



Severe Dysphagia - Mealtime Preparation and Choking Protocol Competency		Observational Checklist
Staff Name:	Assessment Date:	
Assessor Name:	AHPRA:	

Dysphagia and Choking Pre- assessment Interview	YES ✓	NO ✗
1. Has read the client's Care Instructions		
2. Has read the client's Dysphagia Management Plan		
3. Has read the client's Mealtime Management Plan		
4. Has completed the Severe Dysphagia course in TLMS		
5. Is able to state the symptoms of dysphagia		
6. Is able to state the signs that a client is choking on food or drink		
7. Is able to state the signs and symptoms of aspiration		
8. Is able to state the signs and symptoms of aspiration pneumonia		
9. States the importance of debriefing the event with their supervisor		
Mealtime Preparation Pre-assessment Interview	YES ✓	NO ✗
1. Is able to demonstrate competence with preparation of the client's IDDSI drink thickness		
2. Is able to demonstrate competence with preparation of the client's IDDSI food texture		



Choking Response Protocol Observations	YES ✓	NO ✗
1. Verbally reassures the person and tries to keep them calm		
2. Asks them to cough to try to remove the object/obstruction		
3. Call triple zero for an ambulance if coughing doesn't work		
4. Bend the person forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.		
5. After each blow, check if the blockage has been cleared.		
6. Press hard into the chest with a quick upward thrust as if trying to lift the person.		
7. After each thrust, check if the blockage has been cleared		
8. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows and 5 chest thrusts until emergency help arrives.		
9. If the person becomes blue, limp or unconscious, start CPR immediately and continue until medical help arrives.		
10. When the ambulance arrives, stay with the paramedics in case they need further client information, and reassure the client if they become responsive.		
11. Complete an incident report and verbally update the supervisor as soon as possible.		
12. Debriefs the event with their supervisor		
Assessed as Competent		
Assessor Sign:	Assessee Sign:	
Date and Location of Reassessment		