**Fluid Swallowing Diary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time of Day** | **Posture and location of resident** *(dining room etc)* | **How was the resident?** *(tired, well etc)* | **Details of the fluid** *(IDDSI level, amount taken e.g. 50mls, 100mls)* | **Description of difficulties** *(e.g. coughing, throat clearing, wet voice, vomiting, refusal of fluid)* | **Signed** *(name, date, designation)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safer swallowing for fluids:**

* Remember to use an open cup and avoid using straws/beakers where possible.
* Ensure resident is positioned upright, with head in neutral position. If in bed, raise the bed head and use pillows to support whole body if necessary.
* Encourage the resident to fully swallow one sip before taking the next. Coughing on fluids often occurs because the person takes too much too quickly. For most people, taking fluid one sip at a time is safer than continuous sipping or gulping
* Ensure the fluids given are as per their personal tastes.