

Pediatric Oral Feeding Care Plan

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

Developed And Shared with <i>(Name of family Member)</i>	Date <i>(dd-Mon-yyyy)</i>
Child's Preferred Name <i>(Last name, first name)</i>	
Medical Condition(s)	
Food Restrictions or Allergies	
Emergency Contact (s)	
Diet/Food Preparation	
Drink Thickness* For examples of each, please click on the links provided below <input type="checkbox"/> Thin (Level 0) <i>(includes breastmilk)</i> <input type="checkbox"/> Slightly Thick Fluids (Level 1) <i>(includes commercially available 'Anti-regurgitation' infant formulas)</i> <input type="checkbox"/> Mildly Thick Fluids (Level 2) <input type="checkbox"/> Moderately Thick Fluids (Level 3) <input type="checkbox"/> Liquidised (Level 3) <input type="checkbox"/> Extremely Thick Fluids (Level 4)	
Food Texture* For examples of each, please click on the links provided below <input type="checkbox"/> Pureed (Level 4) <input type="checkbox"/> Minced and Moist (Level 5) <input type="checkbox"/> Soft and Bite Sized (Level 6) <input type="checkbox"/> Regular Easy to Chew (Level 7) <input type="checkbox"/> Regular (Level 7) <input type="checkbox"/> Transitional Foods (Meltable) <input type="checkbox"/> Mixed Consistency Allowed	
Oral Feeding Recommendations and Precautions	
Safe for oral medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of Independence with Eating and Drinking , e.g., supervision required, assistance required	
Feeding Techniques and Precautions Amount of food per bite: Food placement: Pacing: e.g., <input type="checkbox"/> Offer drink after _____ bites <input type="checkbox"/> Other Typical Intake:	

Pediatric Oral Feeding Care Plan

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

Oral Feeding Recommendations and Precautions continued	
Drinking Techniques and Precautions	
Optimal Feeding Position , e.g., seating precautions, wheelchair tray, wheelchair tilt	
Utensils , e.g., adapted utensils, straws, special cups/bottles, nipples	
Sensory Considerations or Preferences , e.g., flavour, texture, temperature	
Other Feeding and Swallowing Precautions	
Feeding Care Team Contact	
Name(s)	
Contact	
Date <i>(dd-Mon-yyyy)</i>	
To Be Completed by Receiving Feeding Care Providers	Date <i>(dd-Mon-yyyy)</i>
Received and Reviewed by (Name and Date)	
<input type="checkbox"/> Parent(s) _____	_____
<input type="checkbox"/> Feeding Specialist(s) _____	_____
<input type="checkbox"/> Daycare Staff _____	_____
<input type="checkbox"/> Teacher(s) _____	_____
<input type="checkbox"/> Substitute Teacher(s) _____	_____
<input type="checkbox"/> Educational Assistants _____	_____
<input type="checkbox"/> Lunchroom / Cafeteria Staff _____	_____
<input type="checkbox"/> Other _____	_____
Name of Setting e.g., name of daycare, school	
Personnel Trained in Emergency Procedures e.g., Abdominal Thrusts	
<input type="checkbox"/> Name _____	
<input type="checkbox"/> Name _____	
Posted i.e., location and date	

*See <https://peas.ahs.ca/>

*See The International Dysphagia Diet Standardisation Initiative (IDDSI) for descriptions of food textures and drink thicknesses (<https://iddsi.org/resources/>)