

MODEL CARE PLAN

PROBLEM: (SH1)
DIFFICULTY IN FEEDING/DRINKING

SH1. Feeding and Drinking

Avoiding the problem

WHEN DOES IT OCCUR?	HOW IS PROBLEM AVOIDED?
<ul style="list-style-type: none">• Meal times. • No or ill fitting dentures. Oral conditions. • Medical problems eg. Gag reflex, Parkinson's Disease, limb disability etc.. • Confusion, memory loss. • Visual problems. • Reduced access to food/drink due to handicap.	<ul style="list-style-type: none">• Provide appropriate foods, (individual likes/dislikes, ethnic backgrounds), varied menu. Suitable environment and placement of residents. Small group settings. • Ensure that all resident's dentures fit and are well maintained. Attention to oral/dental hygiene. • Provide food that is easily managed, chewed and swallowed. Provide appropriate feeding/drinking aids. • Provide as many cues as possible eg. smell, sight of food/drink. Simplify presentation to avoid adding to confusion. • Contrast plate etc. against the background. Arrange cutlery etc. & foods in same positions on table & plate at each meal. Provide resident with any necessary aids. • Ensure that each resident has good access to food/drink on request or by regular enquiry/reminder.

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INTERVENTIONS	RATIONALE
<p>1. <u>Provide Opportunity</u></p> <ul style="list-style-type: none"> • Set up dining room with small tables, choice of seating (with friends or of same cultural background), pleasant decor, separate area for disruptive or messy eaters. • Provide facilities for snacks and drinks outside mealtimes. • Avoid excessive or multiple sources of noise. Avoid hurrying residents. • Provide finger foods for those who are no longer able to use a knife, fork or spoon. • Simplify meal presentation for dementing residents, eg. one course only at a time. • Choice of menu taking into account personal and ethnic preferences. • Involve resident in exercise & social activities programs. <p>(Consult with doctor, dietitian, O.T., D.T. etc. at Case Review to develop Individual Care plan.)</p>	<ul style="list-style-type: none"> • Establish/maintain homelike environment. Encourages and maintains social/cultural relationships. • Provides for some personal preferences and flexibility in mealtimes. • Reduces stimuli, creates a more relaxed atmosphere. • Enables some handicapped residents, including those with dementia to feed themselves. • Avoids adding to the resident's confusion by presenting too many stimuli at once. • Enables residents to decide for themselves, maintaining autonomy and self-esteem. • Natural appetite stimulants. <p>(Ensures access to appropriate aids and specialist services, development of correct procedures.)</p>

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INTERVENTIONS	RATIONALE
<p>2. <u>Non-Directive Prompt</u></p> <ul style="list-style-type: none"> • Remind the resident of the approaching meal time & suggest that he/she might like to prepare, eg. go to toilet or wash hands etc. according to old habits. Draw resident's attention to the smell of food eg. say, "that smells good, it's making my mouth water". • Open the dining room door, take the more handicapped residents in first. • Keep food/drink and any aids required in easy sight and reach of the resident. • Praise and encourage whenever the resident responds or takes a step towards feeding him/her self. 	<ul style="list-style-type: none"> • Orientates resident to the approaching meal, uses suggestion to initiate old personal/cultural habits. • Provides visual cues and models the required behaviour. • Provides visual cues and reduces the need to ask others for help, encourages self-help. • Success will increase the chances of continued co-operation, as will saying thankyou.
<p>3. <u>Directive Prompt</u></p> <ul style="list-style-type: none"> • Collect any aids that may be required before meal/drink times. • Approach the resident make eye contact, use his/her name politely and say, "it is - (meal/drink)- time". Encourage reluctant residents, eg. say, "at least come and have a cup of tea, I'm having one". • Approach the task in a step-by-step manner, directing progress but allowing the resident to do as much as possible. Intervene with physical assistance only when verbal prompts and modelling cues are unsuccessful. • Praise and/or say thankyou whenever the resident takes a step towards completing the task. 	<ul style="list-style-type: none"> • Allows for greater concentration on the task at hand, avoids unnecessary interruptions. • Orientates the resident to the task, maintains dignity and directs attention to what is required. • Avoids overwhelming the resident with impossible demands. Encourages success in simple tasks. Promotes self-esteem and self-help abilities. • Improves the chances that the resident will be co-operative next time. Provides a calm, friendly experience of success.

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INTERVENTIONS	RATIONALE
<p>4. <u>Physical Assistance/Do-It-Yourself</u></p> <ul style="list-style-type: none"> • Collect any aids that are needed before commencing feeding/drinking. • Use residents name as above, communicate the need to eat/drink. Fit napkin if needed. • Talk through the process, explaining each step to the resident as you go. Proceed at his/her pace. • Place cutlery, cups etc. in the resident's hands, guide the movements and allow him/her to take over when an effort is made to do so. • Praise and/or say thankyou as each step is completed or when the resident responds with co-operation. 	<ul style="list-style-type: none"> • Maintains continuity of task. • Orientates resident to the task. Maintains dignity and encourages confidence in the staff. • Provides a calm environment with greater chances of co-operation. • Encourages the resident to make an effort towards self-help and to maintain a sense of control. • Encourages feelings of success. Increases chances of further co-operation.