

Feeding Assistant Training Session #2

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Why is Nutrition Important?

- The energy and nutrients from the foods we eat are necessary to maintain health, to prevent injury and disease, and to manage chronic illness
- What is necessary for good nutrition?
 1. Whole foods
 2. Variety
 3. Balance
 4. Consistency
 5. Adequate fluid / water intake
 6. Adequate vitamins & minerals



Risk Factors for Poor Nutrition

1. Older age
2. Physical inactivity
3. Illness or Injury
4. Diarrhea / Fever
5. Fatigue
6. Poor Appetite
7. Impaired Taste or Smell
8. Missing Teeth / Loose Dentures
9. Impaired Memory or Cognition
10. Loneliness or Depression
11. Pain / Discomfort
12. Lack of Assistance

Outcomes of Poor Nutrition

1. Increases risk for infection
2. Exacerbates chronic illness
3. Loss of muscle mass and physical strength
4. Slows wound healing
5. Constipation or diarrhea
6. Falls and fractures
7. Poor quality of life

Signs of Malnutrition

1. Poor appetite: eats less than 3/4 of meals and snacks
2. Difficulty chewing or swallowing
3. Skin breakdown: delayed wound healing, cracked skin, dry skin, hair loss
4. Weight loss
5. Muscle mass loss
6. Fat mass loss
7. Fluid accumulation/edema



Signs of Dehydration

1. Dry or cracked lips
2. Dry, flaky, cracked skin
3. Sunken eyes
4. Fatigue
5. Tongue thick and coated white
6. Confusion
7. Constipation
8. Low urine output



Diet

The amount and type of foods and beverages that a person consumes

- ▣ Residents have orders for a specific diet that indicates the amounts and types of foods
- ▣ A resident's diet orders are located in the medical chart and on his/her meal ticket
- ▣ Facilities may also have a diet order list and snack chart posted in the main dining room

Diet Goal



- The registered dietitian nutritionist (RDN) assesses the resident and determines which diet is most appropriate
 - ▣ The speech therapist (SLP) has a role in assessing type of diet when there are swallowing problems
- In choosing the most appropriate diet, the RDN considers eating problems, health needs, nutrient needs, and individual preferences

Main Types of Diets

- ▣ Regular Diet: all foods and beverages are allowed, no restrictions
- ▣ Texture Modified
- ▣ Thickened Liquids
- ▣ Therapeutic Diets
- ▣ Adaptive Equipment

Texture Modified Diets

□ Mechanical Soft Diet

- ▣ Meats are chopped or ground
- ▣ Vegetables are cooked soft enough to mash with a fork
- ▣ Some foods that may not be allowed: fresh fruit or vegetable that has a tough skin, dried fruits, hard rolls, bagels, breadsticks, popcorn, bacon, nuts, deep fried crispy foods, desserts with dried fruit or nuts, potato or snack chips



□ Pureed Diet

- ▣ Food is processed in a blender or food processor
- ▣ Foods have the consistency of mashed potatoes, applesauce, pudding, oatmeal or refried beans
- ▣ Commercially-prepared pureed foods: often come as formed puree which provides a pureed food in the shape of the original food



Thickened Liquids



Thin liquids

Water, coffee, tea, soda, ices, lemonade, and juice that does not have pulp or fiber (clear juices)



Nectar-like

Liquids that have been thickened to a consistency that coats and drips off a spoon, similar to unset jello



Honey-like

Liquids that have been thickened to the consistency of honey consistency - the liquid flows off a spoon in a ribbon just like actual honey



Spoon-thick

Liquids that have been thickened to a pudding consistency- they remain on the spoon in a soft mass.



Therapeutic Diets

- Special diets that are designed to meet the specific nutrient needs of a resident who has an illness or injury or chronic disease
- The regular diet has been altered to meet the specific nutrient needs of the resident's health condition

Types of Therapeutic Diets

- Diabetic
 - ▣ Also called Carbohydrate Controlled or No Added Sweets

- No Added Salt (NAS)
 - ▣ Also called Low Sodium

- Renal

- Fluid Restricted

- Facility Specific Diets

Diabetic Diet



- Also called Controlled Carbohydrate (CCHO) or No Added Sweets (NAS)
- For residents diagnosed with diabetes – designed to control blood glucose (blood sugar)
- Portion sizes of high carbohydrate foods (foods high in starch or sugar) are smaller
- Smaller portions of desserts or sweet items
- Uses sugar substitutes



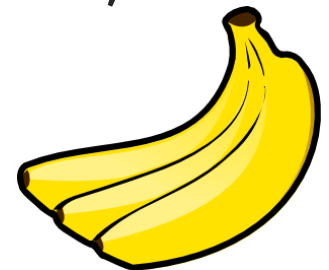
No Added Salt (NAS) Diet

- Also called Low Sodium diet
- For residents with hypertension (high blood pressure) or heart disease
- A regular diet - except no salt is added to foods during or after preparation
- No salt packet or salt shaker is allowed with the resident's meals or snacks



Renal Diet

- For residents who have a diagnosis of Chronic Kidney Disease or get Dialysis - when the kidneys do not filter urine and function normally
- Nutrients that must be monitored and are usually restricted:
 - ▣ Potassium, Phosphorus, Sodium, Fluid
- Excess amounts of these nutrients can cause heart problems, fluid retention (edema), and bone loss
- Foods to avoid: tomatoes, potatoes, bananas, oranges, beans, processed meats, salt packets, and dairy products



Fluid Restricted Diet

- A fluid is anything that is liquid at room temperature, including water.
- Broth based soups, ice cream, popsicles, gravy, sauces, and Jell-O are all considered fluids because they have a high water content
- For residents with End Stage Renal Disease, Congested Heart Failure, Liver Disease, or Hyponatremia (low blood level of sodium)
- The amount of fluid allowed varies based on the resident's condition



Check with nursing staff before offering additional fluids to a resident on a fluid restriction



Facility Specific Diets

□ Fortified Foods

- “Hi Pro”/ “Hi Cal”
- Residents receive fortified foods with meals - to provide extra calories and protein
- Most common fortified foods: oatmeal & desserts

□ SNP (Red Napkin)

- Silverware is wrapped in a red napkin
- These residents need additional feeding assistance

Snacks

- Snacks must be consistent with the type of diet order that the resident has
- Snacks can be foods or beverages
- Snacks often help residents meet their energy and nutrient needs

Adaptive Equipment



Weighted Insulated Mug

Used for individuals with Parkinson's or other illness which cause hand tremors



Kennedy Cup

A lightweight spill-proof drinking cup



No Tip Cup Holder

Prevent cups from tipping over and spilling

Adaptive Equipment



Built-Up Handle Angled Cutlery

Used by individuals with limited upper extremity movement



Weighted Utensils

The added weight helps to reduce tremors and keep hands steady while eating

Adaptive Equipment



Divided Plate

This plate makes it easier for persons with poor coordination, or the use of only one hand to "scoop" their food onto their fork or spoon



Food Bumper/ Plate Guard

Practical for people who tend to push food off the plate because of a lack of coordination

Adaptive Equipment



Keep Warm Dish

Keeps food warm for individuals that take a longer time eating



Non-Skid Bowl

designed for individuals with limited upper extremity muscle control, the blind or with use of only one hand. The non slip dish will help to keep items from sliding off a table or tray

Other Considerations

- Our goal is to help our residents continue to live their lives with the dignity and respect we all want, while aging means changes in our bodies, we do not like having to give up our independence.
- To best provide assistance, we have to be aware that a resident may not ask for help or may say that they do not need help even when they are unable to provide themselves with adequate food.

*Let food be thy medicine
and medicine be thy food.*

~ Hippocrates

Next Session and Contact Us

- Recording of this session will be available via atom Alliance's Learning On Demand
(<http://atomalliance.org/webinars/on-demand-webinars/feeding-assistance-webinar-series/>)

- Next live webinar scheduled for:
July 6th at 2PM CST/ 3PM EST

- In the meantime, if you have questions or comment, contact us at:
Phone: 615-936-2718
Email: centerforqualityaging@Vanderbilt.edu
Fax: 615-322-1754