

Sample Scenario:
Pureed Food

**DOCUMENTATION FORM
FOR HONORING RESIDENT CHOICE AND MITIGATING RISK**

Resident Name: Elaine Murtha

I. IDENTIFY AND CLARIFY THE RESIDENT'S CHOICE		Date	Date	Date	Initials
What is resident's preference that is of concern?	Mrs. Murtha states that she prefers to eat foods of regular texture rather than the recommended puree texture. She would rather risk choking than "have to eat pureed foods the rest of my life".	9/5			RM
Why is this important to the resident?	The texture and taste of the pureed food is unappealing. Especially since she retired, having healthy, nicely prepared and presented meals has been a high priority for her. Pureed foods do not fit into that preference.	9/5			RM
What is the safety/risk concern?	Mrs. Murtha has choked once (needing a Heimlich maneuver), takes a very long time to chew her food, and often coughs after swallowing.	9/5			RM
Who representing the resident was involved?	Mrs. Murtha, son and daughter-in-law. Son has a durable Power of Attorney for health care, and feels his mother should follow the advice of the professionals.	9/5			RM
Who on care team was involved in these discussions?	R. Moody-DON, T. Caffot, daytime RN, P. Porter, primary CNA, J. White, SLP, G. Ford, dietician	9/5			RM
II. DISCUSS THE CHOICE AND OPTIONS WITH THE RESIDENT		Date	Date	Date	Initials
What are the potential benefits to honoring the resident's choice?	Increased caloric consumption, greater satisfaction, higher quality of life, and liberalization conforms to current standards of practice.	9/5			RM
What are the potential risks to honoring the resident's choice?	Risk of choking during meals.	9/5			RM
What alternative options were discussed?	1) Working to improve the flavor and presentation of pureed foods 2) Trying a modified texture vs pureed process level 3) Working with Speech Language Pathologist and Dietician to identify: preferred foods that are safer without being pureed; which foods are deemed very unsafe if the texture is not modified; and foods that Mrs. Murtha prefers from these options. 4) Teach Mrs. Murtha the universal signal for choking, so she could get help quickly if needed 5) Mrs. Murtha will participate in dysphagia therapy to improve chewing and swallowing as indicated 6) Always having at least one soft "preferred" food, such as a creamed soup, available.	9/5			RM
What education about the potential consequences of the choice alternative actions/ activities was provided?	Asked Mrs. Murtha to discuss with the staff the risks of eating regular textured foods, so they can be sure she understands. Social Worker explained to son that PoA for HC doesn't allow him to make choices for his mother while she is still capable of making decisions. The care community has the responsibility to determine and meet the resident's own preferences. Social worker explained to the son that Mrs. Murtha still retains decision-making authority and she is working with the staff to come up with a diet that honors most of her choices while eliminating the most dangerous foods. The son agreed it is important to honor choices as long as the staff think their mutually-agreed plan will be ok.	9/5			RM
Who was involved in these discussions?	Son, R. Moody-DON, T. Caffot, daytime RN, P. Porter, primary CNA, J. White, SLP, G. Ford, dietician	9/5			RM

III. DETERMINE HOW TO HONOR THE CHOICE		Date	Date	Date	Initials
Of all options considered, is there one that is acceptable to the resident/representative and staff? Which one?	Options #3 and #5 were most preferred by Mrs. Murtha. First, staff will identify the foods that are considered to be most high risk, and make sure that on the days when that food is being served, the alternate menu option was something Mrs. Murtha liked and could eat with a regular or soft texture with less risk. Second, the dietician agreed to try to make her plate more appealing in its presentation — recognizing that this was something they should do for everyone. Finally, the family was asked to bring in some of her favorite foods that are naturally soft.	9/5			RM
If no option is acceptable to both the resident/representative and staff, what is the reason for the denial of resident choice? And what is/are the consequences or actions that will be taken?					
Who was involved in these discussions/decisions?	Mrs. Murtha, Son, Sally, Dietician, SLP, CNA	9/5			RM
IV. CARE PLANNING THE CHOICE		Date	Date	Date	Initials
What specific steps will be taken to assure both the resident and the staff follow the agreed to option? Document a brief summary of the plan here and put the detailed goal and approaches in the care plan.					
Was care plan updated?	Yes	9/5			RM
V. MONITORING AND MAKING REVISIONS TO THE PLAN		Date	Date	Date	Initials
How often will this decision be formally reviewed (recognizing that informal monitoring may take place on a daily basis)?	Plan is to spend 1 week going through the menus to identify high risk foods and acceptable alternates for Mrs. Murtha. This coincided with the beginning of the next 5 week menu rotation. Primary CNA will document Mrs. Murtha's comments regarding food, in addition to their routine caloric assessment. SLP and dietician will meet with Mrs. Murtha and CNA each week for the 5 weeks to see how the new menu is working. A Speech-language pathology treatment plan for dysphagia will be initiated.	9/5			RM
Who has primary responsibility for monitoring the implementation?	CNA will track Mrs. Murtha's comments. Dietician to track consumption.	9/5			RM
Was there another option considered to be the "next best step" that would be implemented next?					

Other comments _____
