

# Dining with Dysphagia

*For those living in residential aged care or at home with support*



For people living in aged care, eating and drinking is a vital part of everyday. However, swallowing problems (dysphagia) can result in life threatening emergencies if not managed properly. It has been reported up to 65% of residents living in residential aged care have dysphagia. **\*In an Australian study led by Professor Joseph Ibrahim, 2015, it was found that choking was the second highest cause of preventable death in residential aged care.**



The focus of this interactive workshop will be on **enabling care teams** to understand how eating and drinking can be safely supported, for the benefit of residents and staff alike.

**This workshop will help you understand how to reduce the risk of aspiration and choking by developing knowledge of :**

- The crucial roles of an interprofessional team in supporting a quality meal time experience
- Normal swallowing vs compromised swallowing
- Identification of swallowing problems
- Managing thickened fluids/correct consistencies
- Strategies to implement safe swallowing and thereby reduce the risk of aspiration/choking
- Discussion-based application to real-life examples

**Presenter: Melissa Trinca** (Speech Pathologist)

**Date:** Friday, 21st July 2017

**Time:** 8.30am—1.00pm

**Venue:** The Boulevard Centre, Cambridge Library Building, 99 The Boulevard (Lower Level), Floreat 6014

**Early Bird Price: \$90.00** (GST incl.)

**For registrations received by 30th June 2017**

**Cost:** \$95.00(GST incl.)

Morning tea provided. Parking voucher supplied on the day. Certificates of Attendance to be emailed after the workshop.

\*Reference: <http://www.aacqa.gov.au/providers/education/the-standard/2016-issues/december-2016/201cwhy-can2019t-i-eat-that-201d-2018dignity-of-risk2019-in-dysphagia-management-in-aged-care>

## REGISTRATION FORM - Dining with Dysphagia 17.01

Qualification (*please circle*): OT PT TA RN EN Carer Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

### PAYMENT OPTION (*please tick*)

Cash/Cheque posting on : / / 2017  
made out to Atlantic Healthcare Training

EFT date: / / 2017  
National Australia Bank  
BSB: 086461 Acc: 492126805  
Ubiquitous Holdings Pty Ltd  
Reference: (your name)

Invoice to: .....

**\*\*5 working days notice to be given if you cannot attend.  
No refunds for non attendance without notice.**

**Fax your application to (08) 9388 3578 or email to [training@atlantichealth.com.au](mailto:training@atlantichealth.com.au)**

