



In-Service Training

Texture Modified Diets & Correct Use of Thickened Liquids



LESSON PLAN

INTRODUCTION

Dysphagia (swallowing problems) affect 35-60 percent of the institutionalized elderly population. Residents may have a texture-modified diet or thickened liquids ordered by the doctor or speech therapist. Those who have problems chewing or use multiple swallows to swallow one bite, pocket food, or cough frequently during meals should be referred to the facility speech and language pathologist for evaluation. Proper preparation and delivery of texture-modified diets can help improve or maintain the nutritional status of a patient that requires a texture-modified diet. Thickened liquids are necessary when a patient has swallowing problems or cannot handle thin liquids without the risk of choking. Liquids are thickened to nectar like, honey like, or spoon thick consistency (sometimes called pudding thick). Proper consistency is necessary to provide the safest possible diet for each patient.

OBJECTIVE

As a result of this session, the foodservice worker will know:

- Three reasons that a patient would require a texture modification.
- The difference between a mechanically altered and pureed diet and chopped meat and ground meat.
- The correct consistency of a puree diet.
- The difference between nectar like, honey like, and spoon thick liquids.
- How to properly use thickening agents to achieve the proper consistency of liquids.
- The health risks that are specific to those on thickened liquids.

OUTLINE

- I. Reasons for a texture modification
- II. Texture modifications defined by the National Dysphagia Diet
- III. Correct textures of texture modified diets
- IV. Preparation of texture modified diets
- V. Reasons why a patient needs thickened liquids
- VI. Standard consistency of thickened liquids
- VII. Concerns related to use of thickened liquids
- VIII. Use of thickening agents

I. Reasons for texture modifications:

- Chewing problems: Poor dentition, missing dentures, sore mouth from illness, surgery, dental work, or chemotherapy.
- Swallowing problems (dysphagia) from stroke, degenerative disease like Huntington's or Parkinson's, cancer and/or radiation therapy.
- Texture modifications may be temporary or permanent, depending on what condition is causing the dysphagia.

II. Texture modifications defined by the National Dysphagia Diet:

- Dysphagia pureed (Level 1)
- Dysphagia mechanically altered (Level 2)
- Dysphagia advanced (Level 3)
- Regular

III. Correct textures of texture modified diets:

- Level 1– Dysphagia pureed diet. All foods will have a “soft mashed potato” or pudding like consistency.
- Level 2– Dysphagia mechanically altered. Foods are moist, soft textured, and easily formed into bolus. Examples include soft canned or cooked fruit, moistened ground meat, and well cooked pasta.
- Level 3– Dysphagia advanced. Nearly regular textures with the exception of very hard, sticky, or crunchy foods. Foods should be moist. Depending on chewing ability, meats may need to be finely ground (to a consistency similar to bread crumbs made from fresh bread) or chopped (cut into small pieces) for a Level 2 or Level 3 diet.

IV. Preparation of texture modified diets:

- Level 1– Dysphagia pureed diet. Food should be of a mashed potato consistency, not too runny or liquid. Pureed foods should be properly seasoned in the same way as regular foods. A blender or food processor is used to achieve proper consistency. Food may require additional liquids or thickening during preparation to achieve the proper consistency. Commercially prepared pureed foods are available as are formed purees, which provide a pureed food formed into the shape of the originating food (ie: pureed chicken formed into a chicken leg or breast)
- Level 2– Dysphagia mechanically altered. Aside from chopping or grinding meats, little special preparation is required. All foods must be well cooked and hard fresh fruits and vegetables and other hard foods should be avoided.
- Level 3– Dysphagia advanced. No special preparation is required. Avoid very dry foods, nuts, seeds, uncooked dry fruits, and tough meats.

V. Reason why a patient needs thickened liquids:

- Diagnosis of dysphagia
- Aspiration of thin liquids and/or problems with pharyngeal clearance
- Necessary to have aspiration confirmed by speech and language pathologist and/or modified barium swallow study (MBS), videofluoroscopic swallowing study (VFSS), or fiberoptic endoscopic evaluation of swallowing (FEES)

VI. Standard consistency of thickened liquids:

- Think liquids (all regular liquids, including water, coffee, milk, tea, juice, etc.; ice cream is considered a thin liquid because it melts to a thin liquid consistency in the mouth)
- Nectar like thick liquids (Liquids thickened to nectar consistency, such as apricot or peach nectar)
- Honey like thick liquids (liquids thickened to honey consistency)
- Spoon thick liquids (liquids thickened to a pudding consistency)

VII. Concerns related to use of thickened liquids:

- Dehydration if patient does not drink enough
- Aspiration pneumonia if fluids are not thickened to the correct consistency

VIII. Use of thickening agent:

- Prethickened liquids are available in all consistencies from commercial food service suppliers, which takes the guesswork out of thickening liquids to the proper consistency
- Liquids thickened at the point of service
 - *Staff must receive training on how to follow the instructions on the thickening container
 - *Some companies produce packets for thickening 8 ounces of fluid to a honey or nectar consistency (follow directions on packet)
 - *Some facilities use thickener that comes in bulk container, measuring the thickener into glasses using a measuring device (follow directions on can)
 - *Some facilities use gel thickeners that come in both individual serving packets or bulk packets for thickening larger quantities.
- Thickened liquids as close to consumption as possible to prevent clumping or overthickening of the beverage
- A resident on thickened liquids also must receive thickened water
 - * Make provisions to thicken bedside water
- If a resident is receiving liquid nutrition supplements, thicken them to the proper consistency
- Staff should know the volume of the glasses used on meal trays to assure that the proper volume of thickener is used

ACTIVITIES

Have kitchen prepare 2 pureed meats for tasting. One with seasoning the other without. Do a blind taste test and determine which is more appealing.

Have four 8 ounce glasses of water. One thickened to nectar consistency, one thickened to honey consistency, one thickened to spoon thick consistency and one not thickened. Compare



Post-Test:

Name: _____

TRUE OR FALSE

- | | | |
|--|------|-------|
| 1. Once a patient is on a texture modified diet he/she will never be able to return to a regular diet. | TRUE | FALSE |
| 2. A dysphagia advanced diet is the same as a regular diet. | TRUE | FALSE |
| 3. Spoon thick liquids are the consistency of pudding. | TRUE | FALSE |
| 4. Ice cream is considered a thin liquids. | TRUE | FALSE |

MULTIPLE CHOICE

5. Which of the following is a reason a patient might need a texture modification?
- | | |
|---------------------|-------------------------|
| A. Missing dentures | C. Neurological disease |
| B. Oral cancer | D. All of these |
6. Which of the following is not a sign that a patient may be having trouble swallowing?
- | | |
|--|--------------------|
| A. Coughing during meals | C. Eating too fast |
| B. Swallowing more than once to swallow one bite of food | D. Pocketing food |
7. How can you make sure that thickened liquids are the right consistency?
- | | |
|--|--|
| A. Purchase and use prethickened liquids | C. Know the fluid volume of the glasses used in the facility |
| B. Follow the directions exactly on the thickener packets or bulk thickeners | D. All of these |

Answers to Test Questions:

1. F
2. F
3. T
4. T
5. D
6. C
7. D

In-Service Attendance Form

Facility: _____

Instructor (s): _____

TOPIC:
Texture Modified Diets & Correct Use of
Thickened Liquids

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