Nutrition and Swallowing Issue Checklist (NASIC)

Version: April 2009

About the checklist

The Nutrition and Swallowing Issue Checklist (NASIC) is an annual checklist for Disability Services Shared Supported Accommodation, (adapted from the NSW Department of Ageing, Disability and Home Care - *Nutrition and Swallowing Checklist 2001*), to help identify indicators of nutrition and swallowing risks for people with a disability.

How to use the checklist:

* Visit Section 5.7 "Nutrition and Swallowing" of the Practice Manual online for the latest NASIC template.

If	Then complete all of these steps
There are any 'Yes' responses	• Raise these with your line manager to clarify how rapidly the person needs to seek medical attention. • Consult the resident's GP within one week, unless the issue is already being addressed. • Ensure copies of the checklist are placed on the person's file. • Ensure that any strategies arising from the appointment are documented and implemented as part of the person's health plan.
If all the responses are 'No'	• Ensure the person takes a copy of the checklist to their annual health review. • Ensure copies of the checklist are placed on the person's file.

Part A: Personal details

Name of person with a disability:					
Residential address:					
Date of birth:					
Current weight in kg (e.g. 80 kg):		Current height in centimetres (e.g. 185 cm):		*Body Mass Index (BMI) (e.g. 25):	Press to calculate BMI
To calculate BMI online or for more information go to http://www.betterhealth.vic.gov.au/bhcv2/bhcsite.nsf/pages/bmi					

State Government Victoria Department of Human Services

Part B: Nutrition Issue Checklist

Does the person:

Item	Question	YES	NO	BRIEF COMMENTS
1	Have a BMI **less than 19**? (this would indicate a person is underweight and at risk of malnutrition)	☐	☐	
2	Have a BMI **more than 25?** (this would indicate the person is overweight and at risk of weight related conditions)	☐	☐	
3	Receive tube feeding?	☐	☐	
4	Require others to assist them to eat or drink (such as providing guidance with utensils)?	☐	☐	
5	Have less appetite than they used to have?	☐	☐	
6	Have any special diet, including: • Texture modified diet (eg pureed, minced, chopped, soft foods or thickened fluid) • Weight reducing or weight increasing diet • Diabetic or any other diet that restricts food choices?	☐	☐	
7	Behave inappropriately with food, including: • Attempt to eat non-food items such as dirt, grass, faeces or poisonous materials? • Vomiting or regurgitating food?	☐	☐	
8	Exclude **all foods** from **any** of these food groups? • Bread, cereals, rice, pasta and noodles • Fruit and vegetables • Milk. Yoghurt and cheese • Meat, fish, poultry, eggs, nuts and legumes • Fats and oils	☐	☐	
9	Have any mouth or teeth problems that affect their eating, including: • Loose, broken or missing teeth • Inflamed or ulcerated lips, tongue, throat or gums?	☐	☐	
10	Take more than 30 minutes to eat their meal, or appear to tire as the meal progresses?	☐	☐	

Additional Comments

Part C: Swallowing Issue Checklist

Does the person:

Item	Question	YES	NO	BRIEF COMMENTS
11	Have a history of choking incidents, or lodged food that required forceful coughing or first aid to clear, in the past 12 months?	☐	☐	
12	Overfill their mouth or try to eat very quickly?	☐	☐	
13	Swallow their food without chewing, suck their food, or leave food in their mouth for a long time before swallowing?	☐	☐	
14	Have a history of: • Chest infections two or more times in a year that might indicate aspiration pneumonia • Usually being 'chesty' or have difficulty clearing phlegm • Asthma or wheezing?	☐	☐	
15	Cough, gag, breathe noisily, get watery eyes or show distress during or several minutes after eating, drinking or taking medication?	☐	☐	
16	Vomit or bring up food, drink or medication more than once per day or on a regular basis?	☐	☐	
17	Take anti-reflux medication, complain of reflux or clear their throat or burp often?	☐	☐	
18	Drool or dribble saliva, food or drink?	☐	☐	

Part D: Checklist verification

Name of person completing the form:	
Relationship to person with a disability:	
Date:	
Signature:	

Additional Comments