

# Acute Training Solutions

## Dysphagia - Eating, drinking & swallowing care plan

<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>
<b>Description of eating, drinking or swallowing difficulties</b>		
<b>Aims of intervention and care plan</b>		
<b>Actions needed</b>		
<b>Environment</b>		
<b>Positioning</b>		
<b>Equipment</b>		
<b>Food texture</b>		
<b>Drinks</b>		
<b>Assistance required</b>		
<b>Communication</b>		
<b>Likes &amp; dislikes</b>		
<b>Things to look out for</b>		
<p>I have explained the above to [insert name] and key support staff.</p> <p>Signed:..... Speech and Language Therapist    Date:.....</p> <p>I have read and understand this eating and drinking care plan and will ensure all staff follow its recommendations.</p> <p>Signed:.....Manager/key worker..... Date:.....</p>		