

Thickened Fluids and Modified Diet

Speech and Language Therapy

IMPORTANT

To ALL staff relatives and friends.
 If you have anything to do with my eating and drinking it is very important that you please read and follow these instructions.

There is a risk of serious harm to me if these instructions are not followed carefully.

Patient Name:		
Recommendations of Consistencies		
Food / Diet	Fluids	Date and Signature

Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:

People Centred

Positive

Compassion

Excellence

THICKENED FLUIDS AND MODIFIED DIET

Arrangements will need to be made as soon as possible in order to obtain the thickener, for example, 'Thick and Easy' on prescription from a GP.

The thickener may affect how medication works. Please check with a Pharmacist or GP for further advice.

It is important to make sure the supply of the thickener does not run out. If the food or fluid is not of the correct consistency, there is a risk of aspiration (something going down the wrong way)

The thickener has in itself, no nutritional value. It is being added just to change the consistency of the food/fluid, making it easier and safer to swallow

THICKENED FLUIDS

To improve the safety of swallowing, it is important to follow the recommendations made by the Speech and Language Therapist regarding the consistency of fluids.

When thickened fluids (syrup consistency, custard consistency, or pudding consistency) are recommended, this means **ALL** fluids need to be thickened to the recommended consistency e.g.:

- Hot drinks including water
- Cold drinks including water
- Supplement drinks,
e.g. Ensure, Calshake etc.
- Soups
- Gravy
- Sauces
- Custard
- Medication
- Alcoholic drinks
- Etc.

**The thickener
may affect how
medication works.
Please check with a
Pharmacist or GP for
further advice.**

Method of thickening MEASURING

2 things need to be measured:

- Volume of fluid
- Amount of thickener

Use a jug with measurements in mls down the side (an old jug with measurements in pints will not do). You may prefer to use a 'Shaker' provided with your thickener.

Measure accurately – do not guess (a small amount of thickener can make the difference between safe to swallow and unsafe to swallow). Different cups, glasses, beakers etc. hold different amounts, you will need to know how much each holds.

GUIDE TO CONSISTENCY



Stage 1
Syrup consistency



Stage 2
Custard consistency



Stage 3
Pudding consistency

Drinks must be stirred with a fork or whisked and left for 2 minutes once thickener has been added to allow it to thicken properly. Milk based products will need to be whisked for 30 seconds before adding the thickener, then whisk for a further 30 seconds, before allowing to stand for another 4 minutes.

Stages 1, 2 and 3 are the nationally understood way of describing the thickened fluid consistencies.

Follow the instructions provided with the fluid thickener.

Leave for required time and **make sure the consistency looks like the thickness it is meant to be.** (see guidelines below):

Syrup consistency (Stage 1)

Wait as directed and then go by the look of it, it should pour like single pouring cream.

Custard consistency (Stage 2)

Wait as directed and then go by the look of it, it should drop easily off a teaspoon rather than pour.

Pudding consistency (Stage 3)

Wait as directed and then go by the look of it, it stays on a spoon like well-whipped double cream.

You will need to **calculate the amount of thickener needed**, depending on the amount of fluid you have. **Don't forget to wait for it to reach the correct consistency. This may take several minutes especially for very cold drinks.**

MIXING

Please understand what each consistency should look like. Generally put the fluid in a container first and add the thickener to the fluid (see the exception to this below***).

Mix the thickener and the fluid together with a whisk or a fork until it disappears (if you need to add a lot of the thickener mix a little at a time, otherwise it may be difficult and go lumpy).

***Supplement drinks, milky drinks or those with a high fat content tend to go lumpy more easily – to minimize problems you will need to whisk the fluid first (for 30-60 seconds) to break up the fat globules, put the thickener in the container first and then gradually add the whisked fluid, mixing it with a whisk or fork until it disappears.

LEAVE IT STANDING

You will need to leave it after mixing to achieve the correct consistency:

- 1 or 2 minutes if cold
- 3 or 4 minutes if hot or 'full' fluids
for example soup/supplement drinks/milk/high in fat.

PLEASE DO NOT BE TEMPTED TO ADD MORE THICKENER TOO SOON.

If, after standing, the final consistency is too thick or too thin, it can be adjusted by **gradually** adding a little more fluid or thickener as appropriate.

WHAT TO DO IF PROBLEMS OCCUR WHEN THICKENING

- Do not remove the lumps and give the drink. Throw it away and start again. It sounds wasteful but is safer.
- Do whisk any fluid with a high fat content to break down the fat globules before adding to thickener.
- Try an alternative make if you have persistent problems.

FLUID THINNING WHILST BEING CONSUMED

An enzyme in saliva breaks down the starch in the thickener. As the drink is being consumed, saliva may mix with the thickened drink making it go thinner again.

This could cause a risk of aspiration.

To avoid thinning:

- If the thickened fluid is taken from a spoon,
WIPE THE SPOON BETWEEN MOUTHFULS
- Mix up the drink in the normal way but then split the thickened fluid into two or more portions – when the first starts to thin go on to second, etc.
- If you leave a thickened drink for any time, check the consistency to make sure it has not thinned.
- If in doubt throw it away and start again.

DO NOT EXPERIMENT

1. If the Speech and Language Therapist (SLT) has recommended 'thickened fluids' (syrup, or custard, or pudding consistencies) there is a good reason for this. Please do NOT experiment by changing the consistency recommended or leaving out the thickener (use the amount of the thickener detailed as a guide to achieve the recommended consistency). Ask the SLT for help if not sure.

***You may think that if the fluid 'goes down', and there is no coughing, that this is safe. This assumption may not be true ***

Research shows that almost half of the people who aspirate (this happens when food / fluid goes down the airway into the lungs, instead of down the oesophagus into the stomach) do so without any obvious outward signs. It may only become apparent that aspiration has been occurring when a chest infection or pneumonia develops which can lead to serious illness.

2. If the recommendations say that fluids need to be thickened then that means **ALL FLUIDS including water and medication**. (If there is a risk of aspiration then this will happen with ANY fluid that has not been made up to the correct thickness- even water.)

3. It is understandable that drinks may not be as enjoyable when they have been thickened **BUT** this is not a good enough reason not to thicken them. Food and drink given at the wrong consistency can lead to serious illness.

EXTRA TIPS

- Use good quality fruit juices where possible as these taste better when thickened.
- Make squashes and tea weaker than normal (the thickener does not make the drink taste any different but the thicker it is, the longer it stays in the mouth so the person gets more of the taste and it may seem stronger or even bitter).
- Cold drinks taste much better chilled (a jugful can be prepared in advance and stored in the fridge, but please recheck the consistency each time a drink is poured from the jug.)
- Hot drinks and “full” fluids (e.g. milk, supplement drinks or soups) take longer to reach their final consistency – do not be tempted to add more thickener too soon!
- If you are providing assistance to eat or drink be encouraging and positive when offering thickened drinks and fluids.
- Presentation of food / drink is very important, for example try using a nice looking crockery or glass.

FOOD CONSISTENCIES

Some people may not be able to manage a normal consistency diet.

- They may have difficulty chewing or moving food around the mouth.
- Chewing takes them a very long time.
- They get weary.

The modified consistencies that can be used are:

BLENDED DIET

Textures B, C, D and E are the nationally understood way of describing the consistencies

(Textures B, or C depending how thick it is)

This has a smooth, uniform consistency. It is food that has been pureed and sieved to remove bits.

‘Thin blended diet’ (Texture B) cannot be eaten with a fork. e.g. tinned tomato soup, runny yoghurt (thin - not set), thin custard - pours from a spoon rather than drops in a lump.

‘Thick blended diet’ (Texture C) can be moulded, layered and piped. It will hold its own shape and can be eaten with a fork. No chewing required. e.g. blancmange, smooth fromage frais, mousse, whipped double cream.

IT SHOULD BE SMOOTH - NO LUMPS

After blending, the food may need sieving to remove any skins or husks (e.g. peas or sweetcorn).

(‘pureed’ and ‘liquidised’ mean the same thing as ‘blended’).

The food can be blended – keep the potatoes, vegetables and meat ‘parts’ separate as this is more palatable and looks nicer.

It is important that no liquid separates out from the food however if it does, the food may require the use of thickener. You could add

the thickener to stabilize the food and prevent this happening. The consistency of the blended diet should be the same as that recommended for fluids or thicker (adding a little milk, gravy or soup rather than water when blending food would slightly increase the nutritional value).

Presentation

We 'eat with our eyes' so how the food looks is important:

- blend each food item separately.
- put the different food items well apart on the plate so they do not run into each other.
- make it look as appetising as possible.
- thick blended consistency food can be put into moulds so it holds its shape (the moulds can be obtained free from the company who make the thickener). Please speak to your Speech and Language Therapist if you want this. This blended food may be more time consuming for you to prepare but will make mealtimes safer for the person and may encourage them to eat more.

MASHED DIET (Texture D)

Some people manage a consistency that is a step up from 'blended'. Mashed food has not been pureed or sieved. It is food that is moist, with some variation in texture, but requires very little chewing. Not all food can be mashed so you need to think carefully which food you choose – e.g. you could mash fish that is poached or boiled in a bag but you could not mash battered fish or a pork chop.

How well you mash it depends on the texture the person can manage. If moving from 'thick blended' consistency- then mash very well; if moving towards 'soft normal'- then mash slightly. Do not mash everything together – arrange each food item separately on the plate. e.g. flaked fish in a thick sauce, soft corned beef hash, stewed apple and thick custard, mashed bananas in thick custard.

SOFT DIET (Texture E)

Avoid 'high risk foods' which cause a choking hazard.

For example, AVOID:

- stringy foods like celery, lettuce etc.
- skin on fruit and veg like beans, grapes, tomatoes etc.
- crunchy foods like toast, pastry, crisps etc.
- crumbly items like dry biscuits, pie crusts etc.
- hard foods like boiled sweets, toffees, nuts, seeds etc.
- husks like granary bread, sweetcorn etc.
- mixed consistency foods like mince with thin gravy, soup with bits, cereals which do not blend with milk etc.

Foods of this texture should be relatively normal but exclude anything too hard or chewy.

Choose soft, tender, moist food which can be broken down easily with a fork. Foods made up of solids and thick sauces e.g. sponge pudding, fish in sauce, banana, macaroni cheese, potato, cooked carrots, bread with soft filling, tinned fruit (e.g. an egg mayo sandwich may be suitable but a bacon sandwich would not be because the bacon is chewy; a sponge cake would be suitable but a date and walnut cake may not be, because the pieces of date and walnut may be chewy).

NORMAL DIET

If progression has been made to a normal diet, a person should be able to manage anything including 'high risk foods'. Their swallow, however may still not be normal and they may still be on thickened fluids. They may still need to follow the Speech and Language Therapist's advice, take smaller mouthfulls and eat more slowly than they did before. They can be monitored carefully, and should take great care when eating and drinking.

MOVING FROM ONE CONSISTENCY TO ANOTHER

- Progress slowly from one consistency to the next
- Note any difficulties and contact the Speech and Language Therapy Department if necessary
- If there are any problems go back one step

If a person eats or drinks slowly or tires easily have several small meals rather than three larger ones (little and often).

HELP.....

If there are any Questions and Queries about any of the advice given in this leaflet please do not hesitate to contact the SLT dept at

.....on.....

If there are questions about the content or correct quantities of food and fluid which should be taken this can be raised with a GP who may make a referral to a dietician.

Adapted from work produced by Mariana Tanton, SLT, Dewsbury.

**If you have any questions or queries do not hesitate
to contact the Speech and Language Therapy
Department on 01253 953873.**



Useful contact details

Speech and Language Therapy Department
01253 953873

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

Approved by: Clinical Improvement Committee
Date of Publication: 04/02/2013
Reference No: BFWH180 - CPL/089 V1
Author: Linda House
Review Date: 01/02/2016

