

## STEP 2: BETWEEN-MEAL SNACK EVALUATION PROTOCOL

**INSTRUCTIONS:** Implement the snack protocol for two days (total of six snacks) to determine resident's response to snacks between meals. Ideally, snacks should be offered three times daily between meals at approximately 10am, 2pm, and 7pm. Total percent consumed *during* meals (breakfast, lunch, and dinner) should be documented on the same 2 days using the *Assessment: Mealtime Observational Protocol*.

**Resident Name:** \_\_\_\_\_ **Diet Orders:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SNACK:** \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening

**Time at Beginning of Snack Period:** \_\_\_\_:\_\_\_\_ am pm

**Protocol:** Take resident to a common location to allow snacks to be provided to multiple residents simultaneously (groups of 4 or more). Begin by offering the resident the lowest level of assistance (Level 1: Social Interaction and/or Level 2: Set-Up). If the resident does not begin eating/drinking on his/her own after 2-3 minutes, proceed to the next level (Level 3: Verbal Prompts and Encouragement) AND continue with the previous levels (Social Interaction and Set-Up). Again, if the resident does not eat on his/her own after a few minutes, proceed to physical assistance (Level 4: guidance; Level 5: full), but continue talking to the resident (e.g., tell the resident what food or fluid item you are offering; ask, "How does that taste?" or, "Would you like another bite of that?").

Prompt the resident to consume the snack until s/he has refused verbally (e.g., "No, I don't want anymore", "I'm not hungry", "Go away") or non-verbally (e.g., turns head away, refuses to open mouth, spits food out) a total of 3 times. Offer alternative food or fluid items or second helpings of preferred items to encourage additional intake.

**Maximum Level of Assistance Provided during Snack:** \_\_\_\_1 \_\_\_\_2 \_\_\_\_3 \_\_\_\_4 \_\_\_\_5

Level 1: Social Interaction (e.g., "How are you feeling today?" "It's good to see you.")

Level 2: Set-up (e.g. placement of items in easy reach, preparing containers, placing straw in drink)

Level 3: Verbal Prompts and Orientation (e.g., "Try a bite of your yogurt.")

Level 4: Physical Guidance (guide resident's hand to spoon, help resident to hold cup or utensil)

Level 5: Full Physical Assistance (staff feeds resident)

**Resident Refused Snack:** \_\_\_\_Yes \_\_\_\_No

**Resident Refused Staff Assistance:** \_\_\_\_Yes \_\_\_\_No

**Resident Complained about Snack (items served, taste):** \_\_\_\_Yes \_\_\_\_No

**Resident Showed Evidence of Swallowing Problems (spitting, coughing, drooling):** \_\_\_\_Yes \_\_\_\_No

**Time at End of Snack Period (when snack is complete):** \_\_\_\_:\_\_\_\_ am pm

**Total Amount Consumed at End of Snack:**

Food Items	#Servings	%Consumed	Fluids/supplement	Amt (oz)	#Servings	Total Oz

**Total Percent Eaten during Meals on Same Day:**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_