TTMD-R©

Test of Texture Modified Diets - Revised

Southern Health Santé Sud

☐ INITIAL ☐ ANNUAL ☐ RE-SCREEN

Part 1: Meal Screening

Date of Resident's admission: _____ **Date TTMD-R initiated:** _____

** Complete the first observation within the first 72 hours on admission and the second observation within the first week after admission or as soon as issues are noticed.*

Instructions:

Check one: B = Breakfast L = Lunch S = Supper

- Ensure resident is wearing dentures, glasses and hearing aids
- Record the food texture and liquid consistency provided
- Date and initial the form upon completion

**One meal should be in a.m. and one in p.m.*

A. SWALLOWING HISTORY AND OBSERVATIONS

	☐ B ☐ L ☐ S Texture: Liquid: Date: Initials:	☐ B ☐ L ☐ S Texture: Liquid: Date: Initials:
History of choking or swallowing problems	☐ Yes ☐ No	
Recent or recurrent chest infection	☐ Yes ☐ No	
Holding food or liquid in mouth	☐ Yes ☐ No	☐ Yes ☐ No
Food remaining in the mouth after swallowing	☐ Yes ☐ No	☐ Yes ☐ No
Spills or drools food/liquid from the mouth while eating/drinking	☐ Yes ☐ No	☐ Yes ☐ No
Difficulty chewing food	☐ Yes ☐ No	☐ Yes ☐ No
Wet (gurgly) voice after swallowing food or liquid	☐ Yes ☐ No	☐ Yes ☐ No
Coughing or clearing the throat during meal	☐ Yes ☐ No	☐ Yes ☐ No
Resident eats quickly	☐ Yes ☐ No	☐ Yes ☐ No
Shortness of breath during or after eating/drinking	☐ Yes ☐ No	☐ Yes ☐ No
Does not swallow - Do not proceed, contact TTMD-R Facilitator **(REFERRAL PRIORITY A)**		

If "YES" to any of the above in Section A, TTMD Facilitator to complete Parts 2 and 3.

B. FEEDING OBSERVATIONS

Difficulty holding own cup or utensils	☐ Yes ☐ No	☐ Yes ☐ No
Difficulty holding head upright during meal	☐ Yes ☐ No	☐ Yes ☐ No
Difficulty sitting upright during meal	☐ Yes ☐ No	☐ Yes ☐ No

If "YES" to any of Section B, consider referral to Occupational Therapy

C. NUTRITIONAL OBSERVATIONS

Consumes less than 1/2 of meals	☐ Yes ☐ No	☐ Yes ☐ No
Significant weight loss noted	☐ Yes ☐ No	☐ Yes ☐ No

If "YES" to any of Section C, refer to Registered Dietitian

Comments: _____

Screen results reviewed by: _____ **Date:** _____

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Part 2A: Administration of Test Tray
(Liquids)

If YES, score as indicated. If NO, score "0".	Score (if present)	1 Puree	2 Mildly thick sip	3 Thin sip	4 Thin multi-sip
No swallow present	Yes = discontinue test **PRIORITY A**				
Liquid/puree falling from mouth	2				
Slow to swallow (Normal: Liquids=2 seconds Pureed=2-4 seconds)	2				
Coughing/throat clear after swallow	4				
"Ah" or breath sounds after swallow are wet or gurgly	4				
Food/liquid remains in mouth after swallow	2				
TOTAL SCORE:					
INSTRUCTIONS: Refer to *Facilitator Manual Important Considerations* upon completion of each level.	If score is ≥ 4	Place resident on Moderately Thick liquids and puree texture and discontinue test; Proceed to *Management Plan*; **PRIORITY B**	Place resident on Moderately Thick liquids; Proceed to Trial #5; **PRIORITY C**	Place resident on Mildly Thick liquids; Proceed to Trial #5; **PRIORITY C**	Place resident on thin sips only; Proceed to Trial #5
	If score is < 4	Proceed to Trial #2	Proceed to Trial #3	Proceed to Trial #4	No liquid consistency modification; Proceed to Trial #5

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Part 2B: Administration of Test Tray
(Solids)

If YES, score as indicated. If NO, score "0".	Score (if present)	5 Total Minced (minced vegetable)	6 Minced (bread & butter)	7 Soft (chicken breast)
Difficulty chewing	3			
Slow to swallow (Normal: Solids=2-4 seconds)	2			
Foods fall from mouth	1			
Coughing/throat clear after swallow	4			
"Ah" or breath sounds after swallow are wet or gurgly	4			
Food remains in mouth after swallow	2			
TOTAL SCORE:				
INSTRUCTIONS: Refer to *Facilitator Manual Important Considerations* upon completion of each level.	If score is ≥ 4	Place resident on pureed texture; **Discontinue test;** Proceed to *Management Plan*; **PRIORITY C**	Place resident on Total Minced texture; **Discontinue test;** Proceed to *Management Plan*; **PRIORITY C**	Place resident on Minced texture; **Discontinue test;** Proceed to *Management Plan*.
	If score is < 4	Proceed to Trial #6	Proceed to Trial #7	Place resident on soft texture and advance texture as tolerated. Proceed to *Management Plan*.

REFERRAL PRIORITIES:

A. No Swallow Response
Contact physician immediately for consideration of non-oral nutrition and hydration and referral to a speech-language pathologist for a swallowing assessment. See section in manual on "Ethical Considerations Related to Swallowing".

B. Swallowing with Observable Difficulty
Send immediate referral to a speech-language pathologist for a swallowing assessment.

Residents who fall into "Referral Priority B" exhibit signs/symptoms of swallowing difficulty, even on most restrictive texture/liquid consistency.
See section in manual on "Ethical Considerations Related to Swallowing".

C. Managing on Most Restrictive Diet Modification
Send referral to a speech-language pathologist for a swallowing assessment.

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Part 3: TTMD-R Management Plan

(To be completed by TTMD Facilitator)

DIET TEXTURE

Food Texture: _____

Liquid consistency: _____

BASIC MANAGEMENT STRATEGIES

Supervision: _____

Feeding Assistance: ☐ Independent ☐ Set-up / cut-up ☐ Dependent

- ☐ Seated at 90 degrees
- ☐ Small bites/sips (level teaspoon size)
- ☐ Check for pocketing during and after meal
- ☐ Feed only when alert
- ☐ Feed slowly / Cue to eat slowly
- ☐ Oral hygiene following all meals and snacks
- ☐ Remain upright (at least 60°) for 30 minutes following meals / snacks
- ☐ Additional management strategies:

_____

_____

_____

ACTION TAKEN

- ☐ Dietitian notified of TTMD-R test results
- ☐ Family informed of current diet texture and management plan
- ☐ Referral to SLP completed (if applicable) Referral priority: _____
- ☐ Referral to OT (if applicable)
- ☐ Referral to Dentist/Dental Hygienist discussed with resident and/or family (if applicable)
- ☐ Other: _____

COMMENTS:

_____

_____

_____

Review date: _____

Name of Facilitator reviewing/completing with team: _____

Signature: _____ **Date:** _____

Place completed test form in the resident's medical record.

Following the above recommendations of the TTMD-R, it is anticipated that the resident will experience fewer symptoms and complications of dysphagia. The TTMD-R does not replace the need or value of a full assessment and management program developed by a speech-language pathologist.