



FEEDING ASSISTANT TRAINING SESSION #6



Vanderbilt Center for Quality Aging & Qsource

Presenter



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- Assistant Professor
- Vanderbilt University School of Nursing
- Research Interests: quality of life and quality of care in long-term care; dementia care

Feeding Assistant Training Session 6

1. Define dysphagia & identify the symptoms
2. Define aspiration & identify the symptoms
3. Describe changes in resident behavior that should be reported
 - Review the INTERACT and other reporting tools
4. Identify who to report changes to

Review

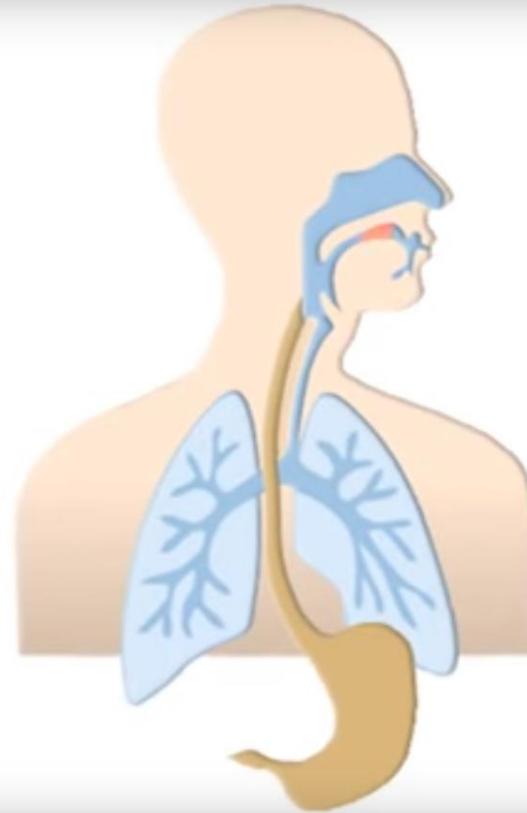
- Session 2: Diet Types
 - Malnutrition
 - Texture Modified Diet (mechanical soft, puree)
 - Liquid Consistency (thin, nectar, honey)

- Session 3: Feeding Techniques
 - Positive dining environment
 - Proper positioning
 - Small manageable bites (1 tsp or less)

Overview of Dysphagia & Aspiration

Nestle dietitian will review diet types as well as provide an overview of dysphagia and aspiration

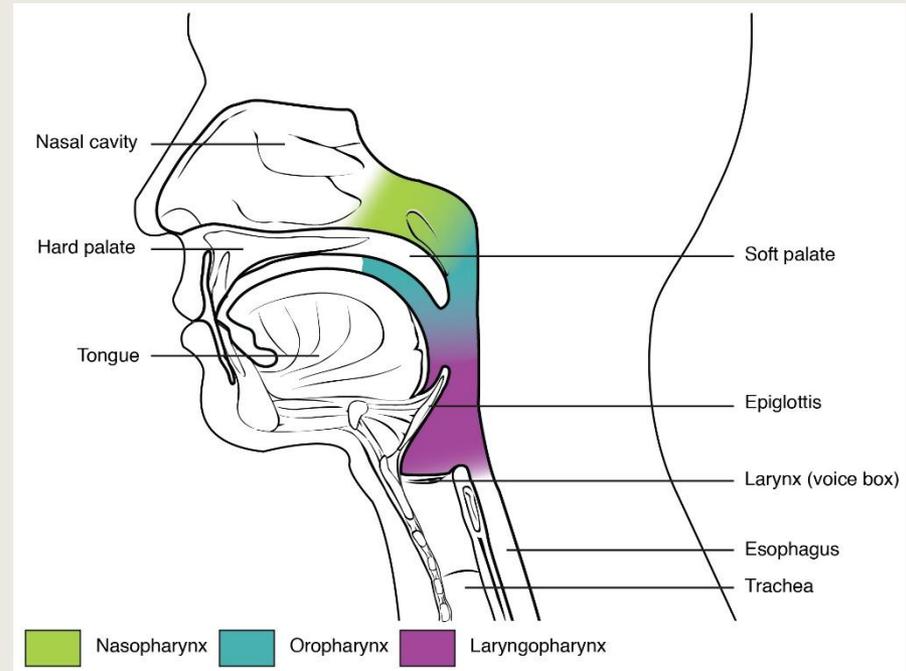
Understanding Dysphagia



<https://www.youtube.com/watch?v=jK1o3LSQmB0>

Dysphagia

- Any change in the normal swallowing process
- Swallowing difficulties



<https://www.youtube.com/watch?v=YMXV8HKvXCQ>

Signs & Symptoms of Dysphagia

- Pocketing food
- Coughing
- Needing to swallow 3-4 times per bite
- Food or liquid falling from the mouth
- Watering eyes after eating/ swallowing
- Noticeable extra effort in chewing or swallowing

Aspiration

- Occurs when food or fluids goes into the lungs instead of the stomach
- It is the most serious health risk of dysphagia
- It can potentially lead to pneumonia

Aspiration

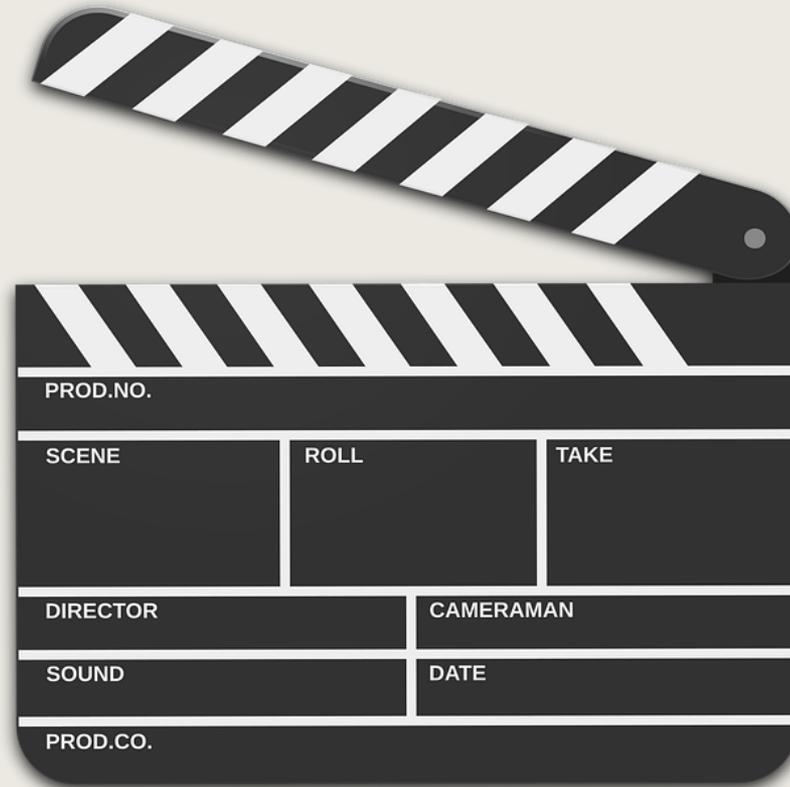
SIGNS & SYMPTOMS

- Constant coughing or clearing throat
- Wet sounding voice
- Gurgling

PRECAUTIONS

- Ensure resident is properly positioned
- Provide small bites/sips
- Ensure foods and fluids align with resident's diet order

Dysphagia & Aspiration



New Jersey Department of Human Services
<https://www.youtube.com/watch?v=VHQUsIFEBgs>

Dysphagia & Aspiration

- What to do if you suspect a resident is experiencing dysphagia or aspiration:
 - ▣ Alert nurse or nursing supervisor immediately
 - ▣ Alert speech therapist if you suspect resident has swallowing difficulty

Other Situations to Report

- Loss of dentures or glasses
- Broken tooth
- Resident, staff, or visitor accident/ injury
- Complaints from resident or visitor
- Events that do not fit the resident's normal routine, behavior, or condition

INTERACT: Stop and Watch

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

- S** Seems different than usual
- T** Talks or communicates less
- O** Overall needs more help
- P** Pain – new or worsening; Participated less in activities
- a** Ate less
- n** No bowel movement in 3 days; or diarrhea
- d** Drank less
- W** Weight change
- A** Agitated or nervous more than usual
- T** Tired, weak, confused, or drowsy
- C** Change in skin color or condition
- H** Help with walking, transferring, toileting more than usual

Name of Resident _____

Your Name _____

Reported to _____ Date and Time (am/pm) _____

Nurse Response _____ Date and Time (am/pm) _____

Nurse's Name _____



EARLY WARNING TOOL "Stop and Watch"

If you have identified an important change while caring for a resident today, please circle the change and discuss it with the charge nurse before the end of your shift.

Name of Resident _____

- S** seems different than usual
- T** talks or communicates less than usual
- O** verall needs more help than usual
- P** articipated in activities less than usual

- A** te less than usual (Not because of dislike of food)
- N**
- D** rank less than usual

- W** eight change
- A** gitated or nervous more than usual
- T** ired, weak, confused, or drowsy
- C** hange in skin color or condition
- H** elp with walking, transferring, toileting more than usual

Staff _____

Reported to _____

Date ____ / ____ / ____ Time ____

Generic Reporting Form

RESIDENT: _____

STAFF: _____

DATE: _____

MEAL PERIOD: ___ Breakfast ___ Lunch ___ Dinner

SNACK PERIOD: ___ Morning ___ Afternoon ___ Evening

Resident was experiencing (Check all that Apply):

- Refusing to eat
- Difficulty chewing or swallowing
- Pocketing food
- Coughing associated with swallowing
- Increased drooling
- Changes in speech
- Nausea/ vomiting
- Increased confusion
- Increased agitation
- Unusual drowsiness
- Pain (Indicate Location: _____)
- Other (Describe): _____

Please give this form to the charge nurse who will decide if it needs to be shared with others such as the dietitian, speech therapist, occupational therapist, etc.

Reporting Procedure



- Who:
 - ▣ Nursing Supervisor
 - ▣ In some instances, the social services director should be notified (resident rights issues, etc.)

- When:
 - ▣ Immediately

- How:
 - ▣ Best to provide information both written and verbally
 - ▣ Your facility may have a specific form such as STOP and WATCH

Important Role of Feeding Assistants in Recognizing Changes

- You have a different interaction with residents than the nursing staff
- If you consistently assist the same residents, you may spend more time with residents and notice changes other staff haven't
- Examples