



LEIGH HARTER  
SPEECH SERVICES

## SWALLOW PRECAUTIONS

Diet Texture: \_\_\_\_\_

Liquid Thickness: \_\_\_\_\_

Patient: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_

Room: \_\_\_\_\_

Contact No.: \_\_\_\_\_

- Level of assist: \_\_\_\_\_
- Sit upright for all meals
- Small bites and sips
- Eat and drink slowly
- Alternate bits and sips
- \_\_\_\_\_ Swallows with each bite/sip
- Liquids from cup/ spoon/ straw/ no straw
- Check left/right cheek for pocketed food
- Sit up for \_\_\_\_\_ minutes after eating
- Clean mouth after all meals or snacks
- Other: \_\_\_\_\_

\_\_\_\_\_



LEIGH HARTER  
SPEECH SERVICES

## SAFE SWALLOWING

Name: \_\_\_\_\_

Room: \_\_\_\_\_

Diet Texture: \_\_\_\_\_

Liquid Thickness: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Options:

1. Crush Medications
2. Help Patient By:
3. One On One Feeding
4. Nursing Or CNA Supervision During All Intake
5. Feeding With Trained Family Member
6. Feeding Only With Speech Therapist
7. Sit Upright For All Meals
8. Quiet Eating Time/No Conversation While Eating
9. Small Bites/Sips
10. Alternate Bites And Sips
11. Cough Hard After \_\_\_\_ (#) Bites/Sips
12. Multiple Swallows For Each Bite Of Food/Liquids
13. Swallow With Chin Down
14. Liquids From Cup/Spoon/Straw/No Straw
15. Turn Head To Right/Left With Each Swallow of Food/Drink
16. Check Right/Left Cheek For Pocketed Food
17. Sit Up For \_\_\_\_ (Minutes) After Eating
18. Have \_\_\_\_ (#) Small Meals A Day
19. Brush Teeth After All Meals Or Snacks