

FAQ Category: Foods; choking; bread

Q: Do all foods at Level 6 – Soft & Bite-sized (adult guidelines) need to meet the 1.5 x 1.5cm particle size requirements?

A: Yes, all foods (sandwiches included) need to meet the particle size requirements for Level 6 – Soft & Bite-sized. The relationship between particle size and risk of asphyxiation has been identified in the literature (Samuels & Chadwick, 2006; Kennedy et al., 2014). It cannot be assumed that nursing staff or carers will be able to chop food to the required size for swallow safety. In order to avoid asphyxiation, particles should be small enough to pass through rather than block the trachea. The average tracheal size for adult males is 22mm and for adult females is 17 mm (Brodsky et al., 1996). Particle sizes of 15 mm (i.e. 1.5cm) size are therefore more likely to pass through the trachea, than block it. IDDSI appreciates that provision of food like sandwiches is very difficult at this particle size and asks clinicians and carers to consider providing 'soaked' breads as an alternative. For example, finely chop bread and add equal amounts of water and butter (fat) to create a softened bread texture, re-shape and serve. The combination of water and fat content reduces stickiness and improves bolus cohesion.

If the person is able to chop their food into small pieces AND they do not need supervision AND they are *not* at risk of choking, consider advancing to a Level 7 – Regular Diet, beginning with softer items from that level.

References:

Brodsky JB, Macario A, Mark JBD. Tracheal diameter predicts double-lumen tube size: A method for selecting left double-lumen tubes. *Anesthesia Analgesia*. 1996; 82: 861-4.

Samuels R & Chadwick DD. Predictors of asphyxiation risk in adults with intellectual disability and dysphagia. *Journal of Intellectual Disability Research*. 2006; 50(5): 362-370.

Kennedy B, Ibrahim JE, Bugeja L & Ranson D. Causes of death determined in medicolegal investigations in residents of nursing homes: A systematic review. *Journal of the American Geriatric Society*. 2014; 62: 1513-1526.



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