

# Module 6

Feeding the Resident

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- ## Objectives
- Describe how to prepare a resident for a meal
  - Describe how to serve/pass trays
  - Describe basic feeding techniques
  - List three things you might provide help with for residents who need minimal assistance
  - List three verbal cues or physical prompts that you might provide for residents who are easily distracted
  - List eating problems you must report; and
  - Describe adaptive devices for eating and their use

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- ## Preparing the Dining Area
- Facility staff should sanitize and dry the table
  - Ensure the dining area is a pleasant, enjoyable atmosphere by eliminating odors and controlling lighting
  - Ensure table heights are appropriate for the residents to comfortably reach the food. (Ideally, wheelchair arms should fit underneath the table.)

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## Preparing the Resident for Meals

- Ensure the resident is comfortable and clean
- Dentures and hearing aides
- Provide clothing protectors as needed
- Ensure the resident is positioned appropriately



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## Meal Set Up

- Place tray/food in visual field
- Place tray/food within reach
- Cut food
- Open lids and containers if needed
- Remove unnecessary items from tray/table
- Give only one item at a time
- Provide adapted utensils



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## Serving Trays

- Carry the tray away from your body, one tray at a time
- Identify the tray by the name on the tray card
- Verify that the tray contains the right food for the resident
- Identify the resident and place the tray within easy reach of him or her
- You **MUST** make sure the right resident gets the right tray with the right food



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## Encouraging Independence

- Encourage residents to whatever they can for themselves
- Special feeding devices (also called adaptive devices) may be very helpful in promoting independence.
- Check for special instructions and follow them as needed
- Check on residents to be sure their needs are met
- Encourage residents to eat their food

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## You Should

- Assist those who spill food
- Obtain extra condiments if needed
- Refill coffee cups as needed



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## Basic Guidelines for Assisting Residents

- Feed a resident the way you would want to be fed
- Offer assistance in an unobtrusive manner
- Be guided by the resident's wishes
- Don't control the resident's food choices
- Don't rush residents
- Sit with residents



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## Basic Guidelines for Assisting Residents

- Always use positive comments to describe the food
- Identify pureed foods for residents
- Take time to talk to the resident and socialize
- Offer liquids at intervals between solid foods
- Use a straw for liquids if the resident can manage it
- Offer liquids that meet the resident's preferences

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## Techniques for Improving Swallowing

- Tell the resident who you are and what you will do
- Sit down in front of the resident
- Resident should be positioned according to the instructions of therapy
- Describe the menu
- Tell the resident when the feeding utensil is near mouth
- Present food at the mouth level

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## Techniques for Improving Swallowing

- Do not use a straw unless instructed by therapy
- Tell the resident to take small bites and sips
- Place food on the strong side of the mouth
- Ask the resident to dry swallow to clear food lodged in the throat
- Alternate solids and liquids
- When feeding the resident, place the utensil gently on the mid-portion of the resident's tongue

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## Techniques for Improving Swallowing

- When the resident is swallowing, ensure that his/her lips are closed
- Give the resident regular, verbal cues
- Place only one dish in front of the resident at a time
- After eating, have the resident remain sitting up for at least 30 minutes
- Check for pocketing
- Do not use a syringe to feed



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## Remember ...

- Oral care is important
- Check the diet order
- Resident may not be safe to use a straw
- Ensure dentures fit well
- Allow adequate time for eating



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## Assistance with Eating

- Minimal assistance
- Cueing and prompting
- Total assistance



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## Minimal Assistance

Residents who need minimal assistance may be able to feed themselves but have difficulty with setting up their meals.



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## Minimal Assistance

- Putting on a clothing protector
- Unwrapping or uncovering drinks, opening milk cartons, or placing straws in beverages
- Uncovering food
- Spreading margarine on toast or bread
- Adding margarine to hot cereal
- Cutting meat
- Opening condiment packages

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## Verbal Cueing and Prompting

- Residents who need verbal cueing and prompting can feed themselves but may be easily distracted or have difficulty staying on task
- Get the resident back on track
- Cues should be very brief directions

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**For Example**

- Resident stops eating
- Resident doesn't drink liquids during the meal
- Resident plays with food
- Resident forgets to chew (has food in the mouth)

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**Verbal Directions**

- Identify foods on the tray by name or taste
- Tell the resident where the food is or which utensil to use
- Tell the resident what to do next
- State the resident's name as often as necessary
- Praise and encourage the resident

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**Physical Prompts**

- You may use touch to get the resident back on track.
  - Resident stops eating. Point to the food.
  - Resident stops eating while holding a fork or spoon. Touch the resident's hand to draw attention to the fork or spoon.

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## Hand-Over-Hand Assist

- Place your hand over the resident's hand and complete the task together
- Sit on the same side as the hand you are assisting



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## Hand-Over-Hand Assist

When the resident

- Forgets how to eat
- Is unable to cut food
- Is unable to spread margarine or jelly on toast or bread
- Cannot lift utensils
- Cannot pierce food with a fork
- Is too tired to eat

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## Total Assistance

- Fill the spoon half full and offer from the tip of the spoon
- Place the spoon in the middle of the resident's tongue
- Offer most nutritious foods first
- Alternate liquids and solids to make the meal more enjoyable and to ease swallowing

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## Total Assistance

- Do not indicate impatience with residents who eat slowly
- Wipe the resident's face with a napkin as needed
- Be sure to offer alternatives or substitutes if the resident does not like what is offered, or if the resident is not eating well



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## Physical Guidance

- Place the food on the spoon and then hand it to the patient
- Hand the cup to the resident
- Hand finger foods to the resident
- Initiate and then allow the resident to take over
- Take turns
- Provide hand-over-hand assistance
- Alert the resident by gently touching forearm

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## Monitoring Mealtime

- Allow all residents ample time to eat
- Encourage socialization
- Remain pleasant and unhurried
- Try to avoid or control unpleasant situations
- Monitor the intake of residents

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## Removing Trays

- Remove the tray after the resident has finished eating
- Record meal intake
- Wash your hands



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## Observing and Reporting

- Complains about the taste of food
- Complains about eating food
- Changes in alertness
- Changes in ability to sit upright for eating
- Changes from usual meal intake
- Bites down on utensils
- Cannot or will not chew

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## Observing and Reporting

- Has food or liquid coming out of the nose
- Is unable to gather food with tongue
- Will not open the mouth
- Has poor lip closure
- Holds food in the mouth
- Does not take food off utensils
- Experiences food sticking to the roof of the mouth
- Bites tongue or cheek

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## Eating Problems

- The resident chews constantly or over- chews food
- The resident eats too fast
- The resident eats too slowly



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## Techniques for Self-Feeding

- Use a pleasant voice to greet residents by name and inform them it is mealtime
- Ensure necessary adaptive equipment is in place
- Present food, describing what items are on the plate
- Allow the resident time to set up his/her own plate

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## Assist with Positioning

- Transfer to regular chair if possible
- Ensure hips and knees are positioned at 90-degree angles
- Ensure feet are flat on the floor or on foot pedals
- Position the resident as close to the eating surface as possible
- Ensure the table is positioned at elbow height
- Encourage the resident to bring his head slightly forward
- Position the resident so he is facing the table squarely

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## Clock Method

### VISION-IMPAIRED PATIENT

USE THE CLOCK METHOD TO HELP THE VISION-IMPAIRED PATIENT WITH EATING.

THE LOCATION OF THE FOOD IS COMPARED TO THE FACE OF A CLOCK.



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## Assisting Residents

- Set up food according to therapist recommendations,
- Remove plate from tray
- Place a napkin in the resident's lap
- Ask the resident if there is anything they need
- Encourage the resident to independently self-feed
- Assist if the resident tires
- Incorporate adaptive equipment and specific feeding techniques as outlined by the referring OT or SLP

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## Neurologically Impaired

Food placement may be

- To the affected side
- To the unaffected side
- Within the resident's visual field
- With pressure added from utensil

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## Assisting Residents

- For a confused resident, presentation of one food item at a time or use of finger foods may be effective
- Provide a pleasant eating environment
- Residents should be seated with people they enjoy being around



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## Positioning

- Eat out of bed
- Use pillows, wedges, or lap tables for positioning
- Place the resident's arms on the table
- Adjust the table height to reach between the resident's waist and mid-chest
- Place food within a 12-inch reach

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## Positioning

### Incorrect Dining Position

- Table too high
- Not seated close to table
- Not facing table
- Head straining forward
- Sliding forward in chair
- Feet unsupported

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Proper Positioning



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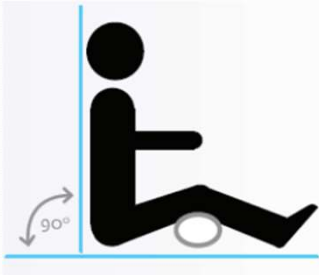
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Proper Positioning



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Positioning

Proper positioning

- Allows gravity to keep the food bolus toward the front of the oral cavity
- A nurse should always be called to help with repositioning
- Seat yourself beside and slightly in front of the resident
- Make sure the resident does not tilt the head backward

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## Positioning

After the meal is complete

- Position upright for at least one hour
- If in bed, lower no more than a 60-degree angle

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## Adaptive Equipment

- Assist in self-feeding
- Increase independence
- Help with safe swallowing
- Decrease the chance of choking

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## Adaptive Equipment

- Limited range of motion
- Upper extremity weakness
- Poor coordination
- Paralysis, especially one-sided
- Blindness
- Swallowing problems

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## Adaptive Equipment

- Finger foods
- Plate guard
- Scoop dish
- Dycem place mats
- Utensils with built up handles
- Weighted utensils
- Swivel utensils
- Rocker knife
- Quad grip or universal cuff utensils holder
- Nosey cup
- Sip control cup
- 2-handled cup

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## Adaptive Equipment




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## Adaptive Equipment




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## Adaptive Equipment



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## Adaptive Equipment



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## Adaptive Equipment



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## Adaptive Equipment

- Long-handled utensils:
- Weighted Insulated Mug
- Weighted Utensils
- Divided Plate
- Keep Warm Dish
- Spork



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## Adaptive Equipment

Decreased Strength

- Select built-up or enlarged handles on utensils
- Temporarily built-up handles
- Use commercial utensils with plastic handles
- Utensils should be lightweight to reduce resistance



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## Adaptive Equipment

Poor Coordination

- Select a cup that has a sipping spout to prevent spills
- Prepare the resident's food as needed



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**Adaptive Equipment**

Blind

- Tell the resident where each item is placed
- Distinguish salt from pepper by taste
- Find the edge of the food with the fork
- Cut food while keeping the knife in contact with the fork

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**Restorative Dining**

- Our goal is to help our residents continue to live their lives with the dignity and respect we all want
- Be aware that a resident may not ask for help or may say that they do not need help even when they are unable to provide themselves with adequate food

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