

## Nursing Dietary and Aspiration Risk Tracking Form

This form will be reviewed daily on night shift.

A copy of this form will be posted in the kitchen, where applicable, and in the nursing station. The nursing staff member assigned to hand out meal trays must reference this form to make sure the diet type is the same as indicated on the diet ticket. If there is any discrepancy, the meal tray will not be handed out and the RN will be notified so that she can provide clarification to the MHA.

DATE \_\_\_\_\_ *A new form must be generated daily and posted each shift*

[illegible]

Staff shall pay particular attention to the patient's eating habits, safety considerations, and Aspiration Precautions. Staff shall document as appropriate any additional concerns noted during meal time and report to the Nurse in Charge. . High-Risk eating behaviors are: food left in the mouth, frequent coughing or sputtering, excessive talking or movement, taking large bites of food, rapid eating, grabbing food from other trays and/or altered mental status. For additional information, please refer to **CVH Universal Aspiration Precautions** poster located in Unit Dining Room.