## Low oral intake: what to do if a person is not eating enough

Eating less food is not in itself a swallowing problem. But it may be an indication that there is a swallowing problem.

Complete the 'SLT initial questionnaire' to see if there are any other signs of a swallowing problem and take action suggested if there are.

Try the following strategies to maximise oral intake and nutrition.

1. Identify what consistency of diet the person is currently eating. See www.iddsi.org/resources/patient-handouts
2. Complete MUST score. The MUST score will guide you about what action to take.
3. Complete your own oral intake charts over three days including all meals and snacks. Ensure you include quantities as exactly as you can.
4. Discuss with family or friends to find out if you are offering the person food that he/she likes and would eat at the times provided.
5. Use this information to consider:

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| **Is there a time of day that the person eats more?** | This may be because of tiredness/sleepiness/activity levels/concentration/appetite – try to offer more food/nutrition at the times when the person eats best |
| **Drinks** | Are drinks maximised for nutritional purposes? Eg. Milk-based rather than water-based; smoothies; soups; supplement drinks |
| **Type of food** | People sometimes eat certain types of food better than others. Eg. Savoury vs sweet; meat vs veg; spicy vs bland; chewy vs softer; snacks vs main meals; hot vs cold;finger foods |
| **Likes and dislikes/preferences** | Is the person being offered food they like?<br>Are meals provided at the usual times the person would eat? |
| **Support may be needed if a person is struggling to feed themselves** | Specialist cutlery or crockery may be helpful (see 'Utensils for eating'<br><br>Assistance is sometimes needed if the person cannot manage cutlery themselves (see 'Giving Assistance for Physical difficulties')<br><br>Cognitive problems may mean the person needs encouragement, prompts, clear mealtime contextual cues, removal of distractions. (see' Giving Assistance for Cognitive difficulties') |

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| **Texture/Consistency of food** | If the person is not managing the consistency of food that she/he is currently having, trial modifying food to next IDDSI level down. (Move down the IDDSI levels one by one. EG. If on normal diet, try level 7 easy chew. If on Level 7 Easy Chew, try level 6. If on Level 6, try level 5. If on Level 5, try level 4. Complete the Food Swallow diary pre and post trials so you have clear rationale for making any changes permanent). Ensure you review any trials of modified food to ensure you have the best option.<br><br>You may need to step down the diet more than once, but use the Food swallow diary to record the trials so you have clear evidence for changes. |
| **Food First** | This is an approach to increase the nutritional content of the food that does get eaten. Boost calories by fortifying meals and snacks. See 'Food First advice'. |
| **Supplement drinks** | Home made fortified drinks can be offered, such as milkshakes and smoothies.<br><br>Ready made items can be purchased or powders that can be made into build-up drinks.<br><br>GP can prescribe supplement drinks: ensure these are at the correct IDDSI level if the person is having thickened drinks. |
| **Dietetic advice** | Refer to dietitian if these steps have been taken but have not helped. |