

## STEP 2: MEALTIME FEEDING ASSISTANCE PROTOCOL

**INSTRUCTIONS:** Implement the feeding assistance protocol for three to six meals within the same week (ideally – breakfast, lunch and dinner on 2 consecutive days) to determine resident’s response to feeding assistance during meals.

Resident Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEAL: \_\_\_\_ Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner # IN GROUP: \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3

Time at Beginning of Feeding Assistance Period: \_\_\_\_:\_\_\_\_ am pm

**Instructions:** Take resident to a common location to allow feeding assistance to be provided to multiple residents simultaneously (groups of 3). Ensure resident is seated upright, as much as possible. Begin by offering the resident the lowest level of assistance (Level 1: Social Stimulation/Encouragement and/or Level 2: Set-up). If the resident does not begin eating on his/her own after 3-5 minutes, proceed to next level (Level 3: Verbal Prompts/Orientation) AND continue with social stimulation and any required or requested set-up. Again, if the resident does not eat on his/her own after 3-5 minutes, proceed to physical assistance (Level 4: guidance; Level 5: full), but continue talking to the resident in the context of physical assistance (e.g., tell the resident what food or fluid item you are offering from the tray; ask, “how does that taste?”). Continue providing the appropriate level of assistance until the resident refuses either verbally (e.g., “I don’t want anymore”, “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 (substitute tray from the kitchen) or second helpings of preferred items to encourage additional intake.

**Maximum Level of Assistance Provided during Meal:** \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5

Level 1: Social Stimulation / Encouragement (e.g., “It’s good to see you.” “What you having for lunch today?”)

Level 2: Set-up (e.g. cutting meat, pouring fluids; placement of items in easy reach)

Level 3: Verbal Prompts and Orientation (e.g., “Try a bite of your chicken.” ; orienting resident to items on tray – “what are you having for breakfast this morning? Oatmeal, toast, bacon)

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

Level 5: Full Physical Assistance (staff feeds resident)

**Note: Level of assistance required for fluids versus foods might differ.**

Resident Refused All Staff Assistance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Resident Refused Tray and/or Offers of Alternatives: \_\_\_\_\_ Yes \_\_\_\_\_ No

Resident Complained about Food (items served, temperature, taste): \_\_\_\_\_ Yes \_\_\_\_\_ No

Resident Showed Evidence of Swallowing Problems (spitting, coughing, drooling): \_\_\_\_\_ Yes \_\_\_\_\_ No

Time at End of Assistance Period (when meal is complete): \_\_\_\_:\_\_\_\_ am pm

Food and Fluid Items	Estimated % Consumed	Item Refused or Replaced?

Total % Consumed at End of Meal: \_\_\_\_\_%

Oral Liquid Nutrition Supplement(s) Given During Meal? \_\_\_\_ Yes \_\_\_\_ No

IF YES, Type of Supplement Given: \_\_\_\_\_

Amount Consumed: \_\_\_\_\_ oz / cc

NOTE: Do not include supplement as part of total percent consumed above.