

## Step 2 Assessment: Mealtime Feeding Assistance Protocol

**INSTRUCTIONS:** Implement the feeding assistance protocol for two days (total of six meals) to determine resident's response to feeding assistance during meals.

**Resident Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Protocol:** Take resident to a common location to allow feeding assistance to be provided to multiple residents simultaneously (groups of 3). Begin by offering the resident the lowest level of assistance (Level 1: Social Interaction and/or Level 2: Nonverbal Prompts). If the resident does not begin eating on his/her own after 5 minutes, proceed to the next level (Level 3: Verbal Prompts) AND continue with the previous levels (Social Interaction and Nonverbal Prompts). Again, if the resident does not eat on his/her own after 5 minutes, then 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?" or "would you like another bite of that?").

Prompt the resident to eat until he/she 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 (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 Interaction (e.g., "How are you feeling today?" "It's good to see you.")

Level 2: Nonverbal Prompts (e.g. tray set-up, placement of food and fluid items in easy reach)

Level 3: Verbal Prompts (e.g., "Try a bite of your chicken." "How about some soup?")

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)

**Resident Refused Food:** \_\_\_\_ Yes \_\_\_\_ No

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

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

**Nutritional Supplement(s) Given?** Yes No

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

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

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