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| Thickened Liquids | | | | NO. | |
| PURPOSE:  To provide specific guidelines related to the provision of thickened liquids.  STATEMENT OF POLICY:  It is the policy of this facility to ensure that the resident requiring thickened liquids receives the appropriate fluids in a safe and effective manner in order to maintain adequate hydration status.  PROCEUDRE:   1. The resident that is exhibiting signs of being at risk for aspiration such as coughing or choking, or is experiencing significant unplanned weight loss will be referred by nursing to Speech Therapy for screening. 2. If indicated, an order for evaluation and treatment will requested from the physician. 3. If thickened liquids are indicated, a physician’s order will be obtained that includes the required viscosity (or thickness) of the liquid to be served to the resident: 4. Nectar-like consistency 5. Honey-like consistency 6. Pudding-like consistency 7. A resident that is newly admitted to the facility may have a physician’s order on admission for thickened liquids. 8. The Speech Therapist will develop a plan of care to identify any precautions or techniques necessary to safely provide fluids to resident. The plan of care will be communicated to the dietary department, direct care staff and documented in the clinical record. 9. The dietary department will be notified of the thickened liquids order utilizing a Dietary Communication Form and/or following facility protocol. 10. Liquids given during medication administration will be thickened to prescribed consistency. 11. The resident that is receiving thickened liquids should not have a water pitcher at the bedside. 12. The resident will be offered and administered fluids thickened to the prescribed consistency every 2 hours while awake and as requested. 13. Four (4) ounces of fluids will be offered every two hours from the hours of 8 a.m.-8 p.m. and documented on the Medication Administration Record. The amount consumed will also be documented on the Intake and Output Record. 14. The resident that is receiving thickened liquids will be identified by: 15. An identification bracelet with a dot that has the initials,   N=nectar-like  H=honey-like  P=pudding like  And the same dot on the door of the resident’s room OR   1. A color-coded armband with specific color designated for thickened liquids. 2. Facility may identify and use other visual aids as appropriate and necessary. | | | | | |
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| Thickened Liquids | | | | NO. | |
| 1. Thickened liquids should be available 24 hours a day and should be kept at the nurse’s station and inside the medication cart. 2. Licensed Nursing Staff will be responsible for thickening of fluids. Certified Nursing Assistants and Dietary Staff may thicken liquids after receiving documented training. 3. The suggested recipe from the manufacture of the product will be used to obtain the correct consistency of the liquid. 4. The resident receiving thickened liquids should be placed on Intake and Output to assist in assuring adequate hydration. 5. The resident receiving thickened liquids will be reviewed quarterly for any change in condition related to the degree of dysphagia and/or nutrition/hydration status that would indicate a change in plan care. 6. If the resident/responsible party refuse thickened liquids, the facility must document the following: 7. Resident/Responsible Party teaching and understanding of the risks and complications of not adhering to the recommended thickened liquids modifications. 8. Physician notification and documentation by the physician in the progress notes of resident/responsible part refusal. 9. Completion of an informed consent. 10. Each refusal prior to completion of an informed consent should be documented in the clinical record. 11. Thin liquids should not be given until the completion of this process. | | | | | |
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