

⇒ **SWALLOW GUIDE** ⇐

Name: _____ Date: _____ SLP pager: _____

DIET ORDER:

SOLIDS	Old National Dysphagia Diet label	New IDDSI diet label
	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular
	<input type="checkbox"/> Dysphagia Advanced/Chopped	<input type="checkbox"/> Soft & Bite Sized
	<input type="checkbox"/> Dysphagia Mechanically Altered or Ground	<input type="checkbox"/> Minced & Moist
	<input type="checkbox"/> Dysphagia Pureed	<input type="checkbox"/> Pureed

LIQUIDS	Old National Dysphagia Diet label	New IDDSI diet label
	<input type="checkbox"/> Thin liquid	<input type="checkbox"/> Thin
		<input type="checkbox"/> Slightly Thick
	<input type="checkbox"/> Nectar Thick Liquid	<input type="checkbox"/> Mildly Thick
	<input type="checkbox"/> Honey Thick Liquid	<input type="checkbox"/> Moderately Thick
	<input type="checkbox"/> Pudding Thick Liquid	<input type="checkbox"/> Extremely Thick

MEDICATION DELIVERY: _____

LEVEL OF SUPERVISION: _____

SAFE SWALLOW STRATEGIES: