

Best practices during mealtime assistance:

- **offer small bites**; avoid heaping the spoon. Assume the resident doesn't like food mixed if they are unable to communicate what they wish
- feeding is not to be interrupted; find someone who can continue feeding if necessary
- start the meal with "opening conversation" to help the resident prepare to eat
- offer a drink before food to make it easier for the resident to swallow; promote drinks between bites
- describe/tell the resident what they are eating and ask how they would like to start their meal
- offer food in the appropriate order, usually serving the dessert after the main meal but **resident preference must come first**
- prepare food for eating as needed; cut meat, cut up or mash vegetables, add condiments, asking what they would like added, e.g. salt, pepper, butter, jam, etc.
- frequent encouragement as needed to promote continuous feeding, but without rushing
- end the meal with "closing conversation" to designate the meal is over. Wipe/blot the mouth area gently with napkin or damp washcloth not with the apron
- report any feeding difficulties to your supervisor, also how much of the meal/fluids was ingested

If assisting in the main dining room:

- Residents who eat in the main dining room can eat on their own once the meal is served, and can dine comfortably in a large dining room setting.

Some may need help with cutting meat, opening packages, etc.

- residents generally sit in the same location with compatible tablemates and the table served first rotates daily
- residents at one table receive their meal at the same time so they can eat together
- a resident can ask to be moved to another table, and may be relocated to another dining location that is more appropriate, as needed

Snacks:

- offer/encourage water throughout the day
- a beverage is offered to each resident mid-afternoon and early evening, plus a light snack
- residents who are unable to eat at least half of their meal are often offered nourishment between meals; best time is after a meal, and up to 2 hours before the next meal. Food and treats too close to a meal often decrease appetite for the next meal

Texture Modification: changes in health/chewing ability may create the need to modify food texture to finely chopped, minced or pureed. Beverages can be thickened to assist swallowing and prevent aspiration when swallowing is affected by health issues.

Be sure to check with nursing staff /manager first if you have any questions or concerns at any time while feeding and before offering other food.

You may also contact **Linda Davidson, Clinical Dietitian**, at 538-3118 (304) or linda.davidson@grandviewmanor.org

Thank you for your kind assistance!



Grand View Manor

"Where Love is Ageless"

Mealtime Assistance Guidelines for staff, volunteers, and family members

Objectives:

- To provide a pleasant, enjoyable environment which will promote self-feeding within each resident's capability
- Pleasing meals and snacks promoting balanced nutrition will be provided within individual preferences
- To ensure best practices in meal service



Refer to Individual Care Plan for specific mealtime tips



Incorrect position: awkward for person feeding resident

Goals for an ideal dining environment:

- to create a seating plan that promotes socialization (2-4 residents seated close enough to chat)
- to provide a warm location, free of drafts; try to avoid feeding in hallways or busy traffic areas
- location should be well lit, avoiding outside glare
- **NO** TV or loud radio; quiet background music may be helpful and minimize distractions
- limit traffic flow in dining areas at mealtime
- avoid loud, unnecessary noise in feeding area, phone ringing, crushing medication, shouting or conversing with co-workers, personal discussions, etc.
- serve hot foods **hot** and cold foods **cold**. Keep food on the delivery cart with doors closed until serving

- limit distractions for residents: remove items from the table or tray that are not needed, e.g. empty containers, cutlery, tray card, plate lids, bases

Preparing / positioning resident for the meal:

- create comfortable seating, ensuring upright position with slight chin tuck. Mouth should be parallel with the floor, neither tipped forward, backward nor sideways; use pillows for extra support
- ensure dentures are in mouth, glasses/hearing aids in place, hands/face clean, apron/cover fastened
- ideally, the resident should be close enough to the table to reach the meal with ease; feet flat on the floor or foot rest, elbows able to rest comfortably on the table

Preparing / positioning of the assistant:

- staff, volunteers, etc. must wash their hands before assisting and in between feeding residents
- please refrain from eating/gum chewing
- absolutely no cell phone use
- ensure the resident is aware of your presence and introduce yourself
- **be seated to assist**, at resident's eye level, in their line of vision, not standing above/away from them
- if the assistant is right handed, sit on the resident's right side or vice versa if left handed, for easier reach while feeding or assisting

Best practices during mealtime assistance:

- communicate with the resident while feeding, and use a quiet, encouraging voice with conversation appropriate for dining; include them in conversation
- consider individual resident needs to promote self-feeding and independence (social vs. needing solitude, music, extra lighting, specialized feeding aids, e.g. rimmed plate, spouted mugs, straws, nosey cups, non-slip mats, etc.)
- serve only the number of residents who can be helped at one time, to ensure residents can get the assistance they need; serve and clear dishes from one table at a time
- offer only what the resident can handle in order to eat well; consider the need for one food at a time, one utensil, one beverage
- use cueing to help a resident feed himself/herself. Use clock analogy when vision is impaired, e.g. potatoes are 2 o'clock, meat at 6 o'clock, etc.
- position food so it is visible to resident and within reach



Correct Position: easier to reach food & resident