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Dysphagia Diets

Patient name: _____ Admission: _____

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- I. **The client/caregiver can define dysphagia diet.**
 - A. Dysphagia is defined as difficulty in swallowing. The most common causes of this are from disease of the nervous system and muscles.
 - B. The consistency of the diet is modified according to the client's tolerance. After physical and clinical assessments are done, the physician will give a specific order regarding the consistency of foods and liquids.
 - C. The client with dysphagia has difficulty in moving food/liquid from the front to the back of the mouth and then into the esophagus.

- II. **The client/caregiver can list purpose of dysphagia diet.**
 - A. Dysphagia diets are designed to meet oral nutrient needs safely.
 - B. Dysphagia diets reduce the risk of aspiration and pneumonia.
 - C. The type and severity of dysphagia will determine the level of diet ordered.

- III. **The client/caregiver can list the types of dysphagia diets.**
 - A. Dysphagia pureed diet has foods that have a moist, smooth consistency without pulp or small food particles. Sticky foods such as melted cheese or peanut butter are omitted. Thin liquids should be thickened to required level.
 - B. Dysphagia mechanically altered have foods that are moist, soft, and simple to chew and can be controlled in the mouth before entering the esophagus. Moistened meats, cooked and mashed vegetables, and fruits are allowed. Thickened liquids are still required.

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- C. Dysphagia advanced is similar to mechanical soft diet. Meats are soft and bite sized.
- D. Regular liquids may be tolerated. Avoid foods that are hard, sticky, or crunchy. A regular diet indicates the client can chew and swallow regular food and liquids safely. Liquids used in this diet can range from thick to thin.

- IV. **The client/caregiver can list specific diet consideration when meal planning for dysphagia.**
 - A. Diet orders from the physician should include the consistency level of both the diet and liquids.
 - B. Thickened liquids and foods can be accomplished by using commercial thickening products and/or the mechanical altering and combinations of foods.
 - C. The client/caregiver must be able to explain the type of dysphagia diet ordered by physician.
 - D. The client/caregiver will know how to prepare the food and liquids to appropriate consistency.
 - E. Prevention issues when dealing with clients using dysphagia diets include
 1. The client must be sitting in an upright position and should be supervised.
 2. Any instructions from a speech therapist should be posted.
 3. The client/caregiver should be able to recognize signs of eating difficulty or risk for aspiration. Watch for any coughing, gagging, drooling, or holding food in mouth.
 4. The client/caregiver should be able to monitor for symptoms of a "silent aspiration" by checking for changes in temperature and respirations.

(Continued)

RESOURCES

American Dietetic Association
www.eatright.org
National Institutes of Health
www.nih.gov
Registered dietitian

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