

Risk Assessment Inventory: Physical & Nutritional Management

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Physical Management

√ if Present	Risk Factor
	Does the consumer have difficulty with gross motor skills such as walking or sitting?
	Does the consumer have:
	<ul style="list-style-type: none"> • contractures (severe joint tightness)? • severe scoliosis and/or kyphosis (curvature of the spine)? • windswept deformity of the legs (both legs fixed or pointed to one side)? • severe muscle tightness (spasticity) or muscle weakness (floppy)?
	Does the consumer maintain his/her head in a tipped back (hyperextended) position?
	Has the consumer had problems with skin breakdown, redness that does not disappear after 20 minutes, or skin breakdown that doesn't heal?
	Does the individual have poor bladder or bowel control?

Nutritional Management

√ if Present	Risk Factor
	Are there special dietary needs (i.e., caloric, consistency, texture)?
	Has the consumer received modified food textures in the past (i.e., blended, chopped)?
	Does the consumer need assistance to eat?
	Does the consumer cough during meals?
	Does the consumer have a history of choking?
	Does the consumer frequently refuse certain types of foods or liquids?
	Does the consumer eat in other than an upright position?
	Does the consumer exhibit poor head control?
	Does the consumer have a problem with:
	<ul style="list-style-type: none"> • poor lip closure and/or tongue thrust • bite reflex • gagging during meals and/or tooth brushing • rumination • excessive belching • frequent vomiting • persistent drooling
	Has the consumer experienced dehydration in the past 12 months?
	Does the consumer have a history of nasogastric (NG) and/or gastrostomy (G) tube use?
	Does the consumer tip his/her head back to swallow?
	Does it take more than 30 minutes for the consumer to eat a meal?
	Does the consumer have to swallow repeatedly to clear the mouth?
	Has the consumer had any episodes of not breathing, turning blue, severe wheezing, or pneumonia during the past year?
	Is the consumer agitated during or after meals?
	Does the consumer have reddened or whitened gums, visible film or plaque on the teeth, or other significant dental problems?
	Does the consumer not tolerate tooth brushing or being touched around the mouth?
	Does the consumer eat rapidly; take large mouthfuls or too large bites?

Consumer: _____ **Date:** _____