

Clinical Task Instruction

DELEGATED TASK

D-SO01: Mealtime review

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- monitor the client's ability to safely swallow fluid and foods, including sitting position, level of alertness/fatigue, distractions and the impact of modified textures and consistencies.

If required for the local service delivery model:

- monitor the client's adherence to prescribed compensatory strategies during mealtime such as swallow techniques and/or feeding assistance.

Note: the delegating health professional is responsible for confirming the AHA is trained and competent in the specific compensatory strategy prior to delegating the task.

VERSION CONTROL

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This Clinical Task Instruction (CTI) has been developed by the Allied Health Professions' Office of Queensland (AHPOQ) using information from locally developed clinical procedures, practicing clinicians, and published evidence where available and applicable.

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- If not included as part of mandatory training, the AHA will complete work-based learning in infection control including contact precautions, hand hygiene and the use of Personal Protective Equipment (PPE).
- Completion of the following Queensland Health allied health assistant training module (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Provide support in dysphagia managementAccess the module at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>
- If required for the local service delivery model, complete work-based learning in compensatory swallow techniques e.g. head turn swallow, chin tuck swallow, supraglottic swallow.

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- the basic elements of a mealtime review including sitting posture, alertness, meal position, meal set up and use of adaptive equipment
- an awareness of normal swallow function and factors that can impact on swallowing and safety during mealtimes including posture and co-morbidities
- the appearance and differences between various texture modified diets and thickened fluids
- signs of aspiration including coughing, gurgled/wet voice, choking, or changes to breathing whilst eating or drinking
- understanding of the types of clients for which a mealtime review is required and common mealtime problems e.g. pooling in the oral cavity, poor attention, visual neglect, or difficulty with manipulating cutlery or set-up including the opening of packaging
- the local processes used for mealtime observation including where to locate correct diet/fluid records, relevant recording forms, checklists and workplace instructions.

The knowledge requirements will be met by the following activities:

- complete the training program/s (listed above)
- review of the Learning Resource
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- Competence in undertaking oral cares.

Safety & quality

Client

- The AHA will apply CTI D-WTS01 When to stop, at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - During eating, food can fully or partially block (obstruct) the airway, causing choking. Signs include: holding or touching the throat; coughing, wheezing or gagging, which may be weak or ineffective; difficulty breathing; making a whistling or 'crowing' sound when trying to breath; or an inability to make sound or cry. If ignored, this may lead to lips, faces, earlobes or fingernails turning blue and loss of consciousness. Airway obstructions are considered a medical emergency and local procedures should be commenced immediately e.g. code blue activated.
 - As clients are at risk of aspiration, close supervision is required during the task. If the client demonstrates signs of aspiration, cease the task, provide re-assurance, encourage the client to cough and implement local workplace procedures e.g. inform the health care team and the delegating health professional that potential aspiration has been observed.
 - Coughing and spluttering may be a sign of eating too fast or not coordinating breathing. If the client coughs or splutters during the meal, cease the task and ask the client how they feel, listen for a gurgled or wet sounding voice and check the oral cavity for residue. If present, cease the task and inform the healthcare team and delegating health professional that potential aspiration has been observed. If the voice is clear and the oral cavity is free of residue, recommence the meal and continue to monitor for signs of aspiration. If the client experiences another episode of coughing or spluttering during the meal, cease the task, remove the meal and liaise with the delegating health professional or the healthcare team of the potential sign of aspiration.
 - Clients in hospital may have their oral intake status changed at short notice e.g. fasting for a procedure, change in swallowing ability or new signs of aspiration noted. Check the client's oral intake status prior to commencing the task. If a change in status is noted, such as the client is nil by mouth (NBM) or the fluids or meal does not match the texture or consistency of the delegation instruction, cease the task and liaise with the delegating health professional.
 - If the client is unable to be positioned in sitting for the mealtime review e.g. post-procedure, dizziness, nausea, confusion or pain, cease the task and liaise with the delegating health professional.
 - Lying down after a meal increases the risk of reflux and aspiration. After a mealtime review, the client is required to remain in sitting for a minimum of 20 minutes. Inform the client and/or health care team at the completion of the mealtime review when the client may lie down.

Equipment, aids and appliances

- Ensure all equipment is clean and in good working order as per local infection control protocols. Refer to the manufacturer's guidelines for maintenance requirements e.g. check grips on cutlery have not loosened or perished, that rubber suction on plates are stable and that plate guards and sippy cup lids are fitted properly.
- If the client has hearing aids, glasses or dentures, these should be fitted prior to commencing the task. If the client has difficulty fitting devices, provide assistance. If uncertain about fitting requirements, seek guidance from a healthcare professional.
- As the client may require assistance for oral hygiene, it is advisable to either wear gloves or have them readily available.

Environment

- Nil

Performance of Clinical Task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the client, including any variance from the usual task procedure and expected outcomes. This may include:
 - environment for the mealtime review e.g. hospital shared dining room or bedside
 - client's current diet and fluids e.g. regular, mildly thick fluids or a soft diet
 - meal time set-up requirements including assistance and equipment e.g. supervision, use of a plate guard, built up cutlery or a sippy cup
 - assistance required for positioning e.g. independent, bed/chair bound, assistance to sit upright or lateral support requirements
 - specific client considerations and management strategies e.g. visual neglect, use of an interpreter, hearing aid, dentures or communication device
 - if in scope of the local service model, the prescribed compensatory strategies to be monitored e.g. head turn, chin tuck, supraglottic swallow, hand over hand.

2. Preparation

- Collect the required equipment including:
 - local recording template and any required equipment e.g. plate guard, built-up cutlery or a sippy cup.
- Determine the time the meal will be delivered to ensure attendance during the entire meal.
- If positioning assistance is required, seek assistance from nursing/ward staff to position the client in sitting to coincide with the mealtime review.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client
- The AHA checks three forms of client identification: full name, date of birth, *plus one* of the following: hospital UR number, Medicare number, or address
- The AHA describes the task to the client. For example:
 - “I have been asked by your treating speech pathologist to observe how you are managing to eat and drink and ensure that you are swallowing safely.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client's position during the task should be:
 - sitting upright at a dining table, in bed or in a supportive chair with feet flat on the floor. If using a bedside table, the height should be adjusted so that the client can reach their meal.
- The AHA's position during the task should be:
 - seated or standing beside the client in a position to observe the client's mouth and throat during the task.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm the correct diet and fluid consistencies have been provided for the mealtime review. If the incorrect meal has been provided, remove the meal from the bedside and liaise with the delegating health professional. This may include implementing local incident reporting procedures e.g. PRIME or Riskman report.
 2. Position the meal tray in front of the client and in a location where the meal can be easily reached.
 3. Indicate to the client that they can commence their meal. Provide assistance if required e.g. verbal prompting, help to open drink containers, remove packaging and lids from the meal and/or pour fluids. Note any assistance provided.
 4. Observe the client eating the meal and monitor for signs of aspiration, oral pooling and choking. See the "Safety and quality" section. If part of the local service model, monitor the use of prescribed compensatory strategies. Note mealtime observations on the local recording template.

The meal is considered completed when the client indicates that they have eaten enough/are full. Confirm the client is finished and remove the tray from the table. Note the amount eaten and if relevant, the reason for any remaining food e.g. poor appetite, feels full, disliked taste, difficulty chewing, confusion or difficulty with self-feeding.
 5. Ask the client to open their mouth and observe the oral cavity for residue. If residue is present, prompt the client to have a sip of fluids to help clear it. If residue remains in the oral cavity, commence oral cares.
 6. Inform the client and health care team regarding when the client may lay down. See the "Safety and quality" section.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - ensure the client remains sitting upright and maintains a neutral head posture throughout the task by encouraging him/her to 'sit up straight'. If assistance for positioning adjustments is required, cease the task and liaise with a healthcare team member to assist the client into upright sitting.
 - If the client is not concentrating on eating their meal, attempt to reduce distractions e.g. turn off the TV/radio or discourage talking with food in their mouth.
 - The client may have a reduced appetite due to medications, fatigue and feeling unwell. If a client shows no interest in eating, check when they have last eaten and the amount. If the client ate recently, liaise with the delegating health professional advising them of the time and amount

consumed prior to the assessment. If the client is due to eat, introduce the food by describing what they have been served and the flavours present. Encourage the client to look at and smell the meal as this assists in stimulating appetite.

- monitor the client's use of prescribed compensatory strategies e.g. chin tuck, head turn or supraglottic swallow. If the client is not using the prescribed strategy, provide a verbal prompt, feedback and/or re-training in the strategy. If problems persist, cease the task and liaise with the delegating health professional.
- Generally, a meal should take 20 minutes to consume. If the client appears to be slow to chew and swallow their food or becomes short of breath during the task, encourage them to take their time and catch their breath. If the client has a reduced level of alertness or shows signs of aspiration, cease the task. See "Safety and quality" section.
- monitor for adverse reactions and implement appropriate mitigation strategies as outlined in "Safety and quality" section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task. Document any relevant information given by the client e.g. "found the meat too difficult to chew".
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - environment where the mealtime review was undertaken and the time of the review
 - set-up required once the meal tray was positioned for the client e.g. assistance with opening lids, containers or packaging
 - duration of the mealtime review and the amount of the meal eaten
 - observed problems during the meal including taking a long time to chew, shortness of breath, drowsiness or fatigue
 - assistance required during the meal including who provided it e.g. nursing staff, AHA, family member
 - observed signs of aspiration, oral pooling or choking and action taken
 - ability to clear the oral cavity and any strategies required
 - re-positioning requirements during the meal
 - the client's ability to remain focused on the task.

7. Report to delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Government (2018). Queensland Health: Would you know what to do if your child or baby was choking? Available at:
<https://www.health.qld.gov.au/news-alerts/news/baby-child-choking-first-aid-signs-prevention-risks>
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition)
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: Performance Criteria Checklist

D-SO01: Mealtime review

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting the required equipment and recording form, determining a time for the review and seeking assistance for positioning (if required).			
Introduces self to client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client's understanding. b) Confirms the correct diet and fluids have been provided prior to the client beginning their meal. c) Suitably positions the meal in front of the client and provides any assistance for set-up (if required). d) Observes the client during the meal, monitoring for signs of difficulty, aspiration, oral pooling and choking. e) During the task, maintains a safe clinical environment and manages risks appropriately. f) At meal completion, checks for oral residue and provides oral cares if required. g) Informs the client and healthcare team when the client may lay down. h) Provides feedback to the client on performance during and at completion of the task. 			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

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Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review

Review date / /

Mealtime review: Learning Resource

Background information

The purpose of a mealtime review is to observe the client eating and drinking their current diet and fluids as recommended by the treating speech pathologist. This may include the client's use of compensatory strategies including support with meal set up, verbal prompting or specific techniques e.g. head turn, chin tuck or supraglottic swallow. Mealtime reviews are also often used to support dysphagia rehabilitation. Mealtime reviews do not replace a speech pathology swallow assessment or the nursing role of supporting and monitoring a client with dysphagia who requires assistance with feeding at mealtimes.

A speech pathologist makes recommendations based on a review at the bedside. However, a brief assessment at the bedside does not always indicate how a client will manage throughout an entire meal. For example, a client may manage a tub of food or fluids during an assessment but may show signs of fatigue during a full meal such as failing to stay adequately alert or positioned during an entire meal. A client may be able to perform appropriate strategies during an assessment, but may not recall or be able to perform these independently during a meal unless prompted. Observations at a mealtime review support the speech pathologist to develop an appropriate management plan, including texture modification.

Required reading

- Queensland Health (2016). Allied health nutrition & dietetics skill set electives pre-requisite units for Certificate IV in Allied Health Assistance: Combined learner guide. Dysphagia and texture modification, pages 157-162. Available at:
https://www.health.qld.gov.au/_data/assets/pdf_file/0027/650619/LG-nutrition-dietetics-pt1.pdf
- Manufacturers guidelines for maintenance and fitting requirements for feeding equipment relevant for the local service model e.g. plate guard, sippy cup, cut out cup or built up cutlery.

Optional reading

- The International Dysphagia Diet Standardisation Initiative (2016). The IDDSI Framework and Descriptors. Available at:
http://iddsi.org/wp-content/uploads/2018/01/Framework_with_CreativeCommons_2018.jpg
- Nestle Health Science (2015). Australian Standards for texture modified foods and fluids. Available at:
https://daa.asn.au/wp-content/uploads/2015/04/A3_Aus-Standards-Food-and-Fluids-Poster-Check-2.pdf

Optional viewing

- Speech Pathology Australia and Dietitians Association of Australia (n.d.). Australian standardised terminology and definitions for texture modified foods and fluids. Slides 40-54 and 67-92. Available at:
http://www.webpresent.com.au/present/daa/daa_200807_qld_natstandards/player.html
- Queensland Health local meal time observation recording templates – examples available:
 - Queensland Government (2015). Central Queensland Hospital and Health Service. Speech pathology mealtime assistance. V0.1 – 07/2015CQ142. Available at:
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0026/631817/cq142.pdf
 - Queensland Government (2016). MR 16dh Speech pathology – EIS mealtime assessment. V1.00-12/2016. Available at:
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0017/417032/mr16dh.pdf