

USIRG's Frequently Asked Questions (FAQs)



TOPIC: EXCEPTIONS - BREAD & MIXED CONSISTENCIES

What are “exceptions”?

Exceptions can be made to a person’s diet order, based on an individualized-comprehensive clinical assessment and a person-centered care approach. Questions included below will address first bread and then mixed consistencies.

Take-home point: **IDDSI Framework cannot change, but the diet order can be written on a case-by-case basis. This may include simple statements to describe the exceptions outside the IDDSI framework.**

Part 1: Bread

Question 1: Some speech-language pathologists (SLPs) have been requesting regular bread as “diet exceptions” for the following diets: Minced & Moist, Levels 5 (MM5) and Soft & Bite-Sized, Level 6 (SB6). For example, the order states: “Soft & Bite-Sized, Level 6 with Regular Bread.” Is that okay?

ANSWER will be broken into two questions:

What does the IDDSI Framework state regarding breads?

- The IDDSI Framework is clear and objective. The only level in the IDDSI Framework that automatically includes whole/regular bread items is Regular, Level 7.
- Easy to Chew, Level 7 (EC7) diet **may include soft breads** and bread products “that can be cut or broken apart into smaller pieces with the side of a fork or spoon” (*at the discretion of the clinician using a person-centered care approach*), per the IDDSI Framework. Keep in mind, EC7 does not include hard, tough, chewy, fibrous, stringy, seeds, crunchy or crumbly bits. This means that seeded bread, harder roll, or bread with fruit (raisin bread), would not be included.
- Soft & Bite-Size, Level 6 and Minced & Moist, Level 5 **do not include regular dry bread, sandwiches, or toast of any kind, even if they are cut-up** to the appropriate size indicated for each diet level. Use pre-gelled ‘soaked’ breads that are very moist and gelled through the entire product.
- When modifying the texture of a bread product or using a commercial product for bread menu items, be sure to validate the product before serving. Use the IDDSI Testing Methods for the IDDSI level you are serving (e.g., [IDDSI's Spoon Tilt Test](#) for a pureed bread to make sure it is not too sticky).

How are diet order exceptions related to IDDSI levels?

- **IDDSI Framework cannot change, but the diet order can be written on a case-by-case basis. This may include simple statements to describe the exceptions outside the IDDSI framework.**
- Person-centered diet orders can specify food texture recommendations that include exceptions to the IDDSI framework. Exact diet order wording is up to the specific facility. **Clear diet orders are needed to avoid confusion when creating exceptions to the IDDSI Framework.**

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- The diet order by the ordering healthcare professional (i.e., MD, PA, or NP) may be following a clinical recommendation by the SLP or be based on decision-making by the person with dysphagia (or healthcare proxy). The medical team works in collaboration with the person's wishes, preferences, goals of care, and individual abilities to manage bread products (or any exception) and/or to accept risks. Communication and documentation are keys to patient care.

Question 2: Does bread need to be cut-up to the appropriate particle sizes for each level? For example, would a soft and moist cake, muffin, or pancake have to be cut-up for a Soft & Bite-Sized, Level 6 diet?

ANSWER:

- Regular consistency bread is not included in the IDDSI Framework under the Soft & Bite-Sized, Level 6 or Minced & Moist, Level 5 - even after being cut up. See above for diet order exceptions.
- References & Learn More:
 - <https://iddsi.org/IDDSI/media/images/Translations/IDDSI's-Focus-on-Safety-with-Mixed-Consistency-Foods-Bread.pdf>
 - The IDDSI.org FAQ page addresses several bread questions: <https://www.iddsi.org/FAQ/Foods>
 - Use Minced & Moist, Level 5 sandwich recipe YouTube video. Fillings can be added that meet particle-size requirements: <https://www.youtube.com/watch?v=W7bOufqmz18>

Part 2: Mixed Consistencies (aka, dual consistency)

Question 1: What is a mixed consistency or dual consistency product?

ANSWER:

- Definition (per IDDSI): A mixed consistency or dual consistency is a food that
 - Contains both solids and liquids within the same bite (e.g., cold cereal in thin liquid milk or a soup with chunks of solids in a thin liquid broth), or
 - Appears to be a single consistency on a plate but may quickly separate into two consistencies in the mouth (e.g., watermelon or any juicy fruit).
- Per IDDSI: "As a general rule, 'mixed' or 'dual consistency' foods are more challenging to swallow, because a person must have adequate abilities to handle (control) both the solid and the liquid component of these items, which requires more advanced swallowing coordination abilities."
- IDDSI expects assessment of mixed consistencies prior to providing diet recommendations. "Clinical evaluation of a patient's ability to handle specific mixed or dual consistency items should be performed before recommending that these items be included on a diet."
- People who aspirate thin liquids may be at a high risk for having difficulty with mixed consistencies due the following risks:
 - Aspiration may occur on the liquids that separate and "spill" to the throat and/or into the airway, while the solid food is still being chewed.
 - Solids may be washed into the throat, by this spilling liquid, before being adequately chewed. That may present a risk for aspiration of food particles or choking/airway obstruction if a large enough solid is washed into the top of the airway.

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- Mixed consistencies that contain a *Thin liquid, Level 0* and/or have liquid that easily separates from the solid may not be appropriate for people who require thickened liquids. The liquid portion of mixed consistencies should correspond to the person's IDDSI Drink level. For example, the milk in a cold cereal may need to be thickened.
- References & Learn More:
 - <https://www.iddsi.org/FAQ/Foods> --> Please scroll to see question on "Why are 'mixed consistency' or 'dual consistency' or 'two phase' foods not recommended for people with dysphagia?"
 - <https://iddsi.org/IDDSI/media/images/Translations/IDDSI's-Focus-on-Safety-with-Mixed-Consistency-Foods-Bread.pdf>
 - <https://www.iddsi.org/News/Special-Features/Mixed-Dual-Consistencies>
 - Saitoh, E., Shibata, S., Matsuo, K., Baba, M., Fujii, W., Palmer, J.B. (2007). Chewing and food consistency: Effects on bolus transport and swallow initiation. *Dysphagia*, 22, 100–7.

Question 2: What diet levels on the IDDSI Framework include mixed consistencies, and how do we manage diet exceptions for mixed consistencies?

ANSWER:

- The only level in the IDDSI Framework that includes mixed consistencies is Regular, Level 7.
- Mixed consistencies **may be included** in Easy to Chew, Level 7 (*at the discretion of the clinician using a person-centered care approach*).
- Mixed consistencies are **not included** on the following IDDSI Levels: Pureed, Level 4; Minced & Moist, Level 5; and Soft & Bite-Sized, Level 6.
- **IDDSI Framework cannot change, but the diet order can be written on a case-by-case basis. This may include simple statements to describe the exceptions outside the IDDSI framework.**
- Person-centered diet orders can specify food texture recommendations that include exceptions to the IDDSI framework. Exact diet order wording is up to the specific facility. **Clear diet orders are needed to avoid confusion when creating exceptions to the IDDSI Framework.**
- The diet order by the ordering healthcare professional (i.e., MD, PA, or NP) may be following a clinical recommendation by the SLP or be based on decision-making by the person with dysphagia (or healthcare proxy). The medical team works in collaboration with the person's wishes, preferences, goals of care, and individual abilities to manage mixed consistencies (or any exception) and/or to accept risks. Communication and documentation are keys to patient care.

Per the [IDDSI Framework](#): "The IDDSI Framework provides a common terminology to describe food textures and drink thickness. IDDSI tests are intended to confirm the flow or textural characteristics of a particular product at the time of testing. Testing should be done on foods and drinks under the intended serving conditions (especially temperature). The clinician has the responsibility to make recommendations for foods or drinks for a particular patient based on their comprehensive clinical assessment." (pg 2)