|  |  |
| --- | --- |
| **Provider Information** | |
| Organizational Name: |  |
| Facility Name: |  |
| **Resident Information** | |
| Name: |  |
| DOB: |  |
| Medical Provider: |  |
| Speech Language Pathologist (if applicable): |  |
| Date of Last ISP Review: |  |
| Resident’s Medical Provider and/or Speech Language Pathologist should be contacted outside of the regular review cycle if: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Areas of interest:** | **As related to resident:** | **Additional comments:** |
| **1** | A swallowing safety plan is indicated for this member due to: |  |  |
| **2** | Diet type: |  |  |
| **3** | Consistency of liquids: |  |  |
| **4** | Medication administration route and consistency: |  |  |
| **5** | Route of food: |  |  |
| **6** | Dietary restrictions: |  |  |
| **7** | Positioning techniques: |  |  |
| **8** | Compensatory techniques: |  |  |
| **9** | Observation required: |  |  |
| **10** | Cueing for safety: |  |  |
| **11** | Behavioral or environmental factors: |  |  |
| **12** | Signs and symptoms that signal a change and require follow up: |  |  |
| **13** | Direct care staff should alert: |  |  |

2019 PIP: Attachment F