

Individualized Feeding Plan

Name: _____ Date: _____

Supervision needed when eating or drinking:

Unable to feed self (requires feeding) _____
Constant one on one supervision _____
Close supervision (someone in the same room, etc.) _____

Must remain upright for _____ minutes after eating, drinking, or receiving medication.

Positioning for feeding or drinking (includes medication administration)

1. Seat in a _____ degree angle
2. Chin should be in _____
3. Head should be turned toward _____
4. Feet should be placed _____
5. Other _____

Liquids:

No thickener Nectar consistency Honey consistency Pudding consistency
Provide drinks (nosey cup, through straw, on spoon, etc.) _____
Amount of liquids per swallow: _____

Solid food:

Pureed, ground, chopped, etc. _____
Placement of food in the mouth _____
Size of bites _____
Special type of spoon _____

Other concerns:

Prior to feeding or drinking: _____
Amount of time between swallow of liquids and solids: _____ seconds
Order of food presentation (i.e.: liquid after each bite of solid) _____
Food temperature (warm, cool, either) _____
If choking or coughing occurs, allow _____ minutes before resuming feeding
Monitor weight (weekly, monthly, etc.) _____

Additional needs:

- Monitor for pocketing food (make sure mouth is clear before giving more food)
- Encourage double swallow with each bite
- Verbal cues to swallow
- Verbal cues to clear throat or say "ah" after each bite
- Observe for the Adam's apple to move upward indicating swallow

When person is eating or drinking always observe for coughing, struggling behaviors, and/or gurgly vocal quality. These can be indicators of problems and should be reported to _____

Any other needs:

Signature

Date

Print name and title