

Nutritional Mealtime Management

Name:

Name Filling Form:

DOB:

Age:

Relationship:

Height:

Date:

Weight:

Within Range Not Within Range

Concerns with Mealtime

Medications with Dosage

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Most Recent Swallow Study Location and Date

Supplements and Amounts

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Swallow Study Details

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List All Allergies

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Position During Meal

- Flat on back
- In a lap semi-reclined
- In a lap upright
- Elevated sidelyer
- Semi-inclined in a wheelchair
- Stander
- Upright in a wheelchair
- Upright in a chair supported
- Upright in a regular chair

Regular Utensils and Adaptive Equipment Used

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Assistance Level

- Independent
- Partial
- Total

Nutritional Mealtime Management

Check all that Apply

Oral Motor Hypo Sensitivity

- Overfills Mouth with Food
- Takes Large Bites of Food
- Swallows without Adequately Chewing
- Absence of Chewing
- Eats Rapidly
- Messy Eater
- Pockets Food in Cheeks
- Food Remains on Tongue\Hard Palate
- Grinding of Teeth
- Drooling
- Loss of Food\Fluid
- Self-Injurious Behavior
- Craves Oral Stimulation
- Mouths Hands\Clothes\Objects
- PICA: Eats non-food items

Oral Motor Hyper Sensitivity

- Avoids Physical Contact
- Resists Touch Around or in Mouth
- Gagging
- Choking
- Resists Tooth Brushing
- Limited Food Preferences
- Limited Food Temperature Preferences
- Avoids\Refuses certain Food Textures
- Resists Mixing Food Textures
- Washes Food down with Drink
- Removes Food from Utensil with Teeth
- Finger Foods held with Fingertips
- Utensils held with Fingertips
- Avoids Messy Play\Finger Paint
- Startles Easily with Lighting Changes
- Sensitive to Environmental Noise
- Startles Easily with Noise Changes

Respiratory

- Drowsiness
- Tiredness
- Mouth Breather
- Wheezing
- Wet Breathing
- Gurgling Voice
- Holds Breath
- Difficulty Breathing
- Apnea
- Cyanosis
- O2 Dependent
- HX of Aspiration
- Recurrent URI or Pneumonia
- Stares off or glassy dull eyes
- Asthma / Reactive Airway Disease
- Airborne Allergies
- Coughing before Swallow
- Coughing during Swallow
- Coughing after Swallow
- Excessive Throat Clearing
- O2 Desaturation during meal/snack
- Post Nasal Drip\Runny Nose

Other Contributing Factors

- Unexplained Weight Loss
- Multiple Medications
- Decubiti\Pressure Sores
- Lethargy
- Seizure Disorder
- Anemia
- Recurrent Otitis Media
- Inconsistent Sleep Patterns
- Diabetes
- Obesity
- Eating Disorder
- Chronic Low Weight
- Chronic Infections
- Failure to Thrive

Nutritional Mealtime Management

Check all that Apply

Physiological

- Hyperextension of Head\Neck
- Poor Head\Neck Control
- Poor Trunk Stability
- Open Mouth Posture
- Unexplained Tremor
- Stiffens Trunk \ Extremities
- Skeletal Anomalies
- Delayed Swallow
- Multiple Swallows to Clear

Minutes to Finish Meal

- Less than 15
- 15 - 30
- 30 - 45
- More than 45

Foods

- Pureed
- Ground
- Mechanical Soft
- Regular

Nutritional Intake

- Oral
- NG-Tube
- G-Tube
- J-Tube

Liquids

- Pudding
- Honey
- Nectar
- Regular
- PRN: As Needed

Gastrointestinal

- Spitting Out Food
- Spitting Up
- Vomiting
- Nausea
- Bad Breath
- Heart Burn
- Sore Throat
- Discomfort High in Throat
- Reflux \ GERD
- Ruminating
- Gas\Bloating\Burping
- Hiccapping
- Constipation
- Frequent Enemas
- Diarrhea
- Dehydration
- Refusal to Eat
- Food Allergies
- Irritability \ Frequent Agitation
- Loss of Taste
- Peridontal Dental Issues
- Otitis Media\Ear Infections
- Oral Thrush
- Excessive Throat Clearing
- Celiac Disease

Easiest to Eat

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Hardest to Eat

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Nutritional Mealtime Management

Daily Log: List All Foods and Fluids with Amounts Tube Feeding: Formula and Fluids with Amounts

Breakfast

Morning Snack

Lunch

After Snack

Dinner

Evening Snack

**Check all that apply
Food Groups**

- Eats everything
- Dairy
- Grains, Rice, Pasta
- Protein
- Fruits
- Vegetables

**List of Food Groups
List of Foods that
represent the groups
What is the list you
want?**

Favorites

Taste	Temperature	Textures
<input type="checkbox"/> Bland	<input type="checkbox"/> Cold	<input type="checkbox"/> Smooth
<input type="checkbox"/> Sweet	<input type="checkbox"/> Cool	<input type="checkbox"/> Lumpy
<input type="checkbox"/> Sour	<input type="checkbox"/> Neutral	<input type="checkbox"/> Slippery
<input type="checkbox"/> Salty	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Sticky
<input type="checkbox"/> Smokey	<input type="checkbox"/> Warm	<input type="checkbox"/> Chewy
<input type="checkbox"/> Spicy		<input type="checkbox"/> Tough
<input type="checkbox"/> Carbonated		<input type="checkbox"/> Crunchy
<input type="checkbox"/> Caffeinated		<input type="checkbox"/> Rough
		<input type="checkbox"/> Dry

Dislikes

Taste	Temperature	Textures
<input type="checkbox"/> Bland	<input type="checkbox"/> Cold	<input type="checkbox"/> Smooth
<input type="checkbox"/> Sweet	<input type="checkbox"/> Cool	<input type="checkbox"/> Lumpy
<input type="checkbox"/> Sour	<input type="checkbox"/> Neutral	<input type="checkbox"/> Slippery
<input type="checkbox"/> Salty	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Sticky
<input type="checkbox"/> Smokey	<input type="checkbox"/> Warm	<input type="checkbox"/> Chewy
<input type="checkbox"/> Spicy		<input type="checkbox"/> Tough
<input type="checkbox"/> Carbonated		<input type="checkbox"/> Crunchy
<input type="checkbox"/> Caffeinated		<input type="checkbox"/> Rough
		<input type="checkbox"/> Dry