



# National Descriptors for Texture Modification in Adults

Published: April 2009, Review date: April 2011



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## Section 1

### 1.1 Background

The National Descriptors for Texture Modification in Adults 2002 were commissioned and produced jointly by the Royal College of Speech and Language Therapists (RCSLT) and The British Dietetic Association (BDA). The strength of the document lies in its collaborative development. Collaboration between the two professions improves communication and joint working leading to a more consistent approach to patient care.

On launch it was planned to review and audit in three key areas:

- Use of the descriptors;
- Ease of implementation with examples;
- Evidence on change of practice over the twelve month period.

An audit undertaken across both professions by the BDA showed wide engagement with the Descriptors. The comments made included a wealth of detail that illustrated a broad range of opinion. Comments ranged from full endorsement to thorough dislike (and every shade of opinion between). The audit highlighted the need to engage industry and caterers in any future development of the descriptors.

The vast majority were in favour of the descriptors largely as they stand with some modifications and/or additional notes/supporting information.

The tables were always intended to be used as a reference document – a starting point for the production of local documents, and allowing the professional to exercise clinical judgement with regard to the individual client.

The decision was therefore made by the Clinical Governance and Professional Development Committees of the BDA to reissue the guidance in 2009 to reflect this purpose. For this reason it was decided to leave the tables unchanged.

### 1.2 Who is the guidance for, and how should it be used?

The 2002 National Descriptors were written in response to requests from members of both professions to provide a common language to describe this area of work as clearly and unambiguously as possible.

The tables are subjective, as there is little evidence of reliable, simple, cost effective and objective methods of accurately measuring consistency and viscosity.

There was no evidence base from which hard data could be drawn to form the foundation of the Descriptors. Therefore these tables represented the working group's professional consensus for texture modification.

The 2002 National Descriptors were the first collaborative document between the two professions and were a welcome step in multi-disciplinary working.

The tables are comprehensive and include the full range of textures required to manage the different types of dysphagia covered by both professions. The tables are for the management of dysphagia in adults only. The tables are intended as a reference document, and can be used as a basis for, or adapted for, local implementation.

If the document is used by anyone outside either profession it is recommended that this is done in conjunction with a dietitian or speech and language therapist, who can advise on how the tables may be adapted and applied.

### **1.3 Nil by Mouth**

This document does not include Nil by Mouth (NBM). However, it is necessary to recognise that NBM is an important part of the management of dysphagia, either when waiting for a speech and language therapist to assess the patient or as a recommendation following such an assessment, when oral ingestion of nutrients is considered unsafe.

It is beyond the scope of this document to discuss other forms of feeding, such as intravenous, nasogastric or gastrostomy feeds, and local policies should be followed for these.

### **1.4 Mouth Care**

Mouth care must be considered, as the swallowing of saliva laden with bacteria from a neglected mouth is a common cause of chest infections in those with dysphagia. This is particularly important following any stimulation therapy using foods.

### **1.5 Medication**

It is important to remember that a recommendation for a texture that is “safer to swallow” includes medication and the water used to wash it down. Tablets may be crushed and mixed into small amounts of thickened water. Liquid medicines may be modified in the same way. The advice of a pharmacist must be sought when considering such actions to ensure the drug remains active.

### **1.6 Safety of Care**

The management of dysphagia, using texture modification of solid foods and fluids, must be carried out by speech and language therapists and/or dietitians. All other personnel must be trained in order to ensure that these subjective consistencies are produced to agreed standards.

### **1.7 Solid Textures**

This refers to the modification of solid foods. There are six categories of these, including a “normal” unmodified diet.

It is strongly recommended that textures A, B and C are sieved to ensure that the smooth, uniform texture is reached.

### **1.8 Fluid Textures**

This refers to the modification of foods and fluids that start as drinks.

There are five categories within this grading. Many local policies will amalgamate the Thin Fluid and Naturally Thick Fluid; however, it is important to distinguish between them for use by therapists who manage certain types of dysphagia.

It should also be noted that Stage 3 Thickened Fluid and A Grade solid textures are similar and are just achieved from different starting points.

### **1.9 Monitoring and audit**

This document can form the basis of local audit and monitoring.

## Section 2

### Texture Modification – Fluid

Texture	Description of Fluid Texture	Fluid Example
Thin Fluid	Still Water	Water, tea, coffee without milk, diluted squash, spirits, wine.
Naturally Thick Fluid	Product leaves a coating on an empty glass.	Full cream milk, cream liqueurs, Complan, Build Up (made to instructions), Nutriment, commercial sip feeds.
Thickened Fluid	Fluid to which a commercial thickener has been added to thicken consistency.	
Stage 1 =	<ul style="list-style-type: none"><li>• Can be drunk through a straw.</li><li>• Can be drunk from a cup if advised or preferred.</li><li>• Leaves a thin coat on the back of a spoon.</li></ul>	
Stage 2 =	<ul style="list-style-type: none"><li>• Cannot be drunk through a straw.</li><li>• Can be drunk from a cup.</li><li>• Leaves a thick coat on the back of a spoon.</li></ul>	
Stage 3 =	<ul style="list-style-type: none"><li>• Cannot be drunk through a straw.</li><li>• Cannot be drunk from a cup.</li><li>• Needs to be taken with a spoon.</li></ul>	

## Modification Texture – Food

Texture	Description of Food Texture	Food Examples
A	<ul style="list-style-type: none"> <li>• A smooth, pouring, uniform consistency.</li> <li>• A food that has been pureed and sieved to remove particles.</li> <li>• A thickener may be added to maintain stability.</li> <li>• Cannot be eaten with a fork.</li> </ul>	<ul style="list-style-type: none"> <li>• Tinned tomato soup</li> <li>• Thin custard</li> </ul>
B	<ul style="list-style-type: none"> <li>• A smooth, uniform consistency.</li> <li>• A food that has been pureed and sieved to remove particles.</li> <li>• A thickener may be added to maintain stability.</li> <li>• Cannot be eaten with a fork.</li> <li>• Drops rather than pours from a spoon but cannot be piped and layered.</li> <li>• Thicker than A.</li> </ul>	<ul style="list-style-type: none"> <li>• Soft whipped cream</li> <li>• Thick custard</li> </ul>
C	<ul style="list-style-type: none"> <li>• A thick, smooth, uniform consistency.</li> <li>• A food that has been pureed and sieved to remove particles.</li> <li>• A thickener may be added to maintain stability.</li> <li>• Can be eaten with a fork or spoon.</li> <li>• Will hold its own shape on a plate, and can be moulded, layered and piped.</li> <li>• No chewing required.</li> </ul>	<ul style="list-style-type: none"> <li>• Mousse</li> <li>• Smooth fromage frais</li> </ul>
D	<ul style="list-style-type: none"> <li>• Food that is moist, with some variation in texture.</li> <li>• Has not been pureed or sieved.</li> <li>• These foods may be served or coated with a thick gravy or sauce.</li> <li>• Foods easily mashed with a fork.</li> <li>• Meat should be prepared as C.</li> <li>• Requires very little chewing.</li> </ul>	<ul style="list-style-type: none"> <li>• Flaked fish in thick sauce</li> <li>• Stewed apple and thick custard</li> </ul>
E	<ul style="list-style-type: none"> <li>• Dishes consisting of soft, moist food.</li> <li>• Foods can be broken into pieces with a fork.</li> <li>• Dishes can be made up of solids and thick sauces or gravies.</li> <li>• Avoid foods which cause a choking hazard (see list of High Risk Foods).</li> </ul>	<ul style="list-style-type: none"> <li>• Tender meat casseroles (approx 1.5cm diced pieces)</li> <li>• Sponge and custard</li> </ul>
Normal	Any foods.	Include all foods from “High Risk Foods” list.

## High Risk Foods

Stringy, fibrous texture, e.g. pineapple, runner beans, celery, lettuce.
Vegetable and fruit skins including beans, e.g. broad, baked, soya, black-eye, peas, grapes.
Mixed consistency foods e.g. cereals which do not blend with milk, e.g. muesli, mince with thin gravy, soup with lumps.
Crunchy foods, e.g. toast, flaky pastry, dry biscuits, crisps.
Crumbly items, e.g. bread crusts, pie crusts, crumble, dry biscuits.
Hard foods, e.g. boiled and chewy sweets and toffees, nuts and seeds.
Husks, e.g. sweetcorn and granary bread.



## Section 3

### Additional Resources

**Scottish Nutrition and Diet Resources Initiative (SNDRI):** Consistency Modification/Texture Alteration/Food Fortification

<http://www.caledonian.ac.uk/sndri/> (Last accessed November 2008)

### National Patient Safety Agency

The NPSA has produced guidance to support NHS staff, adults with learning disabilities and dysphagia and their carers. The main document includes a more detailed introduction to the resources and is available in English for healthcare staff and English and Welsh for adults with learning disabilities and dysphagia and their carers. The aim has been to highlight best practice and produce assessable resource materials to provide practical help. The tools can be adapted for local use and for any adult who has dysphagia.

<http://www.npsa.nhs.uk/nrls/alerts-and-directives/directives-guidance/dysphagia/> (Last accessed November 2008)



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