**Competency Based Check List: Total Feeding Meal Time Assistance Program**

**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Successful Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREPARATION OF ENVIRONMENT:**

* Checked with nurse to verify patient’s diet and restrictions, as well as any change in condition
* Gathered items required for oral hygiene and meal time assistance:
* gloves
* mouth wash
* toothettes
* denture cup (if required)
* towel/facecloth

**ORAL HYGIENE:**

* Explained to the patient why there and what you were doing
* Washed hands and put on gloves
* Examined the oral cavity and documented any abnormal findings such as abnormal dentition, mouth sores, excess phlegm and tongue coating on volunteer meal time feedback form
* Lubricated dry lips with a warm, wet face cloth
* Dipped toothette in mouth wash. Never re-dip or “double dip” a toothette in mouth wash
* Retracted patient’s cheek with one gloved finger
* Beginning at the last lower molar, brushed the teeth at the gum line using a gentle massaging motion, then swept upwards toward the chewing edges
* Repeated on each tooth and/or exposed gum ridge as necessary
* Used a new toothette as required. Ex: particles on toothette
* Repeated beginning at the last upper molar brush the teeth at the gum line using a gentle massaging motion, then swept upwards toward the chewing edges
* Brushed every tooth surface, systematically moving from one quadrant to another
* Brushed each surface of the soft tissue- cheeks, lips, hard palate and tongue
* Repeated as required. Ex: Mouth is still visibly soiled
* Documented in the volunteer meal time feedback form that oral hygiene was completed

**DENTURE CARE (if required):**

* Removed for sleep and for all patients with reduced level of consciousness
* Ensured dental appliances are kept moist by soaking in water when not in the patient’s mouth
* Cleansed using a brush and toothpaste or mouthwash
* If patient requests and has available, applied dental adhesive appropriately

**PREPARING FOR ORAL INTAKE:**

* Washed hands
* Washed the patients hands
* Prepared the patient for mealtime, e.g. oral hygiene, glasses and hearing aid on, towel, or apron on to protect clothing
* If present, reviewed the Swallowing Precautions poster above the bed. Note the recommended diet texture and other feeding/swallowing precautions
* Ensured that dentures are in place before feeding. During the meal, note any indicators of poor fit, e.g. loose, slipping, uncomfortable for the patient
* Ensured that the patient was positioned properly; NINETY DEGREES UPRIGHT WITH NECK SLIGHTLY FLEXED, IF NOT CONTRAININDICATED (if it was contraindicated, it was noted by identifying it on the mobility protocol or swallowing precautions forms placed over the patients bed)
* Requested assistance from Nurse if patient is not positioned safely for oral intake
* Positioned the table as closely to the patient as possible without compromising comfort
* Checked to make sure that the meal provided is in accordance with the diet texture order Notify the Nurse of any items that should not have been provided to the patient
* Showed and describe the food to the patient so that there is sensory input, i.e. visual appeal and aroma
* If the patient is self-feeding made sure that:
* -Items were within reach
* -Containers were opened and food was cut up as appropriate
* Documented all relevant observations, any incidents, and quality of food and fluid intake on volunteer meal time feedback form
* In the event of a medical concern which requires a nurse, the volunteer understands that they seek assistance from the nearest nurse immediately

**FEEDING ASSISTANCE:**

* Volunteer seated themselves next to patient in order to maintain eye contact
* Ensured food was a safe temperature prior to feeding patient ex: dip spoon in soup touch spoon to patients lips, ask if temperature is acceptable
* Fed patient with a small bolus size: ½ teaspoon volume
* Observed the patient to ensure swallow initiation
* Cued patient to swallow if required
* Ask patient to open oral cavity if unsure the bolus is cleared
* Fed patient at a slow rate, asking patient if they are ready for the next bolus
* Encouraged patient to eat as much as possible

**ENDING THE INTERVENTION:**

* Repositioned bedside table beside bed when meal is finished
* Assist patient to clean hands and face
* Assisted if able, or informed the nurse that patient is requiring assistance to get back into bed (encourage the patient to sit up following meal if able)
* Placed call bell within reach
* Ensured patient was able to access any desired items i.e. TV, glasses, phone
* Washed hands
* If required, reported to nursing any concerns noted on the Meal Time Feedback Form
* Returned Meal Time Feedback Form to Elder Life Specialist, and if required informed of concerns