

Speech Pathology — Advice Letter on Safe Swallowing after a Stroke

THE CASE NOTES

Patient: Mrs Violet Huang, 77 years old; left MCA stroke 2 weeks ago; mild right facial weakness and dysphagia confirmed on clinical swallowing assessment

Diet texture: IDDSI Level 5 (Minced and Moist): soft foods minced to no more than 4 mm pieces; no hard pieces, no separate thin liquid in food; acceptable: minced chicken, scrambled eggs, soft tofu, soft cooked vegetables, ripe banana mashed

Fluids: IDDSI Level 2 (Mildly Thick): fluid needs to be thickened to 'nectar consistency' using thickening powder (1 scoop per 200 mL); no unthickened water, tea or coffee; thickening powder: Nutrilis Powder (provided); demonstration given at bedside

Positioning: Always eat and drink sitting upright (90 degrees); remain upright for 30 minutes after eating; head slightly forward (chin-tuck position)

During meals: Small teaspoon-sized bites; pause between each mouthful; no talking while swallowing; do not rush; meals may take 30–45 minutes

Warning signs: Coughing or choking during/after eating or drinking; wet or gurgly voice after swallowing; recurrent chest infections; breathing difficulties during meals — contact the speech pathologist or GP immediately

Review: SLP review in 4 weeks to reassess texture requirements; diet may be upgraded if swallowing improves

Task: Write an advice letter to Mrs Huang and her daughter explaining the texture prescription and safe swallowing strategies at home.

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WHAT TO INCLUDE

+ IDDSI Level 5 for food and Level 2 for fluids — with a practical food example and the thickening powder instruction

The family must be able to prepare the correct consistency at home. An IDDSI level number without a food example is not actionable; a food example without the thickening powder instruction is incomplete.

+ The positioning: 90 degrees upright, head slightly forward, 30 minutes upright after meals

Aspiration risk is highest when swallowing occurs in a reclined position. The chin-tuck position is the most important single swallowing compensation strategy.

+ The warning signs of aspiration and what to do

Aspiration pneumonia following dysphagia is life-threatening. The family must be able to recognise the signs and know the action without delay.

WHAT TO LEAVE OUT

– The clinical swallowing assessment findings and the stroke neurology

This is a patient and family care letter, not a clinical handover. One sentence of plain context: 'The stroke has temporarily affected the muscles you use to swallow.' The clinical assessment detail is for the medical record.

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– **All acceptable and unacceptable foods in full**

The family has the IDDSI texture card and food guide. The letter provides the key principles and the most important examples. An exhaustive food list creates an overlong letter that is harder to follow at the dinner table.

CRITERION IN FOCUS · GENRE & STYLE

An advice letter addressed to both a stroke patient and their family requires careful register calibration. The patient (77, post-stroke) may have some cognitive fatigue; the daughter (primary carer) is the operational implementer of the advice. Write in plain language addressing both: 'When Mrs Huang/you eat...' is ambiguous — instead address the patient and note the family in a brief line: 'This letter explains the safe eating approach for Mrs Huang; please read it together.' Then write in second person to Mrs Huang with the family as active supporters.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services