

Mealtime Assistant Training

Self-learning for Volunteers and Families

(Adapted from the WRHA Long term care Diet Order training Self-learning for Volunteers & Families WRHA Food & Nutrition Services 2020)



PRESENTATION OUTLINE

TOPICS TO BE COVERED

- Key Definitions
- Standard Feeding Procedures
 - Before the meal
 - During the meal
 - After the meal



THANK YOU!

PRESENTATION & TRAINING
COORDINATED BY
WRHA LONG TERM CARE
SPEECH-LANGUAGE
PATHOLOGY SERVICES

You are reading this because you will be helping assist someone to eat 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.

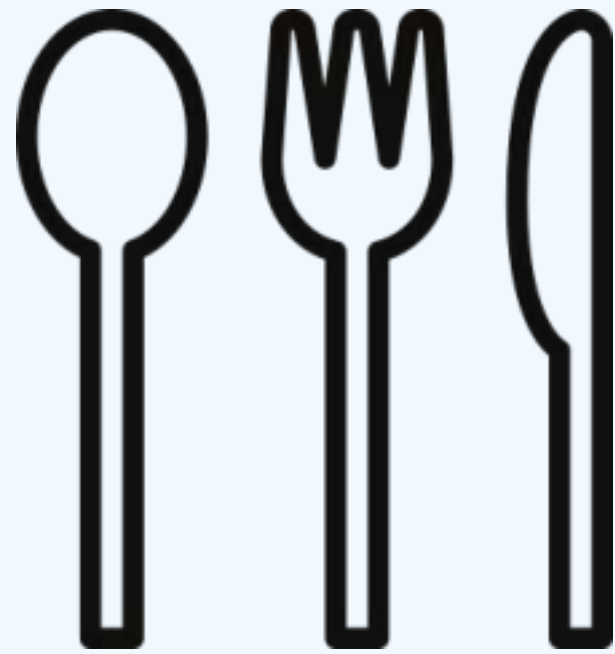
The information in this presentation will help you feed a person safely and help you learn what to watch for.





This presentation and training is coordinated by the WRHA Long term care speech language pathology service and is in compliance with the regional policy for Feeding and Swallowing management of residents in long term care.

KEY DEFINITIONS



Eating

Includes both feeding and swallowing. An experience that involves physical, social, emotional and psychological aspects.



Swallowing

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



Feeding

The placement of food in the mouth.

KEY DEFINITIONS CONTINUED...



Dysphagia

Medical term for problems with chewing or swallowing. It can be caused by many things like weak muscles, changes in the brain, and 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.

Standard Feeding Procedures

| | | | |
|---|--|--|---|
| #1 Care plan A. Check diet order B. Check for safe swallowing and feeding guidelines | #2 Mealtime position  | #3 Diet order Does food/liquid on tray match diet order?  | #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  | #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  |

APRIL, 2020 WRHA LTC SLP SERVICE

adapted from: Riverview Health Centre Dysphagia Team

WHO?

Anyone who assists a person with feeding must follow the 8 Standard Feeding Procedures pictured here.

It is your job to know what to do for each step.

WHY?

Training for volunteers and families is required as part of the WRHA regional policy for Feeding and Swallowing management of Residents in Long Term Care. This increases resident safety while eating.

WHEN?

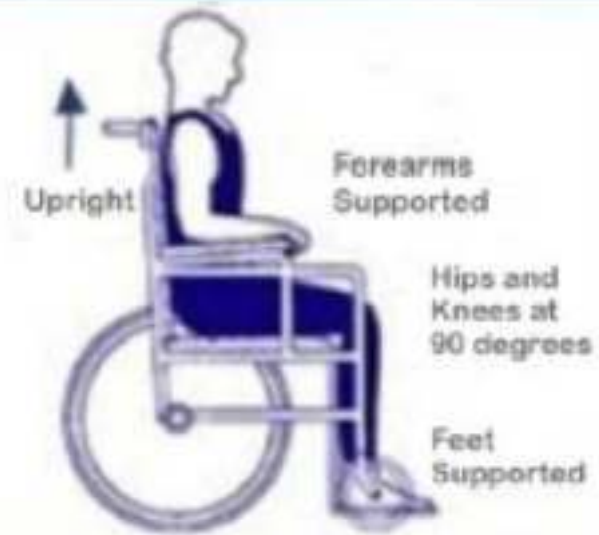
The standard feeding procedures can be grouped in three stages: What to do BEFORE the meal; What to do while feeding someone DURING the meal; What to do AFTER the resident has completed the meal.

BEFORE THE MEAL

#1 Care plan

- A. Check diet order
- B. Check for safe swallowing and feeding guidelines

#2 Mealtime position



#3 Diet order

Does food/liquid on tray match diet order?



1

CHECK THE CARE PLAN

STANDARD FEEDING PROCEDURE

- Know all the recommendations BEFORE you sit down with the person including:
 - diet texture, whether liquids need to be thickened (if so, how thick?), resident-specific feeding recommendations, helpful cues, needs for set-up of tray, etc..
- Make sure the resident has dentures, hearing aids and glasses on.
- Some residents need a special cup, plate or cutlery.
- Reduce distractions in the room.

1 Care plan

A. Check diet order

B. Check for safe swallowing and feeding guidelines



Check the care plan for the diet order to know what diet texture, fluid and diet type the person should receive.

For example: a person may be on a soft diet, cut-up bite size pieces with mildly thick fluids.

Check the care plan for any specific safe swallowing or safe feeding guidelines, for example:

alternate sips of liquids, provide cues to slow pace of eating or serve person one item at a time.

Other things to check at this point before the meal includes:

- make sure resident has their dentures, hearing aids and glasses in place if needed
- make sure any specialized cups/plates/cutlery are in place

In general, reduce distraction such as the TV.

2

RESIDENT MEALTIME POSITIONING



STANDARD FEEDING PROCEDURE

- The resident should be seated comfortably in a chair during mealtime.
- Hips and knees should be at a 90 degree angle, with arms, legs, and body supported.
- Avoid standing when feeding someone. This helps the resident not tilt their head back/up to accept a bite of food.
- Encourage the resident to have a nice neutral head and chin position to easily accept food or drinks into the mouth.



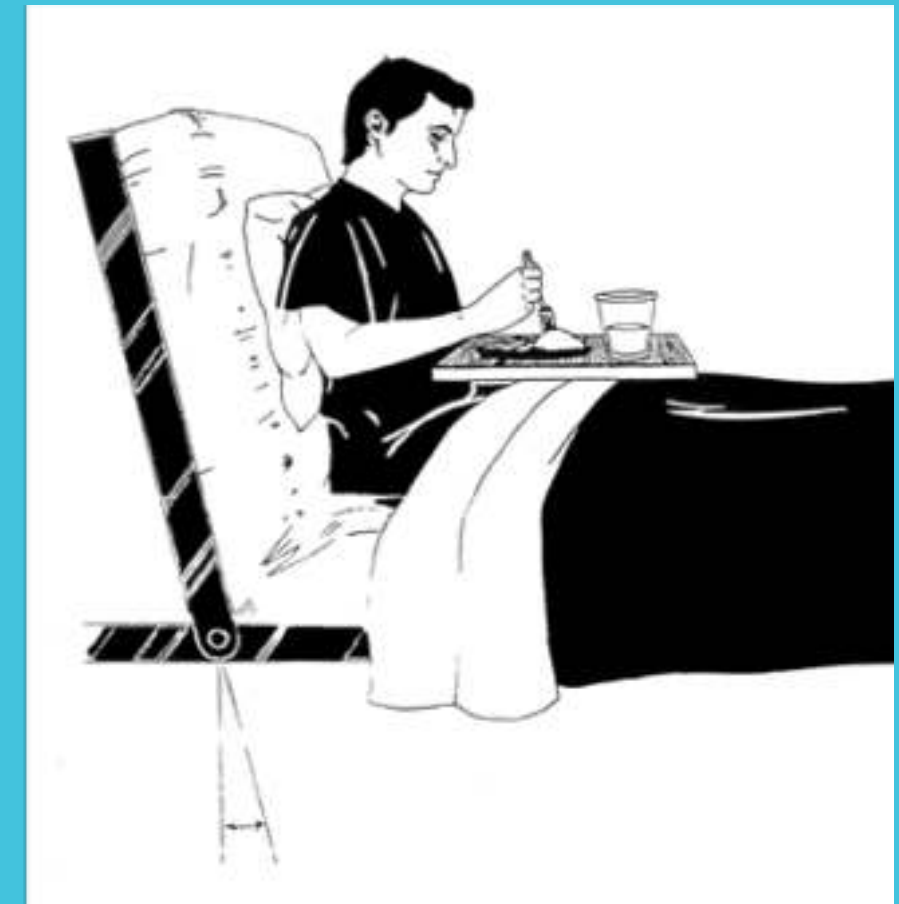
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RESIDENT MEALTIME POSITIONING

STANDARD FEEDING PROCEDURE

- The resident should NOT eat/drink in bed without direction from the 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 the upper back, not the neck and under the knees) to get the right position.





Eating in bed may be permitted at times only if directed to do so by the nurse for specific medical reasons.

Ask for assistance from staff to help re-adjust the position of the resident as needed.

3

DIET ORDER

STANDARD FEEDING PROCEDURE

- Check that the food and liquid that has been served on the meal-tray matches the diet texture and liquid consistency order on the tray ticket.
- Tell a nurse if any items brought on a tray do not match with the order.
- DO NOT give residents items that do not match the diet order.



At this time, diet textures for solids include:

- regular diet
- soft diet
- soft/minced diet
- total minced diet
- pureed diet



Fluids can be served as:

- thin or regular,
- mildly thick (like nectar consistency)
- moderately thick (like honey consistency),
- extremely thick (like pudding)

Tell a nurse if any items brought on a tray do not match the order, for example:

1.if a resident receives a whole pork cutlet and the diet texture is listed as 'minced'.

This is an error and not allowed on a minced diet.

2.If a resident receives soup that has a very thin consistency and the care plan states this person should receive a "minced diet with mildly-thick fluids", this is an error as the soup should also thickened by staff to a mildly thick consistency.

Familiarize yourself with all diet texture levels at your site. More specific information and training on types of diet textures is available and should be completed along with this training.

RIVERVIEW
ENJOY YOUR MEAL

1- PEPPER
2- WHITE SUGAR



FOOD



1 – PURE LEMON
CHIX/CARROT/POTATO

1- CR BROCCOLI SOUP

1 H MOD THICK 2% MILK
1 H MOD THICK WATER



BEVERAGES



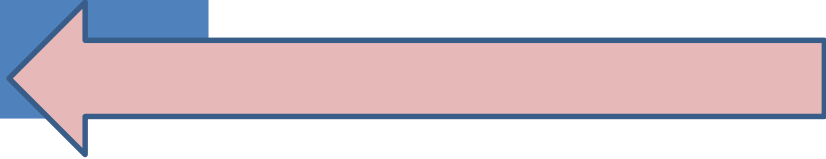
1- H MOD THICK APPLE JUICE
1 VANILLA PUDDING

PUREE, THKHON LUNCH



**NAME OF
DIET**

WEDNESDAY
NAME OF RESIDENT



**PATIENT
NAME**

TRAY TICKET

RIVERVIEW
ENJOY YOUR MEAL

1- PEPPER
2- WHITE SUGAR

1 – PURE LEMON
CHIX/CARROT/POTATO

1- CR BROCCOLI SOUP

1 H MOD THICK 2% MILK
1 H MOD THICK WATER

1- H MOD THICK APPLE JUICE
1 VANILLA PUDDING

PUREE, THKHON LUNCH

WEDNESDAY
NAME OF RESIDENT



TRAY TICKET

This is an example of a tray ticket. This will come at breakfast, lunch and supper. In order to follow the standardized feeding procedure #3 – please check that the food/liquid on tray match the diet order written on the tray ticket.

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



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IDEAL POSITION for FEEDING

STANDARD FEEDING PROCEDURE

- This is YOUR position!
- Sit BESIDE and at EYE-LEVEL with the resident you are helping.
 - This allows you to watch the resident easily.
 - This enhances any conversation and interaction.
- Focus on feeding the resident safely.



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A. SAFE FEEDING STRATEGIES


GENERAL STRATEGIES FOR EVERYONE:

- Ensure the resident is alert and able to participate in the meal.
- Adjust the tray/plate position, as necessary.
- Avoid mixing foods together (unless requested by the resident).
- Use a teaspoon to give small bites. Give small sips of fluids.
- Feed at the resident's pace or slow down if needed.
- Wait and watch for the swallow. You can see this with movement of the Adam's apple.
- There are many other safe feeding and swallowing strategies that may be recommended by the Speech-Language Pathologist (SLP) for a particular resident. Ask the nurse if there is a Safe Swallowing Guide for the resident you are feeding.

#5 Safe feeding

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

B. Know what to watch for



5

A. SAFE FEEDING STRATEGIES

RESIDENT SPECIFIC EXAMPLES (things you may see SLP recommend on a Safe Swallowing Guide)

:

- Alternating sips of fluids after each bite of solids.
- Add extra moisture/gravy to foods so that they are more slippery.
- Place food on stronger side. This would usually be for someone who has had a stroke and has a weak side of the face.
- "Empty spoon technique" which means giving a 'fake' spoonful with NO food on the spoon in order to help cue someone to swallow what is already in their mouth.
- Small sip of fluid to help a person start the swallow reflex when holding food in their mouth.
- NO straws or USE straws as listed in the care plan for the person.
- Set up the tray with items off to one side: This is for someone who experiences difficulty seeing items on one side of their body, or isn't able to see items on one side of the meal tray.
- Cue resident to swallow 2 times per bite.
- Look in mouth at the end of the meal to make sure all is clear.



MAKING THE DINING EXPERIENCE PLEASANT



THINGS YOU CAN DO :

- Take an interest
- Tell them what they are eating: describe the meal/bite that you are giving them.
- Avoid negative comments about the food/drinks.
- Do not rush



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



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CLEAN MOUTH

STANDARD FEEDING PROCEDURE

- Check to make sure the resident's mouth is clear at the end of the meal.
- If there is food or food residue give cues to encourage the resident to empty the mouth.
- If unable to clear the mouth, tell the nurse.

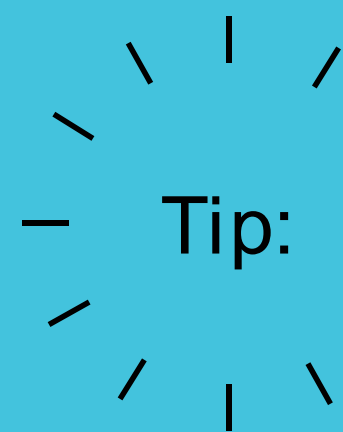


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30 MINUTES

STANDARD FEEDING PROCEDURE

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



Tip:

Aspiration refers to food entering the 'wrong' tube and goes into the lungs.

A sign with a blue header containing "#7 30 minutes" and a white body containing the instruction "Stay upright for at least 30 minutes after meals" and a clock diagram. The clock shows the time 12:30, with an arrow pointing from 12 to 6 to indicate the 30-minute duration.

#7 30 minutes

Stay upright for at least 30 minutes after meals

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REPORT PROBLEMS

STANDARD FEEDING PROCEDURE

- Tell the nurse if you notice the following:
 - That the diet texture served does not match the care plan.
 - That the resident is positioned poorly.
 - Any signs that the resident is having difficulty managing food or liquids.
 - That the resident's mouth is not clear at the end of the meal.





Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg

À l'écoute de notre santé

THANK YOU!

You are an important part of the resident's day and play an important role in helping them enjoy their meal safely!

Thank you for following the 8 standard feeding procedures every time you assist a resident with eating.