

Q&A from Making IDDSI Diet Orders Work: Strategies for Person-Centered Care, Mary Rybicki, MS, RDN, LDN October 22, 2025

1. If you are implementing one diet level at a time when would you recommend implementing the diet name changes to IDDSI language?

Change to the IDDSI language for your diet orders AFTER the food is passing the IDDSI testing methods.

Often you can begin to fix the puree texture (same name) and possibly one or two other textures that align with an IDDSI level name. You should not change to the IDDSI terminology until all the food is aligning well with each IDDSI level. Otherwise, confusion will occur.

One option is to start with your liquid/drink levels. Learn the IDDSI flow test and other applicable IDDSI testing and get comfortable serving IDDSI liquids/drink levels safely and consistently. Test and confirm purchased pre-thickened liquids. Then make the name changes for the liquids/drinks only.

For food levels: As you fine-tune your purees and begin to feel more comfortable with them and their testing, then decide what to do next. Puree has essentially the same name so no need to change food names yet. It can be confusing for the whole team to have a mixture of both IDDSI names and other texture modified diet names.

2. How would you work with a patient that refuses to eat mechanically altered food even when you offer alternative options?

This situation has often presented itself historically. We want to respect a person's choices yet also their safety.

It is up to the individual facility and health care practitioners how they communicate and document these situations. Examine all facility policies and procedures. From an IDDSI point of view, once a facility transitions to IDDSI, it may be possible to:

- *Communicate more efficiently as a team on texture modified food options.*
- *Increase the amount of safe texture-modified options to offer someone, thereby satisfying what they would enjoy.*
- *Improve the awareness of the whole team about IDDSI level options and diet order individualization. They all use the same objective information to use during the assessment process, when individualizing the diet order, and when preparing and serving food.*

3. My facility uses a blender, but they add thickener as needed. Should this be more exact and is a recipe needed?

Yes. Recipes should be developed, adjusted, and utilized. This is not new and has always been expected in facilities for all menu items prepared. However, in reality, this has not always happened. With IDDSI's focus on safety and its

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objective guidelines, it seems to have put the “spotlight” on what is happening in kitchens and emphasized how important recipes are!

Visit USIRG FAQ on recipes: <https://www.iddsi.org/around-the-world/united-states#faq>.

4. What do you do with foods in a level 6 soft and bite size that do not meet the IDDSI guidelines, such as meat items (e.g., pork chops, beef roast, and even chicken)?

Serve a MM5 level item. *If you cannot get an item to pass for a certain level, you can always serve a lower level. Not all items can be prepared to pass all levels. Solutions: Think about menu engineering... What can you put on the menu that most or all texture levels will enjoy and accept? Having a few of those items daily will help the focus go towards solving how to prepare items efficiently to meet multiple other levels. Can you start with a different raw product, add marination, change the cooking process, and/or the holding process? If you can start with a more tender, moist, and acceptable Regular texture item, it will be more likely to pass IDDSI levels.*

5. Does gravy need to be thickened for the level 4 to 6 textures?

Not necessarily. *First, as always, look at the whole diet order and perform IDDSI testing. A thickened gravy, sauce, and moisture addition need to match the person's liquid/drink level. However, most of the time it will be incorporated into the product to pass IDDSI testing. Or at least be in small enough volume and thick enough to “not separate off” and “not leak out” of the finished food product. Second, many gravies, sauces and other moisture accents are naturally thicker than water (thin, level 0). Of course, they may include a natural thickener such as corn starch or flour. Test these items to determine their IDDSI level. Then work with the products you are making and determine how to adjust the recipes, including the option of adding any kind of thickener, including purchased food/liquid thickener. Check out: USIRG’s website under FAQ: one on gravies and one on mixed consistencies.*

<https://www.iddsi.org/around-the-world/united-states#faq>.

6. What guidance does IDDSI provide when it comes to measuring adequate moistness of foods? And for which levels is moistness applicable?

Great question! *You will become more familiar with these answers as you fully implement! Testing and adjusting recipes will provide valuable culinary information about how moisture helps to create a successful, edible product. So...think about how moisture is often missing in pre-existing texture modified food (TMF). Moisture helps us chew, process, and swallow. Although “Minced &*

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Moist” expects adequate moisture, it may also apply to other levels from a culinary perspective. Often, to get a texture level to pass IDDSI testing, it will need some moisture. When performing the IDDSI testing, look for a “cohesive food sample” in MM 5. That needs moisture! And you want it to fall off a spoon easily, not too sticky, and hold its shape. So those small pieces need moisture to hold it together.

Check out MM5 Testing audit sheet: <https://www.iddsi.org/images/Publications-Resources/AuditTools/English/audittool5mincedandmoist26jun2020.pdf>.

7. *Do you think the exact syringes are necessary?*

Yes. Otherwise, the results would vary! The IDDSI funnel was created to make the flow testing process even easier. Here is information on both options:

IDDSI Funnels: <https://www.iddsi.org/resources/funnels>.

Checking correct syringe size: <https://www.iddsi.org/images/Publications-Resources/TestingCards/bd-syringes-for-iddsi-flow-test-international-codes.pdf>.

And also here are patient handouts that review liquids/drinks:

https://www.iddsi.org/images/Publications-Resources/PatientHandouts/English/Adults/2_mildly_thick_adults_consumer_handout_30jan2019.pdf.

8. *If the SLP makes an exception allow a patient to have bread by the SLP, does that need to be part of the official diet order by the PCP or can it be an exception written on the meal ticket (written like a preference)? Using the example of Soft and bite size as the diet order, if an exception to allow bread is made by the SLP, does that exception require PCP approval along with new diet orders to include the exception? Or can the exception be added to the meal ticket (like a preference) without new diet orders (i.e. May have bread/bread products)?*

Exceptions and “may haves” need to be part of the complete diet order.

First: We must “serve the diet as ordered.” IDDSI is all about clearing up the confusion by having consistent terminology. Therefore, develop your facility-specific diet order language by using the IDDSI terminology and organizing additional options to order. The diet policy and procedure, diet manual, the actual diet order, the menu extensions, the diet/meal ticket, and what is actually served must all match.

Second: Confirm that the exception has been clearly documented by the SLP/clinician and that the documentation specifically addresses that the person has the skills to handle food items in the exception. It is a good idea to know the process for communicating exceptions, how it is documented, where to look, and who is responsible for what.

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Check out at USIRG: FAQ on Exceptions: Bread and Mixed consistencies:
<https://www.iddsi.org/around-the-world/united-states#faq>.

9. How about pancake, French toast - should we shy away from serving them for SB6 or EC7 unless allowed by speech therapist?

Yes. Definitely. Check out the IDDSI documents and read each of those levels. Identify how these bread items need to be individually assessed.

<https://www.iddsi.org/standards/framework>.

IDDSI states often: It is NOT prescriptive and that it takes a clinician to assess the appropriate levels for an individual person.

10. With the IDDSI diet, can SLPs add allowances such as: Minced & Moist diet, Allow Soft Sandwiches?

Yes. That is a perfect example of an exception. Please see more under questions #8 and #9. However, the diet order is missing 2 parts! Remember that as you fine tune your policy and procedure for diet orders, clean up existing diet orders and begin the habit of having 3 parts to a diet order. Perhaps this diet order would be re-stated to: House, Minced & Moist, Level 5, Thin, Level 0, Allow soft sandwiches.

Here is a good resource from USIRG: USIRG Best Practice IDDSI Terminology:
<https://www.iddsi.org/around-the-world/united-states#training>.

11. What food replaces bread on the menu?

Excellent question and reminder for us all! If regular bread is not tolerated or not routinely provided on the NDD or previous texture modified diets, (Ex. puree consistency), we must still account for its use on our menus and spreadsheets. Therefore, find products or create recipes for puree bread, bread items, and desserts. Check your food service software for existing recipes or network with other culinary colleagues.

Check out the FAQ on Exceptions: Bread and Mixed consistencies for more discussions on bread, including the importance of IDDSI testing the puree bread to assure it is safe to use. <https://www.iddsi.org/around-the-world/united-states#faq>.

12. I work in Mental Health, and our contract food service company does not want to change from NDD to IDDSI. Is this a requirement?

Evaluate if IDDSI should be your best practice, if following best practice is important to this setting, and if IDDSI is the correct move for both the team and contract food service company for quality care.

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Check out the updated resources on USIRG Regulations, Accreditations, and Best Practice Resources: <https://www.iddsi.org/around-the-world/united-states#regulations>.

You may also find the “how to advocate for IDDSI” section helpful.

<https://www.iddsi.org/around-the-world/united-states#advocate>.

Lastly, evaluate *WHY* you *WOULD NOT* implement IDDSI with the food service company. That may provide you with more answers on *WHY* to implement.

13. Do you have any advice or resources for much smaller scale providers? For example, residential group homes where there are not dietary or kitchen staff but direct support workers who are responsible for day-to-day IDDSI compliance.

IDDSI is intended to be used in all settings for all ages. Often, in a home-like setting, you can really tailor what you are cooking to the people that live there. And the IDDSI guidelines are for any “caretakers” and not just for food service or kitchen staff.

Suggest: Use the framework documents

<https://www.iddsi.org/resources/framework-documents> and the patient handouts

<https://www.iddsi.org/resources/patient-handouts> to find the correct resources that help a specific setting and care giver.

Under resources: <https://www.iddsi.org/resources> the posters, audit sheets, videos, and testing cards all provide good visuals for posting and learning. Also check the USIRG training webinars: videos of PowerPoint presentations.

<https://www.iddsi.org/around-the-world/united-states#>

14. How are my cooks going to have time to make several different textures? Especially when we may only have 1 person on each different IDDSI diet. Aren't we supposed to test it several times?

GREAT Question... Let's break this down:

- *Your cooks should currently be creating some existing texture modified food.*
- *IDDSI testing provides objective methods to evaluate how those foods are coming out. Often, cooks catch on quickly and learn what they need to do to pass the testing.*
- *I suggest starting by testing your existing textures and try to fine tune them to align with a few of the IDDSI levels. Keep testing some products on these levels to keep up the testing habits and skills. However, you may want to choose only some items to monitor. Consider one easy item that always comes out well (so they know what the goal is) and one more challenging item that needs some attention.*

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- *Then identify the IDDSI levels that you need to start creating. Allow the staff to work through this and you may be surprised how they can identify how to create 1 or 2 other IDDSI levels from the current menu item.*
HINT: *If some regular texture items are yummy, tasty, tender, soft and moist, then start with these items. These items are more likely going to be modified successfully to other IDDSI levels.*
- *For a very small number of people on an IDDSI level, your cooks may find it most efficient to cut up or mince with a knife at the point of service. Or use one of those vegetable choppers (some happen to have the correct sizes of IDDSI SB6 and MM5!). They run about \$25-30.*
- *Testing: Empower staff with education and training. USIRG has training webinars: videos of PowerPoint presentations. The “201’s” go quite a bit into testing.*

[IDDSI 201 for Healthcare Professionals](#)

201 [Competencies for Healthcare Professionals](#) (PDF, 2022)

[IDDSI 201 for Food Service Workers](#)

201 [Competencies for Food Service Workers](#) (PDF, 2024)

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