Comprehensive Aspiration Risk Management Plan (CARMP)

CARMP: ☐ Initial ☐ Annual Date: Click or tap to enter a date. **Revised: ☐ Y Revision Date:** Click or tap to enter a date. **Risk level:** Click or tap here to enter text.

Date of ARST: Click or tap to enter a date. **ISP Term:** Click or tap here to enter text. **Case Manager:** Click or tap here to enter text. **CM Agency:** Click or tap here to enter text.

NOTE**: Some CARMP Strategies may be optional for persons at moderate risk for aspiration due to Risky Eating Behavior (REB), when that is the ONLY criteria met on the Aspiration Risk Screening Tool (ARST). The optional REB strategy sections are labeled as "*Optional for REB Only". Other required CARMP sections continue to be required or may be determined "not applicable (n/a)" based on assessment & IDT consensus.*

☐ **REB ONLY criteria**

STRATEGIES	PHOTOS (optional)	LEAD CONTACT*
A. RECOGNIZE AND REPORT INDIVIDUAL SPECIFIC SIGNS AND SYMPTOMS OF ASPIRATION (required)		
The following is a list of those specific **signs and/or symptoms (S&S)** of aspiration or aspiration associated illnesses and dehydration that have been identified for this person. This should not be a generic listing of S&S of aspiration that applies to all people. *(If specific S&S are not known the IDT may use generic until individual specific S&S identified)* 1. 2. 3. 4.		**Nurse** All IDT members should: • Provide input • Monitor and report
All IDT members are required to monitor for individual specific signs and symptoms of aspiration When any of the identified signs and/or symptoms listed above is observed the following actions are required: 1. The observer calls the agency nurse to report the observation & make a note in the daily documentation at that site. 2. The nurse determines the appropriate follow up action, coordinates this with the direct support personnel (DSP) and documents in nursing notes. Nursing actions may include, but are not limited to, contacting the PCP, monitoring temperature, pulse, and respirations for next 72 hours, sending the person to urgent care or the emergency room. 3. The nurse informs the observer of the actions taken and follow up as needed. 4. DSP will document all actions taken.		**Nurse** • All IDT members are responsible to monitor, report, and implement strategies
B. HEALTH MONITORING AND REPORTING (required)		
Refer to the Medical Emergency Response Plan(s) (MERPs) for specific guidelines		**Nurse**
Observe and report to the nurse immediately: choking that requires suctioning, abdominal thrusts (Heimlich maneuver) or 911.		**Nurse**
Use Pulse Oximeter (frequency) Notify Nursing: *(insert range)*		**Nurse**
If vomiting or seizures occur: Follow the MERP(s). 1. Identify positioning during vomiting Identify positioning during seizures (Refer to Seizure Plan) 2. Call the nurse. 3. If vomiting occurred; check temperature, pulse, respirations, and O2 saturation level (pulse oximeter) three times a day, for three days. Document all results in Therap and notify nurse of each result. 4. If any S&S of aspiration or aspiration associated illness are present after vomiting, immediately have the person seen by the PCP, urgent care, or in the ER.		**Nurse**

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Nurse will monitor and document clinical and respiratory status and report to PCP as needed.	**Nurse**
Staff will monitor weight (frequency): Nurse to notify PCP for weight loss/gain of 10 lbs. or 10% bodyweight within 6-month period.	**Nurse**
All IDT members are required to monitor for signs and symptoms of dehydration as listed in section A (some examples are dry mouth, poor skin turgor, low or dark urine output, etc.). Notify nurse and RD with concerns.	**Nurse**
Other Monitoring & Reporting: 1. Medical interventions related to aspiration/bronchial issues. Refer to respiratory care plan if needed. ☐ Yes ☐ No ☐ N/A 2. Medical interventions related to GERD, constipation, seizures, etc. Refer to other plans as needed. ☐ Yes ☐ No ☐ N/A	**Nurse**

C. ORAL INTAKE STRATEGIES (**required if** the person eats, drinks, or takes medications orally)

☐ Not applicable - 100% NPO *(if checked, delete all areas in section below)*

Positioning *of person* when eating or drinking anything**:**		**PT,** OT
Positioning *of person assisting* with all food or fluids**:**		**PT,** OT

Nutrition Recommendations: — **RD**

1. Nutrition goals:
2. Recommended weight range:
3. Diet order:
4. Food allergies, if known:
5. Supplements/snacks *(do not list vitamins*):
6. Caloric needs per 24 hours (For informational purposes; does not need to be tracked unless stated):
7. Protein needs per 24 hours (For informational purposes; does not need to be tracked unless stated):
8. Fluids:
    a. Fluid intake needs per 24 hours (For informational purposes; does not need to be tracked unless stated):
    b. Fluid intake restrictions (per PCP orders): Ordered I&O must be tracked.
    c. Additional strategies to minimize risk of dehydration *(such as offer beverages with regular intervals, variety of beverages, offer small amounts frequently, etc.)*:

Diet Texture: Choose **one** appropriate IDDSI Level; delete all other levels. ***Note:*** Refer to CARMP Instructions if DCP has occurred. — **SLP**, OT

IDDSI Level	*IDDSI Description* - ***do not alter***	*Testing Methods* – ***see Appendix: IDDSI Reference***
Level 7 Regular Food	• everyday foods of various textures • no texture or size restrictions at this level * unless noted by lead contact below	***no specific tests needed for foods at this level***

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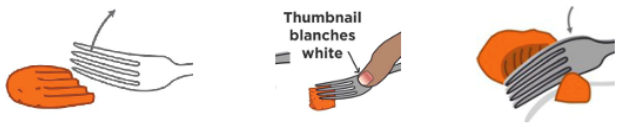
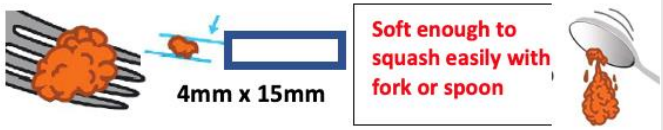
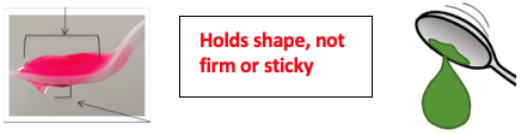
Level 7 Regular, Easy to Chew Food	• soft/tender textures • may be 'mixed consistency' * if noted by lead contact below • no size restrictions at this level * unless noted by lead contact below *** must break apart easily and pass fork pressure test**		
Level 6 – Soft and Bite-Sized Food	• no separate thin liquid • mashes, stays squashed • chewing required before swallowing *** must pass both food piece size and softness tests**		
Level 5 – Minced and Moist Food	• can eat with fork or spoon • no separate thin liquid • easy to squash with tongue • small lumps *** must pass all 3 tests: fork, squash, spoon tilt**		
Level 4 – Pureed Food	• usually eaten with a spoon • does not require chewing • no lumps • not sticky • liquid must not separate from solid *** must pass both *Fork Drip* and *Spoon Tilt* test**		
Level 3 Liquidized Food	• does not hold shape • no chewing required • smooth texture with no 'bits' *** must pass both *Flow* test and *Fork Drip* test**		
Transitional Foods	• starts as one texture – changes to another with liquid or temperature • squashes and does not return to original shape		

Instructions/Guidance for *preparation of food* for person *(describe blender/speed being used, fluids to add, etc.)*:

Liquid Consistency: Choose **one** IDDSI Level; delete all other levels. ***Note:*** Refer to CARMP Instructions if DCP has occurred. **SLP,** OT

IDDSI Level	*IDDSI Description* - ***do not alter***	*IDDSI Flow Test/Test Methods* - ***see Appendix: IDDSI Reference***
Level 4 Extremely Thick Liquid	• usually eaten with a spoon • no lumps • not sticky • cannot be poured or drunk from a cup *** must pass both *Fork Drip* and *Spoon Tilt* test**	

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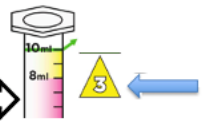
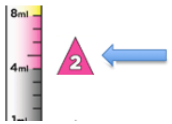
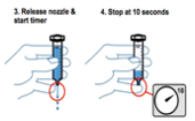
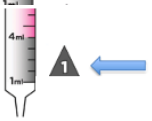
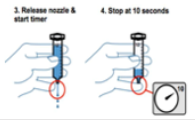
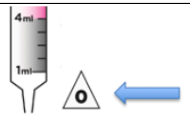
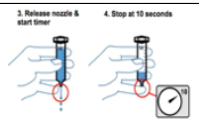
Level 3 Moderately Thick Liquid	• can be drunk with a cup or taken with a spoon • smooth texture with no 'bits' • can be poured *** must pass both *Flow* test and *Fork Drip* test**	 **at least 8mL** left in the syringe	
Level 2 Mildly Thick Liquid	• 'sippable' • pours quickly from a cup or spoon, but slower than thin drinks	 **4 - 8mL** left in the syringe	
Level 1 Slightly Thick Liquid	• thicker than water • requires a little more effort to drink than thin liquids	 **1 - 4mL** left in the syringe	
Level 0 Thin Liquid	• no liquid restriction • flows like water • fast flow	 **less than 1mL** left in the syringe	

When liquids must be thickened, a commercial thickener or specific additive must be identified: _____ ☐ **N/A**
Instructions/Guidance for *preparation of liquid* for person:

Adaptive Eating Equipment *(identify by name; photos are helpful. Include web links or attach page with ordering/purchasing information)* 1. Utensils: 2. Dishes: 3. Cup *(specify style, lid, spout, straw, etc.)*: 4. Cup for hydration outside of mealtime *(if different than above)*: 5. Mat: 6. Other (*blender/food processor, etc.*):		**OT,** SLP
Level of Supervision when eating and/or drinking (*describe*):		**SLP**, OT, BSC
Assisted Eating Techniques: how to assist the person with eating **when another person** is bringing the food and/or liquid to their mouth 1. Presentation of Food (*describe placement on lips or tongue, types of cues given, pacing, amount on spoon, alternating food and liquid sips, alertness strategies, etc.*): 2. Presentation of Liquid (*describe placement on lips or in mouth, types of cues given, pacing, amount of liquid in cup or per sip, etc.*):		**SLP,** OT
Self-Feeding Techniques: assistance needed **for the person** to safely bring the food and/or liquid to their own mouth 1. Adaptive Equipment *(describe position of plate, utensils, cup)*:		**OT,** SLP

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2. Communication Aid(s) *(describe basic use as part of self-feeding)*: 3. Presentation of Food (*describe table set up, other* ____): 4. Presentation of Liquid (*describe location on table, set up, other* ____): 5. Cues needed *(for successful pacing, utensil use, other…)*:		
Sensory Support *(describe strategies to support sensory needs and ensure safety during mealtime):*		**OT,** SLP
Behavioral Support *(include strategies to address risky eating behavior, prompts to address distraction, provide reassurance, combat food insecurity related to trauma, confusion, overstimulation, anxiety, motivation, etc.):*		**BSC**
Positioning after oral intake: **Minimum** length of time this position must be maintained:		**PT,** OT
D. ORAL MEDICATION DELIVERY STRATEGIES ☐ Not applicable – 100% NPO or ☐ ****** Optional for REB Only (*if checked, delete both rows in section*)		
Altered form of Medication: 1. Refer to MAR for current medications & appropriate times for medication delivery. DO NOT LIST MEDICATIONS HERE. *2.* Describe the altered form of medications as needed due to sensory and/or dysphagia limitations (*check all that apply, **if using multiple altered forms of medication specify type for each**)* ☐ Liquid (*special instructions*): ☐ Crushed [assure medication is crushable] *(special instructions*): ☐ Cut into pieces no larger than , (*special instructions*): ☐ Whole (*special instructions*): ☐ Sprinkled on food (*special instructions*): ☐ Dissolved in liquid (*special instructions*): ☐ Other (describe):		**Nurse**
Oral Medication Delivery Method: *Indicate additional delivery techniques intended to minimize aspiration risk; check all that apply. Note: Level of Assistance with Medication Delivery is based on the MAAT: contact nurse with any questions.* <u>Liquid Medication/Medication Dissolved in Liquid:</u> ☐ Drink using (*specify cup type, straw, etc.)* <u>Other Forms of Medication:</u> ☐ Mix with (*e.g. water, puree food, soft foods, etc*.) ☐ Present using (*e.g. syringe, specific spoon, med cup, fingers, etc*.) ☐ Number of pills/tablets/capsules in mouth at one time ☐ Follow each oral presentation medication dose with (*drink, puree food etc.)* ☐ Visually examine the mouth (*cheeks, under tongue, area between lips and teeth*) to assure medication has been swallowed. ☐ Sweep the mouth with a (*gloved finger, toothette*) to assure medication has been swallowed. ☐ Other:		**SLP**

E. TUBE (Enteral) FEEDING STRATEGIES via ☐ G; ☐ J; ☐ G/J; or ☐ NG tube ☐ Not applicable, no feeding tube *(if checked, delete all areas in tube feeding section below)*	
Nutritional Content of tube feeding	
Do not list enteral feeding or water flush orders. Refer to MAR for the most current enteral feeding and water flush orders. 1. Nutrition goals: 2. Recommended weight range: 3. Caloric needs per 24 hours (For informational purposes; does not need to be tracked unless stated): 4. Protein needs per 24 hours (For informational purposes; does not need to be tracked unless stated): 5. Fluid needs per 24 hours (For informational purposes; does not need to be tracked unless stated):	**RD**
Tube Feeding Protocol (required) ☒ **= Indicates required content**	
1. List steps for checking tube placement (*describe, i.e., by checking mark on tube at exit site or n/a):* 2. List steps for checking residual, if ordered by PCP or specialist (*describe or n/a*): 3. List steps for setting up and/or connecting/disconnecting tube feeding including: a. ☒ Aseptic/Clean technique for flushes (*describe*): b. ☒ Total time allowed to hang: c. ☐ Bolus vs. ☐ Continuous (*describe*): d. ☐ Other instructions: 4. Instructions for routine site care (*describe*): 5. Instructions regarding potential complications (*describe)*: a. ☒ When to discontinue feedings: b. ☒ Notify nurse of vomiting: c. ☐Nurse will notify the PCP: d. ☒ Instructions for what to do in case of change in tube length/displacement or dislodgement: e. ☒ Instructions for abdominal pain, swelling or tenderness: f. ☒ Instructions for redness/infections/erosion/drainage at site: g. ☒ Monitor for signs of dehydration: h. ☐ Other:	**Nurse**
Medication Delivery via Tube ☐ **Not applicable** *(if checked, delete row below)*	
Medication Delivery Method: Refer to MAR for Physician orders; including crush and flush orders 1. Medications must never be added to formula. 2. Medications must be given one at a time (*e.g. dissolved or crushed and mixed with water or other liquid as ordered by PCP*): 3. Assure medication is crushable. 4. Flush with water as ordered after each medication administration. 5. Other:	**Nurse**
Positioning DURING and AFTER tube feeding, water flushes, and medication administration	

Describe general places the person may receive tube feeding, water flushes and medication administrations (*e.g. regular chair, wheelchair, bed, etc.*): 1. 2. 3.		**PT,** OT
Positioning **during** tube feeding, water flushes & medication administration:		**PT,** OT
Positioning **after** tube feeding, water flushes and medication administration: **Minimum** length of time this position must be maintained:		**PT,** OT
Activity or behavioral strategies during tube feedings		
1. Activity strategies:		**OT,** PT
2. Behavioral strategies (*e.g., distraction, redirection prompts, use of abdominal binder to minimize risk of pulling tube, etc.*):		**BSC**
F. POSITION FOR ROUTINE ACTIVITIES ☐ **Determined not applicable based on assessment & IDT consensus** *(if checked, delete row below)*		
Positioning for (*photos are helpful):* 1. Bed: 2. Showering or bathing: 3. Personal care (e.g. *Attends changes, dressing etc.*): 4. Swimming: 5. Rest or leisure: 6. Other:		**PT,** OT
G. ORAL HYGIENE STRATEGIES (required) **** if REB only ☐ Determined not applicable based on assessment & IDT consensus** *(if checked, delete all areas in oral hygiene section below)*		
Please check all that apply *(for team information only):* ☐ own teeth (all present) ☐ own teeth (some missing) ☐ no teeth ☐ partial plate/dentures used ☐ partial plate/dentures refused		
1. Complete Oral Care times per day.		**Nurse**
2. Identify when oral care should occur: 3. Recommended Location(s) for oral care:		**OT**
4. List and describe ALL needed oral hygiene supplies (including those identified by the team and <u>prescribed/recommended</u> per the Dentist/Oral Hygienist): 4.1. Mouthwash/solutions (*refer to MAR if ordered*): 4.2. Toothpaste (*refer to MAR if ordered*): 4.3. Toothbrush(es): 4.4. Other *(include partial/denture care as needed):*		**Nurse,** OT, SLP

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5. Utilize good oral hygiene practices as recommended by Dentist/Oral Hygienist or identified by the team *(include detailed instructions in sections 8 and 9)*: 5.1. Brushing time: 5.2. Flossing: 5.3. Partial/Denture care:		**Nurse,** OT
6. **Positioning *of person*** during oral care:		**OT,** PT
7. **Positioning *of person assisting*** with oral care:		**OT,** PT
8. Brushing Routine Assistance and Instructions recommended by Dentist/Oral Hygienist or as identified by team. Choose One (*and describe set up, supervision, placement in mouth, time per mouth quadrant, types of verbal/gestural/physical cues or assist, pacing, sensory strategies, etc.)* ☐ Self-Brushing for complete oral hygiene routine: ☐ Self-Brushing and Assisted Brushing for oral hygiene routine: ☐ Assisted Brushing for complete oral hygiene routine:		**OT,** SLP, Nurse
9. Specific Oral Care Procedures not covered above, in sequential order, including Sensory, Behavioral, and Cognitive strategies: 9.1.		**BSC/OT,** SLP, Nurse
10. Saliva management techniques *during oral care* not previously stated (*e.g. suctioning, etc.*):		**Nurse,** SLP, OT, PT
11. Observe for and report to nurse any: 11.1. Change in appearance of gums or tongue; (e.g. dark, broken, loose or missing teeth; bad breath; swelling, lesion). 11.2. Presence of oral pain, refusal to eat or drink hot/cold food or liquids etc. 11.3. Stop oral care immediately and contact nurse if:		**Nurse**
12. Positioning **AFTER** oral care: **Minimum** length of time this position must be maintained:		**PT**, OT

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H. SALIVA MANAGEMENT STRATEGIES ☐ **Determined not applicable based on assessment & IDT consensus** (*if checked, delete areas below)*		
Positioning 1. Lying down: 2. Sitting: 3. Other (*consider position of persons who interact with the person to minimize risk, i.e., do not stand above the person seated*):		**PT**, SLP, OT
Skin/Clothing Protection:		**Nurse,** SLP, OT
Medical strategies: ☐ Medication (routine or PRN medications used to control oral secretions): ☐ Suction: 1. Type of suction catheter: 2. Size of suction catheter: 3. ☐ Oral or ☐ Tracheal suctioning 4. Frequency to apply suction: ☐ Other instructions: ☐ Contact nurse for: Nurse will contact PCP when indicated.		**Nurse**
Other Strategies (if any):		**BSC**
I. STRATEGIES TO MINIMIZE RUMINATION ☐ **Determined not applicable based on assessment & IDT consensus** (*if checked, delete areas below*)		
Sensory Strategies:		**OT**
Positioning Strategies:		**PT**, OT
Behavioral Strategies *(include techniques to address external or internal factors, communication options, oral stimulation items, differential reinforcers, prompts, etc.):*		**BSC**
J. PERSONALIZED OUTCOMES (required) *Note: Outcomes must be measurable. Timeline for each outcome will be through the ISP term. If timeline is different than this, PLEASE SPECIFY!*		
The IDT will track the following outcomes to determine the effectiveness of the CARMP 1. 2.		**IDT:** develops **CM:** assures IDT tracks outcomes

K. LEAD CONTACT (TRAINER) INFORMATION (required for ALL) **Use SCOMM only for all communication and scheduling**

Name	**Agency**	**Phone**	**Fax**
Primary Provider Nurse: RN: RD: SLP:			

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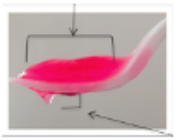
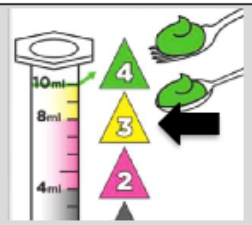
PT/PTA: OT/COTA: BSC:			

APPENDIX: IDDSI REFERENCE PAGE - DIET TEXTURE - DO NOT EDIT - DO NOT DELETE

IDDSI Descriptors and Characteristics	IDDSI Testing Methods
Level 7 Regular Food	• everyday foods of various textures • no texture/size restrictions at this level
Level 7 Regular, Easy to Chew Food: • does not include: hard, tough, chewy, fibrous, stringy, crunchy or crumbly bits, pips, seeds, fibrous parts of fruit, husks, or bones * must break apart easily and pass fork pressure test	• everyday foods of soft/tender textures • must **break apart easily** with the side of a fork/spoon • doesn't regain shape when squashed • may include 'dual consistency' or 'mixed consistency' per lead contact
Level 6 Soft and Bite-Sized Food • knife not required to cut this food • soft, tender and moist throughout but with no separate thin liquid * must pass both food piece size and softness tests	• can be mashed/broken down with pressure from fork or spoon • does not return to original shape when squashed Food pieces no bigger than 1.5cm x 1.5cm
Level 5 Minced and Moist Food • can be scooped & shaped (e.g. into a ball shape) on a plate • soft and moist with no separate thin liquid * must pass all 3 tests: fork, squash, spoon tilt	Food pieces no bigger than 4mm x 15mm • soft enough to squash easily with fork or spoon • small lumps visible within the food • holds shape, **not** firm or sticky, little food may stay on spoon
Level 4 Pureed Food • can be piped, layered, or molded because it retains its shape • should not require chewing • very slow movement under gravity but cannot be poured • cannot be sucked through a straw * must pass both Fork Drip and Spoon Tilt tests	 • sits in a mound or pile above the fork • small amount may flow through and form a tail • does *not* drip continuously through fork slots • falls off in a single 'plop' when spoon tilted or flicked • not firm or sticky • thin film may stay on spoon
Level 3 Liquidized Food • can't be piped, layered, or molded; will not keep its shape • can be swallowed directly; no chewing required • smooth texture with no 'bits' (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone) * must pass both Flow Test and Fork Drip tests	 • Can be eaten with a spoon • Can't be eaten with a fork because it drips slowly or in dollops/ strands through the slots of a fork
Transitional Foods: ***Used only with Levels 5, 6, and 7*** • food that starts as one texture (e.g. firm solid) and changes into another texture specifically when moisture (e.g. water or saliva) is applied or when a change in temperature occurs (e.g. heating) • food squashes and does not return to original shape * must pass Fork Pressure test	

APPENDIX: IDDSI REFERENCE PAGE - LIQUID CONSISTENCY -- DO NOT EDIT – DO NOT DELETE

IDDSI Descriptors and Characteristics

Level 4 Extremely Thick Liquid
- Cannot be poured
- Cannot be drunk from a cup

Level 3 Moderately Thick Liquid
- Can be poured
- Can be drunk with a cup or taken with a spoon

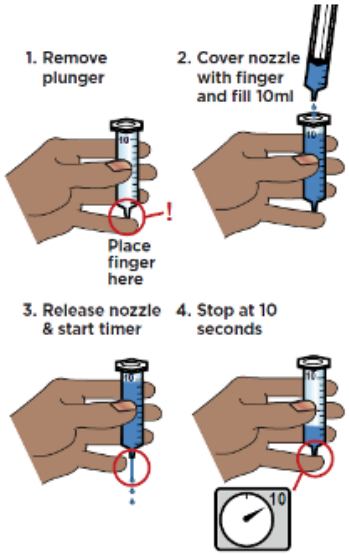
Level 2 Mildly Thick Liquid
- 'sippable'
- Pours quickly from a cup or spoon, but more slowly than thin drinks

Level 1 Slightly Thick Liquid
- Thicker than water
- Requires a little more effort to drink than thin liquids

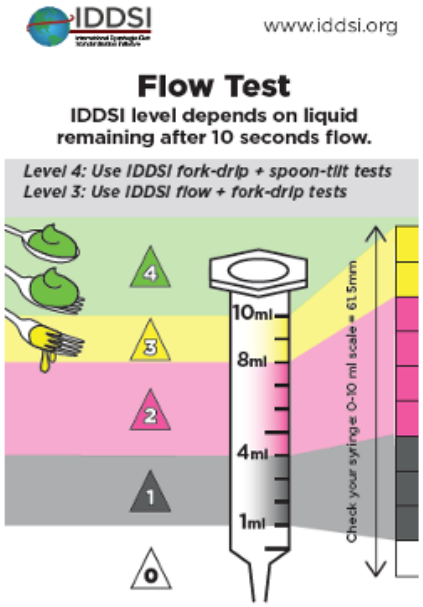
Level 0 Thin Liquid
- No liquid restrictions; fast flow
- Flows like water

IDDSI Flow Test/Testing Methods

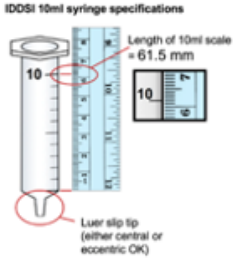
*** Use Flow Test after mixing and wait time ***

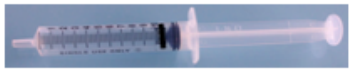


The amount of liquid in the syringe after 10 seconds determines the IDDSI Level



Always use this syringe for IDDSI Flow Testing





BD 10ml Slip Tip syringe - code 303134
BD 10ml Luer Lock syringe - code 300912

OR

Any 10ml syringe measuring 61.5 mm in length from the zero line to the 10 mL line

Additional Considerations and Guidance

Wait Time:
- Typically test liquid after it sits for 5-10 minutes
- Varies by brand and product – check the package

Temperature:
- Both the room temperature and food/liquid temperatures make a big difference
- Please test and retest as needed

Carbonated Drinks:
- Thickener makes carbonated drinks fizz
- Mix until the fizz goes down
- WAIT at least 3 minutes after the fizz goes down before testing these drinks

Smoothies, Shakes, & other 'already thick' drinks
- Test drink first
- Thin or thicken as required for level needed
- These drinks melt as they sit
- Please retest

Need to Thicken or Thin?
- See CARMP Liquid Consistency Instructions Box for what to use
- See CARMP Nutrition Recommendations section for specifics about use of broth, purees, etc.