

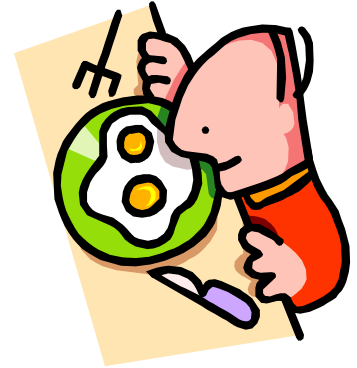
# IN THE KNOW

The Inservice Club for Nursing Assistants

A Client Care Module: Feeding Your Clients

## Instructions for the Learner

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession!



*After finishing this inservice, you will be able to:*

- Describe the three main stages of the eating process.
- Name at least five factors that put people at risk for eating problems.
- Discuss how you can help clients with the six eating problems described in this inservice.
- Demonstrate proper technique for setting up, assisting and spoon feeding clients.
- Discuss your role in caring for clients who receive tube feedings or IV nutrition.

If you are studying the inservice on your own, please:

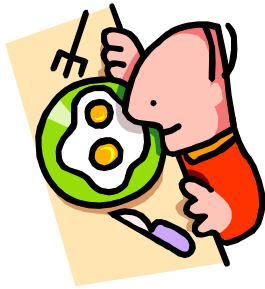
- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask \_\_\_\_\_.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least eight correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to \_\_\_\_\_ no later than \_\_\_\_\_.
- Show your Inservice Club Membership Card to \_\_\_\_\_ so that it can be initialed.

**THANK YOU!**

# IN THE KNOW

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## It's Time To Eat!

**Eat up...chow down...dig in...pig out...pack it away...** However you say it, sitting down to a nice meal may seem like an ordinary event to you. It's no big deal, right? But, for many people, eating is a problem. They don't look forward to mealtime for many reasons, including:

- They have trouble swallowing.
- They're nauseous.
- They have no appetite.
- They feel too sad to eat.
- They're too tired to eat.
- They can't chew.

Whatever the reason, clients who don't eat well are at serious risk for health problems. Remember...food has an important role in your clients' health. People who eat a balanced

diet have a better shot at avoiding new illnesses and/or fighting off the diseases they already have!

But, mealtime is about *more* than nutrition. For most people, meals are a pleasant time of day, spent with friends, coworkers or family members. Some of your clients may still find mealtime enjoyable. Others may have lost the desire or ability to enjoy the company of others during mealtime.

Whether it's because of a physical problem or an emotional one, clients who eat poorly need your time, your understanding and your attention. Keep reading to learn more about the process of eating and how to deal with common eating problems.



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## Remember...

When it comes to mealtime, your job is a little tricky...because you have to juggle two very important issues.

1. Your clients need to get **enough** to eat. Their physical health depends on this! Without your help, they may not get the nutrition they need.
2. Your clients need to be as

**independent** as possible during mealtime. Their emotional health depends on this. If you assist them too much, they may feel helpless and lose the desire to care for themselves.

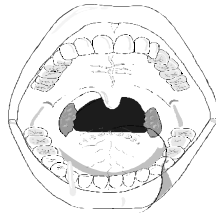
Your goal is to *balance* these two needs for each of your clients. This inservice will give you some tips on how to do just that.

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# Interesting Facts About the GI Tract

- The GI tract is also called the "*gastrointestinal tract*" or the "*digestive system*".

- The GI tract is one continuous tube—starting with the mouth and ending with the rectum—and it measures about **26 feet!**

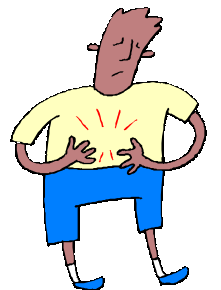


- The upper part of the GI tract includes the mouth, the throat, the esophagus and the stomach.
- Food passes from the stomach to the small intestine and then on to the large intestine and out the rectum.



- The mouth regulates the temperature of what we eat and drink. It cools off hot things like coffee, and it warms up cold things like ice cream.
- The average person produces about a quart of saliva every day. This equals 10,000 gallons in a lifetime!
- The jaw muscles are so strong that when the back teeth chew it's the same as the food being pinched by 200 pounds of force.
- Every time a person swallows, muscles at the top and bottom of the esophagus open to let food pass. Then, they close up tightly again. This keeps stomach acid from rising up into the esophagus.

- It usually takes about five seconds for food to pass through the esophagus—the tube that connects the throat to the stomach. It can be slower or faster depending on the size and consistency of the food bits.
- The stomach is a temporary storage "container" for the food we eat.
- There are nerves in the stomach that send the brain a message when the stomach is full. (An adult stomach can hold over a quart of food or beverage.)
- Your stomach has to produce a new layer of mucus every two weeks otherwise it would digest itself.
- The process of digestion requires that the body produce over eight quarts of fluid every 24 hours!
- The average person eats nearly 1000 pounds of food every year!
- The intestines absorb over a gallon of water every day from digested foods. This water is used throughout the body.
- Over 4 million people in the U.S. suffer from constipation.
- It takes three to four hours for the body to digest food.
- The average person releases about a pint of intestinal gas every day.



# The Eating Process:

## Chewing

***Let's follow a ham sandwich through the eating process:***

- The front teeth are used to bite and tear the sandwich into manageable bites.
- Then, the tongue moves each bite of sandwich around in the mouth... putting it in position to be chewed by the back teeth.



- The upper and lower teeth—especially the molars—work together to chew the ham and bread into the right size for swallowing.
- Chewing also helps mix saliva into the food, making it soft and slippery.
- When the teeth have chewed the ham and bread enough, the tongue collects the mashed food... getting it ready to be swallowed.

## Swallowing

***Swallowing seems pretty simple since you don't usually have to tell yourself to swallow, right? But, swallowing is actually a very complicated process that uses about 50 pairs of muscles and thousands of nerves!***

- After the ham sandwich has been chewed and shaped into a ball of "mush", the tongue pushes it to the back of the mouth where it triggers a *swallowing reflex*. (You might have heard this called the "gag" reflex.) This reflex makes the muscles in the throat contract which pushes the food down the throat.
- As the food drops into the throat, the voice box closes and no breathing takes place. This keeps the ham sandwich from getting into the lungs. Instead, the mushy food goes into the *esophagus*—the tube that connects the throat to the stomach.
- The esophagus is made of strong muscles that contract in waves to push the sandwich down to the stomach. (So, even if someone eats while standing on his head, the bites of ham sandwich would go down to his stomach!)

## Digesting

***The process of digesting the ham sandwich began in the mouth, when saliva mixed with it to break it down into little pieces. But, most digestion takes place in the stomach and small intestine.***

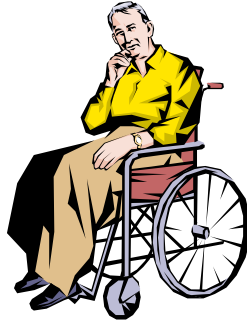
- The stomach produces chemicals that help to digest the food. These chemicals turn the stomach juices into a strong acid.
- When food enters the stomach, the muscles of the stomach contract. These contractions help the food mix with the stomach acid.
- After a bit, the digested ham sandwich moves into the small intestine where it is broken down from a *solid* to a *liquid*.
- Nutrients from the sandwich are passed into the blood stream and carried throughout the body to be used for energy!
- Whatever is left over from the ham sandwich is emptied from the body through the bowels.



# Who's At Risk For Eating Problems?

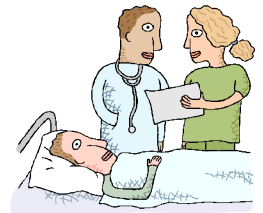
**Many of your clients may be at risk for eating problems. There are a number of physical and emotional factors that affect the eating process:**

- Clients who have had a stroke may have weakness in their limbs and may not be able to feel one or both sides of their mouths. They may have problems with swallowing, chewing, preparing meals and/or feeding themselves.
- Elderly clients whose sense of smell isn't as strong as it used to be may not be interested in eating—because if they can't smell their food, they probably can't taste it either.
- People who are on a tight budget may feel they can't afford healthy foods. They may not eat a balanced diet.



- Some medications have side effects that change the sense of taste and decrease the appetite. The more medications your clients take, the more likely they are to change their eating habits.
- Clients who are depressed and/or lonely may have less appetite than usual. They may forget to eat or lose interest in meals.

- People with missing teeth, no teeth or poorly fitting dentures will find it difficult to eat certain foods.
- Clients with poor eyesight may have problems preparing meals and/or feeding themselves.
- Some clients may be too sick to feed themselves. This puts them at risk for malnutrition.
- If you have clients who are ordered to stay in bed, you might find that they aren't used to eating while in bed. Some people don't like it and may not eat a balanced diet.
- Some of your clients may have physical disabilities that affect their ability to eat. For example, Mr. Smith has Parkinson's Disease and his hands shake so much that he can't bring a spoon up to his mouth.
- Clients who are ordered by their physicians to eat a certain diet may not like the prescribed diet. This can cause problems at mealtime.
- Many clients who have dementia are too confused to feed themselves. They may be very hungry, but they have trouble remembering how to get the food into their mouths.

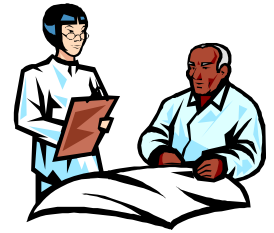


## Eating Problems: Poor Appetite

*Let's say you have a client, Mr. Dawson, who only picks at his food. What could you do to help improve his appetite?*

- You could ask Mr. Dawson if he is able to smell and taste his food. If he can't, he may not be enjoying eating—even if he's hungry. Let your supervisor know if this is a problem. There are certain spices and herbs that can be safely added to most people's food to make it easier to taste.
- If possible, encourage and/or arrange for Mr. Dawson to have 5 or 6 small meals every day instead of 3 big ones.
- Encourage Mr. Dawson to get more exercise (if he is able). This will stimulate his appetite.
- Try to make mealtime a pleasant occasion—

something Mr. Dawson will look forward to.



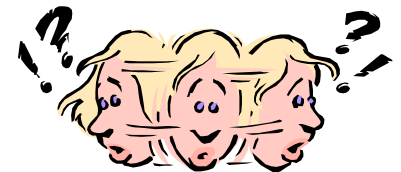
- Find out when Mr. Dawson is the hungriest and offer a big meal to him at that time each day.
- If you work in a facility, let your supervisor, the nurse or the dietician know if you notice Mr. Dawson enjoying certain foods. They can make sure he is served those foods more often.
- If you work in the client's home, let Mr. Dawson's family know which foods he is eating most often so they can plan to buy more of those foods.
- Remember that poor appetite may be caused by constipation. Take note of Mr. Dawson's bowel habits and report any signs of constipation to your supervisor.

## Confusion at Mealtime

*Let's pretend you have another client, Sally Parker, who has Alzheimer's Disease. She tends to be confused—especially at mealtime. What could you do to help?*

- Offer Sally her meals at the same time every day so that she eats on a regular schedule. This will help her remember what mealtime is all about.
- Sally may not be able to tell you when she is hungry. Be sure to encourage her to eat.
- Keep in mind that Sally may forget she has just eaten or may try to "squirrel" food away for later. Ask your supervisor if you can offer Sally snacks when she tells you she is hungry.
- Sally may forget from meal to meal how to use her silverware. Be patient, even if you have to demonstrate how to use a spoon at every meal.
- Try to have Sally eat in a quiet place without the distraction of radio or TV.

- Give Sally only a few choices...such as only one plate and only one piece of silverware. The simpler you make the meal, the easier it will be for the client and for you!
- A colorful tablecloth or placemat...plus a patterned dish...may distract Sally so much that she can't eat. Use plain placemats and plain dishes.
- Sally may find it easier to use a bowl rather than a plate. (It's easier to keep food in a bowl than on a plate.)
- Sally may not be able to use silverware. Offer her foods that she can eat easily and safely with her fingers.
- Give Sally step-by-step instructions...but let her do as much for herself as she can.





## Eating Problems: Poor Muscle Control



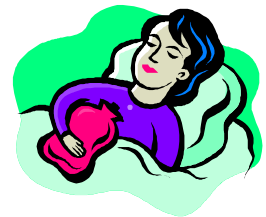
*Imagine that another one of your clients, Joe Williams, has problems controlling the muscles of his mouth and jaw. This means he struggles with chewing, but can swallow just fine. How can you help Joe at mealtime?*

- If Joe has trouble chewing his food because of poor muscle control, try putting **very** light pressure on his lips or under his chin to help him remember to chew.
- You can also try saying to the client, "Joe, chew your food now". And be sure to give him plenty of time to finish chewing.
- Make sure each bite of food is small so that Joe doesn't have to chew as much.
- Look to see that Joe has swallowed one bite before he puts the next one in his mouth. His muscles may not be strong enough to handle two bites at once.
- Keep in mind that soft foods might be better for Joe than hard or crunchy ones. (Joe's doctor might even order a soft diet.) If you work in a facility, talk to your supervisor about the problem. If you work in a client's home, fix foods that are easy for Joe to eat—and that are allowed on Joe's diet.
- Avoid sticky foods...like peanut butter. They make the mouth muscles work too hard.
- Soak dry foods in coffee, milk or soup until they are soft enough for Joe to chew.

## Nausea

*Let's say that another client, Mrs. Tucker, tends to be nauseated. How can you help her get the nutrition she needs?*

- If you don't know the cause of Mrs. Tucker's nausea, try to find out. Remember that nausea can be caused by many things including medications, infections, migraine headaches, food allergies, cancer and alcoholism. There may be something that the doctor can do to reduce or eliminate the nausea.
- Offer clear, cool beverages like ginger ale, 7-Up or apple juice. Mrs. Tucker might also tolerate clear broth, Jell-O and Popsicles.
- Sometimes, salty foods like pretzels or crackers can ease the nausea.
- Encourage Mrs. Tucker to eat small amounts of food frequently throughout the day—rather than three big meals.
- Find out when Mrs. Tucker is the least nauseous and offer her largest meal at that time.
- Giving Mrs. Tucker her foods at room temperature may help. Hot foods—especially those with a strong smell—tend to increase nausea.
- Have Mrs. Tucker rest in a sitting position for at least one hour after eating.
- Avoid giving Mrs. Tucker fatty foods, sweets or foods with strong odors. These all tend to make nausea worse.
- Encourage Mrs. Tucker to sip plenty of fluids between meals, but not during meals. (She may feel bloated and not want to eat her food.)
- Make mealtime as pleasant and restful as possible for Mrs. Tucker. Some soft music may keep her from thinking about the nausea.
- Report any vomiting, especially if it is frequent and/or you see blood in the vomit.



# More Eating Problems: Dysphagia

*Let's pretend you have another client, Mr. Mitchell, who has **dysphagia**. What's that all about and how can you help him eat?*

- Dysphagia means "difficult swallowing". People with this problem have trouble getting a swallow going, take a long time to swallow, and may cough when they swallow. Some people with dysphagia find swallowing painful, too.
- Dysphagia can be caused by a growth in the throat, inflammation, infection, Parkinson's Disease, Alzheimer's Disease or a stroke. It can also be caused by thyroid problems or be a side effect of certain medications.
- Mr. Mitchell is not alone. There are more than 10 million Americans who have problems related to swallowing.
- The biggest risk for Mr. Mitchell is *choking* on food or liquids that get stuck in his throat or get into his lungs. Be sure you know how to do the **Heimlich Maneuver** in case Mr. Mitchell starts to choke!
- Be prepared for the "side effects" of dysphagia. You might notice food building up between Mr. Mitchell's cheeks and his teeth. He might tell you it



feels like food is stuck in his chest. His voice might be weak or hoarse, and you might see food flowing back into his mouth or nose after he tries to swallow. Be sure to report any of these problems to your supervisor.

- Dysphagia can't always be cured, but there are ways to *improve* the condition. Some clients may work with a speech therapist to learn special exercises that strengthen the face and throat muscles. If Mr. Mitchell has this kind of exercise program, ask the therapist what you can do to help.
- Mr. Mitchell may need his solid foods put through a blender. And, he may need his liquids thickened. (Very thin liquids—even a glass of water—can cause choking.)
- Mr. Mitchell may swallow better if he sits with his chin down a bit. And, he should sit up for at least 30 minutes after eating.
- Cold foods may be easier for Mr. Mitchell to swallow than hot ones. Soft textured foods like applesauce, yogurt, cottage cheese or pudding are best.
- Be sure to report any episodes of choking to your supervisor.

# Reflux

*Your last "pretend" client, Bob Baker, suffers from **reflux**. What does his condition mean and how can you help him during mealtime?*

- Reflux is short for *Gastroesophageal Reflux Disease* or *GERD*. It means that acid from the stomach is flowing back into the esophagus. This irritates the tissues of the esophagus and creates symptoms like heartburn.
- Mr. Baker's heartburn has nothing to do with his heart. It's an uncomfortable burning sensation behind his breastbone that he gets—especially after eating.
- Remember, reflux is caused by stomach acid and **any** food that Mr. Baker eats will cause his stomach



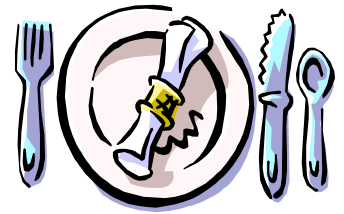
to produce more acid! However, Bob's doctor may want him to avoid certain foods—like spicy foods or caffeine. Be sure you know if he has any dietary restrictions.

- Make sure you document if and when a certain food causes Bob to have heartburn. Keeping a record can help Bob learn to avoid the "danger" foods.
- Encourage Bob not to lie down after a meal—or eat before bed. At night, Bob may want to sleep with his *head* and *torso* propped up by several pillows.
- Tell Bob not to wear tight fitting clothes.
- Chewing gum after a meal may help Bob avoid heartburn.

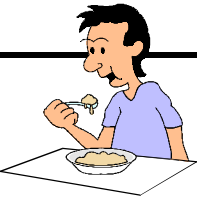


## Feeding Your Clients: Setting Up

- If you work in a *facility* and are responsible for delivering trays of food, be sure to match the name on the tray with the client. Each client's meal is prepared according to doctor's orders and shouldn't be given to the wrong person.
- If you work in a client's home, make sure you know about any special diet ordered for your client. You want to be sure that any foods you serve the client are "allowed" on that diet.
- For clients who eat in bed, be sure to raise the head of the bed and arrange the pillows. For other clients, help them to a comfortable chair.
- Place the food, napkin and silverware within easy reach of your clients.



- Remove any covers from the food. Be sure to open any containers that may be difficult for the client—such as a carton of milk. Even peeling a banana may be too difficult for some clients. Remember...they can't eat or drink it if they can't get to it!
- Check to see that the foods you are serving to your clients are the right temperature—not too hot and not too cold.
- Ask your clients if they need anything else before you turn your attention elsewhere.



After setting up a meal for a client, be sure to check back every few minutes to see if he or she needs any more help and is eating well.

## Assisting

- Remember that each client you assist at mealtime has different needs. For some, you may simply need to *talk* them through the eating process. For others, you may need to put a "loaded" fork or spoon in their hands.
- Give verbal instructions to your clients as needed—preferably step-by-step. For example, "*Mrs. Brown, remember your napkin goes in your lap. Good. Now, pick up your spoon.*" It's very important to be patient and kind.
- If your client uses any special equipment for eating, make sure it's clean and ready for use. (This equipment might include a scoop plate, special silverware, cups with special handles, plate guards and special cutting tools.)

- Fill beverage cups no more than 3/4 full to avoid spills.
- Make sure the foods offered are the correct temperature... but not too hot.
- If your clients want to feed themselves but have trouble with silverware, let them control any "finger foods" while you feed them the rest of the meal. (See "*Spoon feeding*" on page nine.)
- Don't rush clients who need assistance. The more you let them do for themselves, the happier and healthier they'll be.
- After the meal, assist your clients as needed with their personal care.

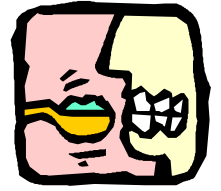


## Feeding Your Clients: "Spoon Feeding"

- Position your clients so they are sitting up as straight as possible. Feeding a client who is reclining increases the risk of choking.
- Provide protection for their clothing, in case of spills.
- Sit down when you feed your clients. Standing over them makes them feel even more helpless and rushed.
- Talk to your clients—even if they aren't able to respond.
- Food that's too cold may *startle* clients. Food that's too hot may *burn* them. Test the temperature by feeling the container and/or testing a small amount against the inside of your wrist.
- Add seasoning to the food—if the client requests it and it's allowed.
- Cut solid foods into small pieces...teaspoon-sized or smaller.
- Identify each food as you offer it to the client. For example, you might say, "Mr. Green, here's a bite of that chicken you enjoy."



Remember that adults who need help eating may resent being fed "like a baby". Be understanding and patient. Treat them with respect... the way you would want to be treated if you were in their shoes.



- Fill a spoon about half full and feed the client with the tip of the spoon. (Never use a fork!)
- Place the food on the *center* of the tongue, using a slight downward pressure.
  - Some of your clients may have a weakened side (due to a stroke, for example). Be sure to feed them on their unaffected side.
  - Allow time for your clients to chew and swallow each bite. (To remind clients to swallow, try gently stroking the throat.)
- If you are serving different liquids, use a separate straw for each of them. (For example, use one straw for orange juice and another for milk.)
- Vary the foods you offer. For example, offer a spoonful of potato and then offer some meatloaf—so your client doesn't fill up on only *one* kind of food.
- Wipe your clients' mouths with a napkin as needed during the meal. Clean their faces and hands after the meal.

## Personal Care: Before & After Meals

- Keep in mind that people tend to eat better when they feel clean and refreshed—even if they are eating in bed. Helping your clients freshen their mouths and wash their hands before meals might make a big difference in their food intake!
- Encourage clients to use the bathroom, commode or bedpan prior to mealtime so they will be relaxed while they eat.
- Mouth discomfort—such as sore teeth, loose dentures or dry mouth—can cause problems with eating. Tell your supervisor if a client complains of a toothache or poorly fitting dentures.



- For complaints of a dry mouth during meals, try moistening foods with gravies or sauces. Your clients will find them easier to swallow.
- Eating can be painful if a client's lips are dry and cracked. If available, treat dry lips with Vaseline or Chapstick.
- After eating, encourage your clients to use the bathroom. Help them with their oral hygiene as needed.
- Help your clients to wash their hands and faces after eating, especially if they've eaten with their fingers.

## Tube Feeding

Generally, tube feeding is safer for clients than IV nutrition because there are fewer complications. But, tube feeding is *not* problem free!



- If for some reason, people are unable to eat and drink, they may be fed through a special tube. Their medications may also be put through the feeding tube.
- If the situation is considered *temporary*, a feeding tube may be “threaded” through a nostril, down the throat and into the stomach.
- For people who need tube feedings for a long period of time, the tube may be placed by a surgeon through the abdomen into the stomach.
- Usually, tube feedings consist of a pre-mixed formula, similar to baby formula. However, some people receive regular food that has been ground up in a blender. (Be aware: These “homemade” tube feedings cause more complications than formula feedings.)
- Some clients receive short regularly scheduled tube feedings—sort of like “meals”. Others need a continuous feeding over 16 to 24 hours.
- The most serious complication of a feeding tube is *aspiration*. This occurs when a person breathes in some of the formula. The best way to prevent this is by using the proper feeding mixture and by carefully monitoring the client during the feeding.

## IV Nutrition

- Some clients need to receive their nutrition through an IV. This intravenous feeding is called “hyperalimentation” or “total parenteral nutrition” (TPN).
- TPN is not the same as the typical clear IV fluid that many people receive. TPN is usually a milky looking fluid in a large IV bag.
- TPN *bypasses* the GI tract and goes straight into the bloodstream. It is often given to people whose



digestive system is not working or needs a rest.

- Most clients who receive IV nutrition have a central line catheter. This is a special IV needle that goes directly into a big vein in the chest.
- Some people have been fed for as long as twenty years with IV nutrition. However, it has many complications including: catheter infection, kidney problems and fluid overload.

## Caring For Clients Who Receive Tube and IV Feedings

- Keep a close eye on any client who is receiving a tube or IV feeding.
- If the client has an *electric* feeding pump, be sure to notify your supervisor if the alarm goes off.
- Perform mouth care as ordered and/or at the client’s request.
- When you reposition the client or make up the client’s bed, make sure the feeding/IV tubing isn’t kinked or under the client’s body.
- Follow orders about keeping the head of the bed elevated during and after tube feedings.
- Tell your supervisor if you notice any skin damage, puffiness or bleeding around the site of the feeding tube or IV.
- If a client asks for something to eat or drink, be sure you know if it’s allowed.
- Report any of the following to your supervisor immediately: a leaky feeding tube, fever, abdominal bloating, cramps, diarrhea, vomiting, breathing problems, choking or a client who is trying to pull out a feeding tube.
- Be sure you know what your workplace policy is for nursing assistants working with feeding tubes. Remember what you *can* and what you *can’t* do.

## More Tips for Feeding Your Clients

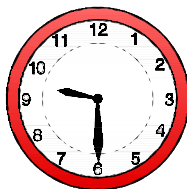
- For most clients, your goal should be to have them eat in the dining room of the facility (or in their dining room at home). If that's not possible, the next best thing is to have them eat sitting up in a chair in their room. You should serve your clients meals in bed only if there is no other choice...or on doctor's orders.



- Wash your hands before assisting and/or feeding a client.
- Explain what you are going to do—whether it's helping the client to a chair for lunch or feeding the client with a spoon.

- Keep in mind that people with vision problems such as cataracts often find it easier to see food if its on dark colored dishes (like black, green and blue). They'll also do better if you put the silverware, salt, pepper and napkin in the same place every day.

- To help clients with poor vision, explain their meal to them using the "clock method". Compare the location of the food on the plate to the numbers on a clock. For example, say, "Your bread is at 11:00, your potato at 2:00, your vegetables at 5:00 and your meat at 8:00". This helps encourage independent eating—reducing feelings of helplessness.



- Encourage clients who wear glasses to have them on during mealtime.
- As you know, some people with arthritis have trouble holding onto spoons and forks. One way to make utensils easier for them to grip is to slide on a foam hair curler. (They cost about \$1.00 for ten curlers.) Slide the foam off the plastic curler wand and slip it onto your client's silverware handle!



- Encourage your clients to be as independent as possible at mealtime. Don't feed them just because it's faster for you that way.
- Praise clients for any level of independence they show during meals.

- Remember that your favorite foods may seem really disgusting to someone else. Don't try to force your food preferences on your clients.



- Remember that for most people, mealtime is not just for eating, but also for socializing. Many people find it depressing to eat alone, and lose their appetite. Try to make mealtime enjoyable—even for those clients who have no one to eat with.

- Offer and/or encourage your clients to eat foods from all the major food groups.

- Allow plenty of time for your clients to finish their meals. Be patient!! (A little patience today could mean that your client becomes stronger and more independent tomorrow. In the long run, you'll save time!)

- If you notice one client eating food from another client's plate, be sure to stop it from happening. Even if Mrs. Smith offers her dessert to Mr. Brown, he shouldn't eat it—unless it's allowed on his diet and your supervisor approves.

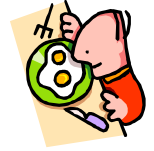
- A recent study by the U.S. government showed that 30% of seniors skip at least one meal every day. If you notice this happening with your clients, try to figure out **why**—and report the problem to your supervisor.

- Remember...when you feed a client, **you** have the power to make each meal a *pleasant* experience or an *unpleasant* one! Think about it. Which nursing assistant would you rather have feeding your loved one?

- John.** He stands up during the feeding, taps his foot, stares out the window and mutters to himself that he hates this part of his job.
- Or, **Bill.** He sits down during the feeding, makes eye contact, and acts relaxed—like he has all the time in the world—even though he has a million other things to do.

- Be sure to report the amount of food your clients eat and if you notice any changes in their appetites and/or eating habits.

# Are You "In the Know" About Feeding Your Clients?



Circle the best choice and then check your answers with your supervisor!

1. Which of the following clients has the least risk for eating problems?

- A. A man who takes ten different medications every day.
- B. A man who is receiving chemotherapy treatments for cancer.
- C. A man who just turned sixty-five.
- D. A man who never wears his dentures.

2. TRUE or FALSE

People who eat a balanced diet are able to fight off disease better than people with eating problems.

3. TRUE or FALSE

As people get older, they lose the ability to swallow.

4. To help a client with a poor appetite, you should:

- A. Offer three big meals and hope she eats at least part of each meal.
- B. Give her only one piece of silverware to use during each meal.
- C. Make sure her food is cut into small pieces.
- D. Help her get a little more exercise every day.

5. To help a client who is confused at mealtime, you should:

- A. Offer him soft or liquid foods only.
- B. Give him step-by-step instructions for how to eat.
- C. Give him his food at room temperature.
- D. Make sure he doesn't lie down after meals.

6. TRUE or FALSE

For people with dysphagia, cold foods might be easier to swallow than hot ones.

7. TRUE or FALSE

People who have reflux are at risk for a heart attack.

8. TRUE or FALSE

When spoon feeding a client, it's best to have him lie down flat on his side—in case he vomits while you are feeding him.

9. TRUE or FALSE

Mouth care is not necessary for clients who are receiving tube feedings.

10. TRUE or FALSE

If a client is a messy eater, you should *not* let him feed himself.

EMPLOYEE NAME \_\_\_\_\_

DATE \_\_\_\_\_

***I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.***

Employee Signature \_\_\_\_\_

Inservice Credit: 1 hour

Supervisor Signature \_\_\_\_\_

Self Study \_\_\_\_\_

*File competed test in employee's personnel file.*

Group Study \_\_\_\_\_