Feeding Assistant Training
Session #2

Dr. Heidi J. Silver, PhD, RDN
Mrs. Abbie Hudson, BS, RDN

Vanderbilt Center for Quality Aging & Qsource
Vanderbilt Center for Human Nutrition
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
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 - 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

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

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