

# 2022 Comprehensive Aspiration Risk Management Plan (CARMP) Template: Instructional Guide

## Important Notes for the February 2022 Version of the CARMP:

- The CARMP is the Health Care Plan (HCP) for persons at moderate or high risk for aspiration. All aspiration-related health care plans and WDSIs including positioning, nutrition, hydration, and oral hygiene, are incorporated into the CARMP.
- Many individuals at risk for aspiration have had episodes of dehydration related to their difficulty eating, swallowing, or acute or chronic illness. The 2022 CARMP template now includes supporting hydration and monitoring for signs of dehydration as part of the person's aspiration related illnesses. This section must be completed. Helping individuals to drink fluids throughout the day, not just during mealtimes, is important in minimizing risk of dehydration and supporting good health.
- ❖ Anyone with a complex medical condition (such as endocrine or metabolic disorders, cardiac or renal conditions, etc.) may require specific fluid amounts and monitoring such as intake and output, frequent weights or lab work, and should have specific Nursing Health Care Plans and Dietary/Nutrition plans, external to the CARMP, that address those complex needs. These Plans typically include steps for managing hydration and monitoring for dehydration.

If those individuals are also at risk for aspiration:

- Both the Nurse and Dietician/Nutritionist should complete their sections of the CARMP template.
- Both the Nurse and Dietician/Nutritionist should refer to their other complex medical plans as needed for additional, specific information. ex- *Refer to Dialysis Health Care Plan; At Risk for Dehydration due to Diabetes Insipidus Plan; or Nutrition Plan* for specific details.
- If references are made to other plans, the Clinician is responsible for assuring that information in both the CARMP and other plans are current and do not contain conflicting information.
- CARMP development and the annual review is a collaborative process. Key information must be shared. All team members should contribute to and discuss the strategies to include in each section.
- The goal of Aspiration Risk Management is to identify the critical strategies that DSP/FLP need to implement to minimize aspiration risk. Prior to completion of the CARMP, consider scheduling a review with the House Lead/Supervisor or other caregiver to check 'readability' and understanding.
- Any duplication or inconsistent information must be promptly addressed before the CM finalizes and submits the CARMP in Therap. Delays in editing will delay finalization of the CARMP and may place the person at risk. Follow the established timelines in Chapter 5.5 of the DD Wavier Standards.
- Persons with I/DD may behave and react in different ways based on location and time of day. Many planned approaches are appropriate for all locations. If an approach is unique to one location or time of day/night, it should be noted on the CARMP and trained only at that location
- When the Living Supports and Customized Community Supports are delivered by different provider agencies, a nurse from each agency must collaborate during CARMP development/review/revision. Collaborative planning allows each Nurse to train in their location.

## General Instructions for filling out the template:

1. Do not alter the CARMP template except as noted per instructions.
2. Guidance, suggestions, and examples are provided on the CARMP template. This information is both **italicized and in parentheses**. To improve 'readability', please delete this content as each section is completed. (See highlighted areas to the right.)
3. Specific content areas have more information as needed.

**Assisted Eating Techniques:** how to assist the person with eating when another person is bringing the food and/or liquid to their mouth

1. Presentation of Food (*describe placement on lips or tongue, types of cues given, pacing, amount on spoon, alternating food and liquid sips, alertness strategies, etc.*):
2. Presentation of Liquid (*describe placement on lips or in mouth, types of cues given, pacing, amount of liquid in cup or per sip, etc.*):

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4. If a certain area (row) is not relevant for the person, type “N/A”, and remove the suggested lead contact.
5. If an item in an area is not relevant for the person, type “N/A” for that item.
6. Strategy Section Headers (grey):
  - If an entire section is "N/A" for the individual, check the "N/A" box in the grey header and delete the remaining rows in that section **only**.
  - Do not delete any content from the grey header section. Refer to details below.

<b>Tube Feeding Protocol (required)</b>	<input checked="" type="checkbox"/> = Indicates required content
1. List steps for checking tube placement ( <i>describe, i.e., by checking mark on tube at exit site or n/a</i> ):	N/A
2. List steps for checking residual, if <u>ordered by PCP or specialist</u> ( <i>describe or n/a</i> ):	N/A

7. Strategies Column:
  - Include all strategies to be implemented.
  - All strategies should be stated as clearly possible. Be concise while including enough detail for direct support personnel (DSP)/family implementation.
  - Please use wording familiar to non-clinical staff working with the person.
  - *Note*: all information to be shared during training does not need to be written/included here
8. Photos Column:
  - Please include photos whenever possible.
  - Areas that may especially benefit from photos include positioning, adaptive eating equipment, assisted eating techniques, and oral hygiene.
  - Pictures should be clear enough to guide implementation.
  - Ordering information/web links may also be included in this column.
9. Lead Contact Column:
  - Each Strategy Section has multiple areas.
  - *Suggested Lead Contact* discipline(s) for each area (row) is pre-filled on the template.
  - The team must identify **one** Lead Contact for each area and delete the other disciplines listed.
  - The Lead Contact for each area is responsible for training, monitoring implementation, and reporting on the status and effectiveness of those strategies to the IDT.
  - *Designated Trainer(s)*: If indicated, add Designated Trainer’s name, agency, and designation date under Lead Contact discipline.

### 10. Documenting the Decision Consultation Process on the CARMP

- Edits resulting from the DCP are done by using the “strikethrough” feature. Refer to Standards for details.
- For Diet Texture and Liquid Consistency Areas only: Edits from the DCP are done by deleting IDDSI Levels. See additional instructions below.

<b>Adaptive Eating Equipment</b>
1. Utensils: Good Grips teaspoon
2. Dishes: Scoop bowl
3. Cup: <del>Provale Metered Cup 10oz</del> ; <b>may use any cup he chooses per DCF 9/15/21</b>
4. Cup for hydration outside of mealtime ( <i>if different than above</i> ): N/A
5. Mat: Dycem non-skid
6. Other ( <i>blender/food processor, etc.</i> ): N/A

### 11. Appendix: IDDSI Reference Pages

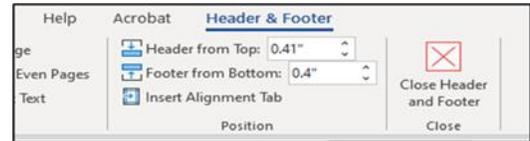
- Both Diet Texture and Liquid Consistency Reference Pages are required. These should not be deleted.

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## CARMP Template Specific Section Requirements

### Document Information:

1. Open the “Header”: Double click over the name to open the header. Enter the Individual’s Name, DOB, and last 4 of the SS# in the text box. This information will now appear on all the pages of the document. You must close the Header before continuing, by double clicking on Header section or by clicking once on “Close Header and Footer”.



2. Check either the ‘Initial’ or ‘Annual’ box.
3. Initial/Annual Date: If you are the person starting the new ‘In Prep’ draft in Therap, *do not* enter a date here. The Case Manager will enter the ‘Date’ when the CARMP is finalized/submitted in Therap.
4. Revised: Check ‘Y’ *if* this draft CARMP is being updated *after* an Initial or Annual has already been submitted this ISP year.
5. Revision Date: If you are the person starting a new ‘In Prep’ draft in Therap, *do not* enter a date here. Do not edit the Initial or Annual date – this remains the same. The Case Manager will enter the ‘Revision Date’ when the updated CARMP is finalized/submitted in Therap.
6. Click in the boxes to enter the Date of ARST and resulting Risk Level. Enter the ISP term dates. Enter the Case Manager Name and Case Manager Agency.
7. Risky Eating Behavior (REB) Only criteria: Persons with REB are always at moderate risk.
  - Check the “*REB only criteria*” box if this is a REB-only CARMP. This indicates that some areas in the CARMP may not need to be completed.
  - If Risky Eating Behavior is present in combination with other risk factors, do not check the “*REB only criteria*” box, and continue to complete all areas relevant to the person.

### Section A. Individual Specific Signs and Symptoms:

1. This section is required, and the information should not be deleted.
2. The nurse collaborates with the IDT to identify all person-specific signs and symptoms (S&S) of aspiration and aspiration associated illness including dehydration.
3. If person-specific S&S are not known at this time, the nurse may *initially* use generic S&S.
4. The nurse is the Lead Contact for this section and is responsible for training, monitoring, and implementation.

### Section B. Health Monitoring and Reporting:

1. This section is required, and the information should not be deleted.
2. The “*Other Monitoring & Reporting*” area should be marked as “yes” if other Health Care Plans (HCPs) including plans related to *other* complex medical needs or specific issues are present. “Not applicable” should be marked if there are no other specific plans.
3. Insert individual specific range for reporting Pulse Oximetry levels.
4. The nurse is the Lead Contact for this section and is responsible for training, monitoring, and implementation.

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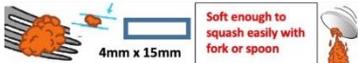
### Section C. Oral Intake Strategies:

1. Oral intake strategies are required if the person eats or drinks anything orally. This includes pleasure eating.
2. If this section is “*not applicable - 100% NPO*”, check the box and delete entire section except for the header. Leave the “C. Oral Mealtime Strategies” grey header and delete all rows before “D. Oral Medication Delivery”.
3. *Note:* If the person is 100% NPO with a feeding tube, and the person or guardian chooses pleasure eating, the Decision Consultation Process must be followed, and this section is left intact and completed in its entirety.

4. **Diet texture area:**

The use of IDDSI Framework and Terminology is required. One IDDSI Framework Level must be selected for Diet Texture based on the person’s oral motor skill and aspiration risk. The description and testing methods for each Level are IDDSI specific and cannot be modified. See [IDDSI.org](http://IDDSI.org) and the IDDSI Toolkit for NM DDW Providers.

- a. Identify which **one** Diet Texture Level is appropriate for the person.
- b. Delete **all** other levels/rows.
  - Click the picture for each level/row → delete picture/image
  - Click in the grey box on each empty row → right click → delete cells → delete entire row
  - **If a clinical need indicates a modification from selected IDDSI Level specifications/requirements**, the Lead Contact must indicate this clearly in the Lead Contact column. **Note:** if 2 different Diet Texture Levels are included due to a modification, leave both levels/rows and delete other levels/rows as described above.
- c. **Instructions/Guidance box:**
  - Include only information and guidance for food preparation.
  - Include assisted eating strategies and adapted equipment in their relevant sections.
  - Refer DSP to the Appendix: IDDSI Reference in the CARMP for more detailed information (avoid repeating here if already included elsewhere).
  - *Note:* If the person is at Level 7: Regular Food *or* Level 7: Regular, Easy to Chew, and does not require all Level 6 restrictions for safety, include any texture/size/consistency requirements here.
- d. **Important – Decision Consultation Process (DCP) information for Diet Texture Area:**
  - Any deviations from Diet Texture Levels as determined by the Lead Contact must be discussed with the Authorized Health Care Decision Maker by using the Decision Consultation Process.
  - For this section only: the ‘strikethrough’ edit process is not used for DCP. Delete instead.
  - If a DC/TJF for Diet Texture has been completed, indicate this in the Lead Contact column and describe clearly which level is required. Delete other levels/rows as described above.

Diet Texture: Choose <b>one</b> appropriate IDDSI level; delete all other levels. <i>Note:</i> Refer to CARMP Instructions if DCP has occurred.		SLP
IDDSI Level	IDDSI Description - <i>do not alter</i>	IDDSI Testing Methods - <i>see reference pages</i>
Level 6 – Soft and Bite-Sized Food	<ul style="list-style-type: none"> <li>• no separate thin liquid</li> <li>• mashes, stays squashed</li> <li>• chewing required before swallowing</li> </ul> <p><b>* must pass both food piece size and softness tests</b> →</p>	 <p>Food pieces no bigger than 1.5cm x 1.5cm</p>
Level 5 – Minced and Moist Food	<ul style="list-style-type: none"> <li>• can eat with fork or spoon</li> <li>• no separate thin liquid</li> <li>• easy to squash with tongue</li> <li>• small lumps</li> </ul> <p><b>* must pass all 3 tests: fork, squash, spoon tilt</b> →</p>	 <p>4mm x 15mm</p> <p>Soft enough to squash easily with fork or spoon</p>
Instructions/Guidance for <u>preparation of food for person</u> (describe blender/speed being used, fluids to add, etc.): N/A		<p>Per SLP: Level 5 recommended</p> <p>Per DC/TJF 9/15/21: Level 6 allowed at home only; Level 5 in all other settings</p>

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- e. **Important** - If multiple levels are included in this section on a final draft without clear description in the Lead Contact column, the CM must notify the Lead Contact/area author for clarification before submitting.

5. **Liquid Consistency area:**

The use of IDDSI Framework and Terminology is required. One IDDSI Framework Level must be selected for Liquid Consistency based on the person’s oral motor skill and aspiration risk. The description and testing methods for each Level are IDDSI specific and cannot be modified. See [IDDSI.org](http://IDDSI.org) and the IDDSI Toolkit for NM DDW Providers.

- a. Identify which **one** Liquid Consistency Level is appropriate for the person.
- b. Delete **all** other levels/rows.
- Click the picture for each level/row → delete picture/image
  - Click in the grey box on each empty row → right click → delete cells → delete entire row
  - **If a clinical need** indicates a modification from selected IDDSI Level specifications/requirements, the Lead Contact must indicate this clearly in the Lead Contact column. **Note:** if 2 different Liquid Consistency Levels are included due to a modification: leave both levels/rows and delete other levels/rows as described above.

Liquid Consistency: Choose <u>one</u> IDDSI level; delete all other levels. <i>Note:</i> Refer to CARMP Instructions if DCP has occurred.			SLP
IDDSI Level	IDDSI Description - <i>do not alter</i>	IDDSI Flow Test/Test Methods - <i>see Appendix: IDDSI Reference</i>	
Level 2 Mildly Thick Liquid	<ul style="list-style-type: none"> <li>• 'sippable'</li> <li>• pours quickly from a cup or spoon, but slower than thin drinks</li> </ul>	 <p><b>4 - 8mL</b> left in the syringe</p>	<p>Note per SLP: Level 0 when presented in Provale cup and Level 2 when presented in noscy cup.</p>
Level 0 Thin Liquid	<ul style="list-style-type: none"> <li>• no liquid restriction</li> <li>• flows like water</li> <li>• fast flow</li> </ul>	 <p><b>less than 1mL</b> left in the syringe</p>	
When liquids must be thickened, a commercial thickener or specific additive must be identified: Simply Thick			

c. **Instructions/Guidance box:**

- Include only information and guidance for liquid consistency preparation.
- When liquids must be thickened, identify the commercial thickener or specific additive to be used. If no thickener is used, check the “N/A” box.
- Include assisted eating strategies and adapted equipment in their relevant sections.
- Refer DSP to the Appendix: IDDSI Reference in the CARMP for more detailed information (avoid repeating here if already included elsewhere).

d. **Important – Decision Consultation Process (DCP) information for Liquid Consistency Area:**

- Any deviations from Liquid Consistency Levels as determined by the Lead Contact must be discussed with the Authorized Health Care Decision Maker by using the Decision Consultation Process.
- For this section only: The ‘strikethrough’ edit process is not used for DCP. Delete instead.
- If a DC/TJF for Liquid Consistency has been completed, indicate this in the Lead Contact column and describe clearly which level is required. Delete other levels/rows as described above.

- e. **Important** - If multiple levels are included in this section on a final draft without clear description in the Lead Contact column, the CM must notify the Lead Contact/area author for clarification before submitting.

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### 6. Assisted Eating and Self-Feeding Techniques areas - Special Note:

- a. Complete the *Assisted Eating* section when the person requires another person to bring the food and/or liquid to their mouth for them.
- b. Complete the *Self-Feeding* section when the person brings the food and/or liquid to their own mouth.
- c. Type “N/A” in the area that is not relevant for the person and remove the suggested lead contact.
- d. Both sections should *only* be completed if the person feeds themselves and is also fed by caregivers at times. Details should outline when the person self-feeds and when assistance is required.
- e. *Reminder:* Pictures are helpful and can be included in the ‘Photos’ column.

### 7. Behavioral support:

- a. Required to be completed by BSC if the person demonstrates REB.

### Section D. Oral Medication Delivery Strategies:

1. If this section is “*not applicable - 100% NPO*”, or if assessment and IDT consensus determine this section is “*Optional for REB only*”, check the box and delete entire section except for the header. Leave the “D. Oral Medication Delivery Strategies” grey header and delete both rows before “E. Tube (Enteral) Feeding Strategies”.

### Section E. Tube (Enteral) Feeding Strategies: Check box for tube feeding route used.

1. If this section is “*not applicable, no feeding tube*”, check the box and delete entire section except for the header. Leave the “E. Tube (Enteral) Feeding Strategies” grey header and delete all rows before “F. Position for Routine Activities”.
2. Do not list enteral feeding or water flush orders. Refer to MAR for the most current enteral feeding and water flush orders.
3. **Tube Feeding Protocol:**
  - a. Required content for this area is indicated by pre-selected check boxes. ☒ = **Indicates required content**. The author must complete these required areas entirely.
  - b. Other items in this area are suggested/offered as a guide and are optional.
4. **Medication Delivery via Tube:** If this area is determined “*not applicable*”, check the box and delete the row below. Leave the “Medication Delivery via Tube” grey header.

### Section F. Position for Routine Activities:

1. If assessment and IDT consensus determine this section “*not applicable*”, check the box and delete entire section except for the header. Leave “F. Position for Routine Activities” grey header and delete row before “G. Oral Hygiene Strategies”.
2. *Reminder:* Pictures are helpful and can be included in the ‘Photos’ column.

### Section G. Oral Hygiene Strategies:

1. If the CARMP is for REB only, oral hygiene strategies may be optional based on assessment and IDT consensus.
2. If determined “*not applicable*”, check the box and delete the entire section except for the header. Leave the “G. Oral Hygiene Strategies” grey header and delete all rows before “H. Saliva Management Strategies”.
3. There are multiple areas in this section that require collaboration between nursing and therapies. Be sure to review dental visit records/after care notes for details to be included in this section.

### Section H. Saliva Management Strategies:

1. If assessment and IDT consensus determine this section “*not applicable*”, check the box and delete entire section except for the header. Leave the “H. Saliva Management Strategies” grey header and delete all rows before “I. Strategies to Minimize Rumination”.

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### **Section I. Strategies to Minimize Rumination:**

1. Required to be completed by BSC if the person ruminates.
2. If IDT assessment and team consensus determine this section “*not applicable*”, check the box and delete the entire section except for the grey header. Leave the “I. Strategies to Minimize Rumination” grey header and delete all rows before “J. Personalized Outcomes”.

### **Section J. Personalized Outcomes:**

1. This section is required and cannot be deleted.
2. This is not an ISP outcome.

### **Section K. Lead Contact (Trainer) Information:**

1. This section is required and cannot be deleted. SCOMM must be used to communicate confidentially among the team. Personal or work emails should not be added to this template and should not be used due to HIPAA issues. Do not edit the template to add emails.
2. All Lead Contacts listed for any sections must be added.
3. Lead Contact information must be complete, current, and accurate.
4. The Primary Provider Nurse may be an RN or LPN.
5. If the Lead Contact is an LPN, COTA, or PTA, their supervising clinician (RN, OT, PT) must also be listed in this section.
6. Do not include IDT members that are not Lead Contacts and don't provide CARMP training.
7. Do not include Designated Trainer contact information. The agency requesting training should confirm Designated Trainer status and contact information with the Lead Contact.