Government of South Australia

Oral Eating and Drinking Care Plan

for education and care settings

CONFIDENTIAL

HSP210

ORAL EATING AND DRINKING CARE PLAN

Health Support Planning

To be completed by a speech pathologist or treating health professional, and the parent or legal guardian (and/or adult student) where there is a risk of choking or aspiration, a requirement to have food or fluid consistency modified or the child or young person needs to be fed.
An oral eating and drinking care plan is generally not required for children and young people with food phobias, eating disorders or oral sensitivities.
This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person:

DOB: Review date:

Allergies:

Education or care service:

KEY ISSUES
Detail issues relevant to education and care. Staff do not need complete medical details, only what is relevant to the child or young person's attendance, learning and care

RISK RATING *(indicate the risk rating for the child or young person based on any of the key factors below)*

HIGH RISK (Fully dependent)

High Risk	**Moderate Risk**	**Low Risk**
Requires constant supervision Risk of aspiration High risk of choking Requires feeding	Requires some assistance or supervision Moderate risk of choking	Generally independent Low risk of choking

TOTAL TIME REQUIRED *(the total time required to support the child or young person during mealtimes, includes set up, food and/or fluid preparation, feeding and after meal support)*
Less than 15 minutes
Provide further details if required

LEVEL OF SUPERVISION
Requires constant supervision
Provide further details if required

FOODS *(refer to the IDDSI Framework for food description and characteristics)*
Nil food orally
Provide description and details of food characteristics

FLUIDS *(refer to the IDDSI Framework for fluid description and characteristics and the IDDSI Testing Methods for correct fluid flow)*
Nil fluids orally
Provide description and details of fluid characteristics

THICKENER
Nil thickener required
Provide further details if required

SPECIALISED EQUIPMENT	
Regular utensils	Provide further details if required
Regular plate	Provide further details if required
Regular cup	Provide further details if required
Mirror	Provide further details if required
Clothes protector	Provide further details if required
Other (specify)	Provide further details if required

POSITIONING *(an image of the positioning is recommended; may require a Transfer and Positioning Care Plan)*

Nil positioning support required

Provide further details if required

FREQUENCY AND TIMING OF SOLIDS

Self-choice / on demand

Provide further details if required

ORAL FEEDING STRATEGIES	
☐	Nil specific oral feeding strategies
☐	External pacing for bottle feeding: # swallows, cue a break; lower bottle to stop fluid flow; remove teat and allow time for a breath and recovery; aim for consistent steady suck swallow breath pattern
☐	Single mouthfuls, allow time to swallow and clear mouth
☐	Alternate fluids and solids (one bite, one drink)
☐	Only offer oral intake when awake, alert, calm, interested
☐	Allow child or young person to pace intake; wait for child to swallow and request before offering more food
☐	Slow rate of intake; wait for child to swallow before offering more food
☐	Present food or utensils below the lip line and so the child can see it; wait for them to move towards the soon and take the food with their lips
☐	Try not to scrape food from the spoon or fork against top teeth or gums
☐	If coughing occurs encourage child or young person to clear airway and strong swallow to clear residue
☐	Other (specify)

AFTER MEAL CARE	
☐	Nil after meal care strategies
☐	Remain upright for # minutes after meals to assist with stomach emptying and reduce the risk of reflux
☐	Check no food left in mouth or palate
☐	Other (specify)

TRAINING

In addition to

- HLTAID004 Emergency first aid response in an education and care setting; and
- generic mealtime training (ie Novita Oral Eating and Drinking Support Workshop or Queensland Health Paediatric Feeding and Swallowing online training)

the following training is recommended:

Information session (via phone or face to face)

Provide further details if required

ATTACHMENTS OR ADDITIONAL INFORMATION

☐	A video or photos of the child or young person's positioning and/or being fed
☐	Individual first aid plan (where the emergency response differs from standard first aid)
☐	Other (specify)
☐	Other (specify)

GENERAL SUPERVISION FOR SAFETY AT MEALTIMES

Staff must STOP the eating or drinking process on any occasion if they observe any of the following signs:

- Self-reported distress or other signs of distress
- Gagging or coughing with unusual frequency
- A gurgly, wet rattle sound in their throat
- Unable to cough
- Stops breathing
- Choking
- Fatigued
- Pale or sweaty
- An unusual change of voice
- Watery or glassy eyes

AUTHORISATION AND AGREEMENT

The OE&D Care Plan has been developed for use in the following settings:

☐	Children's centre, preschool or school	☐	Childcare, Out of School Hours Care
☐	Camps, excursions, special events (incl. aquatics)	☐	Work experience or other education placement
☐	Respite, accommodation	☐	Work
☐	Transport	☐	Other (specify)

Speech pathologist or treating health professional

(print name & agency/practice/hospital or stamp)	Professional role	
	Email or signature	
Telephone	Date	

☐ I agree to be contacted by the education or care service to provide assistance and advice to support the safe and effective implementation of the Oral Eating and Drinking Care Plan

Parent or legal guardian; or adult student

- **I have participated in the development of, and have read and understand, the Oral Eating and Drinking Care Plan**
- **I approve the release and sharing of this information to supervising education and care staff**
- **I understand education and care staff may seek additional information and/or advice regarding the medical information contained in the Oral Eating and Drinking Care Plan from the speech pathologist or treating health professional**
- **I understand I must advise the education or care service if there is a change in the professional providing the service around the Oral Eating and Drinking Care Plan**

Parent/legal guardian or adult student

(name)	(relationship)
(email or signature)	(date)

ORAL EATING AND DRINKING CARE PLAN REVIEW

This section may be completed where the plan has been reviewed but there are no significant changes

The OE&D Care Plan must be reviewed and updated in consultation with the speech pathologist or treating health professional and the parent, legal guardian or adult student.

This may include in any of the following circumstances:

- Annually
- When the care or mealtime support needs change

Date of review	Reason for review	Speech Pathologist/Treating Health Professional *(print name and initial)*	Parent or Legal Guardian *(print name and initial)*	New Review Date *(also change at top of form)*