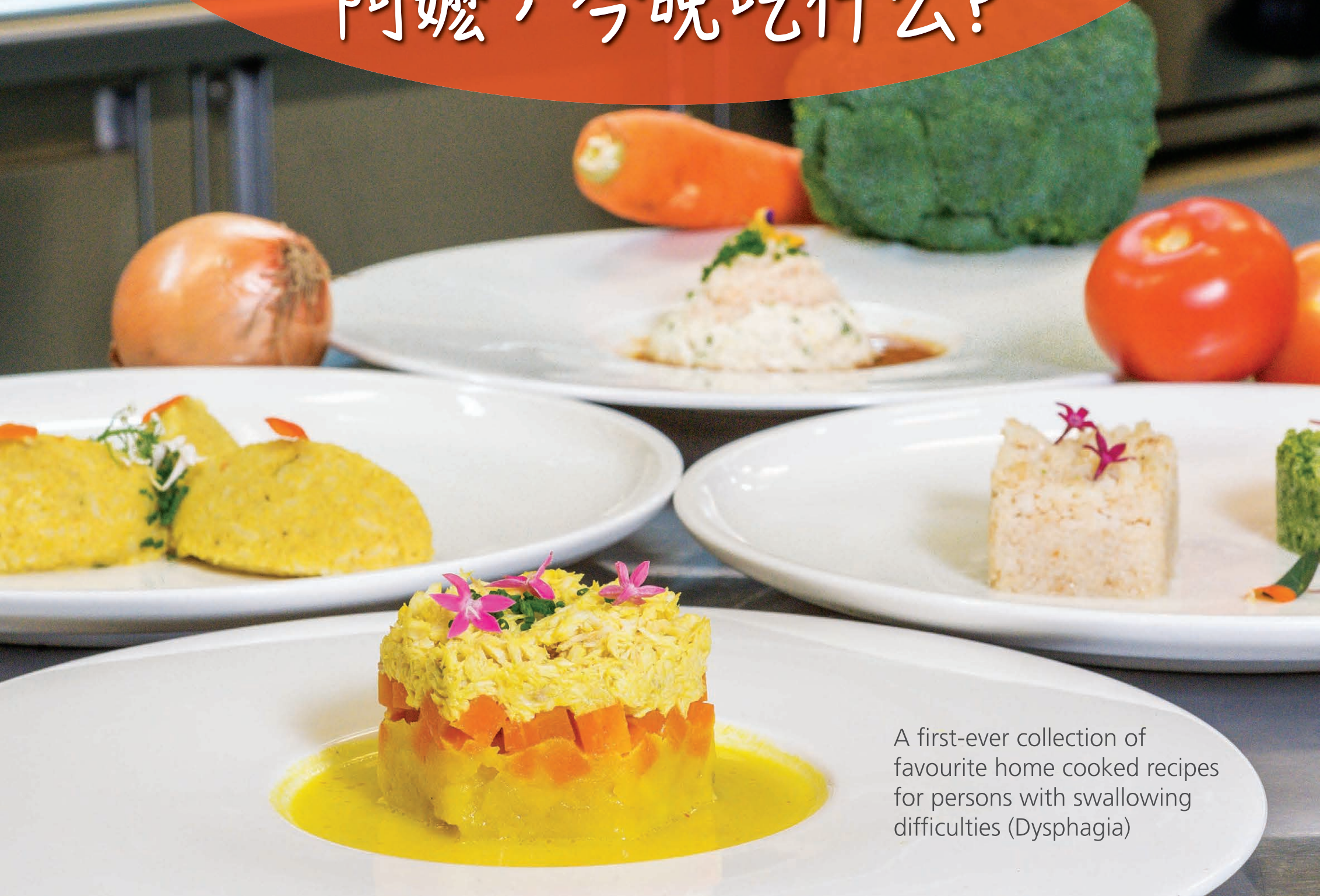


My Grandma's Dinner

阿嬤，今晚吃什么？



A first-ever collection of favourite home cooked recipes for persons with swallowing difficulties (Dysphagia)





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(Students from left to right): Aw Zhan Teng, Muhammad Murtuza, Rain Zhang Xin Yu,
Pooja D/O Vickneesvaran, Tan Ning Er, Siti Nur Syiaa Bte Abdul Samad Mohamad
Absent: Alfie Cassius Bin Mohd Azahar

(AH Speech Therapists from left to right): Fung Xinhui, Tey Jo Ching, Samuel Chi

(Lecturers and Chefs in back row from left to right): Jimmy Chong, Sujatha D/O Kesavan, Axel Low
Absent: Norhaidah Ramlee



“The teaching staff and students in turn have taught us that with love, passion, creativity and innovation, the world of culinary arts holds many possibilities.”

Fung Xinhui
*Speech Therapy Lead
Alexandra Hospital*

Singapore is a country with a strong food culture. Our people celebrate our food heritage and take pride in the diversity we have with our local cuisines. Enjoying a favourite dish or bonding with friends and families over meals is an integral part of our lives. For individuals diagnosed with dysphagia, however, who are no longer able to chew or swallow food with ease, this becomes extremely difficult.

As speech therapists, my team and I often have to deal with the frustration that our patients and their caregivers have when the ability to swallow food has been affected. Some of the concerns we have when our patients are discharged home are: Are they taking food textures that are appropriate for them? Are they motivated to eat if they are taking the same food, such as fish porridge, every day? At the same time, we have to be mindful of the stress the caregiver faces in trying to provide tasty and appealing meals to these individuals with swallowing difficulties.

That said, I believe that as long as one is able to eat, one should still be able to enjoy food. By modifying food textures, we can empower these individuals and equip their caregivers with the skills needed to create delicious meals.

It was this belief that first led us to start our dysphagia awareness campaign in the Queenstown community in 2021. Back then, the goal was to start engaging hawkers to provide texture-modified food on request so that patients could enjoy tasty food without having to make it themselves. This program was well received and further confirmed to us that there was a demand for texture modified food.

At the height of our campaign, our speech therapy team at Alexandra Hospital was contacted by ITE College West's School of Hospitality (Culinary Arts). It was a pleasant surprise for us that this team of teaching staff shared the

same passion as us in educating the public on how to better support these individuals with dysphagia. They had asked if there was any way that their teaching staff and Year One students could contribute to our efforts; and if we could educate them on dysphagia and how modifying diet and fluids may help individuals with dysphagia. The teaching staff and students in turn have taught us that with love, passion, creativity and innovation, the world of culinary arts holds many possibilities. This is evident through their adventurous curation of dishes, encompassing all ethnicities in Singapore. In order to stay true to our traditional recipes and appeal to our local palates, a lot of thought and careful consideration was also put in to retain the five spices and chilli in many mainstay dishes.

Fast forward to today, we are proud to be able to unveil the first ever recipe collection of modified local home cooked meals curated for people with swallowing difficulties in mind. Our collaborative effort, titled 'My Grandma's Dinner', is our hope for people with dysphagia to continue enjoying home cooked food close to their hearts.

This journey has been a heartening and encouraging one, knowing that we have a group of young and budding chefs that are interested in and are able to care for the population with dysphagia. Thank you ITE for your friendship and partnership with us in paying it forward to the community. Many thanks also to my Speech Therapy team (in particular Samuel Chi and Tey Jo Ching who are featured in this book), Chef Norman from our Alexandra Hospital Kitchen and our Alexandra Hospital Communications Team for all your contributions to this recipe book in one way or another.

Food brings us together and laughter is the brightest when food is enjoyed. I sincerely hope that you will find this book useful if you are an individual with dysphagia or a caregiver to one.

“Home cooked meals are manifestations of unspoken love and family bonding.”

Steven Tay

*Deputy Director, Hospitality Services and Culinary
ITE College West*



As chefs, our primary role is not only to whip up a delectable and flavourful dish, it is also about building a special relationship connected through the dish, with the person tasting the food and how it appeals to the senses and uplifts the mood. As the name of the course we provide at School of Hospitality here at ITE College West suggests, ‘Culinary Arts’ infers that cuisines meet the arts. Well-curated recipes served on well-plated presentations. For persons with dysphagia, the creative act of piping, moulding, layering, and spooning food on a plate can make all the difference between eating enough and risking malnutrition. Many textured-modified diets can be unappealing to patients and lead to a lower quality of life.

Hence, the idea came up amongst myself and my colleagues to reach out to AH to moot the beautiful union of chefs and speech therapists. The course lecturers in Western and Asian Culinary teamed up with the Year One cohorts, and worked closely with the Speech Therapists, over the past six months, to first, introduce the module on how to prepare texture-modified diets and what dysphagia is, and second, combine creativity and food science to create these dysphagia-friendly meals in a recipe collection, that seek to preserve a sense of pleasure and dignity for the persons with swallowing difficulties. The speech therapists checked if our students had modified the ingredients to the right texture with consistency. The outcome was a combined gift to the community of patients and caregivers through a first-of-its-kind recipe collection of home meals, curated by both our lecturers and the Year One Culinary Arts students. It features 10 favourite local delights easily whipped up in the home kitchen with simple and colourful ingredients, chopped, blended, pureed and modified to the right taste and retaining the right flavour.

For our budding new chefs, we hope to impart in them not only the skills to prepare food beyond sustenance, comfort and nourishment, but also instil in

them values of service to humanity, inclusivity, sensitivity and empathy to the needs of others. My colleagues and students both had a lot of fun, innovating and brainstorming ways to entice and whet appetites through bright and freshest ingredients possible to modify and enhance the aesthetic appeal of these favourite local home cooked meals. We want to encourage people with dysphagia to eat and drink more, so they get the nutrition and hydration they need. For example, puréed diet items are passed through strainers to ensure that patients do not receive any lumps or pieces after proteins are processed. Through this process, our students better understand the challenges to ageing well brought by dysphagia, through a hands-on care food preparation.

Home cooked meals are manifestations of unspoken love and family bonding. Every home meal may encompass a whole lot of effort not only in the preparation of a meal that comforts, nourishes, but also connects with persons with swallowing difficulties, showering them with much love and support needed. We believe it is important to get our next generation of young and budding chefs to appreciate that food is not instant palate gratification only, it is also a language of love and a connector of people, bonding and building relations. Food is also medicine and important source of strength, motivation and enjoyment for persons with needs.

We thank AH and her speech therapists led by Xin Hui, for this wonderful partnership which we will continue for the longer term and with more cohorts. AH also connected us with the Queenstown community enclaves, so that my students can pay it forward and do good by running free cooking workshops for the residents, caregivers and discharged patients living in the precinct. We are very proud of our students and lecturers, and deeply heartened that there is now a deeper appreciation of how what they do can have a social compact and value to creating a better place for everyone.

WHAT IS DYSPHAGIA?

Dysphagia is the medical term for swallowing difficulties. Dysphagia may result in food and/or fluids entering the airway while eating and drinking. Dysphagia is often the result of medical conditions that weaken or damage muscles and nerves involved in the swallowing process.



Common Causes of Dysphagia

- Stroke
- Traumatic brain injury.
- Progressive neurological diseases, e.g. Parkinson's disease, motor neuron disease, dementia.
- Head and neck cancers, e.g. tongue or mouth cancer, nasopharyngeal cancer respiratory conditions, e.g. chronic obstructive pulmonary disease.
- General ageing.

Signs of Dysphagia

- Coughing, throat clearing, choking, or wet / gurgly voicing while eating or drinking.
- Drooling of saliva or drinks.
- Difficulties chewing harder types of food.
- Increased time or effort to initiate a swallow.
- Food/drinks left over in the mouth after swallows.
- Feeling of food getting stuck in the throat/ chest.
- Prolonged mealtimes.

Dysphagia may lead to:

- Recurrent chest infections (pneumonia).
- Unintentional weight loss.
- Malnutrition and dehydration.
- Loss of the ability to enjoy food/drinks as before

Safe Feeding Strategies

- Ensure that the person is alert and sitting upright.
- Remove distractions in the environment.
- Ensure that the person eats or drinks slowly.
- Ensure that the person has swallowed before giving the next spoonful.
- Remind the person not to talk while eating or drinking.
- Ensure there is no food or drink remaining in the mouth after each swallow.
- Allow the person to rest if he/she is short of breath.
- Prompt the person to cough or clear their throat if you hear the voice has become wet/ gurgly sounding.
- Continue to sit the person upright for at least 20 minutes after each meal.
- Maintaining good oral hygiene is also important. Ensure that the person's mouth (gums, teeth and tongue) is cleaned at least twice a day.

You should seek a doctor or speech therapist's advice if you observe frequent and persistent coughing, throat clearing or choking when the person is eating or drinking. If you are concerned that you or your loved one may have dysphagia, do seek medical attention immediately.

How Can A Speech Therapist Help?

Speech therapists assess and manage swallowing difficulties in patients.

A swallowing assessment may include:

- Taking a detailed medical history and information related to swallowing.
- Assessing the muscles or nerves involved in swallowing.
- Observing the patient when eating or drinking.
- A swallowing x-ray or nasendoscope to view the swallowing process in real time.

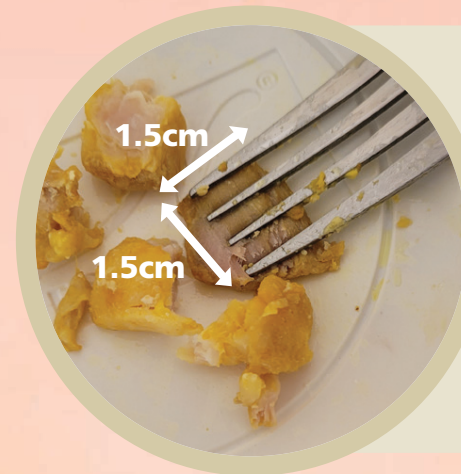
Management or treatment of dysphagia may include:

- Modifications to diet and fluid consistencies.
- Strategies to ensure safety while eating or drinking.
- Implementing targeted swallowing exercises and/or swallow therapy programmes.

**Contact the Speech Therapy team
at Alexandra Hospital:
AH_Speech_Therapy@nuhs.edu.sg**

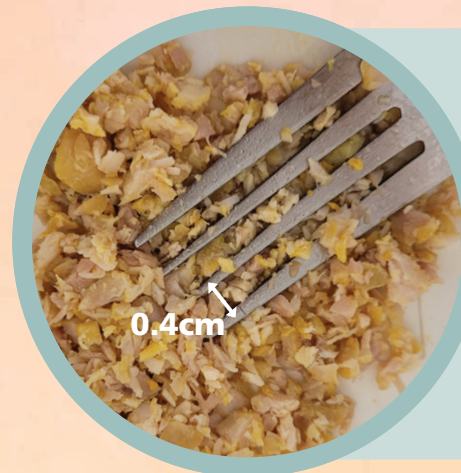
GUIDE FOR PATIENTS WITH DYSPHAGIA

The following diet and fluid modifications are recommended to minimise the risks of choking when eating/drinking.



Soft & bite-sized (Chopped diet)

- Soft, tender and moist.
- Bite-sized pieces no larger than 1.5 x 1.5 cm.



Minced & moist (Minced diet)

- Soft, moist and minced food.
- Small lumps visible within the food that are less than 0.4cm in diameter.
- Easily mashed with little pressure from a fork.



Pureed (Blended diet)

- Smooth, lump-free and non-sticky food.
- Does not require biting/chewing.
- E.g. Mash potato.



Portion Size: 2 portions | Diet Type: Minced & Moist (Minced Diet)

NO BAKE CHICKEN SHEPHERD'S PIE

METHOD OF PREPARATION

Preparation

1. Wash and scrub the skin of the sweet potato.
2. Remove the skin of the chicken and slice thinly.
3. Rinse and roughly chop the cauliflower and broccoli.
4. Rinse, peel and slice the carrot.

To Cook

1. Steam the sweet potato whole with skin for about 20 mins or until very soft, using a toothpick to test. Peel off the skin and mash the flesh with 2 tablespoons of butter. Season with salt and pepper. Set aside.
2. Heat-up a frying pan and add the oil and butter. Stir-fry the onion until lightly brown. Add in the chicken slices and continue to stir-fry until lightly browned.
3. Stir in the rest of the vegetables and stir-fry for 1 minute.
4. Stir in the flour and cook for about 1 minute.
5. Add in the stock and cook until everything is soft.
6. Season with salt and pepper.
7. Place ingredients in a food processor and blend into a fine texture.

To Serve

1. Heat up the minced chicken and vegetables and place them on a plate.
2. Heat up the mashed sweet potato and top the chicken dish.

NOTES

- i. May substitute chicken with any other meat protein.
- ii. Potatoes (preferably US potatoes) can replace sweet potatoes.
- iii. Milk or cream may be added to the mashed sweet potatoes to adjust the consistency.

WESTERN

INGREDIENTS	QTY	UNIT
1 Boneless chicken leg/boneless & skinless chicken breast or chicken thigh	250	G
2 Cauliflower florets	80-100	G
3 Onion	50	G
4 Broccoli florets	50-100	G
5 Sweet potato	200-250	G
6 Carrots	50	G
7 Homemade chicken broth or low sodium chicken broth	100	ML
8 Flour	1	TBSP
9 Oil	1	TBSP
10 Unsalted butter (optional)	3	TBSP
11 <i>Salt and pepper as required</i>		

Aw Zhan Teng



Axel Low



Scan to watch
the chefs in action



Portion Size: 4 portions | Diet Type: Pureed (Blended Diet)

SALMON MOUSSE

METHOD OF PREPARATION

Preparation

1. Cut the salmon into small and even pieces for faster cooking.
2. Rinse and cut the zucchini lengthwise and remove the seeds, if any. Slice into the same thickness.
3. Rinse and peel the carrot. Slice into the same thickness.
4. Peel potato, rinse and slice into the same thickness. Submerge peeled potato slices in a bowl of water to prevent oxidation.

To Cook - Salmon

1. Melt butter in a pot over low heat.
2. Add in the flour and cook until gritty and remove the pot from the heat.
3. Using a whisk, slowly whisk in the milk. Add the salmon pieces and simmer till cooked, continue to stir to prevent burning.
4. Blend ingredients in a tall blender till smooth and further pass through a drum sieve.
5. Place salmon mousse in a pot and heat up using low heat. Adjust seasoning to taste with salt and pepper.

To Cook - Vegetable 1 (Green zucchini) / Vegetable 2 (Carrots)

1. Mix water with wheat starch and add to a pot. Turn on the heat and stir the mixture continuously until it formed a paste and set aside.

Vegetable 1 (Green zucchini):

2. Place the sliced zucchini and water in a pot and simmer until the zucchini is soft and tender.
3. Blend ingredients in a tall blender with starch paste to the required consistency and till smooth. Adjust the taste accordingly with salt and pepper.

Vegetable 2 (Carrots):

4. Repeat above steps 2 and 3 for Carrots.

To Cook - Potatoes

1. Boil potatoes in water till soft. Discard water and mash with a potato masher. Further pass the mashed potatoes through a drum sieve into a pot.
2. Add cream and butter to the mashed potatoes and heat over low heat.
3. Adjust the taste accordingly with salt and pepper.

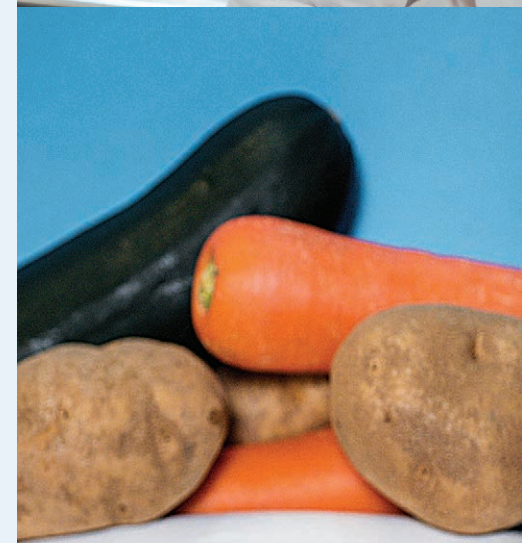
WESTERN

INGREDIENTS	QTY	UNIT
Protein		
1 Salmon fillet, skinless	600	G
2 Milk/low fat milk or soy milk (no sugar)	800	ML
3 Butter	35	G
4 Flour	35	G
5 Salt and pepper as required		
Vegetable 1		
6 Green zucchini	320	G
7 Water	160	ML
8 Wheat starch	40	G
9 Salt as required		
Vegetable 2		
10 Carrot	320	G
11 Water	160	ML
12 Wheat starch	40	G
13 Salt as required		
Starch		
14 US Potatoes	100	G
15 Unsalted butter	3	TBSP
16 Whipping cream	100	ML
17 Salt and pepper as required		

NOTES

- i. Other fish meat can be used to replace salmon. Canned tuna or salmon is an alternative to this recipe.
- ii. All components of the dish can be prepared ahead of time and heat up when required.
- iii. Whipping cream may be replaced with low fat evaporated milk.

Aw Zhan Teng



Axel Low





BEEF STEW

METHOD OF PREPARATION

Preparation

1. Rinse beef and cut into 1.5cm cubes. Pat dry and set aside.
2. Peel carrot, rinse, cut into 1.5cm cubes and set aside.
3. Peel potato, rinse and cut into 1.5cm cubes. Submerge peeled potato cubes in a bowl of water to prevent browning.
4. Cut mushrooms into 1.5cm cubes and set aside.
5. Peel, chop the onion and set aside.
6. Rinse, slice leeks finely and set aside.

To Cook

1. Heat-up a pot and add the oil. Add the chopped onions and fry until slightly brown.
2. Add the beef cubes and cook for a few minutes until it changes colour. Stir in the mushrooms and cook for 1 minute.
3. Add in red wine if using. Turn up to high heat and allow the wine to evaporate until almost dry.
4. Stir in the can of chopped tomatoes, Bovril or Marmite. Top up with water if required to cover the ingredients.
5. Bring contents to a boil and lower heat to simmer till beef is tender, around 1 hour.
6. Add the carrot cubes, sliced leeks, potato cubes and green peas. Cook for another 20 minutes till soft.
7. Make a slurry by dissolving the potato starch with water. Slowly stir into the beef stew and cook for 10 minutes to thicken up.
8. Adjust the seasoning with salt and pepper and serve.

WESTERN

INGREDIENTS	QTY	UNIT
1 Stewing beef	500	G
2 Carrot	50	G
3 Fresh button mushrooms	50	G
4 Leek	50	G
5 Local potatoes	2	PCS
6 Frozen green peas (defrosted)	30	G
7 Onion	50	G
8 Bovril/Marmite	1	TBSP
9 Canned chopped tomatoes (±400g)	1	CAN
10 Oil	2	TBSP
11 Potato starch	3	TBSP
12 Water	5	TBSP
13 Water as required		
14 <i>Salt and pepper as required</i>		

NOTES

- i. Beef can be purchased in the form of frozen cubes, further cutting into size is required.
- ii. Beef rump, sirloin with fat removed and beef shin are all suitable for this recipe.
- iii. Variation: Lamb shoulder meat or leg meat can be used instead.
- iv. Stew can be packed into 4 to 5 servings and chill or freeze till required.
- v. Dish needs to be served hot.
- vi. May also change beef to chicken so as to appeal to more ethnic groups, e.g. change to skinless chicken breast or thigh which is lower in cholesterol as well.
- vii. Can replace chopped tomatoes with pureed tomatoes (reduced sodium).

Aw Zhan Teng



Axel Low





Portion Size: 4 portions | Diet Type: Soft & Bite-Sized (Chopped Diet)

CHINESE

BAKED COD FISH WITH HOT BEAN SAUCE & BROCCOLI

METHOD OF PREPARATION

Preparation

1. In a large bowl, marinate the cod fish fillet with the marinade paste ingredients.
2. Evenly coat both sides of the fish with the paste and adjust the seasoning with salt, pepper and sugar. Refrigerate for 30 minutes.

To Cook

1. Preheat the oven to 180°C. Bake the fish for 15 mins or until the fish is cooked.
2. **Cod fish:**
On a cutting board, place the cooked fish and chop until it is very fine and smooth in texture.
3. **Broccoli:**
Boil a large pot of lightly salted water. Cook broccoli until softened, then drain. Prepare broccoli by chopping finely.
4. Serve the dish with the chopped cod fish meat along with the finely chopped broccoli.

INGREDIENTS	QTY	UNIT
1 Cod fish fillet, skinless	600	G
2 Broccoli	300	G
Marinade paste for cod fish:		
3 Hot bean sauce	100	G
4 Garlic, paste	30	G
5 Young ginger, paste	20	G
6 Shaoxing wine	150	ML
7 Vegetable oil/ Sunflower, Canola, Olive Oil	15	ML
8 <i>Salt, pepper and sugar as required</i>		



Tan Ning Er



Jimmy Chong

NOTES

- i. Instead of baking, may air-fry or steam if one does not have an oven.



Portion Size: 4 portions | Diet Type: Soft & Bite-Sized (Chopped Diet)

STEAMED PRAWN PASTE, MASHED SILKEN TOFU

METHOD OF PREPARATION

Preparation

1. Rinse silken tofu, cut and divide into square pieces. Place the chopped spring onion and ginger paste on the tofu.
2. Beat fresh eggs, pour egg through a sieve over tofu.

To Cook

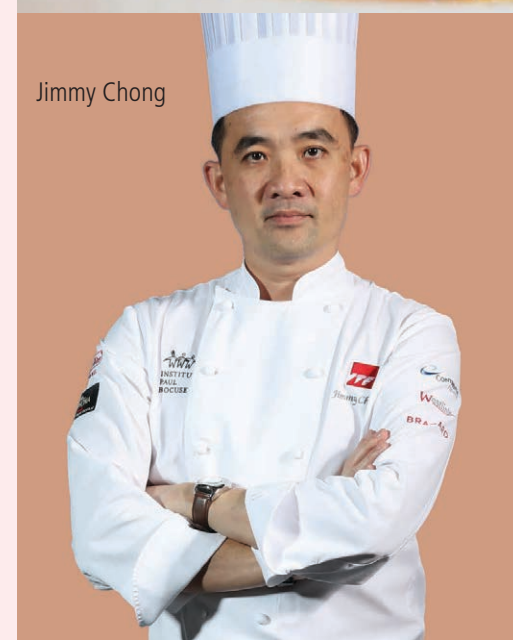
1. Cover with cling film and steam for 5 minutes.
2. Remove and drain the water from the steaming plate after the tofu is cooked.
3. Add in prawn paste, soya sauce, sesame oil and mix well. Steam for another 3 minutes.
4. Place all the ingredients in the bowl and blend until completely smooth.
5. Adjust the seasoning with salt and pepper and serve.

INGREDIENTS	QTY	UNIT
1 Prawn paste	500	G
2 Silken tofu	300	G
3 Whole fresh egg	2	Nos
4 Spring onion, chopped	15	G
5 Young ginger paste	10	G
6 Soya sauce	40	ML
7 Sesame oil	20	ML
8 Salt pepper to taste		

Rain Zhang Xin Yu



Jimmy Chong



NOTES

- i. May also include more fish paste than prawn paste, in view of the latter's cholesterol content.



"I thought about what I crave for when I fall sick, and it would be shepherd's pie. So I think older persons with dysphagia may also like this."

– Aw Zhan Teng, Year One Student, 17



"In the course of learning this dish, I realised the difficulties of some elders and while preparing this dish, I was a bit emotional."

– Rain Zhang, Year One Student, 17





"We want to teach the students not only about cooking but understanding the purpose and to whom we are serving the food to."

– Ignatius Ivan Anandarajoo,
Section Head, Hospitality Services
and Culinary, ITE College West

"The patients will appreciate the thought and effort that had gone in and will be motivated to eat more, and not restrict their diets."

– Tey Jo Ching, Speech Therapist, AH





Portion Size: 4 portions | Diet Type: Minced & Moist (Minced Diet)

BUBUR LAMBUK (RAMADAN PORRIDGE)

METHOD OF PREPARATION

1. Blend the onion, garlic, ginger and the soaked dried shrimps until fine. Heat oil in the pot and fry the paste until fragrant.
2. Add minced carrots and minced beef to the paste and cook for 3-4 minutes.
3. Add the washed rice into the pot and stir well. Add in the cinnamon stick, star anise and pandan leaf for aroma. Add a pinch of turmeric powder for colour.
4. Pour in water and bring it to boil, then cover the pot and leave to simmer, checking every 15-20 minutes, and stir well to avoid sticking.
5. Add more water and continue to simmer until the desired texture (ensure the porridge does not dry up). Add chopped or minced coriander leaf.
6. Remove the whole spices and pandan leaf, season with salt and pepper to taste and serve.

MALAY

INGREDIENTS	QTY	UNIT
1 Onion	100	G
2 Garlic	40	G
3 Ginger	50	G
4 Carrot, minced	30	G
5 Minced Beef	30	G
6 Cinnamon stick	1	PC
7 Star Anise	1	PC
8 Pandan Leaf (tie in a knot)	1	PC
9 Dried Shrimp (soaked in water and drained)	5	G
10 Turmeric Powder	3	G
11 Coriander Leaf, chopped (for decoration), or finely minced (for consumption)	10	G
12 Rice, washed	210	G
13 Water	2 to 2.8	LTR
14 Oil	20	ML
15 Salt and pepper as required		

Siti Nur Syiaa Bte Abdul Samad Mohamad,
Alfie Cassius Bin Mohd Azahar



Norhaidah Ramlee



NOTES

- i. Amount of water differs due to type and brand of rice used.
- ii. Minced beef may be replaced with lean chicken or fish.



Scan to watch
the chefs in action



Portion Size: 4 portions | Diet Type: Soft & Bite-Sized (Chopped Diet)

SEABASS IN COCONUT GRAVY

METHOD OF PREPARATION

1. Cook rice with a ratio of 1 part of rice to 2 parts of water to achieve a soft texture.
2. Blend onion, garlic, ginger, turmeric and chilli padi till fine. Heat oil in the pot and fry the paste until fragrant.
3. Smash the bottom half of the lemongrass. Add tamarind and the smashed lemongrass into the paste and continue frying for 3-4 minutes till fragrant.
4. Add cubes of potato and carrot. Pour in water, coconut cream and let it simmer.
5. Add the sea bass fillet to the gravy. Season with salt and pepper to taste.
6. Before serving, break up fish, potato and carrot with a fork and add to the cooked rice with some gravy.

MALAY

INGREDIENTS	QTY	UNIT
1 Onion	100	G
2 Garlic	30	G
3 Ginger	10	G
4 Fresh Tumeric	10	G
5 Chilli Padi (optional)	3	G
6 Lemongrass	1	PC
7 Potato, cubed	80	G
8 Carrot, cubed	80	G
9 Low-fat Coconut Cream (optional)	90	ML
10 Seabass Fillet	200-400	G
11 Tamarind Piece	20	G
12 Oil	50	ML
13 Water	940	ML
14 Basmati Rice	210	G
15 Salt and pepper as required		

Siti Nur Syiaa Bte Abdul Samad Mohamad



Norhaidah Ramlee





Portion Size: 4 portions | Diet Type: Minced & Moist (Minced Diet)

INDIAN

Pooja D/O Vickneesvaran

KITCHIDI (INDIAN-STYLE SPICED RICE WITH DHAL)

METHOD OF PREPARATION

1. Heat ghee and fry the mustard seeds, cumin seeds and dried chilli until aromatic.
2. Remove the spices from the fire and let it cool. Remain ghee in the pan and remove the toasted spices and place in the spice sachet. Set aside.
3. Heat the remaining ghee, add the ginger, green chilli, curry leaves and saute till aromatic.
4. Transfer to a rice cooker pot with the rest of the ingredients and the spice sachet. Ensure Basmati rice is completely drained.
5. Once the rice cooker has completed the cooking process, fluff the rice from the bottom and remove the spice sachet.
6. For a more runny consistency add another cup of water, adjust the seasoning and cook again then serve.

INGREDIENTS	QTY	UNIT
1 Ghee	2	TBSP
2 Mustard Seeds	1	TSP
3 Cumin Seeds	1	TSP
4 Dried Chilli, cut into 3cm pieces	1	NO
5 Ginger , finely minced	1	TBSP
6 Green Chilli, finely minced	1	TSP
7 Curry Leaves, finely minced	1	SPRIG
8 Spilt Mung Dhal, washed & drained	1/3	CUP
9 Basmati Rice (washed), soaked for 20 minutes & drained	1	CUP
10 Tumeric Powder	1/2	TSP
11 Black Peppercorn, finely powdered	1/2	TBSP
12 Water	4	CUP
13 Salt	1	TSP
14 Coriander Leaves, finely minced	1	TBSP
Additional Item		
15 Spice sachet or disposable tea bag filter to put spices	1	sachet



Sujatha
D/O Kesavan

NOTES

1. May replace ghee with healthier oil such as canola oil or sunflower oil.



Portion Size: 4 portions | Diet Type: Minced & Moist (Minced Diet)

CAULIFLOWER WITH LENTILS

METHOD OF PREPARATION

1. Boil mung dhal, water and turmeric powder until dhal is three-quarters cooked and set aside.
2. In a wok, stir-fry the spice blend ingredients over low heat until the grated coconut is lightly browned.
3. Cool thoroughly and blend with water until smooth and set aside.
4. Add blended spice from step 3, cauliflower, tomatoes and salt into the par-boiled mung dhal from step 1.
5. Continue to boil until the cauliflower is cooked.
6. In a separate pan, heat the ghee and fry Channa dhal until golden brown.
7. Add mustard seeds and dried chillies and fry till the chillies are brown.
8. Remove the spices from the fire and let it cool. Remain the ghee in the pan and remove the toasted spices and place in the spice sachet.
9. Heat the remaining ghee and add in the onion and curry leaves. Saute till the onion is golden brown.
10. Transfer to the cauliflower and mung dhal pot with the spice sachet. Boil for another 2 minutes and serve.



Scan to watch
the chefs in action

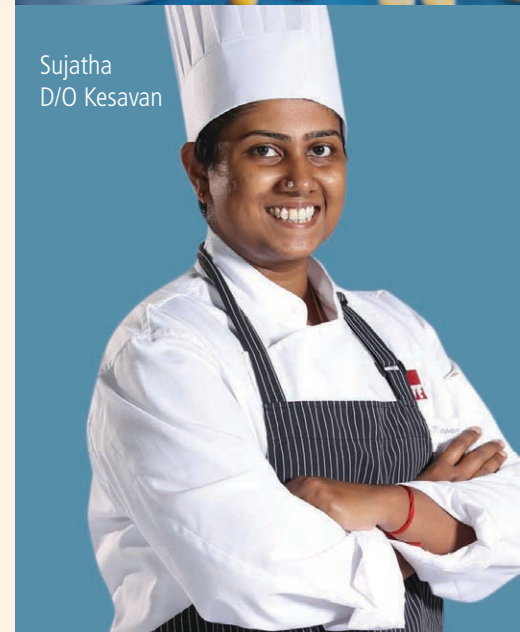
INDIAN

INGREDIENTS	QTY	UNIT
1 Mung dhal	100	G
2 Water	3	CUPS
3 Turmeric powder	1	TSP
Spice Blend		
4 Grated coconut	5	TBSP
5 Urad dhal	1	TBSP
6 Cumin seeds	2	TSP
7 Black peppercorn	1	TSP
8 Green chillies, cut into 1-cm pieces	4	PC
9 Water	0.5	CUP
10 Cauliflower, cut into small florets	500	G
11 Tomato, deseeded and minced	2	PC
Tempering		
12 Channa dhal	1	TBSP
13 Mustard seeds	1	TSP
14 Dried chillies, cut into 3-cm pieces	2	PCS
15 Onion, minced	1	PC
16 Curry leaves, minced	2	SPRIGS
17 Ghee	2	TBSP
18 Salt	To Taste	
Additional Item		
Spice sachet or disposable tea bag filter to put spices	1	NO

Pooja D/O Vickneesvaran,
Muhammad Murtuza



Sujatha
D/O Kesavan





Portion Size: 4 portions | Diet Type: Pureed (Blended Diet)

CHINESE

Tan Ning Er,
Rain Zhang Xin Yu

PANDAN YAM-COCONUT PUDDING

METHOD OF PREPARATION

Preparation

1. Wash the pandan leaves under running water. Cut leaves into small pieces, put in a blender with water, blend till smooth and strain through fine cheesecloth. To use a cheesecloth to squeeze the juice out, but you can use a fine strainer and squeeze them out by pressing on it.
2. Transfer ready-to-use pandan juice into a jar and keep it in the chiller.
3. Cut yam into small pieces, coat with vegetable oil and steam until thoroughly cooked.
4. Blend cooked yam with pandan juice, coconut flesh, coconut cream and milk till smooth and creamy.
5. Add a dash of wolfberry (goji berry powder) and lemon juice for a finishing touch and serve.

INGREDIENTS	QTY	UNIT
1 Yam	1	KG
2 Young coconut, flesh	100	G
3 Pandan juice, strain	40	ML
4 Coconut cream / reduced fat coconut	100	ML
5 Fresh milk / low fat milk / sugar-free soy milk 150ml	80	ML
6 Lemon Juice	15	ML
7 Vegetable oil	30	ML
8 Wolfberry (goji berry powder)	5	G



Jimmy Chong



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the chefs in action



"We curated dishes which are suitable and easier to modify using mixed and moist cooking method, cooked till soft, and where the taste will not be altered much."

– Axel Low, Lecturer who taught the students on the Western dishes.



"Thank you ITE for adopting and scaling this campaign to the school community. We never thought that after just one year's work with the local hawkers, this movement would extend to our youths."

– Samuel Chi, Speech Therapist, AH



嚼对毫吃: 切成小块, 容易吞咽!
Potongan Kecil, Mudah Ditelan!
உணவை நன்றாக மென்று
விழுங்கவும்!

Making Meals Easier for Swallowing

I want to eat my favourite hawker food but I can't.

I have difficulty swallowing.
(Dysphagia)

If only my favourite hawker food is chopped, minced or pureed.

Let's help together!



¹ Dysphagia is a medical term for swallowing difficulties.

Smaller Bites To Swallow Right!



Help us modify hawker food to be dysphagia-friendly!

Alexandra Hospital is starting a movement 'Smaller Bites to Swallow Right' with hawker centres to make our favourite hawker food safer and easier for people with dysphagia¹ to consume. **Hawkers will be offered training on how to modify their dishes to a suitable texture for people with dysphagia.**

Interested to learn more?

- Are you a F&B business owner and would like to participate in this programme?
- Or find out how you can support someone-in-need by purchasing from the participating hawkers.
- Call our Alexandra Hospital Speech Therapy team at **9788 6343** or scan the QR code to learn more.



Thank you for helping to create a safe dining experience for our community.



Brought to you by:



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Hospital

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