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## Authorizing Prescriber(s)

All Lakeridge Health Physicians and Nurse Practitioners (NP) who prescribe diet textures.

## Authorized to Whom

Speech-Language Pathologists (S-LP) employed at Lakeridge Health may implement the medical directive.

Co-implementers: Nurses employed at Lakeridge Health may co-implement this Medical Directive

## Patient Description/Population

All adult inpatients within Lakeridge Health identified with dysphagia by the S-LP from either a clinical or instrumental assessment, as having the potential to benefit from diet texture modification.

## Order and/or Procedure

The S-LP may select a patient's diet texture as per the Order Table in [Appendix A](#).

The nurse providing care to a patient for whom the S-LP has selected a diet texture under this directive may be considered a co-implementer.

As texture modification may impact nutrition and hydration, notification/referral will be sent to the Registered Dietitian.

Notify MRP and S-LP if signs/symptoms of oropharyngeal dysphagia are identified ([Appendix B](#)).

## Indications to the Implementation of the Directive

The S-LP may implement the directive when the following criteria have been met:

- S-LP referral must be provided by the Authorized Prescriber
- The patient must have an existing diet order
- The patient has undergone a clinical or instrumental assessment by the S-LP

Nurses may co-implement the medical directive when the S-LP has selected a diet texture as per the Order Table in [Appendix A](#).

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### Contraindications to the Implementation of the Directive

The S-LP will not implement the directive:

- When informed consent has not been obtained from the patient or substitute decision maker (SDM)
- When a current nil per os (NPO) order exists or for whom a diet order has not been initiated

Nurses will not co-implement the medical directive if the S-LP has selected a diet texture not listed in Appendix A.

### Consent

After completion of the clinical and/or instrumental assessment, the S-LP will discuss clinical findings and present proposed texture, outlining rationale, risks, benefits, and alternatives with the patient or SDM. Prior to implementing the medical directive, informed consent will be obtained from the patient or SDM.

Prior to any co-implementation of this medical directive, the nurse will obtain consent from the patient as appropriate to the situation. i.e. prior to assisted feeding.

### Documentation Requirements

In addition to standard documentation practices, the S-LP implementing this medical directive must document the following in the order section of the patient's health record:

- Date and time
- Diet texture selected
- The name of this medical directive
- The name of the implementer (i.e. the S-LP)
- Legible signature of the implementer, including credentials

For example, Dysphagia Minced texture as per Diet Texture by Speech-Language Pathologist Medical Directive, S.Smith, S-LP.

Nurses (co-implementer) will document texture provided in the patient's health record as per standard documentation practices.

### Review/Evaluation Process

This medical directive will be reviewed every 2 years by Speech-Language Pathology and Interprofessional Practice

**Appendix A**

\*\*\*This table must **not** be used independently apart from the Medical Directive\*\*\*

**Order Table Form**

<b>Order</b>	<b>Indication</b>
Dysphagia Pureed (LHO, LHB, LHW and LHPP) or Pureed (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dysphagia pureed texture
Dysphagia Minced (LHO, LHB, LHW, LHPP) Or Minced (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dysphagia minced texture
Minced with Bread (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dysphagia minced texture with bread
Dysphagia Fork Mashable (LHO, LHB, LHW, LHPP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dysphagia fork mashable texture
Dysphagia Soft (LHO, LHB, LHW, LHPP) Or Soft (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dysphagia soft texture



## Diet Texture by Speech-Language Pathologists – Medical Directive

Medical Advisory Committee Approved: 24APR2018

Order	Indication
Dental Minced (LHO, LHB, LHW, LHPP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dental minced texture
Dental Soft (LHO, LHB, LHW, LHPP)	Patients who could self-feed but have limited dexterity and/or cognitive impairment
Dental Cut-Up/Chopped (LHO, LHB, LHW, LHPP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of dental cut-up/chopped texture
Regular (All sites)	Clinical or instrumental assessment by S-LP determined texture modification not required/appropriate
Thickened Fluids (LHO, LHB, LHW, LHPP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of thickened fluids
Honey-Thickened Fluids (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of honey thickened fluids
Nectar-Thickened Fluids (LHAP)	Clinical or instrumental assessment by S-LP determined risks of oropharyngeal dysphagia to be reduced with implementation of nectar thickened fluids



## **Appendix B**

### **Common Signs of Dysphagia**

- Coughing episodes when eating or drinking
- Difficulty swallowing medication
- Feeling as though food is stuck in throat
- Pocketing of food inside cheeks
- Avoiding certain foods or drinks because they are hard to swallow
- Finding it hard to chew and swallow food
- Weight loss
- Food, drinks, or saliva falling from mouth