Agenda

5.45 pm Registration and Finger Food Served

6.30 pm Welcome Address
   Brid Downey, Nutrition Product Specialist, Nutricia Medical

6.40 pm Managing Patients with Dysphagia
   Jenni Flynn, Acting Speech & Language Therapy Manager
   Carlow/Kilkenny, BSc. ClinLang

7:00 pm How to Meet HIQA Guidelines on Nutrition and Menu Planning in the Nursing Home Setting
   Andrea O’Callaghan, Nutricia Medical Dietitian

7.20 pm Adapting Current Meal Plans for Patients with Dysphagia
   Neil Palliser Bosomworth, Consultant Diet Chef

8.00 pm Questions & Answers

8.15 pm Close and Refreshments
Introduction
Nutricia Medical

- **Ireland’s Number 1 medical nutrition provider.**

- Part of the Danone Group – **350 people employed** directly in Ireland, with an additional 350 employed indirectly.

- **2 manufacturing sites in Ireland**, Macroom and Wexford, with **€50m investment** in Macroom (December 2010).

- Nutricia’s product range used exclusively by the **majority of Ireland’s hospitals**.
Nutricia Medical

We are committed to supporting you and your patients:

• Sample request service (Freephone 1800 923 404, support.ireland@nutricia.com)
• Dietetic Advice Line (Freephone 1800 412 414)
• Educational events
• Educational resources
• MUST training
• Dedicated medical nutrition website [www.nutricia.ie](http://www.nutricia.ie)
• [Dysphagia.ie](http://Dysphagia.ie)
**A complete range of products for Dysphagia**

**Which consistency for which patient?**

A Speech and Language Therapist will advise the recommended consistency for a patient.

Number of scoops required for each thickness stage (based on 200ml liquid)

<table>
<thead>
<tr>
<th>New Irish Consistency Descriptors set by the IASLT and INDI in April 2010</th>
<th>Grade 1 Very mildly thick</th>
<th>Grade 2 Mildly thick</th>
<th>Grade 3 Moderately thick</th>
<th>Grade 4 Extremely thick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Also known as</td>
<td>Naturally thick fluids</td>
<td>Syrup</td>
<td>Custard</td>
<td>Pudding</td>
</tr>
<tr>
<td>Regular fluids</td>
<td>1½</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Hot drinks</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Milk</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Fortisip (200ml)</td>
<td>1½</td>
<td>3</td>
<td>Forticreme Complete</td>
<td>Forticreme Complete</td>
</tr>
<tr>
<td>Fortijuice (200ml)</td>
<td>2</td>
<td>4</td>
<td>Forticreme Complete</td>
<td>Forticreme Complete</td>
</tr>
<tr>
<td>Fortisip Compact (125ml)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pre-thickened supplements</td>
<td>Fortisip Compact</td>
<td>Nutilis Complete Stage 1</td>
<td>Forticreme Complete</td>
<td>Forticreme Complete</td>
</tr>
</tbody>
</table>

*Please Note: Fortisip Compact is classified as a Grade 1 by some Speech and Language Therapists (SLT) however it is at the discretion of the individual SLT*
Nutilis Powder

- Nutilis Powder is a food and fluid thickener
  - Number 1 choice of Irish hospitals
  - Contains patented salivary amylase resistant ingredients

What does this mean?

- The food and fluids are not broken down by the saliva in the mouth
- Nutilis maintains the required thickness as directed by the SLT

- Patient benefits:
  - Neutral taste
  - Mixes easily
  - Maintains safe consistency
1. Different scoop sizes between products and different numbers of scoops needed to thicken a fluid to a certain stage

2. Difference in price (Nutilis Powder is less expensive)

3. Nutilis Powder is the only thickening powder that is Salivary Amylase Resistant
   - Combines starch with a gum coating to prevent salivary amylase from breaking down the starch
   - Food and fluids thickened with standard starch-based thickeners fail to maintain consistency on contact with saliva
Nutilis Powder – Cost Saving

Compares the monthly cost of one dysphagia patient requiring 1.5l of regular fluids per day

<table>
<thead>
<tr>
<th>Consistency</th>
<th>Thick &amp; Easy per month</th>
<th>Nutilis Powder per month</th>
<th>Monthly saving per patient with Nutilis Powder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>€49.00</td>
<td>€24.00</td>
<td>€25.00</td>
</tr>
<tr>
<td>Grade 2</td>
<td>€73.00</td>
<td>€32.00</td>
<td>€41.00</td>
</tr>
<tr>
<td>Grade 3</td>
<td>€97.00</td>
<td>€47.00</td>
<td>€50.00</td>
</tr>
<tr>
<td>Grade 4</td>
<td>€122.00</td>
<td>€63.00</td>
<td>€59.00</td>
</tr>
</tbody>
</table>

Please note the monthly saving is based on 30 days and the annual saving is based on 365 days.
Fortisip Compact – 40% Less Volume*

*Please Note: Fortisip Compact is classified as a Grade 1 by some Speech and Language Therapists (SLT) however it is at the discretion of the individual SLT*

*Fortisip Compact Range compared to one 200ml bottle of 1.5kcal/ml standard milkshake style supplement (Ensure® Plus, Fresubin® Energy, Fortisip) and based on prices as of 1st Nov 2012.
Fortisip Compact: Best Nutrition, Greater savings, Less Volume

A wide variety of great tasting flavours to suit every patient

Forest Fruit, Apricot, Strawberry, Banana, Mocha, Vanilla, Chocolate
Pre-thickened Supplement: Nutilis Complete Stage 1

- Suitable for patients requiring Grade 2 consistency.

**Patient benefits:**
- Low volume- 125ml bottle – easy for patients to consume
- 306kcals, 12g protein and 4g of fibre
- Saves on preparation time
- Maintains safe consistency in the presence of saliva.
- 2 great tasting flavours: strawberry & vanilla.

- GMS Listed and cost effective at €1.50
- 38% less than other standard 200ml pre-thickened supplements.
An Everyday Treat
Forticreme Complete: Giving the patient a choice

Easy to manage 125g portion:
- **Appealing** for patients with a *reduced appetite*
- Does not interfere with **ability to eat normal meals**
- **Minimises wastage**

**High energy and protein** – 200kcals and 12g protein per serving with all the essential vitamins and minerals:
- Supporting the **maintenance of physical mobility**
- Helping maintain and **build weight**
- Easy to swallow and digest

Vanilla  Forest Fruits  Banana  Chocolate
Dysphagia

Jenni Flynn
Acting Speech & Language Therapy Manager
Carlow/Kilkenny
On the menu.............

- Typical swallow
- Swallowing difficulties
- Signs and symptoms
- Ways to help our clients
- IASLT & INDI Consistencies and Textures
Typical Swallow

- Preparation
- Food to the mouth
- Preparing the food for transport; chewing, grinding......
- Moving the food towards the oesophagus and on to the tummy

Typically we swallow 580 times per day
Have a look
Video

- Videoflouroscopy of aspiration/penetration
What if it goes wrong?

- **Risk of aspiration**
  Aspiration: food, fluid, or saliva enters the airway and is not ejected
  Penetration: food, fluid, saliva moves below the level of the vocal cords but is ejected
  Aspiration can lead to chest infections, and aspiration pneumonia, this can be fatal

- **Dehydration**
- **Malnutrition**
- **Weight loss**
When food and fluid goes down the wrong way
Dysphagia: a difficulty swallowing

The difficulty can be at any stage

- Holding food in the mouth
- Chewing food and preparing a ‘bolus’
- Moving food to back of the mouth
- Initiating a swallow reflex, timing of the swallow reflex
- Moving food along the pharynx (throat)
- Closing off the nasal passage
- Closing the airways
Causes & Risk Factors

- Age
- Neurological condition
- Neurological changes
- Cancer
- Medication
- COPD
- Not independent for eating

Incomplete prevalence but AHSA purport 2-7% of 65+ years

- 40-50% prevalence of residents in Long Term Care, Robbins et al (2008)
Signs and Symptoms

Around meal-times

- Coughing
- Sneezing
- Hiccuping
- Belching
- Eye-tearing
- Pain
- Discomfort

- Change in breathing pattern
- Change in colour of face
- Change in sound of the voice
- Drooling
- Nasal Drip
- Changes in taste
Signs and Symptoms

- Weight loss
- Disinterest in food
- Chest infections (LRTI)
- Slowed mealtimes
- Dehydration
What can we do?

- Contact GP
- Contact local SLT
- Keep a food and drink record
Swallow Care Plan

- Food
  Texture A B C D

- Fluid
  Grade 1 2 3 4

- Strategies
  Other things to support our client
Swallow Care Plan

- Consistency of consistencies and grades are key
- Bread
- Biscuits
Modified Foods

Texture A - Soft
May be naturally soft or cooked/cut to alter its texture.

Texture B - Minced and moist
Soft, moist and easily mashed with a fork.

Texture C - Smooth pureed
Smooth, moist and lump free

Texture D - Liquidised
Smooth, pouring, uniform consistency
Texture A Soft Diet

- Food can be naturally broken with a fork
- Home cooked stew
- Ripe banana
- Vegetables must be soft – over-cooked

Could I eat this with my non-dominant hand?
Texture B Minced & Moist

- Well moistened food (all food items) with gravy or sauces
- All meet to be minced
- All vegetables to be minced

Does the food look like Bolognese mince?
Texture C – Smooth Puree

- All food is the same consistency of petit filous.

- The food should stand on a spoon without falling off.

- It is important to add thickener when serving food to ensure the correct consistency.
Texture D – Liquidised

- Pouring and uniform consistency

All food should be liquidised to a drinking consistency that can be drunk from an open top cup.
Fluid

Modified Fluids

Grade 1 - Very Mildly Thick
Steady, Fast flow
Pours quickly from a cup but slower than regular, unmodified fluids.
No effort required to take this thickness via a standard bore straw

Grade 2 - Mildly Thick
Steady, Fast flow
Pours quickly from a cup but slower than regular, unmodified fluids.
Effort required to take this thickness via a standard bore straw

Grade 3 - Moderately Thick
Slow flow
Cohesive and pours slowly
Possible to drink from a cup although fluid flows very slowly
Difficult to drink using a straw, even if using a wide bore straw

Grade 4 - Extremely Thick
No flow
Cohesive and holds its shape on spoon
It is not possible to pour this type of fluid from a cup into the mouth

For further information or copies of this poster please refer to: www.iaslt.ie (Irish Association of Speech and Language Therapists) or www.indi.ie (Irish Nutrition and Dietetic Institute)
With thanks to: The Speech Pathology Association of Australia and the Dieticians Association of Australia.
Grade 1

- Cooking Oil Consistency

Fast flow – small variation in thickness
Grade 2

- syrup consistency

Cold drink 2 scoops to 200 mls
Grade 3

- Custard Consistency

Cold drinks 3 scoops to 200mls
Grade 4

- Set consistency
- Cold drink 4 scoops to 200 mls
Remember

If you add thickener to drink

• No jelly
• No ice-cream
• Think about soups, sauces, gravies
• Porridge and cereal – thickener must be added
Safe swallow strategies

- Get ready for the meal
- Prepare the room
- Prepare the person
- Have the right utensils
- Well-lit room
- Always make sure the person is alert
- Always sit the person up (90 degrees)
- Sit down – always be at eye-level with the person
Safe swallow strategies

- Simple layout and service
- Introduce the meal
- Take your time
- Quiet meal environment (sound, visual, movement)
- Hand-over hand
- Give a cup or spoon to hold
- Use a teaspoon – NEVER use a fork
- Wait for the person to swallow
- Stay sitting up for at least 30 minutes after eating/drinking
Thank-You
How to Meet HIQA Guidelines on Nutrition and Menu Planning in the Nursing Home Setting

Andrea O’Callaghan
Nutricia Medical Dietitian
The facts: Malnutrition in Ireland, under-recognised, under-detected, under-treated

About 1 in 4 patients in hospital \(^1\)-\(^7\)

More than 1 in 3 patients in care homes \(^2\);\(^3\);\(^8\);\(^9\)-\(^10\)

< 1 in 10 older persons living independently\(^{11}\)

143 000 adults
Disease Related Malnutrition
Consequences of malnutrition: for the Health Care System

- 65% more GP visits
- 80% greater chance of hospital admission
- 20-70% longer hospital stay
- Patients are far less likely to be discharged to their own home

UCD Institute of Food and Health held a policy seminar in December 2009
Topic: “Nutrition and Health in an Ageing Population”
Consequences of malnutrition: The Patient

- Increased risk of falls and fractures
- Susceptible to infection
- Depression
- Higher wound risk and delayed healing
- Decreased tolerance to medication
- Weakness, Poor mobility

Consequences of untreated malnutrition
From the start

• Assessment of nutrition/hydration and food preferences for each patient needs to be undertaken from admission

• Comprehensive assessment includes
  • Clinical review
  • Oral health review
  • Accurate weighing
  • Observation of eating habits/patterns, likes and dislikes
  • Signs of dysphagia
  • Nutritional screening using a validated screening tool
  • Monitoring and keeping accurate food/fluid charts
Nutrition Screening Tools

Must be:

• Well researched

• Validated

• Reliable – repeatable results

• Easy and quick to use
Nutritional Screening

- HIQA advise to use validated screening tool within 72 hours of admission, when there is clinical concern, at least three-monthly

- Food charts – food and fluid needs to be assessed using a food diary/chart in the first week after admission
Recap - The 5 steps of ‘MUST’

Steps 1-3: Take 3 measurements and score them against the scale provided:

- Body Mass Index (BMI)
- Unplanned weight loss
- Acute disease effect

Step 4: Add scores together to identify overall risk of malnutrition

Step 5: Form appropriate care plan in line with local policy
MUST Score \( \geq 2 \)

2 or more High Risk

Treat*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
  - Hospital – weekly
  - Care Home – monthly
  - Community – monthly

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.
The role of nutrition at end of life

Primary objectives

- Pleasure
- Comfort

Good oral health - maintain the pleasure of oral feeding

Symptoms that may reduce the desire to eat or the pleasure of eating such as pain, nausea, glossitis and dryness of the mouth should be relieved
Standard 19: Meals and Mealtimes:

Each resident receives a nutritious and varied diet in pleasant surroundings at times convenient to them.
19.1 The resident is provided with a **nutritious and varied** diet, which meets his/her individual and dietary needs and preferences.

19.2 The menu offers the resident a **choice** of meal at each mealtime. A choice is also available to residents on specific diets.

19.3 The resident is offered **three full meals** each day at conventional meal times. Hot and cold **drinks** and **nutritious snacks** are available at all times and offered regularly. Drinking water is readily accessible.
Have we got the right balance in our menu?
Understanding the Food Pyramid

Top Shelf foods are high in fat, sugar and salt, are not essential for health and taken in excess can be harmful.

Fats and oils are essential, but only in small amounts.

The foods and drinks on the bottom 4 shelves of the Food Pyramid are essential for good health.

A Guide to Measures
1 small glass = 100 ml
1 large glass = 200 ml
1 cup = 200 ml
A disposable cup is a good guide
1 teaspoon = 5g/ml
1 heaped teaspoon = 7g/ml
1 dessertspoon = 10g/ml

Maximum
Choose any
Choose any
Choose any
Choose any
Choose any
5+
6+
Making things practical...

Scientific Recommendations for Healthy Eating Guidelines in Ireland

Portion Size Reference Guide

Palm of the hand
Consumers favored the ‘palm of the hand’ as an indicator of main meal serving size for meat, poultry and fish. The width and depth of the palm of a hand (without fingers and thumb) provides roughly the correct amount of these foods needed for a whole day. Most of this amount can be used for the main meal, with a smaller amount used for the light meal.

Portion Pack
A simple serving size description that people can visualise is the portion pack of fat spread or butter (7-10g) found in cafes and restaurants. People are advised to choose reduced-fat monounsaturated and reduced-fat polyunsaturated spreads more often.

200ml Disposable Cup
Use a disposable plastic cup to guide portion sizes of cereals, cooked rice and pasta, and even vegetables, salad and fruit.

5ml teaspoon
This can guide your portion size for peanut butter, jam, marmalade or honey.

Matchbox Size Piece of Cheese
A matchbox can guide you on a serving. Low-fat options are best.
Carbohydrate
e.g. Breads, cereals and potatoes

3-5 portions daily
- Minimum of 1 portion with each meal

Main Function in the body:
- Energy
- Fibre

A serving of carbohydrate is:
- 1 ½ cups of cereal flakes
- 2 regular slices of bread
- 2 x whole wheat breakfast cereal biscuits
- 1 x cup of cooked rice or pasta (25g uncooked)
- 2-3 crackers
- 1 medium potato
- 3 scoops of mashed potatoes
What is a serving?
Fruit & Vegetables

5 + portions daily

Main Function in the body:
• Protective function
• Fibre
• Vitamins and minerals

A serving of fruit/vegetable is:
• A medium apple or orange
• ½ cup of grapes
• A cup of fruit juice (150ml)
• ½ cup of cooked vegetables e.g. carrots, peas, broccoli
• 1 bowl of homemade vegetable soup
• 1 medium banana
Milk, Yoghurt and Cheese

3 portions daily

Main Function in the body:

- Calcium
- Protein

A serving of milk, yoghurt or cheese is:

- 1 cup of milk (200ml)
- 1 portion of milk pudding made with a large glass of milk
- 1 carton of yoghurt (125ml)
- 30g (1oz) of cheese (about the size of a small matchbox)
- 2 slices of cheese
2 portions daily

Main Function:
• Protein
• Vitamins and minerals e.g. iron

A serving of meat, poultry, fish, dry beans, eggs, nuts is:
• Cooked meat the size of the palm of your hand
• Cooked fish fillet the size of the palm of your hand
• 2 eggs
• A handful of nuts or seeds (25g)
Recommendation: 6-8 cups of fluid per day

Elderly population at risk of dehydration due to:
• Sense of thirst decreases with aging
• Reduced mobility
• Fear of incontinence

Signs of dehydration:
• Drowsiness
• Confusion
• Headaches
• Irritability
To make sure your menu is nutritious and varied:

- Count the number of portions from each food group on the menu
- Compare this number to the recommended number of portions as per the food pyramid
- If there is one food group that is lacking incorporate an extra portion of this food into your menu
Sample meal ideas......

<table>
<thead>
<tr>
<th>Carbohydrate (3-5)</th>
<th>Fruit &amp; Veg (5)</th>
<th>Milk, cheese, yoghurt (3)</th>
<th>Protein (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 slices of toast</td>
<td>1 medium apple</td>
<td>4 cups of tea with milk</td>
<td>1 piece of meat</td>
</tr>
<tr>
<td>2 whole-wheat biscuits</td>
<td>1 glass of juice</td>
<td>1 matchbox size of cheese</td>
<td>1 piece of oily fish</td>
</tr>
<tr>
<td>3 scoops of mashed potato</td>
<td>½ cup of baked beans</td>
<td>1 yoghurt</td>
<td></td>
</tr>
<tr>
<td>1 cup of cooked rice</td>
<td>4-6 strawberries</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 cup of lettuce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 cups of tea with milk
1 matchbox size of cheese
1 yoghurt
1 piece of meat
1 piece of oily fish
19.4 Food, including therapeutic and modified consistency diets, is presented in a manner which is attractive and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition.

19.5 Special therapeutic diets are provided when advised by health care and dietetic staff.

19.6 The resident’s religious or cultural dietary needs are catered for.
A high protein high calorie diet incorporates two strategies:

- Food Fortification – enriching normal foods so they provide increased levels of nutrients

- Providing high energy/protein snacks between meals
Food Fortification

Use full fat dairy products (butter/milk/cheese)
• Add to potatoes, vegetables, soup, puddings
• Sprinkle grated cheese to meals
• Add salad cream and mayonnaise to meals

Add syrup, honey or sugar to foods*:
• Sprinkle sugar liberally on to cereals
• Honey can be added to porridge or spread on toast
• Spread jam/marmalade thickly on bread, biscuits, crackers or puddings

*These may not be suitable for residents with diabetes
High Protein High Calorie Snacks

- Full fat milk and biscuits
- Eggs - scrambled, poached, boiled or fried
- Bread and butter
- Biscuits or scones with butter and jam
- Crackers with cheese
  - Milk based e.g. rice pudding, custard
  - Fruit sponge with cream
  - Fortified desserts
Fortisip Compact: 2 bottles contain...

... as many calories as 8 slices of bread*
... as much protein as 4 eggs*

Half the patient's recommended daily intake of micronutrients...

... as much iron as a 12oz steak*
... as much vitamin C as 12 cherry tomatoes*

*600kcals, 24g protein, 9.5mg iron and 60mg Vitamin C per 2 x 125ml bottles.
HIQA – Questions to consider

? How do you ensure the menu provides a nutritious varied diet
? Timing of meals served
? Where are meals served
? If a resident misses a meal what are the arrangements
? Are snacks offered during day/night
? Friends and Family able to join residents at meal times
? Do residents have a choice at meal times
Good nutritional care, adequate hydration and enjoyable mealtimes are crucial to maintaining the health, wellbeing and independence of older people.
Where do I go from here

• HIQA checklist – self assessment questionnaire

• Ensure screening and local policy in place

• Visit the Department of Health website

• Food Safety Authority of Ireland
  http://www.fSAI.ie/resources_and_publications/posters.html
Adapting Current Meal Plans for Patients with Dysphagia

Neil Palliser Bosomworth, Consultant Diet Chef
Irish Consistency Descriptors for Modified Fluids and Foods

**Modified Foods**

**Texture A - Soft**
- May be naturally soft or cooked/cut to alter its texture.

**Texture B - Minced and moist**
- Soft, moist and easily mashed with a fork.

**Texture C - Smooth pureed**
- Smooth, moist and lump free

**Texture D - Liquidised**
- Smooth, pouring, uniform consistency

**Modified Fluids**

**Grade 1 - Very Mildly Thick**
- Steady, Fast flow
- Pours quickly from a cup but slower than regular, unmodified fluids.
- No effort required to take this thickness via a standard bore straw

**Grade 2 - Mildly Thick**
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**Grade 3 - Moderately Thick**
- Slow flow
- Cohesive and pours slowly
- Possible to drink from a cup although fluid flows very slowly
- Difficult to drink using a straw, even if using a wide bore straw

**Grade 4 - Extremely Thick**
- No flow
- Cohesive and holds its shape on spoon
- It is not possible to pour this type of fluid from a cup into the mouth
Breakfast
Strawberry and Banana Smoothie

- ½ small banana, broken into chunks
- 50ml milk
- 2 scoops Nutilis Powder
- 50g frozen strawberries
- 100ml vanilla yogurt

<table>
<thead>
<tr>
<th>Energy</th>
<th>Carbohydrate</th>
<th>Protein</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>227kcal</td>
<td>40g</td>
<td>6g</td>
<td>4.6g</td>
</tr>
</tbody>
</table>

Method
1. Place all ingredients except Nutilis Powder into blender and blend until smooth.
2. If your smoothie has lumps or seeds please sieve before thickening.
3. Then add Nutilis Powder and blend for 10 seconds.
4. Pour into a glass and serve.
Instant Honey Porridge

**Ingredients (for 1 serving)**
- 20g instant porridge oats or fine rolled oats
- 120ml milk
- 20ml cream
- Clear honey, to serve
- A pinch of salt
- 1 scoop of **Nutilis Powder**

**Nutritional intake per servings:**
- Energy: 182kcal
- Carbohydrate: 24g
- Protein: 5.5g
- Fat: 7g

**Method**
1. Put the oats in a saucpan, pour in milk and sprinkle in a pinch of salt.
2. Bring to the boil and simmer for 1 minute, stirring from time to time and watching carefully that it doesn’t stick to the bottom of the pan.
   Alternatively, you can try this in a microwave. Mix the oats, milk and a pinch of salt in a large microwave-proof bowl, then microwave on high for 1½ minutes, stirring halfway through.
3. Add cream into the mixture and blend until smooth.
4. Add **Nutilis Powder** and blend for 10 seconds.
5. Pour into a bowl and drizzle with honey to serve.
Full Breakfast

Ingredients (for 1 serving)

- 100g sausage (see recipe on page 32)
- 50g scrambled egg (see recipe on page 12)
- 50ml tomato juice
- 1 scoop Nutilis Powder

Method

1. Put sausage and scrambled egg onto the plate (you can use food moulds or just pipe them onto the plate).

2. Place the tomato juice into a bowl, add Nutilis Powder, whisk and leave to stand for 90 seconds (you can use food moulds or just pipe the tomato directly onto the plate).

Nutritional intake per serving:

- Energy: 325 kcal
- Carbohydrate: 24.4g
- Protein: 13.6g
- Fat: 19.5g
Savoury Meals
Lunch & Dinner
Vegetables - peas and carrots

Carrots, Turnips and Parsnips
- 60g cooked, soft vegetables
- 3g butter
- 1 tsp milk powder
- 60ml warm water or the juice the vegetables were cooked in
- 1-2 scoops of Nutilis Powder

Method (for 1 serving)
1. Place vegetables, butter and milk powder in a blender and blend until smooth.
2. Place through a sieve to remove all lumps, skins etc.
3. Add 2 scoops of Nutilis Powder into the mixture and blend for 10 seconds.
4. Leave to stand for 90 seconds and use an ice-cream scoop to serve or use a suitable vegetable mould.
Piping and blending

Piping puréed, thickened mince to make cottage pie
Piping

Puréed cottage pies, frozen for storage
Allow to defrost thoroughly before re-heating
Scooping & Rolling

Piping, scooping & rolling techniques give attractive results
Lasagne

Ingredients (for 2 servings)
- 100g puréed cooked bolognese sauce (see page 30)
- 100g puréed pasta warm (see page 29)
- 10g finely grated Parmesan cheese

Nutritional intake per serving:
- Energy: 450kcal
- Carbohydrate: 39g
- Protein: 20g
- Fat: 28g

Method
1. Pipe the puréed meat on to a plate into a 6cm by 6cm square. Alternatively use a small square oven dish.
2. Then continue the layering. Pipe pasta on top of the meat, then add another layer of meat and finish with a layer of pasta topped with Parmesan cheese.
Desserts
Tiramisu

Ingredients (for 1 serving)
- 150ml cold coffee
- 1 slice of cake or 4 sponge fingers (trifle sponge)
- 20g Mascarpone cheese (or cream cheese)
- 100ml whipped cream
- 2 tsp drinking chocolate/cocoa powder
- 2 tbsp dark rum
- 1 scoop of Nutilis Powder

Nutritional intake per serving:
- Energy: 607kcal
- Carbohydrate: 29.7g
- Protein: 4.6g
- Fat: 52.3g

Method
1. Pour 150ml coffee and 1 tbsp of rum into a bowl.
2. Whisk in 1 scoop of Nutilis Powder.
3. Place a 1cm thick slice of cake into the soaking solution and leave for 30 seconds.
4. Whip the cream, rum, drinking chocolate and mascarpone / cream cheese together until stiff.
5. Spread ½ the cream mixture in a square shape on the plate.
6. Arrange the piece of cake or 4 sponge fingers in a square on top and then spread the rest of the mixture on top.
7. Sprinkle drinking chocolate powder on the top of the cream.
8. Place in the fridge for 1 hour to allow it to set.
Pureed Fruits

This recipe for puréed fruits will be used throughout the desserts section. The best fruits to blend are tinned pears, peaches, apples, mandarins, oranges, mangoes, rhubarb and papaya.

Ingredients (for 1 serving)
- 60g tinned fruits
- 50ml fruit juice
- 2 scoops of Nutilis Powder

Method
1. Place all ingredients except Nutilis Powder in a blender and blend until smooth.
2. Add Nutilis Powder and blend for another 10 seconds.
Fruit Fool

Ingredients (for 1 serving)
- 100ml whipped cream (double cream is best)
- 100ml thick custard
- 60g puréed thickened fruit
- 2 scoops of Nutilis Powder

Method
1. Blend fruits in a blender until smooth (recipe on previous page) then whisk in Nutilis Powder.
2. In a separate bowl whip the double cream until stiff and then add in custard.
3. Mix both mixtures together and then pipe into a bowl or tall glass to serve.

Nutritional intake per serving:
- Energy: 370kcal
- Carbohydrate: 25g
- Protein: 3.5g
- Fat: 29g
Chocolate Mousse

Ingredients (for 1 serving)
- 30ml Irish Cream Liqueur
- 150g whipped cream (double cream is best)
- 1 tsp chocolate powder
- 1 scoop of Nutilis Powder

Method
1. Place all ingredients in a bowl and mix until thick using a hand or electric whisk.
2. Pipe into a bowl or glass and serve.

Nutritional intake per serving:
- Energy: 442kcal
- Carbohydrate: 16g
- Protein: 2g
- Fat: 43.2g
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