LIFE WITHOUT BARRIERS

NDIS LWB 5521 Nutrition and Swallowing Risk - Checklist

What is the Nutrition and Swallowing Risk - Checklist?

- The Nutrition and Swallowing Risk - Checklist identifies a person's risks regarding nutrition and swallowing. However, this checklist will not diagnose a medical condition. Therefore, Appropriately Qualified Health Professionals (AQHPs) must be consulted to assess risk, provide direction for appropriate actions to reduce risks, and support the person to help keep them safe, including advice or assessment by a dietician, speech pathologist or other specialists.
- Refer to NDIS LWB 5520 Nutrition and Swallowing Risk Checklist - Procedure

Preliminary Profile					
Name:		D.O.B		CIRTS ID:	
Details of living arrangements	☐ Shared and Supported Independent Living ☐ Independent residence ☐ Family Home ☐ Other:				
Has the Nutrition and Swallowing Risk Checklist been completed for this person previously?	☐ No ☐ Yes ➔ provide details below				
	Date last completed:				
Weight *					
Current weight	KG	Date measured:			
If there is no information about the person's weight – provide details:					
Weight change over the past 3 months: (calculate)	↑ Kg		↓ Kg		
Weight records maintained for the last 3 months?	☐Yes ☐ No ➔				
Height *					
Current height	CM	Date measured:			
*refer to the NDIS LWB 5528 Measuring Height and Weight - Procedure for instructions on how to measure the height and weight of a person and calculate their BMI.					
If there is no information about height, please explain and provide details why below:					

Note Children and young people under the age of 18 - should have their growth rate assessed by a GP, paediatrician, early childhood nurse or dietician every year.	Did this occur? Yes ☐ No ☐

Calculating the person's BMI				
Enter the person's weight in Kg and height in CM into the calculator: https://www.mydr.com.au/tools/bmi-calculator Refer to the Body Mass Index BMI Chart for Adults in the NDIS LWB 5528 Measuring Height and Weight - Procedure to determine what weight range the person we support falls into.	Person's BMI:			
	☐	Underweight	☐	Overweight
	☐	Normal	☐	Obese

Note: Measuring the BMI identifies changes to the person's health status, including any deterioration of existing conditions. The ideal BMI may not be relevant to the person due to their health condition or cultural background. However, the GP can tell if the person's body mass is within a healthy range.

The person conducting the checklist			
Date checklist completed:		Person completing the checklist:	
Relationship to the person we support:	☐ DSL	☐ DSW	☐ Nurse
	☐ Parent	☐ Other - describe:	
How long has the person completing the checklist known this person?	☐ less than 6 months	☐ 6 –12 months	☐ 1 – 2 years
	☐ 3 – 5 years	☐ more than 5 years	
Where is the checklist being completed?	☐ person's home	☐ person's work	☐ person's work
	☐ Other:		
Who is the person providing the information to assist with completion?	☐ Self	☐ relative	☐ co-worker
	☐ parent	☐ close friend	☐ Other:

Part 2 Nutrition and Swallowing Checklist

- Provide an answer to every question.
- Refer to the explanations below each question to determine the answer. Answers are provided beside the question numbers to assist with summarising the results.
- Every question answered with ✓ Yes or ✓ Unsure needs to be transferred to Part 3 Summary of Results for review with the person's GP – **within 7 days of completing this checklist**.

Question 1			
If the person is a child (under 18), have they lost or failed to gain weight over the last 3 months?	Yes ☐	No ☐	Unsure ☐

Question 2			
Is the person underweight? Tick **Yes** if either of the following is true: ☐ they are an adult, and their weight range on the BMI Index Chart is in the underweight range ☐ when you look carefully at the person (adult or child), their bone structure is easily defined under their skin. This can indicate a significant loss of fat tissue and is easily checked by looking around the eyes and cheeks. Other areas to check include the shoulders, ribs and hips.	Yes ☐	No ☐	Unsure ☐

Question 3			
Has the person had unplanned weight loss, or have they lost too much weight? Tick **Yes** if <u>any</u> of the following: ☐ the person's weight loss is undesirable or has been unexpected ☐ the person is under 18 years, and there is weight loss in two or more consecutive months ☐ the person has lost weight in two or more consecutive months and is not on a monitored weight loss program.	Yes ☐	No ☐	Unsure ☐

Question 4			
Is the person overweight? Tick **Yes** if <u>either</u> of the following: ☐ they are an adult (over 18 years), and their weight on the BMI chart is in the overweight or obese range.	Yes ☐	No ☐	Unsure ☐

☐ they (adult or child) appear to have rolls of body fat, for example, around the abdomen. **Recommended action in Summary of Results:** Discuss completed NDIS LWB 5594 Physical Activity - Assessment, and complete an NDIS LWB 5584 Physical Activity - Plan with the GP			
Question 5			
Has the person had unplanned weight gain, or have they gained too much weight? Tick **Yes** if either of the following: ☐ The person's weight gain is undesirable or has been unexpected ☐ The person is not on a weight gain program, and their clothes no longer fit.	Yes ☐	No ☐	Unsure ☐
Question 6			
Is the person receiving tube feeds? Tick **Yes** if the person is receiving ☐ nasogastric, ☐ naso-duodenal or ☐ gastrostomy feeding (PEG).	Yes ☐	No ☐	Unsure ☐
Question 6a			
If you answered **Yes** to question 6, does this person also receive food or drink through the mouth? If the person does not receive food or drink through the mouth (they are 'nil by mouth'), answer questions 10,13,14,16,18,19, 25 and 27.	Yes ☐	No ☐	Unsure ☐
Question 7			
Is the person physically dependent on others to eat or drink? Tick **Yes** if: ☐ The person cannot put food or drink into their mouth, and someone else is needed to feed them. ☐ The person is dependent on assistance during a meal, e.g. guidance with utensils.	Yes ☐	No ☐	Unsure ☐

Question 8			
Has the person had a reduction in appetite or food or fluid intake? Tick **Yes** if <u>either</u> of the following: ☐ The person is not eating or drinking as much as they usually do, and this is unintentional ☐ The person appears unwilling to take most food offered to them and the equivalent of 6 large glasses of fluid each day.	Yes ☐	No ☐	Unsure ☐
Question 9			
Does the person follow, or are they supposed to follow, a special diet? Tick **Yes** if they are on, or are supposed to be on, any of the following dietary plans: ☐ modified texture ☐ thickened fluids ☐ weight reduction or weight-increasing ☐ low fat ☐ vegetarian ☐ low cholesterol or cholesterol-lowering ☐ diabetic ☐ any other diet which modifies or restricts foods or food choices.	Yes ☐	No ☐	Unsure ☐
Question 10			
Does the person take multiple medications? Tick **Yes** if they are usually on more than one type of medication.	Yes ☐	No ☐	Unsure ☐
Question 11			
Does the person have any behaviour of concern around eating and drinking that puts them at risk? Tick **Yes** if: ☐ the person over-consumes alcohol or coffee, tea and cola drinks ☐ the person eats non-food items such as dirt, grass or faeces ☐ the person drinks excessive amounts of fluid ☐ the person takes or hides food and drink	Yes ☐	No ☐	Unsure ☐

Question 12			
Does the person usually exclude foods from any food group? Tick **Yes** if the person usually excludes <u>all foods</u> from one or more of the following groups of food: ☐ bread, cereals, rice, pasta, noodles ☐ vegetables, legumes ☐ fruit ☐ milk, yoghurt, cheese ☐ meat, fish, poultry, eggs, nuts, legumes.	Yes ☐	No ☐	Unsure ☐
Question 13			
Does the person get constipated? Tick **Yes** if <u>either</u> of the following: ☐ their bowel movements are irregular, painful and sometimes infrequent ☐ laxatives, suppositories or enemas are required to maintain regular bowel movements.	Yes ☐	No ☐	Unsure ☐
Question 14			
Does the person have frequent fluid-type bowel movements?	Yes ☐	No ☐	Unsure ☐
Question 15			
Does the person have mouth or teeth problems that affect their eating? Tick **Yes** <u>any</u> of the following: ☐ teeth are loose, broken or missing ☐ the lips, tongue, throat, or gums are red and inflamed or ulcerated ☐ the person has a malocclusion (upper and lower teeth do not meet), affecting their ability to chew.	Yes ☐	No ☐	Unsure ☐
Question 16			
Does the person suffer from frequent chest infections, pneumonia, asthma or wheezing? Tick **Yes** if <u>any</u> of the following: ☐ the person has had frequent chest infections or pneumonia	Yes ☐	No ☐	Unsure ☐

☐ the person is usually 'chesty' or has difficulty clearing phlegm ☐ the person has asthma or wheezes.			
Question 17			
Does the person cough, gag, and choke or breathe noisily during or after eating, drinking or taking medication? Tick **Yes** if any of the following: ☐ the person will sometimes cough or choke during or several minutes after eating, drinking or taking medication ☐ the person's breathing becomes noisy after eating or drinking or while taking medication ☐ the person gags on eating, drinking or taking medication.	Yes ☐	No ☐	Unsure ☐
Question 18			
Does the person vomit or regurgitate regularly? (Note: this question does not apply to infants under 12 months of age). Tick **Yes** if any of the following: ☐ the person vomits or regurgitates (i.e. bring up) food, drink or medication more than once per day or regularly ☐ the person takes anti-reflux medication ☐ the person clears their throat often or burps often.	Yes ☐	No ☐	Unsure ☐
Question 19			
Does the person drool or dribble saliva when resting, eating, or drinking? Tick **Yes** if either of the following: ☐ the person drools or dribbles saliva at rest or mealtimes ☐ the person's clothes or protective napkins/bibs frequently need changing due to drooling.	Yes ☐	No ☐	Unsure ☐
Question 20			
Does food or drink fall out of the person's mouth during eating or drinking? (Note: this question does not relate to the person's manual dexterity or ability to place food in their mouth.) Tick **Yes** if any of the following: ☐ the person is unable to close their mouth, and this causes food, drink or medication to fall out of their mouth	Yes ☐	No ☐	Unsure ☐

☐ the person cannot keep their head upright, and food, drink, or medication falls out of their mouth ☐ the person's tongue pushes food, drink, or medication out of their mouth ☐ the person requires constant wiping or to wear a cloth to protect their clothes during mealtime.			
Question 21			
If the person eats independently, do they overfill their mouth or try to eat very quickly? Tick **Yes** if they eat independently and any of the following: ☐ the person tries to cram or "stuff" their mouth before attempting to chew or swallow ☐ the person tries to swallow too much food before they have chewed it properly ☐ the person usually finishes all of their main meal in less than five minutes.	Yes ☐	No ☐	Unsure ☐
Question 22			
Does the person appear to eat without chewing? (Note: this question does not apply to those on a puree diet). Tick **Yes** if any of the following: ☐ the person sucks their food instead of chewing ☐ food remains in the person's mouth for a long period of time before swallowing ☐ the person swallows their food whole without chewing.	Yes ☐	No ☐	Unsure ☐
Question 23			
Does the person take a long time to eat their meals? Tick **Yes** if any of the following: ☐ the person eats independently, and they take more than 30 minutes to eat meals ☐ the person is dependent on someone to feed them, and it takes a long time to feed the person a whole meal ☐ the person appears to tire as the meal progresses and may not finish their meal.	Yes ☐	No ☐	Unsure ☐

Question 24			
Does the person show distress during or after eating or drinking? Tick **Yes** if any of the following: ☐ the person appears distressed while they eat or drink ☐ the person appears distressed immediately after or shortly after eating or drinking ☐ sometimes, while distressed, the person refuses food or spits out their food	Yes ☐	No ☐	Unsure ☐
Question 25			
Does the person have any complex wounds, pressure sores or ulcers?	Yes ☐	No ☐	Unsure ☐
Question 26			
Does the person try to access foods or fluids they may choke on? Tick **Yes** if they do any of the following: ☐ take food from other people's plates ☐ take drinks prepared for other people ☐ take food during food preparation ☐ take food or drinks from other people's bags or lunch boxes	Yes ☐	No ☐	Unsure ☐
Question 27			
Does the person have Type 1 or Type 2 Diabetes?	Yes ☐	No ☐	Unsure ☐

Completed by:

LWB Staff Name:		**Signature**		**Date**	
The person we support:		**Signature**		**Date**	
Authorised Decision Maker/Other:		**Signature**		**Date**	

Part 3 Summary of Results

Yes or **Unsure** responses recorded in the Risk Checklist indicate the person may be at risk of poor nutrition or unsafe swallowing.

The results must be discussed with the GP during the Annual Health review appointment or where the checklist has been re-completed.

Describe how the risk affects the person we support including if it is already managed well via a Mealtime Management Plan, Positioning Plan or Behaviour Support Plan etc. Follow up actions must be recorded by the GP in the Action Decided column.

Summary of results for:		**Date:**		**No risk** was identified for the client, GP review is not required.	☐

Question Number	**Nutrition and Swallowing Risks Identified**	**Describe how this risk affects the person we support**	**Action Decided** – *this column must be completed by the GP/Health Professional*

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GP Name:		**GP Signature:**	**Date:**

Upload to CIRTS as follows:
Plans & Assessments > New Assessment > Service Type = the service providing the support > Assessment name – [select from drop down] Nutrition and Swallowing Risk Checklist > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD