

Food & Drink Safety Pause

Before food and drink, STOP and think!

Before EVERY meal, snack or beverage service all relevant staff must participate in a short **SAFETY PAUSE** led by the Meal Time Coordinator. During the safety pause the following meal time safety concerns must be considered and shared with the whole team:



- Has the **Patient and the Environment** been prepared for the meal and / or beverage service?
- Have those patients who **require assistance and/or supervision** with food and drinks been identified?



- Have you identified the people in your care with **eating, drinking and swallowing recommendations** in place for food and/or drinks?
- What **level of supervision** is recommended?
- Is the correct meal/food/drink consistency available?
- Is there a **food chart** available to monitor intake?



- Have you identified the people in your care with Food Allergens?
- Is the allergen free meal/food available?




- Have you identified the people in your care at **risk of malnutrition and / or dehydration**?
- Have you identified those who require:
 - extra helpings
 - extra snacks
 - **Fortified food & drinks**?
- Is there a **food chart** available to monitor intake?

Bed signage used in NHSCT hospitals

HSC Northern Health and Social Care Trust

Name: _____ H&C: _____ NBM since: _____





NIL BY MOUTH


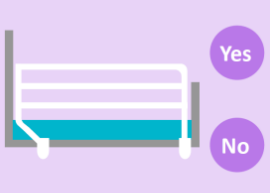

💡 Think Oral Hygiene

Staff Name: _____ Role: _____

HSC Northern Health and Social Care Trust NAME: _____ CONSULTANT: _____

| | | | | |
|---|---|--------------------------|---|---|
|  |  | ASSISTANCE X2> | ASSISTANCE X 1 | INDEPENDENT |
| | <input type="checkbox"/> | <input type="checkbox"/> | Mobility <input type="checkbox"/> Transfers <input type="checkbox"/> | Mobility <input type="checkbox"/> Transfers <input type="checkbox"/> |

WALKING AIDS _____

| | | |
|---|---|---|
|  Yes <input type="checkbox"/> No <input type="checkbox"/> |  Yes <input type="checkbox"/> No <input type="checkbox"/> |  Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|---|


Additional Information:


Speech and Language Therapy
Eating, drinking and swallowing recommendations


Swallow Aware HSC Health and Social Care


Patient name: _____ Health and Care number: _____ Date of plan: _____

Important information to help when eating, drinking and swallowing

Food  _____

Drinks  _____

Bread  _____

Supervision  _____

Additional considerations _____

Contact your Speech and Language Therapist if you experience:

- Coughing and/or choking when eating and drinking.
- Frequent chest infections (always contact your GP if chesty).
- Difficulty managing the food or liquid consistencies you have been advised to follow.
- Your voice sounds gurgly after meals or drinks.

Ask your doctor or pharmacist about prescribed medications or supplements.

Supplementary information given: _____

Speech and Language Therapist

Signature _____ Print name _____ Contact no. _____

Discussed with: _____

Caution Food Allergy

