup with 1oz level marked, washcloth, floss pics	  <p>Aim Precision Floss Picks  <a href="https://www.amazon.com/dp/B00KNL3IVO/ref=cm_sw_em_r_mt_dp_STB6XJNR7TMXJ8XD06DV">https://www.amazon.com/dp/B00KNL3IVO/ref=cm_sw_em_r_mt_dp_STB6XJNR7TMXJ8XD06DV</a></p>	<b>OT</b>
5. Utilize good oral hygiene practices as recommended by Dentist/Oral Hygienist or identified by the team ( <i>include detailed instructions in sections 8 and 9</i> ): 5.1. Brushing time: 30 seconds per quadrant 5.2. Flossing: Once per day, after dinner 5.3. Partial/Denture care: N/A		<b>Nurse</b>
6. <b>Positioning of person</b> during oral care: Patrick should be standing or sitting at the bathroom sink. Be sure he is close to the counter; his back is upright with his head over his shoulders (not ‘twisted’ or head extended).		<b>OT</b>
7. <b>Positioning of person assisting</b> with oral care: Caregiver should stand or sit on Patrick’s right side. Be at Patrick’s eyelevel so he doesn’t need to tip his head back to see you.		<b>OT</b>

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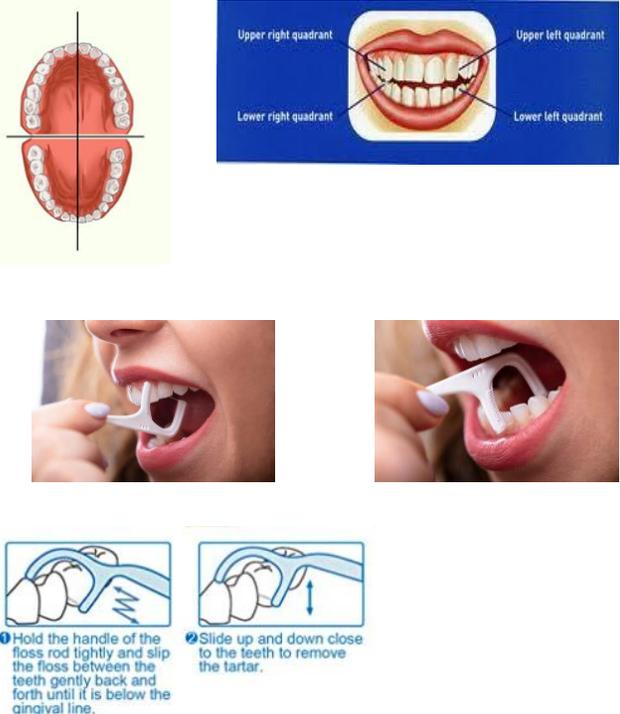
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<p>8. Brushing Routine Assistance and Instructions recommended by Dentist/Oral Hygienist or as identified by team.  <u>Choose One</u> (and describe set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory strategies, etc.)</p> <p><input type="checkbox"/> Self-Brushing for <u>complete</u> oral hygiene routine:</p> <p><input checked="" type="checkbox"/> Self-Brushing and Assisted Brushing for oral hygiene routine:  <i>Self-Brushing:</i></p> <ul style="list-style-type: none"> <li>• Ask Patrick to get his toothbrush, toothpaste, noney cup, washcloth, and floss pics.</li> <li>• Watch as Patrick puts a small amount of gel on his brush and brushes. Remind him to take a break and switch to the next area/quadrant after 30 secs. Remind him to brush all 4 areas.</li> <li>• Fill his noney cup to the 1oz mark and hand to Patrick. Remind him to rinse and spit out the paste.</li> </ul> <p><i>Assisted Flossing:</i></p> <ul style="list-style-type: none"> <li>• Ask Patrick to sit on the chair in the bathroom. Caregiver should sit on a chair or the toilet right next to him.</li> <li>• Let Patrick know you are going to help him with the flossing. Touch his cheek to let him know where you are going to start (upper/lower, left/right side)</li> <li>• Ask him to open his mouth. Gently slide the floss back and forth between each tooth in the area/quadrant. Stop and give Patrick a 20-30 sec break. Repeat for the other 3 areas/quadrants.</li> </ul> <p><input type="checkbox"/> Assisted Brushing for <u>complete</u> oral hygiene routine:</p>		<p><b>OT</b></p>
<p>9. Specific Oral Care Procedures not covered above, in sequential order, including Sensory, Behavioral, and Cognitive strategies:            9.1.</p>		<p>N/A</p>
<p>10. Saliva management techniques <i>during oral care</i> not previously stated (e.g. <i>suctioning, etc.</i>): Ask Patrick to use his washcloth to wipe any excess saliva from his lips or chin during brushing or flossing.</p>		<p><b>OT</b></p>
<p>11. Observe for and report to nurse any:            11.1. Change in appearance of gums or tongue; (e.g., dark, broken, loose or missing teeth; bad breath; swelling, lesion).</p>		<p><b>Nurse</b></p>

\* **“Lead Contact”** is responsible for monitoring and training each strategy area. Suggested Discipline is **Bolded**. The team must identify one Lead Contact for each area and delete other disciplines. Add Designated Trainer’s name under Lead Contact following designation; the Lead Contact must continue to monitor and report. N=Nursing, RD=Registered/Licensed Dietitian; PT=Physical Therapy; OT=Occupational Therapy; SLP=Speech Therapy; BSC=Behavior Support Consultant NM DOH-DDSD 02/10/2022

## Comprehensive Aspiration Risk Management Plan (CARMP)

Name: Patrick Drake

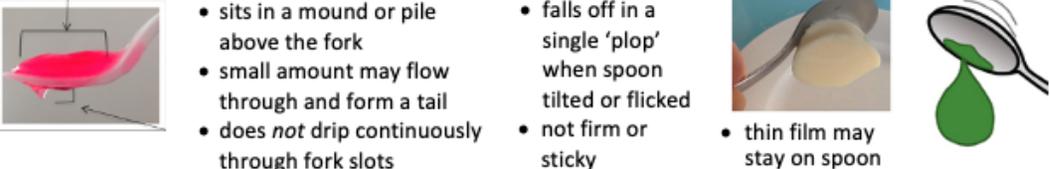
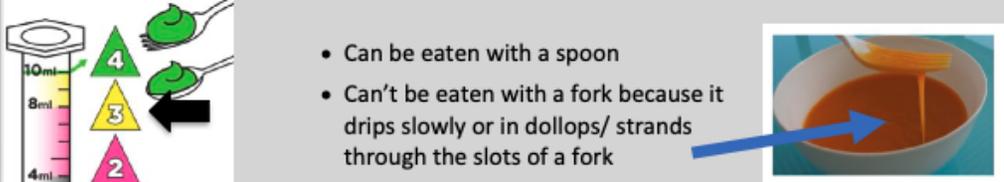
Date of Birth: 4/6/1979

Last 4 SS#: 0820

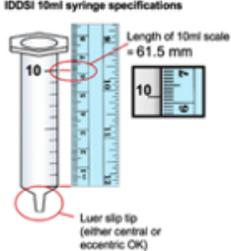
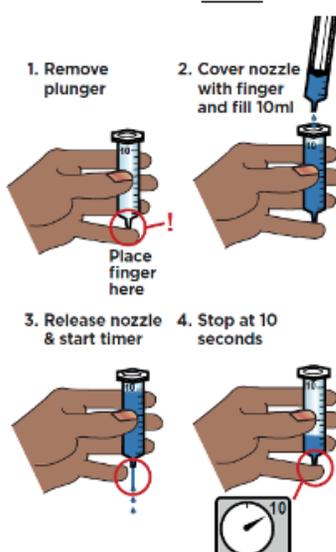
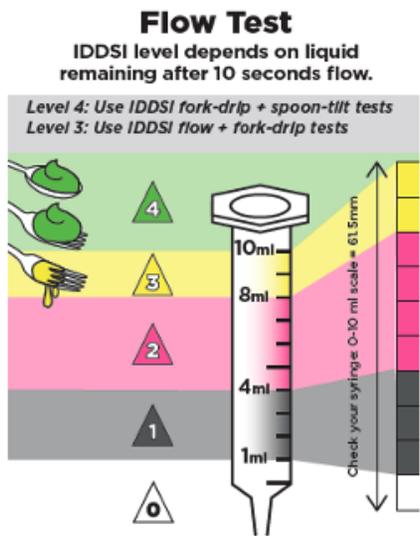
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STRATEGIES	PHOTOS (optional)	LEAD CONTACT*	
11.2. Presence of oral pain, refusal to eat or drink hot/cold food or liquids etc. 11.3. Stop oral care immediately and contact nurse if: the person is coughing, gagging, or choking and cannot catch his breath			
12. Positioning <b>AFTER</b> oral care: <b>Minimum</b> length of time this position must be maintained:		N/A	
<b>H. SALIVA MANAGEMENT STRATEGIES</b> <input checked="" type="checkbox"/> <b>Determined not applicable based on assessment &amp; IDT consensus</b> (if checked, delete areas below)			
<b>I. STRATEGIES TO MINIMIZE RUMINATION</b> <input checked="" type="checkbox"/> <b>Determined not applicable based on assessment &amp; IDT consensus</b> (if checked, delete areas below)			
<b>J. PERSONALIZED OUTCOMES</b> (required) <i>Note: Outcomes must be measurable. Timeline for each outcome will be through the ISP term. If timeline is different than this, PLEASE SPECIFY!</i>			
The IDT will track the following outcomes to determine the effectiveness of the CARMP 1. Patrick will not have any incidents of aspiration or aspiration associated illnesses 2.		<b>IDT:</b> develops <b>CM:</b> assures IDT tracks outcomes	
<b>K. LEAD CONTACT (TRAINER) INFORMATION</b> (required for ALL) Use <b>SCOMM</b> only for all communication and scheduling			
Name	Agency	Phone	Fax
Primary Provider Nurse: Betsy RN: Nettie RD: Jennifer SLP: Demarre PT/PTA: Mary Beth OT/COTA: Robin BSC: Lynn			

\* **“Lead Contact”** is responsible for monitoring and training each strategy area. Suggested Discipline is **Bolded**. The team must identify one Lead Contact for each area and delete other disciplines. Add Designated Trainer’s name under Lead Contact following designation; the Lead Contact must continue to monitor and report. N=Nursing, RD=Registered/Licensed Dietitian; PT=Physical Therapy; OT=Occupational Therapy; SLP=Speech Therapy; BSC=Behavior Support Consultant NM DOH-DDSD 02/10/2022

<b>APPENDIX: IDDSI REFERENCE PAGE - DIET TEXTURE - DO NOT EDIT - DO NOT DELETE</b>	
<u><b>IDDSI Descriptors and Characteristics</b></u>	<u><b>IDDSI Testing Methods</b></u>
<p><b><u>Level 7 Regular Food</u></b></p>	<ul style="list-style-type: none"> <li>everyday foods of various textures</li> <li>no texture/size restrictions at this level</li> </ul>
<p><b><u>Level 7 Regular, Easy to Chew Food:</u></b></p> <ul style="list-style-type: none"> <li>does <u>not</u> include: hard, tough, chewy, fibrous, stringy, crunchy or crumbly bits, pips, seeds, fibrous parts of fruit, husks, or bones</li> <li><b>* must break apart easily and pass fork pressure test</b></li> </ul>	<ul style="list-style-type: none"> <li>everyday foods of soft/tender textures</li> <li>must <b>break apart easily</b> with the side of a fork/spoon</li> <li>doesn't regain shape when squashed</li> <li>may include 'dual consistency' or 'mixed consistency' per lead contact</li> </ul>
<p><b><u>Level 6 Soft and Bite-Sized Food</u></b></p> <ul style="list-style-type: none"> <li>knife not required to cut this food</li> <li>soft, tender and moist throughout but with no separate thin liquid</li> <li><b>* must pass both food piece size and softness tests</b></li> </ul>	<ul style="list-style-type: none"> <li>can be mashed/broken down with pressure from fork or spoon</li> <li>does not return to original shape when squashed</li> </ul>  <p>Food pieces no bigger than 1.5cm x 1.5cm</p>
<p><b><u>Level 5 Minced and Moist Food</u></b></p> <ul style="list-style-type: none"> <li>can be scooped &amp; shaped (e.g. into a ball shape) on a plate</li> <li>soft and moist with no separate thin liquid</li> <li><b>* must pass all 3 tests: fork, squash, spoon tilt</b></li> </ul>	<ul style="list-style-type: none"> <li>Food pieces no bigger than 4mm x 15mm</li> <li><b>* soft enough to squash easily with fork or spoon</b></li> <li>small lumps visible within the food</li> <li>holds shape, <b>not</b> firm or sticky, little food may stay on spoon</li> </ul> 
<p><b><u>Level 4 Pureed Food</u></b></p> <ul style="list-style-type: none"> <li>can be piped, layered, or molded because it retains its shape</li> <li>should not require chewing</li> <li>very slow movement under gravity but cannot be poured</li> <li>cannot be sucked through a straw</li> <li><b>* must pass both Fork Drip and Spoon Tilt tests</b></li> </ul>	<ul style="list-style-type: none"> <li>sits in a mound or pile above the fork</li> <li>small amount may flow through and form a tail</li> <li>does <i>not</i> drip continuously through fork slots</li> <li>falls off in a single 'plop' when spoon tilted or flicked</li> <li>not firm or sticky</li> <li>thin film may stay on spoon</li> </ul> 
<p><b><u>Level 3 Liquidized Food</u></b></p> <ul style="list-style-type: none"> <li>can't be piped, layered, or molded; will not keep its shape</li> <li>can be swallowed directly; no chewing required</li> <li>smooth texture with no 'bits' (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone)</li> <li><b>* must pass both Flow Test and Fork Drip tests</b></li> </ul>	<ul style="list-style-type: none"> <li>Can be eaten with a spoon</li> <li>Can't be eaten with a fork because it drips slowly or in dollops/ strands through the slots of a fork</li> </ul> 
<p><b><u>Transitional Foods:</u> <i>Used only with Levels 5, 6, and 7</i></b></p> <ul style="list-style-type: none"> <li>food that starts as one texture (e.g. firm solid) and changes into another texture specifically when moisture (e.g. water or saliva) is applied or when a change in temperature occurs (e.g. heating)</li> <li>food squashes and does not return to original shape</li> <li><b>* must pass Fork Pressure test</b></li> </ul>	<ol style="list-style-type: none"> <li>Add 1mL of water to 1.5cm x 1.5cm sample and wait 1 minute.</li> <li>Then complete the IDDSI Fork Pressure Test.</li> </ol> <p>Thumbnail blanches white</p> 

**APPENDIX: IDDSI REFERENCE PAGE - LIQUID CONSISTENCY – DO NOT EDIT – DO NOT DELETE**

IDDSI Descriptors and Characteristics	Always use this syringe for IDDSI Flow Testing
<p><b>Level 4 Extremely Thick Liquid</b></p> <ul style="list-style-type: none"> <li>• Cannot be poured</li> <li>• Cannot be drunk from a cup</li> </ul>	<p><b>Always use this syringe for IDDSI Flow Testing</b></p>  <p>BD 10ml Slip Tip syringe - code 303134 BD 10ml Luer Lock syringe - code 300912</p> <p>OR</p> <p>Any 10ml syringe measuring 61.5 mm in length from the zero line to the 10 mL line</p>
<p><b>Level 3 Moderately Thick Liquid</b></p> <ul style="list-style-type: none"> <li>• Can be poured</li> <li>• Can be drunk with a cup or taken with a spoon</li> </ul>	
<p><b>Level 2 Mildly Thick Liquid</b></p> <ul style="list-style-type: none"> <li>• 'sippable'</li> <li>• Pours quickly from a cup or spoon, but more slowly than thin drinks</li> </ul>	
<p><b>Level 1 Slightly Thick Liquid</b></p> <ul style="list-style-type: none"> <li>• Thicker than water</li> <li>• Requires a little more effort to drink than thin liquids</li> </ul>	<p><b>Additional Considerations and Guidance</b></p>
<p><b>Level 0 Thin Liquid</b></p> <ul style="list-style-type: none"> <li>• No liquid restrictions; fast flow</li> <li>• Flows like water</li> </ul>	<p><b>Wait Time:</b></p> <ul style="list-style-type: none"> <li>• Typically test liquid after it sits for 5-10 minutes</li> <li>• Varies by brand and product – check the package</li> </ul>
<p><b>IDDSI Flow Test/Testing Methods</b></p>	<p><b>Temperature:</b></p> <ul style="list-style-type: none"> <li>• Both the room temperature and food/liquid temperatures make a big difference</li> <li>• Please test and retest as needed</li> </ul>
<p><b>* Use Flow Test after mixing and wait time *</b></p>  <p><b>The amount of liquid in the syringe after 10 seconds determines the IDDSI Level</b></p>  <p>www.iddsi.org</p> <p><b>Flow Test</b> IDDSI level depends on liquid remaining after 10 seconds flow.</p> <p>Level 4: Use IDDSI fork-drip + spoon-tilt tests Level 3: Use IDDSI flow + fork-drip tests</p> <p>Check your syringe 0-10 ml scale = 61.5mm</p>	<p><b>Carbonated Drinks:</b></p> <ul style="list-style-type: none"> <li>• Thickener makes carbonated drinks fizz</li> <li>• Mix until the fizz goes down</li> <li>• WAIT at least 3 minutes after the fizz goes down before testing these drinks</li> </ul> <p><b>Smoothies, Shakes, &amp; other 'already thick' drinks</b></p> <ul style="list-style-type: none"> <li>• Test drink first</li> <li>• Thin or thicken as required for level needed</li> <li>• These drinks melt as they sit</li> <li>• Please retest</li> </ul> <p><b>Need to Thicken or Thin?</b></p> <ul style="list-style-type: none"> <li>• See CARMP Liquid Consistency Instructions Box for what to use</li> <li>• See CARMP Nutrition Recommendations section for specifics about use of broth, purees, etc.</li> </ul>