

Affix Patient Label here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: / / MALE FEMALE



FEEDING AT RISK

Adults aged 18 years and over

Date of 'Feeding at Risk' decision:/...../.....

1. This patient is not appropriate for alternative non-oral feeding or NBM due to (tick all those applicable):

- Palliative care
- Risks outweigh benefits
- Patient has declined artificial nutrition and hydration
- Patient has declined modified diet and fluids where these might be a safer option
- Quality of life
- Other

2. Does the patient have capacity to make and communicate a decision about feeding management?

If patient lacks capacity, please make best interests decision - complete Form MCA 2

Yes No

Does the patient have a Lasting Power of Attorney (LPOA) for Health and Welfare?

Yes No

Has the LPOA paperwork been seen / provided?

Yes No

3. Feeding with associated risk of aspiration pneumonia, choking and / or insufficient nutrition & hydration has been discussed with the patient / patient's family / next of kin / LPOA / Independent Mental Capacity Advocate (IMCA)

Yes No

4. Advanced Care Planning

Has ReSPECT form been completed?

Yes No

Is there an advanced decision to refuse treatment?

Yes No

Is there a plan for future chest infections?

Yes No

Is there a plan for re-admission in event of future aspiration?

Yes No

Is there a plan for nutrition and hydration complications / concerns?

Yes No

Is there a plan for medication delivery?

Yes No

Please give detail:

.....

.....

5. Has a Feeding at Risk leaflet been provided?

Yes No

Has a Dysphagia Passport been provided?

Yes No

FLUIDS	DIET	STRATEGIES
<input type="checkbox"/> Thin Fluids (Level 0) (no thickener)	<input type="checkbox"/> Liquidised (Level 3)	<ul style="list-style-type: none"> • Sit as upright as possible • Ensure as alert as possible • Regular mouth care (min. 3 x daily)
<input type="checkbox"/> Slightly Thick Fluids (Level 1) (1 scoop thickener per 200ml)	<input type="checkbox"/> Pureed (Level 4)	
<input type="checkbox"/> Mildly Thick Fluids (Level 2) (2 scoops thickener per 200ml)	<input type="checkbox"/> Minced & Moist (Level 5)	
<input type="checkbox"/> Moderately Thick Fluids (Level 3) (3 scoops thickener per 200ml)	<input type="checkbox"/> Soft & Bite-sized (Level 6)	
	<input type="checkbox"/> Easy Chew (Level 7EC)	
	<input type="checkbox"/> Regular (Level 7)	

Or Patient choosing their own food and drink textures Yes No

Consultant name	GMC / NMC / HCPC no.	Signature	Date & time

If decision revoked: strike through document, sign and date. Update medical notes with reason.

