



Liquids

Risk Level	IDDSI Level	Description	Typical Indication
Lowest	0 - Thin	Water, coffee	Safe swallow on MBS/FEES
Mild risk	1-2 - Slightly/Mildly Thick	Nectar consistency	Delayed swallow trigger
Moderate risk	3 - Moderately Thick	Honey consistency	Aspiration on thin & nectar
Highest risk (oral feeding)	4 - Extremely Thick	Pudding consistency	Aspiration across thinner liquids
Unsafe for PO	NPO	Tube feeding	Silent aspiration, poor airway protection

Solids

Risk Level	IDDSI Level	Description
Lowest	7 - Regular	
Mild risk	6 - Soft & Bite-Sized	
Moderate	5 - Minced & Moist	
Higher	4 - Pureed	



Risk Level	IDDSI Level	Description
Severe	3 - Liquidised	
Unsafe	NPO	

For **post-stroke dysphagia with increasing aspiration risk**, progression follows a **step-down in texture safety** (more restrictive as risk increases), and a **step-up during recovery**.

Using the **International Dysphagia Diet Standardisation Initiative (IDDSI)** levels:

1 ☐ Liquids – Typical Progression for Increasing Aspiration Risk

Thin liquids are highest risk in delayed swallow or poor airway protection.

☐ Step-Down (as aspiration risk increases)

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Clinical Reality

Most stroke patients with aspiration start at:



- **Level 2 (mildly thick)**
- or
- **Level 3 (moderately thick)**

Level 4 liquids are used less commonly due to:

- Poor hydration tolerance
- Reduced patient acceptance
- Limited evidence of pneumonia reduction

2 ☐ Solids – Typical Progression

Solids generally move from **least chewing demand to most** as risk decreases.

☐ Step-Down for Increasing Risk

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3 ☐ Most Common Post-Stroke Starting Points

In SNF/LTC stroke admissions with dysphagia:

- **Pureed (Level 4) + Mildly/Moderately Thick liquids**
is the most common initial order.

If silent aspiration or poor cough:



- Consider **NPO with enteral feeding** until reassessed.
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4□ Important Clinical Nuances (Where It Gets Subtle)

Liquids are more dangerous than solids

Thin liquids:

- Move quickly
- Require rapid swallow initiation
- More likely to be silently aspirated

Solids:

- Move slower
 - Often easier to control if bolus prep intact
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Thickened liquids are not benign

Risks:

- Dehydration
- Reduced intake
- Poor adherence
- Possible reduced medication absorption

Evidence does **not** show dramatic pneumonia reduction across all populations — so restriction should be proportional to risk.



5□ Typical Recovery Progression (If Improving)

Example:

NPO

- Level 4 puree + Level 3 liquids
- Level 5 minced + Level 2 liquids
- Level 6 soft + thin liquids
- Regular

Advancement depends on:

- SLP reassessment
- Clinical signs (cough, wet voice)
- Instrumental study results
- Cognitive status

6□ High-Risk Stroke Patterns

More restrictive textures are common in:

- Brainstem strokes
 - Large hemispheric strokes with neglect
 - Severe dysarthria
 - Reduced level of consciousness
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