Protecting, Maintaining and Improving the Health of Minnesotans

MINNESOTA

DEPARTMENT

OF

HEALTH

PAID FEEDING ASSISTANT

TRAINING

PROGRAM

Purpose

The purpose of this program is for implementation of the Federal Centers for Medicare and Medicaid Services (CMS) 42CFR 483.35(h), 42CFR 483.75(e)(1)(q) and 42CFR 483.160 relating to use of paid feeding assistants in nursing homes. A Paid Feeding Assistant is an individual who meets the requirements specified in 42CFR 483.35(h)(2) and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization.

The Minnesota Department of Health (MDH) has developed and approved this Paid Feeding Assistant curriculum available for use by the public. This MDH Paid Feeding Assistant curriculum is consistent with the currently approved Long Term Care Nursing Assistant Course, 1998-revised edition, developed by Minnesota State Colleges and Universities (MNSCU). Completion of this Paid Feeding Assistant training program will meet both federal and state minimum training course requirements for feeding assistant training.

Background

CMS adopted regulations effective October 27, 2003 which allow the use of paid feeding assistants in nursing homes provided:

(1) States approve training programs for paid feeding assistants using federal requirements as minimum standards; and

Nursing Homes must use paid feeding assistants consistent with all other applicable guidelines under 42CFR 483.35(h), 42CFR 483.75(e)(1)(q) and 42CFR 483.160 and Minnesota State Statute144A.62 which allows the use of paid feeding assistants in nursing homes. The feeding assistants will be under the supervision of the Director of Nursing, who has the ultimate responsibility for assuring the feeding assistant's successful completion of the course and competency in the feeding skills.

Requirements for training of paid feeding assistants

A state approved training course for paid feeding assistants must include, at a minimum, 8 hours of training/competency in the following areas:

- Feeding techniques
- Assistance with feeding and hydration
- Communication and interpersonal skills
- Appropriate responses to resident behavior
- Safety and emergency procedures, including the Heimlich maneuver
- Infection control
- Resident rights
- Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse

A written and competency test is included in this curriculum. The written test must be passed with 75%. A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants. If an individual has passed an approved feeding assistant curriculum offered in Minnesota, that

competency is considered portable from one Minnesota nursing home to another Minnesota nursing home. Documentation of successful completion of the approved paid feeding assistant training course is required and must be retained by the nursing home in the employment file.

Consistent with Minnesota Nurse Practice Act, MN State Statute 148.171 Subd. 15, the paid feeding assistant training must be taught by a Registered Nurse.

COURSE

THIS APPROVED FEEDING CURRICULUM MUST BE TAUGHT BY A REGISTERED NURSE FOR A MINIMUM OF EIGHT (8) HOURS.

Describe the Nursing Home Resident's Bill of Rights (Minnesota Statutes 144.651 - 144.652)
Purpose: This Minnesota and federal law provide nursing home residents with the same rights given to all citizens.

A. All members of the health care team must respect the Bill of Rights.

B. Resident rights are preserved when staff use skills which maintain and protect the resident's dignity and basic human rights.

C. In general, residents have the right to:

Handout 1: Summary of Resident's Bill of Rights.

1. Be informed about rights.
2. Examine federal or state survey report of the facility.
3. Be accorded dignity in his/her personal relationship with staff.
4. Be given in writing the name, business address and telephone number of the physician responsible for care.
5. Receive quality care regardless of race, color, ethnic origin, age, religion, marital status, sexual preference or handicap.
6. Receive encouragement and support in making personal choices to accommodate individual needs.
7. Be respected and protected from harm, both physically and verbally.
8. Have continuity of care.
9. Refuse treatment.
10. Privacy during procedures and when requested.
11. Be addressed by the name preferred.
12. Be informed about the costs and services available.
13. Have confidentiality maintained regarding his/her medical condition, medical records and other information relating to his/her care.
14. Be free from non-therapeutic chemical and physical restraints.

15. Wear his/her own clothing, keep appropriate personal possessions, and be allowed to spend his/her own money.

16. Have his/her family or significant others participate in care conferences.

17. Receive assistance in exercising citizenship rights.

18. Have assistance and privacy in personal communication (mail, phone calls, visitors, etc.)

19. Have personal possessions treated with respect and safeguarded.

20. Be informed in terms which allow the resident to understand complete and current information relating to the diagnosis, treatments, alternatives, risks and prognosis concerning his/her care.

21. Be informed of the procedures in filing confidential complaints, resolving grievances and be given references of available resources.

22. Participate in religious or political activities if these do not infringe on other resident's rights.

23. Organize, maintain and participate in resident and family councils.

D. The Resident's Bill of Rights must be posted in an easy to see place in the Long Term Care Facility.

E. A copy of the Resident's Bill of Rights must be given to all residents or guardian upon admission to facilities.

F. Describe ways to assist in resolving grievances.

1. Realize the Bill of Rights gives the resident the right to voice grievances without fear of reprisal.

2. When conflicts between residents occur, maintaining the safety of each resident must be the primary consideration.

3. Report information regarding resident conflicts accurately and immediately to the charge nurse. Resolution of conflicts can often be worked out by skilled and caring staff.

4. State ombudsman services assist residents and their families to resolve conflicts with facilities.

II. Describe the Vulnerable Adult Law (Minnesota Statute 626.557) A Minnesota law which provides for protection of adults considered vulnerable due to physical, mental or emotional impairment.

A. Provisions of the law

1. Protects adults who, because of disability, are considered vulnerable to abuse or neglect. Persons who cannot help themselves if they are hurt or misused by others.

2. Provides for safe institutions or services for vulnerable adults who have been abused.

3. Report of abuse or neglect or suspicion of abuse or neglect.

4. Investigation of reported situations.

5. Includes persons age 18 and older who:

   live in licensed facilities.
   or receive services from licensed agencies.
   or are in family settings but cannot report abuse or neglect themselves.

B. Define abuse, neglect and exploitation

1. Abuse: non-accidental harm or threatened harm to a resident's health or welfare

   a. Physical abuse: Conduct that produces pain or injury and is not accidental

   b. Verbal abuse: Repeated conduct that produces mental or emotional stress

   c. Sexual abuse: Violation of criminal sexual conduct or prostitution statutes; any sexual contact between a facility staff person and a resident or client of that facility.

2. Neglect - failure to provide the vulnerable adult with the necessary food, clothing, shelter, health care or supervision.

3. Exploitation (through abuse) - illegal use of vulnerable adult's person or property through undue influence, duress, deception or fraud. Absence of necessary financial management, that through neglect might lead to exploitation.

C. Describe reporting of abuse

1. Follow policy of the facility. All long term care staff are mandated reporters, as are all professionals and professional delegates.

2. Abuse must be reported immediately.

3. Confidentiality of reporter protected.

4. No reprisal or retaliation to reporter if done in good faith.

5. The law requires anyone having knowledge of abuse of a vulnerable adult to report.

6. Persons who are required to report and intentionally fail to do so are:

a. Guilty of a misdemeanor.

b. Liable for damages caused by failure to report.

D. Facility responsibility

1. Keep records of incidents of self injury or verbal or physical aggression occurring between residents in order to monitor for trends or repeated incidents.

Key Terms

Body Mechanics -	Using muscles of the body correctly to make the best use of strength to lift or move objects.
Transfer (Gait) Belt -	Assistive device used to transfer or walk a resident.
Physical Restraint -	Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (federal regulation 483.13).
Infection control -	Practices which help to reduce the spread of disease. Also called Medical Asepsis.
Contaminated -	Items or areas considered to have disease-causing organisms.
Pathogen -	Disease-causing microorganism; germ.
Microorganism -	Tiny living bodies that cannot be seen with the naked eye; can only be seen with a microscope.
Safety -	Practices that prevent harm or injury.
Chain of infection -	Process involved in the development of infectious disease in people.
Standard precautions -	Practices such as handwashing and gloving, identified by the Center for Disease Control which reduce the risk of transmission of disease.
Isolation -	Practices to separate people or items especially with easily transmitted diseases.
Infection -	Condition or disease where the body or part of it is invaded by pathogens which multiply and result in disease or harmful effects.
Disinfect -	Preventing infection by killing bacteria. Disinfectants are common solutions usually containing chlorine.
Sterilization -	Removing or destroying all microorganisms on a surface.

III. Describe Safety of the Resident.

A. It is necessary for all staff to be alert to safety concerns for the resident.

B. Adjustments to environment are necessary for individual needs, such as light, noise, air temperature and type of furniture.

C. Identify potential hazards to resident safety.

1. Falls are the greatest threat to residents. Be alert to all situations, such as spills, which may be a hazard.

2. Lack of proper lighting. Glare is especially hazardous to the elderly person.

3. Unsafe equipment such as electrical cords

4. Slippery floors

5. Unlocked wheelchairs, geri chairs

6. Errors (**wrong tray**)

7. Bedrails, restraints

8. Improperly placed or non-working call light

9. Unsafe or improperly performed procedures as appropriate

10. Improper use of smoking materials

11. Cluttered hallways

12. Report unsafe or non-working equipment

D. Identify ways feeding assistants can prevent injuries, accidents to self and residents.

1. Follow care plan at all times.

2. Know resident care procedures.

-- perform accurately as learned
-- ask questions if unsure of task
-- do not perform tasks you have not been taught

3. Know fire safety policy of facility
-- be alert to fire safety violations (smoking rules, oxygen safety, electrical equipment, unsafe wires)
-- extension cords are not allowed

4. Maintain your own health.
-- follow rules of healthy lifestyle
-- call facility when illness prevents your being available to work.

5. Use Standard Precautions when completing your work.

E. Describe safety in resident's unit.

1. This is the resident's personal area, the resident's "home."

a. The personal items the residents have in their rooms are very valuable to them and provide them with memories of earlier times. Handling these items with respect and care demonstrates to the resident your concern and assists the resident with grief and loss issues.

b. The resident has a right to expect his personal area to be treated with respect and dignity. This includes knocking on closed door, giving the resident his/her visitors the right to privacy.

IV. Identify Situations Which Call for Emergency Action

A. Fire

1. Major causes of fire

- improper use of smoking materials
- defects in heating systems
- improper trash disposal
- misuse of electrical equipment
- spontaneous combustion

2. Actions to take when fire is discovered

Handout 2: RACE

R -- remove residents in immediate danger
A -- alert other staff
C -- confine fire
E -- extinguish fire if possible
-- follow procedures of facility

3. Use of fire extinguisher

Most fire extinguishers are the dry chemical type suitable for all types of fires. To use:

Remember PASS
Pull - safety pin (usually twist and pull)
Aim - nozzle at base of fire
Squeeze - trigger handle
Sweep - side to side at base of fire

4. Describe methods to remove an immobile resident

   -- follow facility policy for evacuating immobile residents; this may include placing residents on a blanket on the floor and pulling them out from danger or moving the entire bed.

B. Finding a resident on the floor

1. Stay with resident.

2. Call for help immediately

3. Do not attempt to move resident until nurse has assessed the resident.

C. Choking

1. If resident is coughing but is able to breathe, do not intervene, but continue to observe until coughing subsides and resident continues with activity.

2. Clutching the neck with one or both hands is the universal distress signal or sign for choking.

   a. Ask resident, "Are you choking?"

   b. If affirmation (yes) head nod, begin procedure for clearing obstructed airway.

Handout 3: Choking

D. Finding an unresponsive resident

1. Call resident by name to determine unresponsiveness.

2. Call for nurse immediately and stay with the resident.

3. Assist the nurse as directed.

E. Seizures (Sudden involuntary movement of muscles. Person may be partially conscious or become unconscious.)

1. Stay with resident; move obstacles out of the way to avoid injury.

2. Call for the nurse immediately.

3. Ease resident to the floor.

4. Roll resident on his/her side.

5. Do not restrain resident's movements.

F. Wandering or lost residents

1. Report to nurse immediately upon discovering a resident missing.

2. Follow instructions.

G. Severe Weather

1. Follow facility policy for tornado watches or warnings or other severe weather situations.

a. Close windows and drapes,

b. Move residents away from windows,

c. Protect and reassure residents.

V. Describe Principles of Infection Control

A. Define Infection Control
Practices that prevent the growth and spread of disease producing micro-organisms called pathogens or germs. Infection control is also referred to as medical asepsis.

B. Identify ways microorganisms enter the body.

1. Body openings such as nose, mouth, eyes, urinary tract.

2. Body cuts (anytime the skin is broken)

3. Introduction of contaminated material through tubing such as indwelling catheter, intravenous (IV) or tube feeding tubes.

C. Describe the chain of infection
The route pathogens travel to spread disease. There are six (6) parts of the chain of infection.

Handout 4: Chain of Infection

Handout 5: How Microbes are Spread

1. Pathogen - the cause of infection

2. Reservoir - where the pathogen can survive

3. Exit point - such as body secretions or infected wounds

4. Method of transmission - such as on hands or on contaminated supplies

5. Entry point - such as broken skin

6. Host - person receives pathogen and harbors it. Disease will occur more often in persons at risk such as those who are ill.

D. Describe conditions which affect the growth of pathogens.

Handout 6 : Ways Infections are Spread

1. Food for pathogen (can be found on the body, body discharges, equipment or trash.)

2. Moisture

3. Air (necessary for growth)

4. Temperature (most microorganisms grow and thrive best at temperatures between 40° to 110°F.)

5. Darkness (direct sunlight kills some germs; most pathogens live best in darker areas.)

VI. Describe Standard Precautions

A. Basic infection control practices for all health care facilities in the United States and any industry which could affect the health of citizens were developed by the Center for Disease Control (CDC) in Atlanta. The practices are called Standard Precautions and are designed to reduce the risk of transmission of disease producing microorganisms.

B. Standard Precautions practices include:

1. Handwashing. Wash hands frequently.

2. Gloves. Wear when touching body fluids or items contaminated with body fluids. Change gloves between tasks and remove before touching clean items.

C. Importance of Handwashing

1. Handwashing is the most effective way to prevent the spread of disease.

2. Handwashing should be done

Handout 7: Aseptic Handwashing

a. When beginning work
b. Before and after caring for the resident

c. Before handling food

d. After using the bathroom, combing your hair, using a tissue, eating, drinking or smoking

e. After handling resident's belongings

Handout 8 Gloving

f. After working with anything soiled

3. Friction (rigorous rubbing) removes germs

VII. Identify Caregiver Precautions with Infectious Diseases

A. Describe types of infection:
There are many types of disease producing microorganisms. They are usually identified by special features such as their shape and how and where they grow, multiply and spread

1. Bacteria. This germ grows in groups and a culture sample helps determine the best medicine for treatment. There are many antibiotic medications. Examples of bacteria include;

   a. Strains of streptococcus, "strep" which can cause a sore throat

   b. Strains of staphylococcus "staph" which causes infections in cuts and surgery sites.

   c. Mycobacterium tuberculosis, "TB" is transmitted to others from the cough or sneeze of an infected person. Usually attacks the lungs. A Mantoux skin test identifies exposure to the germ. This test is required within three months prior to employment and generally annually thereafter, based on risk assessment by the facility, with all persons working in long term care in Minnesota.

2. Fungus. The most common disease producing fungus is yeast infections. There are medications for treatment.

   a. Candida albicans occurs in mouth and vagina

   b. Tinea capitis, "ringworm" occurs on the skin

   c. Tinea pedis. "athlete's foot" also occurs on the skin

3. Virus. The smallest microorganism in the world. The germ needs a host to multiply. There are no specific medications for viruses. Medications are usually developed to control the specific features of the pathogen. Viruses are able to change their features. Examples of viruses include:

   a. Common cold - affects the respiratory system.

   b. Influenza, "flu" - affects the respiratory system with additional body complaints of headache, fever, aching or tiredness. "Flu shots" must be given every year because of the changing features of the virus.

   c. Herpes simplex, - "cold sore" or "fever blister" usually reoccur on the same area such as mouth or lips.

   d. Herpes zoster, "shingles" - blister like sores erupt on the skin along the route of a nerve. The chicken pox virus causes the reactivation of herpes zoster.

e. Hepatitis - a systemic (body) infection affecting the liver.

-- A - reservoir is in stool (feces) and is spread stool to mouth route by food or water contaminated with the virus.

-- B & C - reservoir in blood and spread by direct contact with body fluids

f. Human Immunodeficiency Virus, ("HIV") - The final stage of the infection is called Acquired Immune Deficiency Syndrome or "AIDS." The body's immune or defense system is unable to fight off infections and is vulnerable to "opportunistic infections" which are usually eliminated in people with healthy immune systems.

g. Drug Resistant Infections - pathogens or germs can become resistant to the medications that were developed to fight them in people who got the infection. Examples include:

- methicillin – resistant S. Aureus (MRSA)
- vancomycin – resistant enterocci)VRE)
People most likely to develop a drug-resistant infection are those who are weak or have a chronic condition such as leukemia or AIDS.

B. Describe measures which prevent the entrance of harmful germs into the body.

1. Handwashing (single most important measure in prevention of spreading disease)

2. Separation of clean and dirty items

3. Correct handling of food

4. Correct handling of clothing protectors

-- do not have clothing protectors touch uniform
-- when clothing protector falls to floor, place it in soiled linen hamper

5. Maintain your own good health

-- well-balanced diet
-- rest
– exercise
-- good mental health

6. Staff should report in ill and visitors should be encouraged to stay away from facility when ill.

VIII. Demonstrate handwashing

Demonstrate clearing an obstructed airway on an unconscious resident

Key Terms

Communication -	The exchange of information or messages by written or spoken word, signals or other methods.
Non-Verbal Communication -	Messages sent by methods other than spoken or written word such as facial expressions and body movements
Body Language -	Use of body and facial positions and movement to send a message. The person may or may not be aware of the message sent.
Signs -	Signals that there may be illness or the body is not working normally. They may be observed by the nursing assistant by seeing, listening, touching or smelling
Symptoms -	Signals that there may be illness or the body is not working normally. They are recognized by the resident and communicated to the nursing team.
Care Plan -	A written method or outline identifying resident's needs and how health care workers will assist them.
Chart -	A legal document that is a written record of all resident care and observations.
Checklist -	Form to monitor ongoing resident observations such as appetite or vital signs. Also called flow charts or flow sheets
Report -	Communication of resident activity between nursing team members. Occurs routinely at end-of-shift report.
Incident -	An event that is not a usual routine or behavior and has or could result in injury.
Continuity of Care -	Providing 24 hour care without interruption or change in meeting resident's needs.

IX. Describe Communication

Handout 9: Communication

A. The exchange of information

B. Effective communication occurs when the receiver gets the message in the way the sender intended.

C. Effective communication is essential to report observations and progress of the resident.

D. Communication is essential to implement the care plan for the resident.

E. Communication skills are important in relating to the resident, families and other staff members.

X. Identify Verbal Communication

A. Getting the message across through the use of voice or written words.

B. Used to give and receive information, facts and sharing of experiences.

C. Be alert to the resident's ability to understand the words used and read written information.

D. Be aware of the verbal communication in:

1. Choice of words

2. Tone of voice

3. Speed of voice

XI. Identify Non-Verbal Communication

Handout 10: Non-verbal Communication

A. Getting a message across without the use of words.

1. Examples of non-verbal communication include:
   - facial expressions
   - posture
   - gestures
   - touch
   - dress
   - arm movement
   - pacing
   - raising of eyebrows
   - smiling
   - silence

2. Remember often "Actions speak louder than words;" be aware of your non-verbal behavior when relating to residents and their families.

XII. Describe Effective Communication

A. Effective communication takes time, patience and skill.

B. Guidelines for effective communication:

1. Using the techniques listed below will assist you to encourage residents to verbalize needs.

a. Reduce background noise
b. Make certain your body language says you are listening
c. Pace yourself to speak at the pace the resident understands
d. Allow time for talking
e. Express an interest in what the resident says
f. Maintain eye contact
g. Match body language with what is said
h. Speak clearly and loudly enough so resident can hear
i. Refer to resident by the name he/she prefers
j. Listen attentively
k. Keep conversation resident-centered

C. Barriers to effective communication

Handout 11: Principles of Good Listening

1. Not listening
2. Background noise
3. Belittling a person
4. Talking down to a person; talking to a resident as if he/she were a child
5. Avoiding eye contact
6. Appearing too busy or in a hurry
7. Making judgements
8. Not acknowledging what was said
9. Giving false or inappropriate reassurances
10. Speaking in language other than resident's primary language
11. Dominating the conversation

D. Describe communication techniques to use when caring for the resident with vision impairments.

Handout 12: Basic Rules for Assisting the Visually and Hearing Impaired

1. Realize many elderly have some vision impairment. Some techniques to use are:

a. Identify self and make presence known when approaching resident
b. Knock before entering room
c. Call resident by name desired
d. Reduce glare from window behind you; it can interfere with resident's ability to see
e. Encourage and assist resident with use of eye glasses; clean glasses as needed

f. Explain placement of articles; maintain familiarity and stability in environment
g. Offer your arm to guide and walk slightly ahead of resident
h. Speak clearly and slowly, using moderate tone of voice
i. Remember the person may not be hearing impaired; do not use a loud voice or shout

E. Describe techniques to use when communicating with the hearing impaired resident.

1. Realize some hearing loss occurs in the normal aging process. Techniques to use include:

a. Face the resident when talking to him/her
b. Speak clearly and distinctly
c. Keep hands away from your mouth while talking to allow for lip reading
d. Stand or sit near resident
e. Assist the resident with use of a hearing aid if he/she uses the device
f. Reduce background noise
g. Refrain from eating or chewing gum

F. Describe techniques for communicating with a language - speech impaired resident.

Handout 13: Rules for Communicating with Brain Injured Adult

1. Residents who have suffered strokes may not be able to speak (aphasia) or have difficulty speaking (dysphasia). It is important to realize that:

a. The resident usually understands what is being said but cannot communicate verbally
b. The resident may express frustration or anger because words he says do not "make sense."

XIII. Describe Communicating Within Nursing Team

A. Feeding assistants have frequent and close contact with the resident; therefore, the feeding assistant has the opportunity to observe the resident more closely than the nurse in charge.

B. Communication necessary for continuity of care.

C. The care plan is an essential tool in communicating regarding resident care.

1. Care plans are developed with guidelines from federal regulations which identify areas of observation and care.

2. Feeding assistants contribute to the resident care plan by making careful observation and reporting their observations and action to the charge nurse.

D. Report physical, mental and emotional observations of residents such as:

- Resident's reactions, behavior
- Resident's statements regarding his/her physical symptoms (pain, numbness, dizziness)
- Care that seems to work best for the resident
- What care does not seem to work well

1. Feeding assistants should be as specific as possible when reporting observations. Accuracy of reporting reflects on resident care, the care plan and unit staffing.

E. Respect resident's rights to privacy and confidentiality when reporting.

F. Recognize and report abnormal signs and symptoms

Signs	Symptoms
- shortness of breath	- chills
- rapid respirations	- pains in chest
- fever	- pain in abdomen
- cough	- nausea
- blue color to lips	- excessive thirst
- vomiting	- pain on moving
- drowsiness	- change in appetite
- sweating	- difficulty in swallowing or chewing
- breaks or tears in the skin; bruises	- any pain
- sudden increase in confusion, memory loss, judgement	- any change in the resident from usual behavior
- any unusual signs or symptoms	

G. Describe incidents

1. Any event which does not fit the routine care of the resident or operation of the facility.

2. Any time an accident/incident occurs, a written report must be made out.

3. Examples of incidents
   - lost dentures, glasses, broken teeth
   - resident, staff or visitor accidents
   - theft from residents, staff or visitors
   - resident or staff injury

4. Report any event to charge nurse

XIV. Identify the Feeding Assistant's Responsibility in Record Keeping

A. The feeding assistant is responsible for some important record keeping regarding the resident's appetite and intake. Patterns of resident behavior or changes are identified through the feeding assistant's reporting and recording. Feeding assistants may be responsible for checklist charting.

1. Examples of checklist charting used by feeding assistants:
   - I & O record

- Appetite/meal record

B. Identify commonly used abbreviations and medical terminology

Handout 14: Abbreviation List

1. Communication with the nursing staff will involve knowing some commonly used medical abbreviations. Knowledge of basic medical abbreviations and medical terms assist in making communications clear and concise.

C. Describe the resident's chart

1. The resident's chart is a legal record

2. Information must be accurate

3. Entries must be written clearly

4. Entries must be signed

5. Contents of the chart are confidential

Key Terms

Nutrition -	Processes by which the body takes in food and uses it for growth, repair and maintenance of health.
Essential nutrients -	Necessary nutrients in food needed by the body to supply heat and energy, build or repair tissue and regulate body functions: Proteins, carbohydrates, fats, vitamins, minerals and water.
Food Guide Pyramid -	Recommended daily servings of food for a balanced diet.
Diet -	Food and fluids regularly consumed by a person as a part of normal living.
Therapeutic Diet -	Special diet ordered by physician to help in the treatment of disease.
Dehydration -	Lack of or insufficient water or fluid in the body.
Intake -	All liquids or fluids consumed.

XV. Normal Aging Process in Digestive System

A. Digestive (stomach-intestines)

1. Changes

-- gradual slowing down of entire system
-- decrease in taste: sweet, sour, bitter, salt
-- saliva and other secretions reduced
-- teeth missing, poor fitting dentures

XVI. Discuss Nutrition

A. Define nutrition

1. The processes by which the body takes in food and uses it for growth, repair, and maintenance of health.

B. Identify essential nutrients

Handout 15: Essential Nutrients

1. Essential or necessary nutrients are in food and needed by the body to .supply heat and energy, build or repair tissue and regulate body functions. They are:

a. Proteins - Build and repair body tissues. Found primarily in meat, poultry, and dairy products.

b. Carbohydrates - Produce heat and energy. Found in fruits, vegetables and foods made from grains.

c. Fats - Produce heat and energy. Found in animal and plant foods: fat marbled meat, butter, cheese, nuts, oils.

d. Vitamins - Regulate body processes and functioning. Found in a variety of foods.

e. Minerals - Build body tissues such as bones and teeth. Found in a variety of foods.

f. Water - Essential to life and all body system functioning. Normal adult intake is 2- quarts per day.

C. Discuss Food Guide Pyramid

Handout 16: Food Guide Pyramid

1. The Food Guide Pyramid shows daily servings recommended for a balanced diet. This should include:

a. A variety of foods.

b. Lots of fruits, vegetables and grains (bread, cereal and pasta).

c. Food choices low in saturated fat and cholesterol,

d. Using sugar and salt in moderation.

XVII. Describe Factors Which Affect the Nutrition of the Resident

The nutritional needs of the older person are the same as other adults. However, meeting these needs can be more difficult for the elderly person. Some factors include:

A. Physical factors

1. General Health

a. Fatigue level will influence energy to eat.

b. Level of alertness to focus on mealtime and eating.

c. Absence or presence of disease which influences appetite.

2. Sensory Loss

a. Some loss of sensory ability is part of the normal aging process, especially taste, smell and sight. Meals may need to be enhanced with seasonings, unless contraindicated by care plan.

b. Appetite is affected by sight, smell, taste and even the sound of food preparation.

3. Physical Comfort

a. Assure comfort for mealtime with proper positioning.

b. Correct positioning is also important to prevent aspiration of foods; the head should be elevated.

4. Teeth/Dentures

a. Missing, broken or loose teeth affect ability to eat.

b. Improperly fitting dentures impair the resident's ability to chew and swallow and enjoy mealtime.

5. Ability to Chew and Swallow

a. Inability or difficulty in chewing or swallowing will require special diets or procedures, such as pureed foods or tube feeding.

b. Persons who have difficulty swallowing have an especially difficult time with liquids. Preparations are available that thicken the liquids without changing the taste.

B. Psycho-Social

1. Cultural influences

a. Religious practices

b. National cultures and traditions

c. Family customs

d. Economic backgrounds

2. Emotional concerns affect appetite and nutrition

a. Loneliness

b. Depression

c. Anger, frustration

3. Acceptance of diet - especially if different from life long meal patterns.

4. Environment where meals are served

a. Mealtime can be a source of social involvement.

b. All staff of nursing home can help make the mealtime experience a pleasant one.

c. Pleasant table mates and conversation at mealtime are important considerations.

d. Excessive noise in dining room can be a problem; avoid loud voices and clanging of dishes.

XVIII. Identify Types of Diets

A. Define Diet

1. Foods and fluids regularly consumed by a person as a part of normal living.

B. List types of standard diets

1. General, regular, house

a. No restrictions

b. Most residents receive this diet

c. Provides all essentials of a balanced diet

d. Many facility general diets may be no added salt (NAS) or no concentrated sweets (NCS)

2. Clear liquid

a. Liquids which are clear, such as tea, broth, gelatin (Jell-O), some fruit juices and soda pops.

b. Used for persons experiencing stomach or intestinal distress as it is easy to digest.

c. This does not provide adequate nutrition for a long period of time.

d. Clear liquids are often difficult to manage for residents with swallowing problems. They may need to be thickened.

3. Full liquids

a. Given to persons with digestive disorders, those who have difficulty chewing and during recovery from acute illness.

b. Includes clear liquids plus milk, custards, ice cream, sherbet and other foods that are liquid at room temperature.

4. Puree, mechanical soft, or consistency controlled

a. Used for persons having difficulty in chewing or swallowing.

b. Same as a regular diet, but food has been chopped fine, ground or pureed (blended to a smooth, thick consistency)

C. List types of therapeutic or special diets.

Therapeutic diets are ordered by physicians to help in the treatment of a disease. Some foods may be increased in amount, some foods may be omitted (such as in allergy related diets) or some foods may be restricted to measured amounts. Dietitians plan and manage therapeutic diets.

1. Diabetic diet

a. Ordered for the person who has diabetes. Is also often used for person on a calorie restricted diet for weight reduction.

b. The amount of carbohydrates is controlled

- carbohydrates are managed by calories ordered and "exchanges"
- no sugar on tray
- no foods with high sugar content
    *honey
    * syrup
    *regular soda pops
    *jelly, jams
    *candy
- may have special sugar-free substitutes if indicated on diet plan

2. Low sodium (low-salt) diet

    a. Ordered for persons with heart, blood vessel or kidney disease.

    b. No salt on tray

    c. Limit foods high in salt
    - bacon
    - ham
    - luncheon meats
    - some cheeses and soups
    - processed foods

3. Low Fat/Low Cholesterol Diet

    a. Ordered for persons with blood vessel, heart, liver or gallbladder disease.

    b. No fried foods, limit saturated fats

    c. Foods restricted or omitted
    - margarine, butter, salad oils
    - meats marbled with fat, skin on poultry
    - cheeses, whole milk, ice cream

    d. There are many fat free or low fat substitutes available.

4. Other therapeutic or special diets

    a. Kidney related diseases

    b. Roman Catholic - may have meat restrictions on Fridays and some religious holidays

    c. Conservative Jewish Faith - laws related to food preparation and non-Kosher meats

XIX. Discuss Importance of Fluid Balance

A. Define fluid balance

1. Balance of fluid or liquids taken into body with amount eliminated through output of urine, stool, perspiration and respiration

2. Necessary for proper blood flow.

3. Necessary for removal of body waste (urine & stool).

4. Aids in cell protection to keep
   - skin moist
   - mouth and throat moist
   - eyeballs lubricated

5. Regulates body functions
   - temperature control
   - digestion
   - movement of secretions out of lungs
   - keeps urine diluted, stool soft

B. Identify signs of dehydration (lack of sufficient water or fluid within the body). The elderly show signs of dehydration quicker than younger adults.

1. Lips and mouth become dry, may have difficulty in swallowing, loss of appetite.

2. Tongue becomes thickened and coated.

3. Skin becomes dry, itchy and cracks.

4. Decrease in urine output because there is not enough fluid.

5. Urine is concentrated: darker in color, strong odor.

6. Fatigue, weakness different from usual.

7. Confusion in persons not usually confused.

8. Weak pulse, pulse rate is faster.

C. Identify signs of edema (too much fluid in the tissues).

1. Swelling or puffiness

   a. Often seen in feet, ankles, hands.

   b. Some residents have swelling in feet and ankles due to circulation problems from heart disease.

2. Congestion or wheezing

3. Weight increase

4. Decrease in urine output because body is retaining fluid

D. Identify ways to ensure adequate fluid intake.

1. Consult care plan regarding fluids restricted, fluids encouraged, or nourishments ordered.

2. Offer fluid frequently, especially in hot weather or when resident has a fever.

3. Offer fluids resident likes, offer at correct temperature.

4. Keep water fresh and easy for resident to reach.

5. Position resident properly to drink (hold glass and straw).

6. Some residents can not manage a straw. (They have not used them in the past or do not have muscle strength to suck on the straw).

7. Encourage resident to help self (use hand on hand technique).

8. Record intake accurately.

E. Describe Reporting Intake

Handout 17: Measuring in cc's

1. Fluids

a. All items liquid at body temperature.

b. Record accurately.

Handout 18: I&O Record Sheet

c. Identify amounts in cc's and/or ounces, according to facility procedure.

2. Foods/Appetite

a. Record amounts eaten.

b. Record in percent or fractions eaten, according to facility procedure.

XX. Describe Preparations For Resident's Meal Time

A Pleasant Environment

1. Most residents will have their meals in the dining room.

2. Most facilities have assigned seating arrangements agreed upon by the multi-disciplinary health team and the resident/family.

3. If resident is to stay in room, make area pleasant by removing unpleasant items, such as commodes, urinals or soiled linens or disposable briefs.

4. Observe resident as identified on his/her care plan while he/she is eating in the room.

B. Social concerns

1. Ask resident where and with whom he/she wishes to eat, if consistent with care plan.

2. If facility permits guest trays, encourage resident's family to eat a meal with him/her.

C. Comfort of the resident

1. Cleanliness; use of clothing protectors

2. Toileting before mealtime

3. Dress, dentures, eyeglasses

4. Proper positioning

D. Adaptive equipment should be available to residents to encourage self feeding.

Handout 19: Adaptive Equipment or Meal Time

1. Plate guards or special plates with edges

2. Adaptive silverware

3. Special cups, glasses

E. Be sure residents are served the correct tray.

1. Safety concern with therapeutic diets and food preparation for difficulty with chewing and swallowing.

F. Describe methods used to assist resident with eating.

1. Position correctly (head elevated) to prevent choking.

2. Prepare food according to resident's needs,

a. Cut meat, open cartons, butter bread.

3. Encourage self-feeding.

a. Use clock description for the vision impaired,

b. Tell residents where items are such as coffee, bread,

c. Feed resident only if he/she is unable to do so.

G. Describe feeding the resident

1. Use hand on hand to assist resident.

2. Check temperatures of foods before feeding. Feel container and observe for steam.

3. Explain what foods are on tray; ask resident what he/she would like to eat first.

4. Observe to make certain food is swallowed before giving additional food or fluids. May need to remind resident to chew and swallow.

5. Offer liquids at intervals with solid foods.

6. Use a straw for liquids if resident can manage.

7. Make pleasant conversation, but refrain from asking the resident questions that take a long time to answer.

8. Do not rush the resident when you are feeding.

9. Sitting next to resident at eye level conveys a non-rushed feeling.

H. Describe feeding the resident with dysphagia (difficulty swallowing).

1. Common problem with residents who have had a stroke or are very confused.

2. Ways to assist the resident with dysphagia to eat and drink safely include.

a. Position upright in chair to prevent choking or aspiration (inhaling liquids).

b. Keep resident oriented and focused on eating.

c. Help him/her control chewing and swallowing by choosing the right foods.

- a diet containing food with thick consistency, which is easier to swallow; foods such as soft-cooked eggs, mashed potatoes and creamed cereals may be ordered.

- thickened liquids are often used for residents with dysphagia

d. A variety of textures and temperatures of foods stimulate swallowing; vary foods offered from tray.

e. At times dysphagia is temporary; a resident who is temporarily ill (influenza, pneumonia or other illness) may have difficulty swallowing, which improves after recovery from illness.

XXI. Demonstrate feeding a resident
Demonstrate measuring intake

Key Terms

Cognition - Awareness or alertness to be able to think, reason, make decisions and have memory or recall.

Cognitive Impairment - Mental decline which reduces awareness; thinking tasks become difficult.

Confusion - Inability to distinguish or separate differences between things. There is an inability to follow directions.

Disorientation - Decreased awareness to time, place and person.

Dementia - Progressive deterioration of mental function.

Depression - Altered mood, loss of interest, feelings of hopelessness.

Agitation - Change in physical activity, usually increased such as wandering or pacing. May be seen in sleeplessness.

Anxiety - Feeling uneasy, apprehensive, worried.

Fear - Sense of dread from feelings of danger.

XXII. Discuss Cognitive Impairment

A. Define cognitive impairment

1. Cognition is an awareness or alertness to be able to think, reason, make decisions and have memory or recall.

2. Cognitive impairment means that something has happened in the brain which reduces awareness. Problems with thinking tasks occur.

B. Discuss aging changes in the brain
The brain, like other parts of the body does not work as well as a person becomes older.

1. Decreased blood flow slows the thinking and responding process.

2. Some diseases interfere with brain function.

C. Discuss signs of cognitive impairment

1. Confusion – inability to distinguish or separate difference between things. There is an inability to follow directions.

2. Memory loss – especially with recent events. Names of people and places are not recalled. Person is not necessarily confused.

3. Loss of problem solving ability. Making choices, especially with multiple options, becomes difficult.

4. Disorientation – decreased awareness to time, place and person.

D. Discuss dementia

1. Define dementia
Progressive deterioration of mental function that interferes with a person's normal life activities.

2. Identify some types of dementia illnesses.

Handout 20
Stages of Alzheimers

a. Alzheimer's – gradual, irreversible loss of mental functioning due to unknown cause.

b. Repeated small strokes – small strokes, occurring over time, reduce blood flow to the brain. Person can have times of improved mental functioning.

c. Organic brain disease – general aging changes may be influenced by a history of high blood pressure and a high fat diet.

E. Describe behaviors observed in residents having dementia

1. Depression – loss of interest, altered mood, feeling of hopelessness.

2. Agitation – restlessness, increased physical activity.
Wandering, pacing or sleeplessness.

3. Personality changes. Behavior can change daily.

4. Anxiety – feeling uneasy, apprehensive, worried.

5. Fear – sense of dread from feelings of danger or threat of danger.

6. Difficulty performing familiar tasks.

7. Disorientation

8. Poor judgement

9 Loss of recent memory

XXIII. Feeding the Cognitively Impaired Resident

A. Strategies to Implement When Feeding Residents with Dementias

1. Environment

a. Provide a structured, safe environment.

b. Avoid changes. Seat resident at same place for all meals.

c. Avoid excessive stimulation. Too much activity and noise often adds to confusion and anxiety. Remove distraction if possible and refocus resident. Meals should be ready to eat when resident is seated eg. meat is cut, bread is buttered, etc.

d. Avoid isolating the resident; isolation leads to more confusion.

2. Oral Communication

a. Call resident by name preferred, obtain eye contact.

b. Use calm voice; speak softly, slowly, clearly and face resident.

c. Keep communication simple; use simple, short instructions such as "pick up your fork," "put food on your fork," "put the fork in your mouth.". Use objects or hand movements to assist with communication.

d. Allow time for resident to respond.

e. Acknowledge emotional feelings that are evident, "I can see you are frightened."

f. Encourage resident to do as much as possible for self.

g. Be flexible to accommodate resident needs at the time.

h. Show interest in the resident, avoid interrupting if resident is speaking.

i Talk about the past or current interests, such as fishing, baking, etc. Don't expect resident to learn new things.

3. Body Language

a. Treat all residents with dignity.

b. Approach resident from the front (many persons with Alzheimer's have decreased ability to see side views, peripheral vision).

c. Remain calm and reassuring.

d. Use calm body language; be at same level as resident rather than "standing over."

e. Avoid jerky, rapid body movements,

f. Touch can be reassuring,

g. Be an attentive listener.

4. History of Resident

a. Resident memory in not reliable. Listen to family; they may be able to give suggestions or ideas to assist in care. Many families have been caring for the Alzheimer resident for a long time at home. *Draw upon familiarity.*

b. Knowing the resident's history will assist in providing care for the resident with dementia; ask the nurse or social worker for information.

c. Remember information regarding the resident is to be held in confidence.

B. Discuss Principles of Behavior Management

1. Behavior problems usually result from fears and unmet needs. Be patient, understanding and respectful when feeding the resident.

2. Residents experience some loss of control over their lives due to many types of limitations. Offer choices whenever possible to add to the resident's sense of control and reduce frustrations.

3. Strategies to use to increase the resident's sense of control.

a. Respond to appropriate behavior by genuine compliments, praise and comments.

b. Demonstrate your response of resident's appropriate behavior by non-verbal communication such as smiles and touch.

c. Help resident focus on task of eating.

d. Do not respond negatively to inappropriate behavior.

e. Never laugh at or ridicule resident's behavior.

C. Describe Methods of Responding to Resident's Behavior Problems.

1. Resident to resident problems

a. Interrupt or separate residents quickly if harm to either one is probable.

b. Remove triggering stimulus.

c. Use a calm, gentle touch.

d. Call for help if needed.

e. Separate individuals. Respect individual's "territorial" rights.

f. Use facts, not guilt or shame when explaining reason for separation.

2. Inappropriate or Harmful Activity

You can frequently anticipate an inappropriate behavior that begins to escalate. This is the most appropriate time to redirect or distract the resident.

a. Attempt to redirect interest or distract the resident.

b. Attempt to remove the resident from the situation.

c. If resident is not cooperative.

Do not force redirection. Forcing usually increases assaultive behavior.

Ask another staff member to work with the resident.

Remember, residents with dementia usually have rapid changes in emotion. They may be cooperative in a few minutes.

Do not "storm" a violent resident with a group of nursing staff. This is frightening and contributes to combative behavior.

3. Feeding assistant actions to implement when directing a resident to eat:

   a. Approach facing the resident.

   b. Identify yourself and explain what you are doing and why.

   c. Use calm, steady, smooth body movements.

D. Review General Guidelines for Interacting with Residents Having Cognitive Impairment.

1. Become aware of your own responses and reactions to the resident's behavior and modify your behavior if needed.

2. Develop appropriate attitudes for care givers.

   a. Patient

   b. Kind

   c. Pleasant

   d. Gentle

   e. Knowledgeable

3. Reinforce feelings of belonging and safety; "you're safe here."

4. Call the resident .by the name-he/she-prefers.

5. Treat the resident with dignity and respect due any adult.

6. Maintain calmness in verbal and non-verbal communication.

7. Avoid changes in environment, maintain structure.

8. Maintain consistency in care by reporting all successes and failures at attempts to modify resident behaviors.

9. Acknowledge the resident's feelings, "I can see you are afraid; I can see you are feeling sad."

10. Behavior problems are decreased when feelings of positive self esteem are maintained. Allowing the resident to do as much as possible for self increases feelings of self worth.

11. Support the family members and listen to their suggestions; inform them of activities where family involvement is encouraged.

12. Show understanding; think how you would like to be treated if you or your parent were the resident.

HANDOUTS

Handout 1

Nursing Home Residents'

BILL OF RIGHTS

Every resident in health care facilities has the right:

To considerate and respectful care

To be free from discrimination

To be given information about his/her diagnosis, treatment

To know the name of his/her physician

To every consideration of privacy and individuality

To have confidentiality regarding his/her medical records

To expect a reasonable response to requests

To expect reasonable continuity of care

To be informed of services available and costs of services

To participate in planning of his/her medical treatment

To manage his/her own financial affairs if competent

To exercise his/her rights as a citizen

To refuse treatment

To be free from mental or physical abuse

To send and receive mail unopened

To participate in religious activities of choice

To use personal clothing and possessions as time permits

To be assured privacy when visited by spouse

To be informed before transfer or discharge

To organize resident advisory and family councils

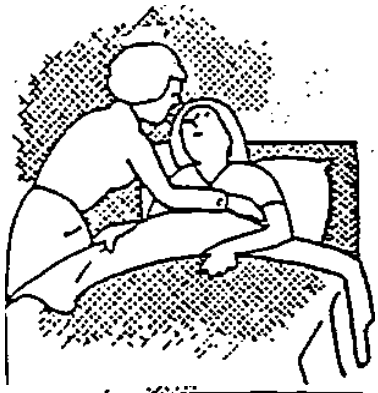
To have assistance in filing grievances or complaints

Excerpts from complete bill of rights

RACE AGAINST FIRE

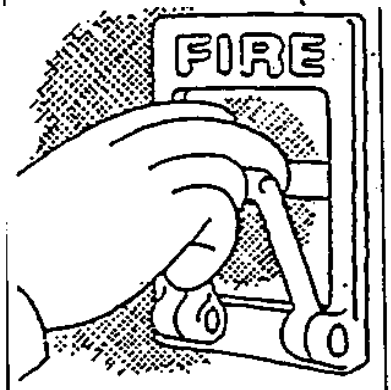
R

RESCUE
Remove resident(s) from immediate danger – Close door behind you



A

ALARM - Person discovering fire to pull the nearest fire alarm then page "DR. RED" plus location by using *10 on the phone



C

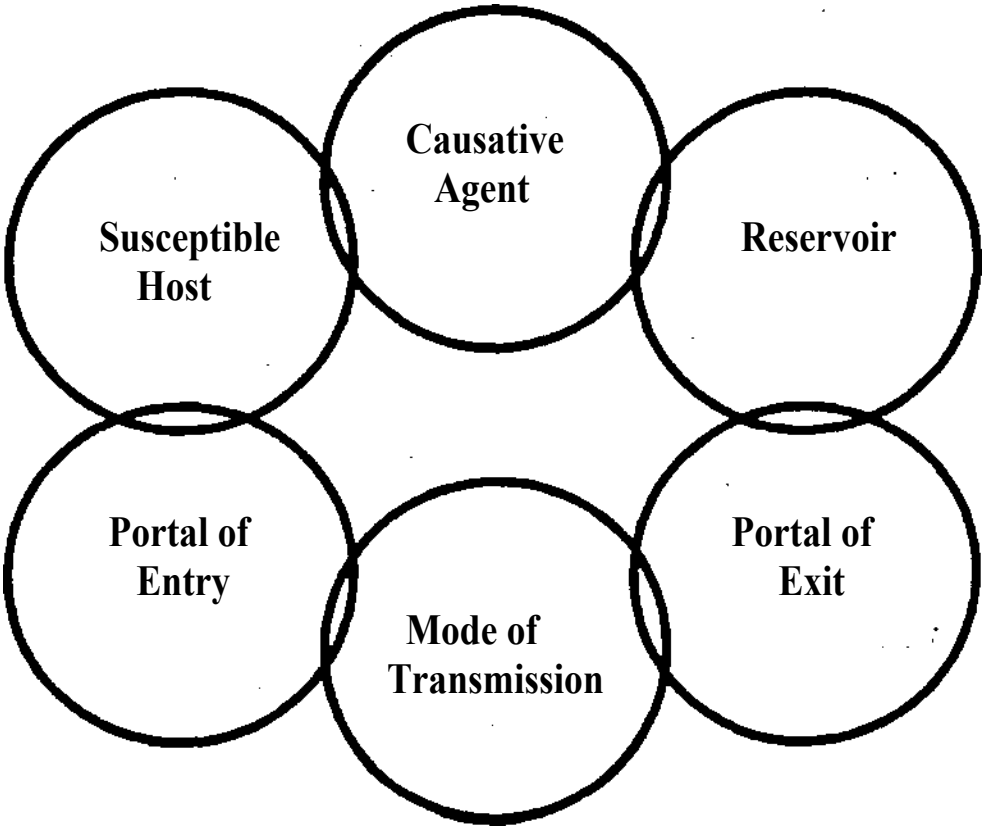
CONFINE
Close all doors, windows, chutes. Residents into rooms, halls free from equipment

E

EXTINGUISH

Fight Fire if Feasible

Choking



CHAIN OF INFECTION

MICROBES ARE SPREAD BY:
AIRBORNE Microbes carried by moisture or dust particles in air are inhaled
DROPLET *Droplet spread* within approximately 3 feet (no personal contact); droplet nuclei are inhaled □ Coughing □ Sneezing □ Talking □ Laughing □ Singing
CONTACT *Direct contact* of health care provider with patient □ Touching □ Toileting (urine and feces) □ Bathing □ Secretions or excretions from patient □ Rubbing □ Blood, body fluid, mucous membranes, or nonintact skin *Indirect contact* of health care provider with objects used by patients □ Clothing □ Bed linens □ Personal belongings □ Personal care equipment □ Instruments and supplies used in treatments □ Dressings □ Diagnostic equipment □ Permanent or disposable health care equipment
COMMON VEHICLE Spread to many people through contact with items such as □ Food □ Water □ Medication □ Contaminated blood products
VECTORBORNE Intermediate hosts such as □ Flies □ Fleas □ Ticks □ Rats □ Mice □ Roaches

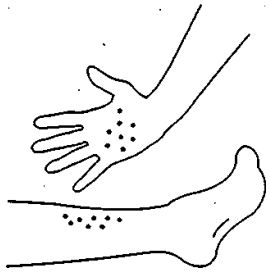
MODES OF TRANSMISSION OF MICROBES

WAYS INFECTIONS SPREAD

(MODES OF TRANSMISSION)

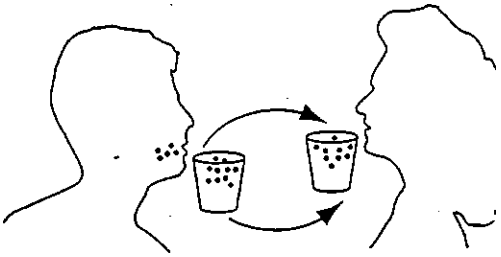
Direct Contact

Touching Contaminated Material



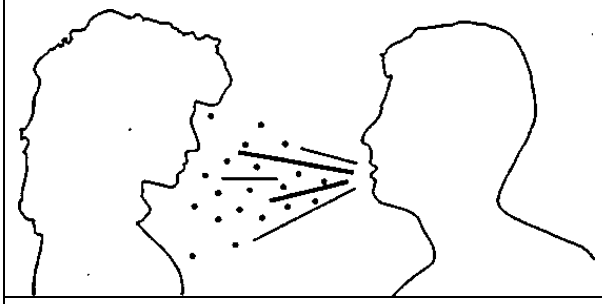
Indirect Contact

Microorganisms Spread From One Person to Another by an Object



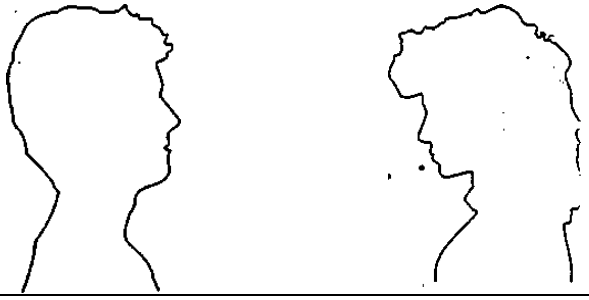
Droplets

Microorganisms Spread by Coughing, Sneezing, or Exhaling



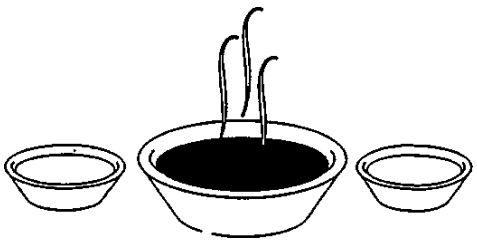
Airborne

Microorganisms Traveling in the Air By Themselves or on dust Particles



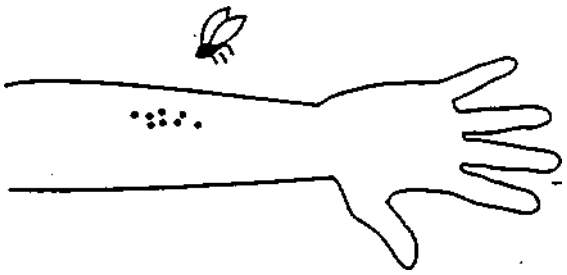
Common Vehicle

Microorganisms Spread to Many People by One Source



Vectorborne *

Microorganisms Spread by Insects



Aseptic Handwashing

Friction:
Key to Aseptic Handwashing

GLOVING

Purpose: To protect self from disease-causing microorganisms.

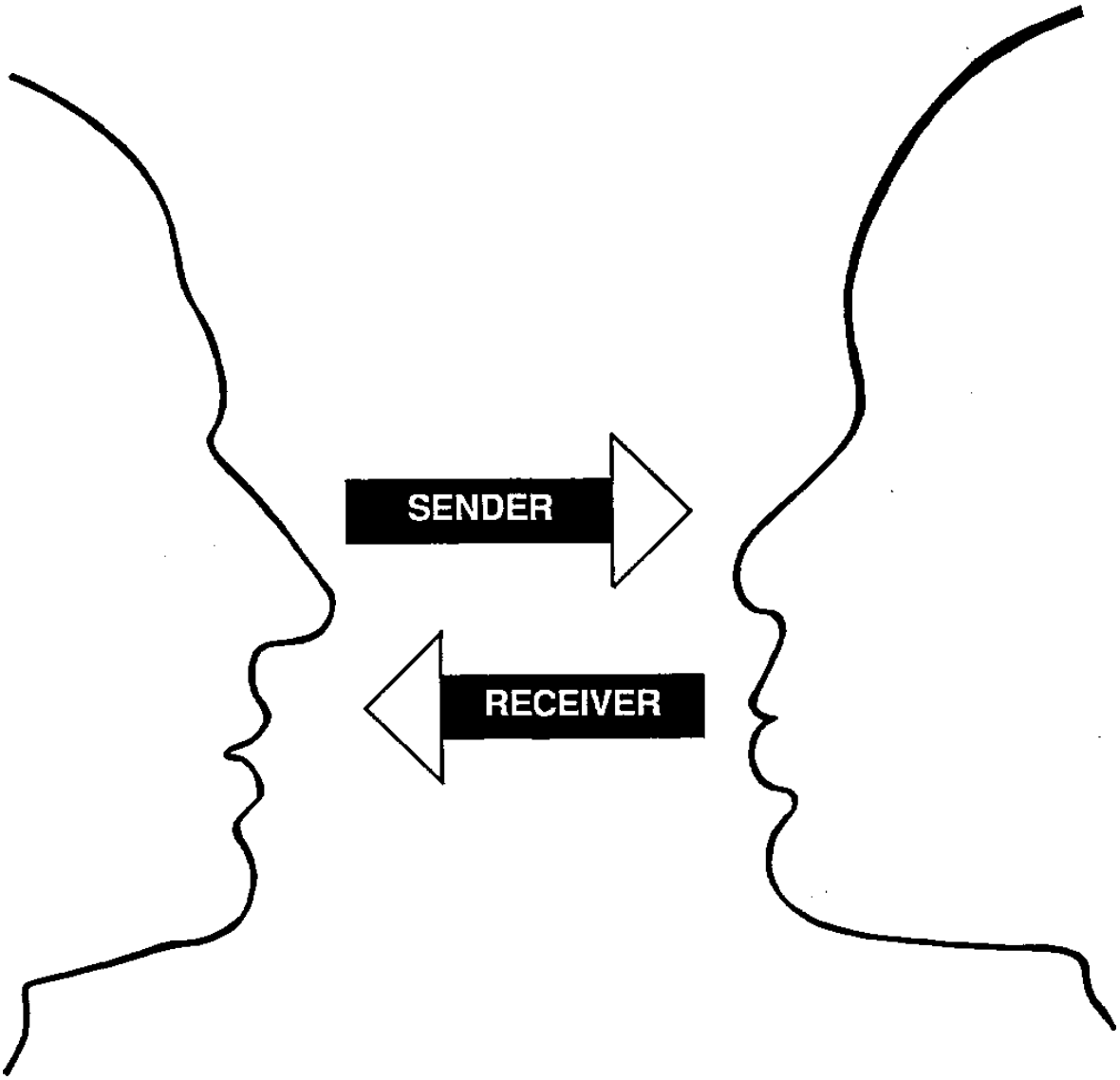
When: Any time the hands may come in contact with body fluids.

Equipment: Clean gloves.

ACTION	REASON
Select glove size (sm., med., lg.)	Too small: gloves may tear Too large: difficult to do work
Wash hands	Do not contaminate clean gloves
Apply gloves by holding on to edge of cuff and inserting hands.	Keep outside of gloves as clean as possible.
Complete task noting where and how gloves are contaminated.	
Change gloves for different tasks with same resident.	Cross-contamination will occur if the same gloves are used for mouth care, peri-care, etc.
Do not touch other surfaces with gloves. (Own face, hair, water glass, drawer handles, faucet handles, etc.)	Contaminated gloves will contaminate these surfaces. Later, your clean hands will be contaminated when touching these surfaces.
Do not assist resident's roommate, go out of room, get supplies etc. with gloves on.	Cross-contamination will occur.
Remove gloves as soon as task is complete.	Avoid contaminating surfaces.
Remove gloves: Grasp outside of one glove near edge, pull off and dispose. Slip fingers of ungloved hand inside last glove and pull off touching only inside of glove.	Touching outside of gloves with bare hands would contaminate hands.
Wash hands.	Gloves may not keep out all germs.

COMMUNICATION

The Exchange of Information



Effective Communication occurs when the receiver gets the message in the way the sender intended

Non-Verbal Communication

Signal	Possible Meaning
Folded arms	Defensive - no compromise
Hands covering/over mouth	Insecure - not sure of what is being said
Tug at ear-nose-throat	Impatient - usually wants to interrupt
Fingers of both hands touching (open praying position)	Supreme confidence
Tightly clenched hands - wringing hands - excessive perspiration – tics - rocking, swaying	Nervousness - varying degrees
Feet and/or body pointing toward exit	Ready to leave
Hands supporting head when leaning back	Thinking, unsure of ground, stalling
Hand to face	Evaluating, listening
Index finger alongside nose	Very suspicious of what is being said
Crossing fingers while talking/listening	"I'm not sure"
Kicking at ground or imaginary object	Disgust
Shaking hands	Friendly, superior, equal inferior
Crossed legs with foot kicking	Hostile
Drumming on table	Not listening while expressing tension
Rubbing palms of hands together	Expectation
Fidgety in chair	Resentful of questions
Closing nostrils with fingers	Sign of contempt
Clenched hands, thumbs locked	Exercising extreme self-control
Placing hands to chest	Honest, sincere
Arms akimbo	Openness, self-satisfaction

Handout 11

PRINCIPLES FOR GOOD LISTENING

Effective communication takes time, patience and skill. It also helps to establish rapport (a good relationship) with your resident. The following principles will help you.

1. Stop talking! You can't listen to what the resident has to say if you are talking.

2. Put the resident at ease by showing him/her you want to listen. Look and act interested in what the resident is saying. Use appropriate body language.

3. Remove distractions. Don't play with pen or pencil. Reduce background noise.

4. Empathize (show understanding) of resident's situation. Try to put yourself in his/her place.

5. Be patient. Allow time for talking. Do not interrupt resident.

6. Hold your temper. An angry or upset person gets the wrong meaning from words.

7. Be careful with arguments and criticism. DO NOT ARGUE! This makes the resident defensive. Customer service says the "customer is always right".

8. Ask questions. This demonstrates your interest and you gather more information.

REMEMBER!

- Recognize the feelings the resident expresses. Withhold judgment and remarks.
- Accept the resident as a person whether he/she is likeable, difficult to work with, or just plain objectionable.
- Demonstrate interest in resident's interests. Become aware of dislikes.
- Approach resident's complaints and comments as worthy of consideration.
-
- Be consistent. The resident will learn and know what to expect from you.
- Avoid increasing the resident's anxiety. Do not call attention to shortcomings, mistakes, unusual habits. Do not be insincere, indifferent, or threaten the resident.
- Discuss the resident's needs, not yours. Use effective communication techniques.
- The resident who is the most difficult probably needs you the most.

GUIDELINES FOR COMMUNICATING WITH RESIDENTS WITH HEARING IMPAIRMENTS

1. Speak slowly and distinctly.
2. Form words carefully--keep your sentences short.
3. Rephrase words as needed.
4. Face the deaf person.
5. Have the light source behind the deaf person, rather than shining in his/her face to avoid glare and to enable him/her to see you better.
6. Use facial expressions, body language, gestures to show the person what you mean.
7. Encourage the deaf person to read your lips.
8. Try to reduce other distractions to the deaf person so that he/she can concentrate upon only your communication.

TEN BASIC RULES FOR ASSISTING RESIDENTS WHO ARE VISUALLY IMPAIRED

Caldwell & Hegner, BR. (1975) GERIATRICS, Albany

1. Don't be misled. Before you decide your blind resident is "confused", be sure it isn't due only to lack of information.
2. Don't be misinformed. Eyes cannot be weakened or damaged by normal use. Tell your residents they don't have to "save" their remaining vision.
3. Don't be overprotective. The resident should do as much as he/she can by and for himself/herself.
4. Know the extent of visual impairment.
5. When you enter a blind resident's room, identify yourself. When you are ready to leave, tell him/her you are leaving.
6. Always talk directly to a blind resident, not to his/her companion. Residents can talk for themselves.
7. When you are in a blind resident's room, leave the things where the resident has placed them. If you move them, they may not be able to find them.
8. If you must leave a blind resident alone for a while, leave him/her near something he/she is able to touch.
9. When assisting a blind resident to eat, tell the resident what is being served. Explain the position of each food by relating it to its position on a clock.

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS

1. DON'T TALK ABOUT A RESIDENT WITH APHASIA IN FROM OF HIM/HER. Try to include him/her in conversation. Even though a resident with aphasia may not understand language, he/she may feel he/she is being discussed. This leads to feelings of dehumanization and humiliation.

2. FACE THE RESIDENT DIRECTLY. Don't turn away from him/her or perform other activities while talking.

3. AVOID TALKING TO THE RESIDENT AS IF HE/SHE WERE A CHILD. Try to keep sentences short and uncomplicated. If a resident is having difficulty understanding, try talking slowly and prolonging the pauses between your words and phrases.

4. A person with aphasia is not necessarily hard of hearing. Speak in a normal tone of voice.

5. Use attention readiness cues, if appropriate, to aid comprehension; i.e., "Listen - are you ready?" Some residents with aphasia do not process the beginning, the middle or final words of a sentence.

6. Excessive chatter will confuse the resident. PAUSE BETWEEN SENTENCES to give him/her time to "digest" or "process" what you have said.

7. Expect inconsistent abilities. Behavior frequently fluctuates from day to day.

8. A noisy, confusing background may interfere with his/her communication attempts.

9. Competing sounds and sights may distract from the concentration the resident needs in order to process information and/or talk.

10. A person with aphasia may not talk, listen or write as well while performing another task. Concentration on two different things at once may make talking more difficult for him/her.

11. DON'T TALK FOR THE RESIDENT WITH APHASIA. Give him/her time. Encourage him/her to attempt oral speech by being a good listener. SIT DOWN. Be willing to TAKE THE TIME TO LISTEN. Let him/her know you want him/her to understand.

12. Some residents with aphasia readily use swear words. They may not have used profanity prior to their illness. Frequently, residents with aphasia are very embarrassed about this. HELP THEM by not over-reacting and by ACCEPTING all of their attempts to communicate.

13. After brain damage, people can be "labile" or not in control of their emotions. There may be expected or uncontrolled crying or other excessive emotional outbursts. To handle the situation, listen briefly, provide support and then change the subject or tasks (i.e., "I know you are frustrated; I know this is difficult; I know you are unhappy, but let's _____).

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS (CONTINUED)

14. Avoid seeking to find hidden meaning in a resident with aphasia's repetitious phrases (e.g., "Well, how are you?). Some residents with aphasia will repeat the same nonsense words over and over again (i.e., "si/si/si/").

15. DON'T PROD OR PUSH THE RESIDENT TO "say it again" or "say _____". Remember what comes easily one time may not the next. The most important thing is that the resident BE SUCCESSFUL AS FREQUENTLY AS POSSIBLE.

16. Some residents with aphasia say or nod "yes" when they mean "no" or vice-versa. Ask the question again if you really want to check accuracy of a response.

17. Set up a phrase with a key word at the end of a sentence. Encourage the resident to fill in the last word (e.g., "I am hungry for some _____"). Give him/her alternative words to choose (i.e., "Do you want tea or coffee?").

18. Encourage resident to write if he/she can't speak; gesture, draw or point if he/she can't speak or write. Communication boards can also be used for a person with severe oral deficits.

19. Sometimes a brain injured person cannot shift quickly from one task to another. He/she needs to be warned that a topic change is coming so that he/she can adjust to the upcoming new activity. Use cues (i.e., "Now we're going to _____").

20. Supply the resident with the word if he/she appears to be groping. DON'T BE TOO QUICK. Give the resident a chance to respond.

21. In residents with aphasia, areas of intelligence other than language may be unaffected or intact. The resident's feelings, social perception, memory from past events, and logic may be the same as before. Allow the resident as much independence and self-care responsibilities and decision making as he/she is able to handle.

22. DON'T BE AFRAID TO ADMIT THAT YOU SIMPLY DON'T UNDERSTAND. Take some of the responsibility for the breakdown in communication and assure the resident that you will try another time (i.e., "Maybe I can help you better next time, OK?)

ABBREVIATION LIST

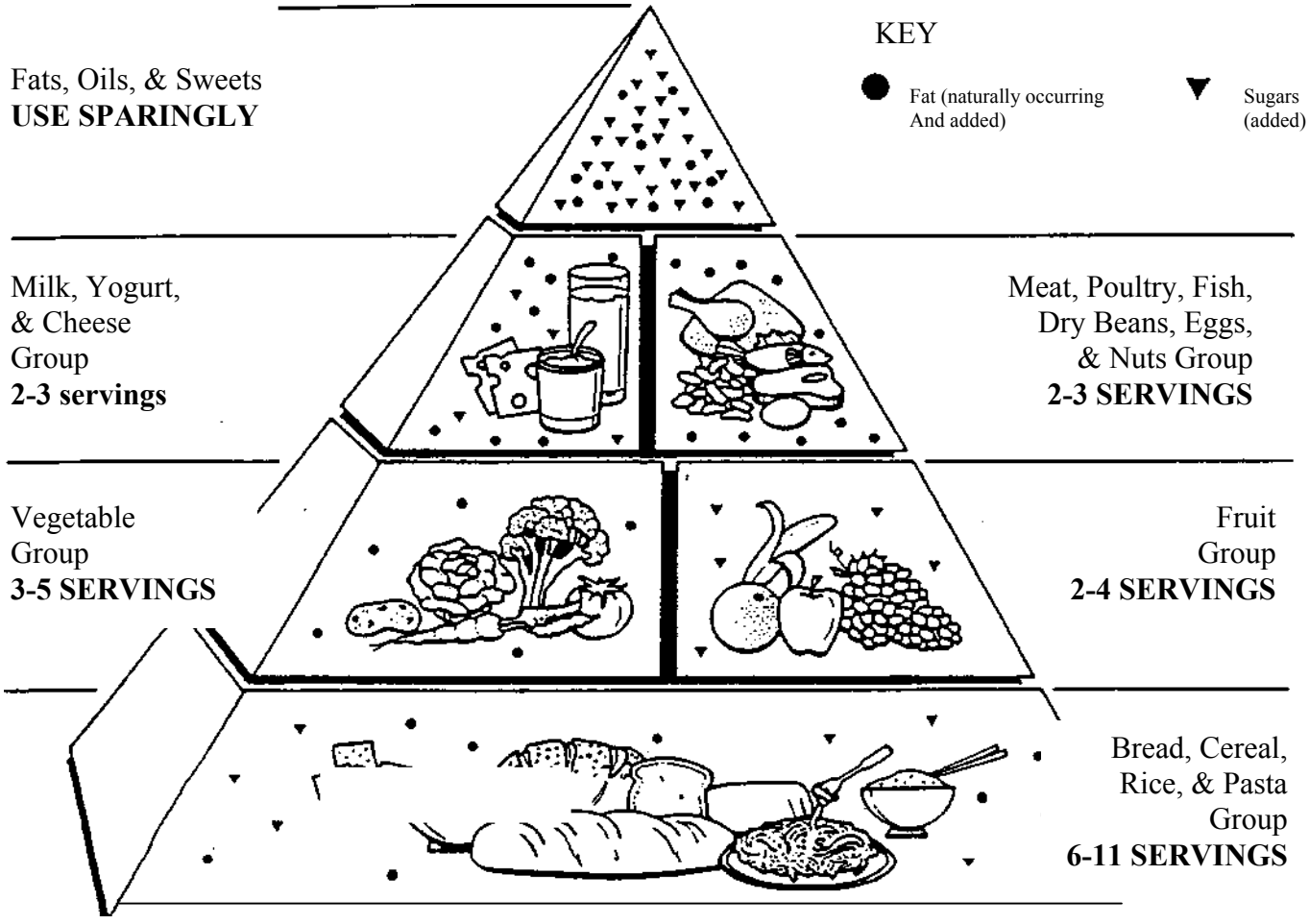
A..... Axillary (temp.)
Abd. ..... Abdomen
a.c..... ..... Before meals
ADA. ..... American Dietetic Association
ADL ..... Activities of daily living
ad lib ..... As desired
A.M. ..... Morning
B&B ..... Bowel and bladder program
b.i.d. ..... Twice a day
BM ..... Bowel movement
BP. ..... Blood pressure
BRP. .... Bathroom privileges
c or w ..... .With
c.c……Cubic centimeter
C/O ..... Complains of
CVA... ....Stroke
DAT.....Diet as tolerated
DNR ..... Do not resuscitate
h./hr. ..... Hour
H_2O..... ..... .Water
HOB..... ....Head of bed
HOH..... ....Hard of Hearing
h . s ..... Bedtime/hour of sleep
I&O ..... Intake and output
MI ..... Myocardial Infaction
Na ..... Sodium
NKA ..... No known allergies
NPO. ..... .Nothing by mouth
OOB……Out of bed
O.D... ..... …..Right eye
O.S.....Left eye
O.U.....Both eyes
O2 .....Oxygen
OT.....Occupational therapy
Oz.....Ounce=30cc
p.c.....After meals
Peri.....Perineal
P.M..... Afternoon and evening
PT.....Physical therapy
p.r.n.....As needed or desired
q..... Every
q.d.....Everyday
q. h..... Every hour
q.4.h.....Every 4 hours
q.i.d.....Four times a day
q. o. d.....Every other day
R..... Rectal
Rt.....Right
w/o, ...Without
stat.....Immediately
SOB..... Shortness of breath
TCH..... .Turn, Cough, Hyperventilate
t.i.d.....Three times a day
TLC..... Tender loving care
TPR.... Temperature, Pulse, & Respiration
V.S..... Vital sign
W/C..... Wheelchair
Wt .....Weight

SIX ESSENTIAL NUTRIENT GROUPS

NUTRIENTS	FUNCTION
Vitamins And Minerals	**Regulate body functions; Build and repair body tissue**
Carbohydrates	**Provide heat and energy**
Fats	**Provide fatty acids needed for growth & development; Provide heat and energy**
Proteins	**Build and repair body tissue; Provide heat and energy**
Water	**Carries nutrients and wastes to and from body cells; Regulate body functions**

Handout 16

Food Guide Pyramid
A Guide to Daily Food Choices



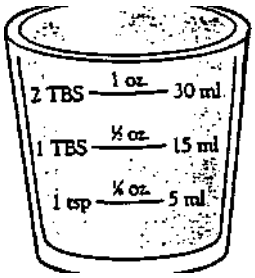
MEASURING IN CC'S

Measuring Intake

Recording and reporting the patient's intake is important information in managing a patient's fluid balance, recovery from an infection, or preventing possible health problems.

Intake and output commonly referred to as I & O is the measurement of all liquids drank and all urine voided. Liquids are all beverages and foods that are liquid at room temperature. Ice cream, popsicles, and cream soups are foods included in intake measurement.

In health care, measurements are recorded in metric rather than apothecary or household measurements.



Apothecary/Household	Metric
1 oz. (ounce) = 2 Tbsp.	30 cc (cubic centimeters)
8 oz. = 1 cup	240 cc

Intake and Output (I&O) sheets for patients usually include the number of cc's in containers used by the facility. For example, a coffee cup, juice glass, and soup bowl.

Manufacturers list ounces on beverage containers. A single serving milk carton is 8 ounces and a standard pop can is 12 ounces. To determine the intake to record requires a little math:

8 oz. Milk	12 oz. Pop
x 30 cc per ounce	x 30 cc per ounce
240 cc milk	360 cc pop

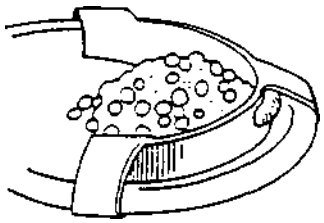
INTAKE AND OUTPUT RECORD

RESIDENT NAME: _____ ROOM: _____ DATE: _____

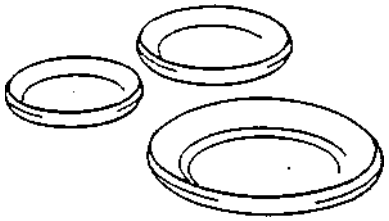
NIGHT 11 – 7		DAY 7-3		EVENING 3-11	
INTAKE		INTAKE		INTAKE	
TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT
TOTAL		TOTAL		TOTAL	
OUTPUT		OUTPUT		OUTPUT	
TIME	AMOUNT	TIME	AMOUNT	TIME	AMOUNT
TOTAL		TOTAL		TOTAL	

JUICE GLASS	4 OZ.	120 CC	SOUP/CEREAL BOWL	6 OZ.	180 CC
MEDIUM GLASS	6 OZ.	180 CC	ICE CREAM	4 OZ.	120 CC
STYROFOAM CUP	5 OZ.	150 CC	JELLO		90 CC
COFFEE CUP	7 OZ.	200 CC	CREAM		15 CC
MILK CARTON	8 OZ.	240 CC	CUSTARD		60 CC
WATER GLASS	7 OZ.	200 CC	SMALL BOWL/SAUCE DISH		120 CC

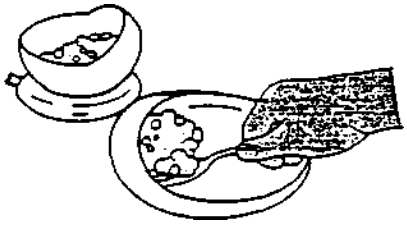
Adaptive Equipment for Eating



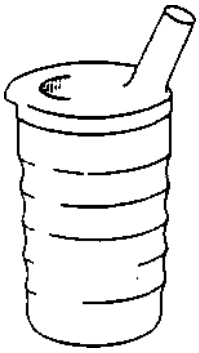
A. FOOD BUMPER SNAPS OVER A DINNER PLATE TO KEEP THE FOOD ON THE PLATE



B. PLATES WITH INNER LIP TO KEEP FOOD ON PLATE

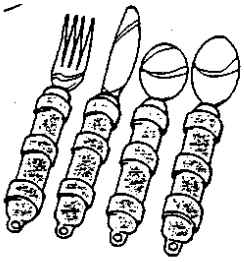


C. PLATE WITH HIGH CURVED EDGE TO HELP PUSH FOOD ON FORK OR SPOON

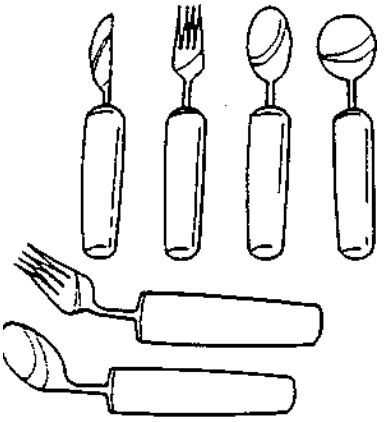


D. FEEDING CUP

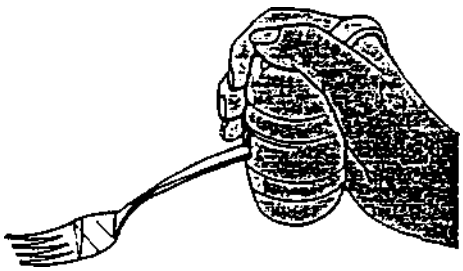
E. CUTLERY WITH BUILT-UP HANDLES FOR EASIER GRIPPING; MOVABLE GRIP RINGS ADJUST FOR COMFORT



HAND CLIP FOR PEOPLE WHO CANNOT GRIP HANDLES



F. ANGLED CUTLERY FOR PEOPLE WITH LIMITED ARM AND WRIST MOVEMENT



G. GRIPPER FOR PEOPLE WHO CANNOT GRIP STANDARD OR BUILT-UP HANDLES

STAGES OF ALZHEIMER'S DISEASE

Alzheimer's Disease is one type of dementia where there is ongoing loss of mental function, which gradually interferes with a person's normal life activities. It involves thinking, memory, and problem solving.

STAGE 1: This person is usually still at home with assistance or supervision)

Behaviors include memory loss for recent events, decreased ability to concentrate, shorter attention span, makes inappropriate or wrong decisions, decreased interest in former activities, less polite/decrease in social manners, begins to be careless in actions and decisions, and thinks others are plotting to do harm to them.

Feeding Assistants would be appropriate for residents who may develop the disease while in the long term care facility. Support the resident to remain as independent as possible. Guide them with decisions and provide reassurance.

STAGE 2: (this person may still be at home or live with family and needs supervision)

Behaviors include increased memory loss for recent or current events such as forgetting appointments, repeated statements, social behavior becomes inappropriate, begins to have disorientation to time, and complains of neglect.

Feeding Assistants would give continued support for feeding self, maintain dignity and self-esteem. Be alert to safety needs and protect from injury.

STAGE 3: (this person is usually admitted to long term care due to safety concerns)

Behaviors include very poor short term memory and attention span, increased disorientation to place and persons, afternoon restlessness (sundown syndrome), problems with speech, reading and writing, inattention to self-care, begins to have problems with incontinence, and recognizing common objects.

Feeding Assistants should be consistent with routines. Provide peaceful and quiet environment. Do not rush resident. Provide simple directions. Be alert to nonverbal behavior or changes in physical or social activity which may be a sign of a physical problem. Be alert to all safety needs and protect from injury.

STAGE 4: (this person is totally dependent and may not respond verbally)

Behaviors include loss of long term memory, inability to recognize family, little response to activity, loss of movement of extremities and becomes bedridden.

Feeding Assistant fee resident. Be alert to all safety needs .

SKILLS

Skill:1

Hand Washing

To master this skill, the student must complete 100% of the items, using principles of infection control. Failure to perform any of the following steps results in failure of skill.

Equipment:
- Sink with faucets
- Soap
- Paper towels
- Waste container

Procedure:		Yes	No
1.	Stand away from sink. Uniform and hands must not touch sink	_____	_____
2.	Turn on water. Adjust water temperature.	_____	_____
3.	Wet hands and wrists.	_____	_____
4.	Apply soap over hands and wrists working into a lather.	_____	_____
5.	Use friction for at least 15 seconds.	_____	_____
6.	Rinse hands and wrists under running water.	_____	_____
7.	Dry hands and wrists.	_____	_____
8.	Turn off water using clean, dry towel.	_____	_____

Score:		Student
Standard Pre-Steps	N/A	_____
Steps	8/8	_____
Standard Post-Steps	N/A	_____
	Pass	_____ Fail _____

Skill: 2

Clear an Obstructed Airway On a Conscious Resident

To master this skill, the student must complete 100% of the items, using principles of infection control.

Procedure:	Yes	No
Complete standard pre-steps		
1. Ask the victim having an apparent airway obstruction, "Are you choking?" "Can you talk?" or look for the universal choking sign (clutching one's neck).	_____	_____
2. If the answer is an affirmative nod, state "I can help." Call or send someone for help/nurse.	_____	_____
3. Stand behind the victim and wrap your arms around victim's waist.	_____	_____
4. Make a fist with one hand, grasping fist with other hand. Place thumb of fist against victim's abdomen, above navel and below rib cage.	_____	_____
5. Push into the victim's abdomen with a quick upward thrust.	_____	_____
6. Repeat thrust 4 times until object is dislodged. If the victim becomes unconscious assist to the floor and nurse will take over.	_____	_____
Complete standard post-steps	_____	_____

Score:		Student
Standard Pre-Steps	100%	_____
Steps	6/6	_____
Standard Post-Steps	100%	_____
	Pass _____	Fail _____

Skill: 3

Feed a Resident

Critical Step Skill

Note: A licensed nurse must be in attendance when residents are eating.

To master this skill, the student must complete 80% of the items, use principles of infection control, maintain resident safety and privacy and use proper body mechanics.

Equipment:
- Silverware
- Soap
- Clothing protector
- Washcloth
- Towel or disposable hand wipes
- Meal tray with food

Procedure:	**Yes**	**No**
Complete standard pre-steps	_____	_____
1. Offer resident assistance with toileting needs	_____	_____
2. Position resident in comfortable sitting position in bed or chair.	_____	_____
3. Wash resident's hands and apply clothing protector	_____	_____
4. Position resident table.	_____	_____
5. **Check "5C'S". A) Correct resident, B) Correct eating and adaptive equipment, C) Correct diet, D) Correct fluids and E) Charting.**	_____	_____ **automatic fail**
6. Prepare food tray. Sit near resident and describe what is on tray. Ask resident what foods he/she would like to eat first.	_____	_____
7. Encourage resident to self feed if able, using finger adaptive equipment.	_____	_____
8. Use hand-on-hand technique to assist resident to self-feed. Allow resident to choose foods he/she prefers.	_____	_____

9.	Fill fork or spoon no more than half full according to resident's ability to swallow. Offer liquids between amounts of solid food.	_____	_____
10.	Encourage resident. Talk to resident. Do not rush.	_____	_____
11.	Wipe mouth of resident. Remove clothing protector and wash hands.	_____	_____
Complete standard post-steps		_____	_____

Score: Student

Standard Pre-Steps 100%_____

Steps 9/11 _____

Standard Post-Steps 100%_____

Pass _____ Fail _____

Skill: 4

Measure Intake

To master this skill, the student must complete 80% of the items, use principles of infection control, maintain resident safety and privacy and use proper body mechanics.

Equipment: - I&O Sheet - Pencil

Procedure:	**Yes**	**No**
Complete standard pre-steps	_____	_____
1. Identify container measurements used in your facility (listed on intake sheet).	_____	_____
2. Identify fluids and foods considered liquids consumed by resident.	_____	_____
3. Estimate the amount and kind of liquid.	_____	_____
4. Record amount and kind of fluid on I&O sheet in cubic centimeters (cc).	_____	_____
5. Appropriately record the correct time/shift on the I&O sheet intake column.	_____	_____
Complete standard post-steps	_____	_____

Score:

		Student
Standard Pre-Steps	100%	_____
Steps	4/5	_____
Standard Post-Steps	100%	_____

Pass _____ Fail _____

TEST

FEEDING ASSISTANT TEST

Directions: Check the one best answer. Use the answer sheet provided: Place an X over your choice: a, b, c, or d. DO NOT write on this test. Test must be passed with 75%. (-18 correct answers)

1. Giving residents choices in their care is a part of the:
   a. Resident's Bill of Rights.
   b. Vulnerable Adult Laws.
   c. Employee Right to Know.
   d. Durable Power of Attorney

2. Keeping private and not sharing spoken and written words about a resident is:
   a. confidentiality.
   b. honesty.
   c. reliability.
   d. patience

3. Reporting suspected abuse is required by:
   a. the Vulnerable Adult Laws.
   b. Code of Ethics
   c. Bill of Rights.
   d. Center for Disease Control

4. When discovering a fire, your <u>first</u> action should be:
   a. alert other staff.
   b. extinguish fire if possible.
   c. remove residents in immediate danger
   d. confine fire

5. When finding a resident on the floor you should:
   a. immediately go find the nurse
   b. Help the resident up to a chair.
   c. stay with the resident, call for help.
   d. administer First Aid if you are trained.

6. Infectious diseases develop in people and are spread to others by a process called:
   a. isolation
   b. chain of infection
   c. medical asepsis
   d. infection control

7. The single most effective means of preventing the spread of pathogens is:
   a. wearing gloves.
   b. isolating infected residents.
   c. disposing of dirty linen and trash.
   d. frequent and appropriate handwashing.

8. The universal sign for choking is:
   a. pointing a finger to an open mouth.
   b. Shouting, "I'm choking!".
   c. holding the throat with hands.
   d. calling 911.

9. The exchange of information or messages by written or spoken word, signals or other methods is called:
   a. verbal communication.
   b. communication
   c. non-verbal communication
   d. a barrier to effective communication

10. Which of the following is a guideline for communicating with a hearing impaired resident??
    a. Face the resident when speaking.
    b. Avoid eye contact.
    c. Shout into resident's ear.
    d. Speak softly into resident's ear.

11. Which of the following is an example of non-verbal communication?
    a. whispering
    b. talking loudly
    c. reading a care plan
    d. facial expressions

12. The process by which the body takes in food and uses it for growth, repair, and maintenance of health is called:
    a. diet.
    b. nutrition
    c. essential nutrients.
    d. digestion

13. Recommended daily servings of food for a balanced diet are listed in the:
    a. food guide pyramid.
    b. Food and Drug Administration Handbook.
    c. basic 4 food groups.
    d. care plan.

14. Carbohydrates supply heat and energy to the body. Examples include:
    a. meat and fish.
    b. milk and cheese.
    c. butter and margarine.
    d. bread and pasta.

15. Protein helps build and repair body tissues. Examples include:
    a. bread and cereal.
    b. butter and salad oils.
    c. meat and eggs.
    d. milk products.

16. Which of the following describes dehydration?
    a. tongue becomes thickened and coated
    b. weight increase
    c. swelling of feet and ankles
    d. wheezing

17. A diet ordered by the doctor to help in the treatment of a disesase is called a:
    a. modified diet
    b. standard diet.
    c. therapeutic diet.
    d. fad diet.

18. Which of the following is a therapeutic diet?
    a. pureed diet
    b. clear liquid diet.
    c. low sodium (salt) diet.
    d. general diet.

19. Reporting and recording liquid (fluid) intake includes:
    a. only beverages the resident drank.
    b. all beverages and foods consumed by the resident that are liquid at room temperature.
    c. the percent of food and beverages eaten from the tray.
    d. all liquids placed on the resident's tray.

20. A resident drank 4 oz. of orange juice, ½ cup (4 oz) of milk and 1 cup (8 oz) of coffee for breakfast. What will be recorded on the intake sheet?
    a. 16 oz.
    b. 2 cups
    c. 360 cc
    d. 480 cc

21. If there is an NPO sign posted on the resident's door it means the resident:
    a. is in isolation.
    b. can have nothing by mouth
    c. has difficulty swallowing
    d. is on a therapeutic diet

22. Progressive deterioration of mental function that interferes with a person's normal life activities is called:
    a. ineffective coping.
    b. dementia.
    c. stress.
    d. aging.

23. People who have mental function deterioration have problems with:
    a. getting more chronic diseases.
    b being able to think, reason, and make decisions. .
    c. getting admitted to long term care facility.
    d. ambulating and transferring.

24. When communicating with residents having dementia you should:
    a. use a loud voice so they will pay attention.
    b. move quickly so the residents do not forget.
    c. use resident's name, have eye contact, and use simple, short directions.
    d. Write directions on a piece of paper so they can always read them.

ANSWER SHEET

Name_____

Date_____

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d
13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b	c	d
18.	a	b	c	d
19.	a	b	c	d
20.	a	b	c	d
21.	a	b	c	d
22.	a	b	c	d
23.	a	b	c	d
24.	a	b	c	d

ANSWER SHEET

Name_____

Date_____

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d
13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b	c	d
18.	a	b	c	d
19.	a	b	c	d
20.	a	b	c	d
21.	a	b	c	d
22.	a	b	c	d
23.	a	b	c	d
24.	a	b	c	d

NURSING ASSISTANT ANSWER KEY

1. a
2. a
3. a
4. c
5. c
6. b
7. d
8. c
9. b
10. a
11. d
12. b
13. a
14. d
15. c
16. a
17. c
18. c
19. b
20. d
21. b
22. b
23. b
24. c