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| **Provider Information** |
| Organizational Name:  | *Example AFH* |
| Facility Name: | *Fun Loving AFH- Baldwin, WI* |
| **Resident Information** |
| Name:  | *Jane Smith* |
| DOB: | *10/1/00* |
| Medical Provider: | *Dr. Johnson*  |
| Speech Language Pathologist (if applicable): | *John Smith* |
| Date of Last ISP Review: | *2/12/2019* |
| Resident’s Medical Provider and/or Speech Language Pathologist should be contacted outside of the regular review cycle if: | *Contact Dr. Johnson if resident is having increased issues with choking episodes or problems with diet consistency.* |

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|  | **Areas of interest:**  | **As related to resident:**  | **Additional comments:** |
| **1** | A swallowing safety plan is indicated for this resident due to:  | *Resident holds food in cheeks during and after meals. Resident has frequent choking episodes.*  |  |
| **2** | Diet type: | *Resident is on a soft and bite-sized diet and has a gluten allergy.*  | *Resident is having dental issues and will likely return to regular diet in the future when dentures are fixed.*  |
| **3** | Consistency of liquids: | *Mildly Thick* |  |
| **4** | Medication administration route and consistency: | *Resident takes medications by mouth crushed in applesauce.*  |  |
| **5** | Route of food: | *Oral* |  |
| **6** | Dietary restrictions: | *Gluten- gluten allergy*  | *Celiac Disease* |
| **7** | Positioning techniques:  | *Resident does not require positioning before, during, or after meals relating to choking reduction.*  |  |
| **8** | Compensatory techniques:  | *Resident should be reminded to drink sips in between bites of food.*  |  |
| **9** | Observation required: | *Staff should be present when resident is eating for cueing and to ensure safe swallowing.*  |  |
| **10** | Cueing for safety: | *Remind resident to drink sips of liquid in between bites of food.*  |  |
| **11** | Behavioral or environmental factors:  | *Resident can get anxious with bright lights.*  | *Not known to affect his eating habits or present an increased risk for choking.*  |
| **12** | Signs and symptoms that signal a change and require follow up:  | *Coughing with eating and food and/or liquid running out of mouth when eating or shortly after eating* | *May indicate resident’s ability to swallow has gotten worse* |
| **13** | Direct care staff should alert: | *Alert nursing supervisor who will then contact on call physician and/or resident’s medical provider.*  |  |

2019 PIP: Attachment E