



# Assisting Residents at Mealtimes

*A Handbook for  
Families, Volunteers,  
and Companions*

## ASSISTING RESIDENTS AT MEALTIME

Our goal at mealtime is to ensure that each resident experiences an enjoyable and safe mealtime. This booklet provides you with guidelines to help us meet this goal when helping residents to eat.

### Important information to know:

- If you are unwell, please do not come that day. If you were expected to come in to assist at mealtime, please phone the staff and inform them that you will be absent.
- Everyone must perform hand hygiene before and after assisting a resident to eat. A good 20 second hand wash with soap and water is effective. Unless you can see soiling on your hands, the alcohol based hand cleanser in the pumps throughout the facility may be used instead of handwashing.
- Volunteers and Paid Companions may help residents to eat after completing a training session with the education facilitator. A regular review of these guidelines is important to help you remember the information. You will be contacted annually about this.
- Nursing staff will identify residents who require assistance.
- Volunteers and Paid Companions may assist feeding residents in the dining room only (where nursing staff are readily available to assist with swallowing or choking problems).



- Family members should meet with a nurse to discuss the possible risks to the resident before feeding the resident in his or her room.
- Up to 90 percent of people fed by a caregiver have swallowing problems; this puts them at risk for choking and pneumonia.

### **GENERAL SAFE FEEDING - READINESS TO EAT**

- The resident is ready to eat when:
  - Awake and alert.
  - Dentures are in the mouth – if they are a proper fit.
  - Eyeglasses are in place.
  - Hearing aid is in ear.
  - Positioned properly.
- The resident should be seated upright at as close to a 90 degree angle as possible, directly in front of the meal. His or her head should not be tilted back nor should the chair.
- Repositioning may be necessary.
- Seat yourself at eye level with the resident.
- Keep the environment free of distractions - turn off radios and televisions in the dining area. Keep conversations to a minimum so the resident can concentrate on eating and swallowing.
- If you go and get a food item from the counter or cart, ensure that the food or fluid is the appropriate diet type and texture for that resident.
- If the resident has difficulty seeing, describe the meal in an **appealing** way. Do not mix the foods together unless the resident requests this.



### **BE POSITIVE**

- Make sure the temperature of the food is appropriate.
- As much as possible, allow and encourage the resident to feed him/herself.
- Ask for help whenever you are unsure how to proceed.

## FEEDING A RESIDENT

- Use a teaspoon to feed the resident. Give ½ to one teaspoon size amounts of food or small sips of fluid at a time. Teaspoon should be held level, not angled or tilted.
- Tell the resident what you are putting in his/her mouth before each mouthful. This allows the resident to prepare for the taste and texture of the food item before it arrives. This is particularly important for residents who cannot see.
- Feed the resident **slowly**. Watch the “Adam’s Apple” rise up and down during swallow, to make sure the resident has fully swallowed before placing more food or fluids in the mouth.
- Food should be placed in the middle of the mouth or, if one side is weaker, the “stronger” side of the mouth.
- Give alternate sips of liquid (or thickened liquid if required by the resident) with every few spoons of food.
- Check for any food remaining in mouth after meal is complete, and have nursing staff assist with removing.
- After the resident is finished eating, gently wipe his/her mouth, then hands, with a napkin or moist wash cloth.
- Ensure that resident receives appropriate ORAL CARE after meals.
- Keep resident upright (at least 60 degrees) for a half-hour following meals.

## COMMON QUESTIONS AND CONCERNS

### 1. Signs of a swallowing problem.

- Recent unexplained weight loss.
- Patient avoids certain foods or consistencies.
- Patient coughs or chokes, either during or after a meal/food “sticking” in the throat.
- Patient has food left in the mouth after a meal or between bites.
- Patient shows some drooling/food falling from the mouth.
- History of pneumonia.
- Wet vocal quality.
- Difficulty/decreased ability to chew or swallow.
- Increase in temp./fever.

**Listen to what the resident tells you and inform the nurse of any difficulty.**

### 2. If the resident will not open his/her mouth.

Try the following:

- Gently massage the side of the jaw.
- Gently push on the point of the chin.
- Give a visual cue by opening your mouth or pretending you are also chewing food.
- Place some food on the bottom lip.
- Place a spoon in the resident’s hand while continuing to feed the resident.

### 3. The resident pockets food or will not swallow.

Try the following:

- Cue the resident to swallow with a verbal or visual prompt.
- Give a spoonful of food, cue the resident to swallow, then place an empty spoon in the mouth, and then cue the resident to swallow again. Do not give the resident another spoonful until you are sure that food has been cleared. If resident is unable to swallow, stop feeding.

4. The resident is choking

**Call for assistance, do not leave the resident.**

- Encourage the resident to “cough hard” if he/she is able.
- DO NOT offer fluids.
- DO NOT slap the resident on the back.
- Allow the resident to recover on his/her own. The nurse will let you know if the resident is able to continue to eat.

**Thank you for your efforts to make mealtime safe and pleasant!**

References:

1. Brenda Lyon, Education Facilitator, Carman Memorial Hospital.
2. Kari Dyck, Speech Language Pathologist, & Rochelle Heinrichs, Speech Language Pathologist, Rehab Services, April 3, 2008.