

# Mealtime Assistant Training



(Adapted from LTC Mealtime Assistant Training for Volunteers & Families - WRHA LTC SLP Service)



# Thank you!

- You are reading this because you will be helping feed (provide mealtime assistance to) someone who may have trouble chewing or swallowing.
- You have an important role in the care and well-being of people who depend on others to eat.
- The information in this package will help you feed safely and know what to watch for.



# Key Definitions



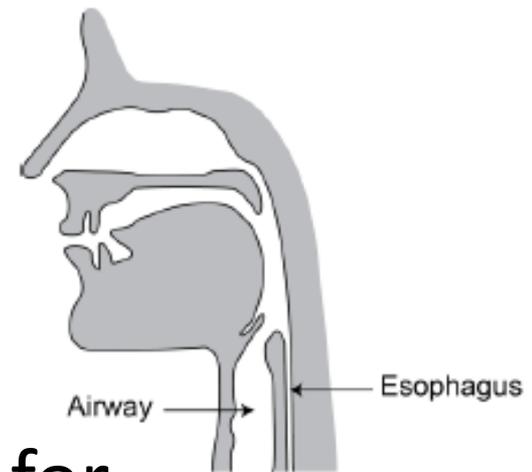
**Feeding:** The placement of food in the mouth.

**Swallowing:** Process that takes food, liquid and saliva from the mouth to the stomach.

**Eating:** An experience, includes both feeding and swallowing. Includes physical (hunger, nourishment, taste), social (conversation), emotional (enjoyment of eating) and psychological (mood) aspects.



# Key Definitions



**Dysphagia:** This is the medical term for problem(s) with chewing or swallowing. It can be caused by weak muscles, changes in the brain, or forgetting “how” to chew/swallow.

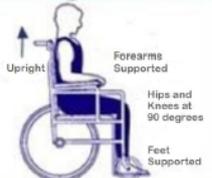
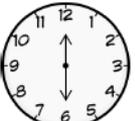
**Aspiration:** Food and/or liquid “going down the wrong way” and into the lungs.

**Choking:** The airway is blocked off and no air can come in or out.



- Anyone who assists with feeding is responsible for following the standardized feeding procedures.
- It is your job to know the 8 steps and what to do for each step.
- The next slides will explain what to do **before**, **during**, and **after** the meal.

## Standardized Feeding Procedures

<p><b>#1 Care plan</b></p> <p>A. Check diet order</p> <p>B. Check for safe swallowing and feeding guidelines</p>	<p><b>#2 Mealtime position</b></p> 	<p><b>#3 Diet order</b></p> <p>Does food/liquid on tray match diet order?</p> 	<p><b>#4 Feeding position</b></p> <p>Sit beside and at eye level with resident</p> <p>View from above</p> 
<p><b>#5 Safe feeding</b></p> <p>A. Use general and/or resident-specific safe swallowing and feeding strategies</p> <p>B. Know what to watch for</p> 	<p><b>#6 Clean mouth</b></p> <p>Clean mouth at least twice per day (morning and evening)</p> 	<p><b>#7 30 minutes</b></p> <p>Stay upright for at least 30 minutes after meals</p> 	<p><b>#8 Report problems</b></p> <p>Report problems to nurse</p> 

WRHA LTC SLP SERVICE

adapted from: Riverview Health Centre Dysphagia Team



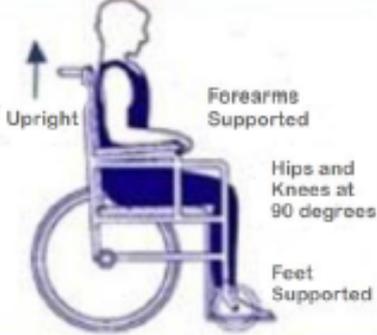
# Before the Meal

**#1 Care plan**

A. Check diet order

B. Check for safe swallowing and feeding guidelines

**#2 Mealtime position**



Upright

Forearms Supported

Hips and Knees at 90 degrees

Feet Supported

**#3 Diet order**

Does food/liquid on tray match diet order?



A. Check diet order

B. Check for safe swallowing and feeding guidelines

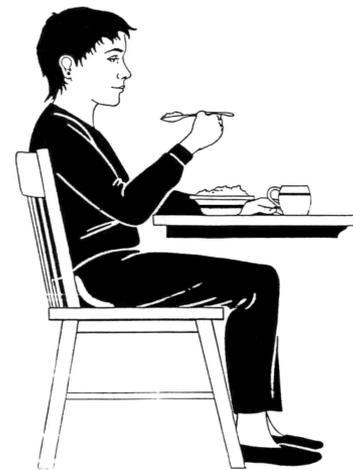
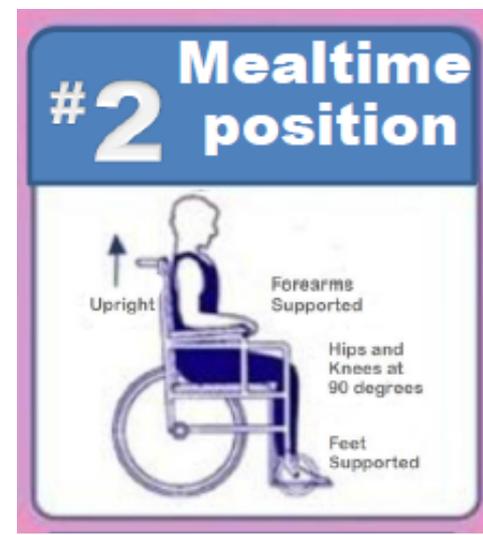
# Check the Care Plan

- Know all recommendations **before** you start. This includes the diet texture, whether liquids need to be thickened (how thick?), resident-specific feeding recommendations, helpful cues, etc.
- Make sure the resident has dentures, hearing aids and glasses on, if needed. Some need a special cup, plate, or cutlery. Reduce distractions.
- Ensure resident is alert. Watch for signs that the person is tired, and stop feeding if they are too tired to continue safely.



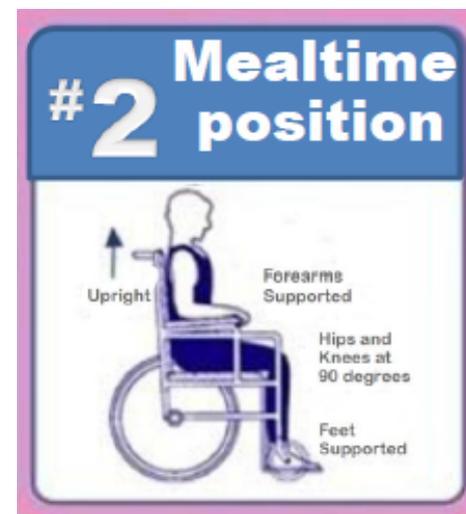
# Resident Positioning

- The resident should be seated in a chair for assistance with oral intake.
- Hips and knees should be at a 90 degree angle, with the arms, legs, and body supported.
- Avoid standing when feeding, so they do not tilt the head back to accept a bite.



# Resident Positioning

- The resident should not be assisted to eat/drink in bed without direction from a nurse.
- If required to feed in bed, staff may need to boost the resident so they are sitting as upright as possible. Use bed adjustments and pillows (behind upper back, not neck, and under knees) to get the right position.



# Diet Order

- Check that the food and liquid that has been served matches the diet texture and liquid consistency order.

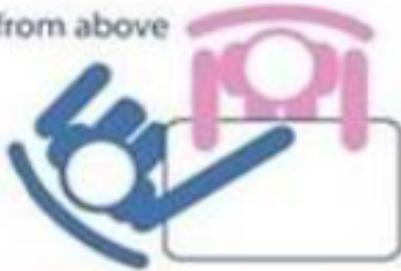


# During the Meal

## #4 Feeding position

Sit beside and at eye level with resident

View from above



## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# Ideal Position for Feeding

- YOUR position!
- Sit beside and at eye level with the resident.
  - Allows you to observe the patient/resident
  - Promotes conversation and interaction



# Feeding Strategies (General)

- Feed at the resident's pace, or slow the pace down if needed.
- Use a teaspoon to give small bites. Give small sips of fluids.
- Wait and watch for the swallow. Movement of the Adam's apple shows a swallow has likely occurred.

## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# Feeding Strategies (General)

- Avoid mixing foods together (unless requested by the resident).
- Adjust tray/plate position as necessary.
- There are many other safe feeding and swallowing strategies that may be recommended by the SLP for a particular resident. These are found in the care plan.

## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# Feeding Strategies

- **Make the dining experience pleasant.**
  - Take an interest; talk to the person
  - Tell them what they are eating; describe the meal/bite that you are giving them.
  - Allow the person to enjoy the different tastes of foods.
  - Involve the resident in conversation.
  - Offer choices.
  - Avoid negative comments about the food or drink.

**#5 Safe feeding**

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# What to Watch For

- Food/liquid coming out of the mouth
- Poorly chewed food or difficulty chewing food
- Pocketing of food after the swallow
  - in the cheeks/mouth
  - the tongue/roof of the mouth

## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# What to Watch For

- Coughing or throat clearing while eating or drinking
- Wet sounding (“Gurgly”) voice or breathing after swallowing
- Complaints of food getting “stuck in the throat” or “going down the wrong way”

## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

B. Know what to watch for



# What to Watch For

- Choking – Watch for:
  - Look of panic
  - Gasp
  - Difficulty breathing
  - Lips turning blue
  - Hands move to throat area

## #5 Safe feeding

A. Use general and/or resident-specific safe swallowing and feeding strategies

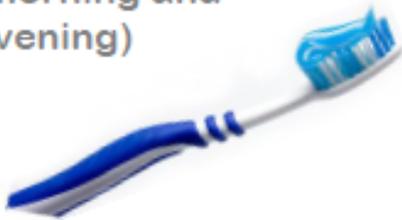
B. Know what to watch for



# After the Meal

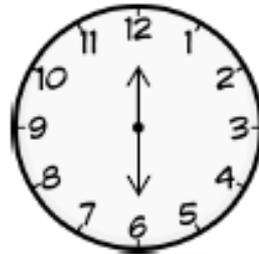
## #6 Clean mouth

Clean mouth at least twice per day (morning and evening)



## #7 30 minutes

Stay upright for at least 30 minutes after meals



## #8 Report problems

Report problems to nurse

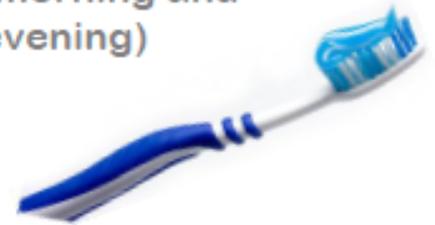


# Clean Mouth

- Check to make sure the mouth is clear at the end of the meal. If not, give cues to encourage them to empty the mouth. If still not clear, tell a nurse.

## #6 Clean mouth

Clean mouth at least twice per day (morning and evening)



# 30 Minutes

- Keep the resident in an upright position for at least 30 minutes after eating.
  - Helps reduce the risk of aspiration from reflux (heartburn) or food/fluid that may remain in the throat.
  - Aids in digestion, especially for those who have reflux.



# Report Problems

- Tell the nurse if you notice any signs that the patient/resident is having difficulty managing food or liquid.



# Thank you!

- You are an important part of the resident's day.
- Thank you for following the standardized feeding procedures each time you assist a resident with eating.

