

Supporting Independence and Participation at Mealtimes in Long-Term Care during COVID-19

Taking the time required for proper handwashing, infection control practice and PPE use has stretched our resources in LTC. This may, in turn, impact how our residents receive adequate nutrition and hydration.

Consider the people who *already work* within your LTC setting, and how you might empower these individuals to support your residents during mealtimes.



Photo from: <https://www.selfhelpelderly.org/our-services/nutrition-services/congregate-meals>

Remember that many of our residents *still have some ability to feed themselves*, but they may require support and training to do so. Occupational Therapists and Rehab Assistants at your home can provide this support and training to residents.

All of the staff named below have received specific training in supporting residents during meals.

Nurses

Occupational Therapists

Care Aides

Recreation Therapists

Dieticians

Rehab Assistants

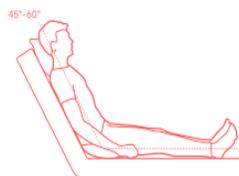
When we empower residents to maintain independence with eating, not only are we promoting meaningful activity and prolonging functional independence, but we will also have more capacity to provide assistance to those who do need hands on support during meals.

Positioning Is Important!



Support residents to sit in an upright, supported position, ideally with feet flat on the floor or on footrests.

Sitting in a chair is better than sitting up in bed.



Consider the person's level of fatigue, stop feeding/take a break if they become tired.

For support or more information contact:
VCH Interdisciplinary Long-Term Care Team
ILTCComeAlive@vch.ca

Possible challenge:	Possible Strategies to overcome the challenge:
<p>Mental health</p> <p>Depression, anxiety & loneliness can result in changes in appetite, or motivation to eat.</p>	<ul style="list-style-type: none"> - Sit with your resident, smile and be a friendly and supportive presence. - Offer encouragement without rushing your resident. - Engage in conversation if not too distracting. - Maintain a routine around meal times. - Know your residents and what is meaningful to them. Develop friendly rapport. - Know your resident's preferences (i.e. foods, routines, food temperatures, etc.)
<p>Vision</p> <p>Visual impairments are common in LTC. Some residents may lose the ability to see or recognize food or utensils. This is especially true for a resident on a dysphagia diet, as food may not appear the way they remember it to be.</p>	<ul style="list-style-type: none"> - Ensure your resident has their glasses on if necessary. Check for sufficient lighting or presence of glares on surfaces. - Avoid mixing foods together as this can make meals look less appetizing - Talk to the person about their food, use pleasant and descriptive words. - Show / tell the resident where their food items are located on their plate. - Orient them to their utensils, cups, plates, etc. - Reduce visual distractions/clutter. Consider presenting only 1 utensil or food item at a time if the resident is easily distracted, or consider finger foods.
<p>Smell</p> <p>Sense of smell can decrease with age, certain medications, or neurological impairments.</p>	<ul style="list-style-type: none"> - Comment on how the food smells. - Talk about memories of delicious smelling food. - Use positive descriptive terms.
<p>Teeth/Chewing</p> <p>Some residents may have difficulty chewing, or remembering how to chew!</p>	<ul style="list-style-type: none"> - Remind your resident to chew their food. - Make eye contact and demonstrate how to chew. - Check that they have their dentures and they are not loose. (Notify the nurse if teeth or dentures appear loose or painful).
<p>Cognition Initiation/Attention</p> <p>Some residents with cognitive impairment may not be aware that it is time to eat, forget that they know how to eat or swallow, or they may struggle to initiate the task of eating.</p>	<ul style="list-style-type: none"> - Sit with your resident, at eye level. - Decrease distractions in the environment. - Orient to their food and/or utensils. Consider finger foods if utensils are difficult to use. - Place the utensil in their hand to help them initiate eating. Tell/show them how to use it. - Provide simple direction ("<i>hold the spoon</i>", "<i>bring the spoon to your mouth</i>", "<i>swallow</i>") - Use Hand over Hand Technique (placing your hand under theirs to bring to mouth). - Encourage them to continue on their own. You may need to do this several times. - Remind them to swallow. Provide clear directions ("<i>Swallow, Mrs. Smith</i>"). Gently stroking their chin or front of their neck in downward motion can be a physical cue to swallow
<p>Saliva/Thirst</p> <p>Some residents may not recognize when they are thirsty. Dry mouth can be a common side effect of medications, and can make swallowing difficult.</p>	<ul style="list-style-type: none"> - Encourage residents to drink water, particularly if you notice dry mouth or sticky saliva - Encourage frequent sips of fluids between bites of food. - It may be easier for some to drink from a straw or hydration pack if not dysphagic. - It may be easier to eat foods with higher moisture content (i.e. fruits, gravies, sauces, etc.). - Consult with your Dietician and/ or Occupational Therapist if your resident is having difficulty with chewing and swallowing .
<p>Strength/ Coordination</p> <p>Some residents may have weakness affecting their ability to chew/swallow, hold a utensil, or bring a utensil up to their mouths.</p>	<ul style="list-style-type: none"> - Ensure the resident can sit with upright head posture, and good support through their feet and pelvis. - Position meals on your residents' dominant, or stronger side if applicable. - After hand hygiene, open packages and lids and ask your resident if they need any further help. - Consider a built up handle, or modified spoon or dishes to reduce work holding or using utensils and dishes. - Encourage residents to take their time, breathe and chew slowly, take breaks as needed.