**Meal Assistance Skill Checklist for Clients with Dysphagia**

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| Step | Rationale |
| Review client’s chart to assess for:   * Therapeutic diet. * Medical considerations (i.e. cardiovascular accident, Parkinson, neurological disease). * Aspiration precautions. * Need for assistance. * Other client specific considerations (i.e. glasses, dentures, hearing aid, table allocation, feeding assistive devices, etc.). |  |
| Gather required equipment if necessary. |  |
| Perform hand hygiene. |  |
| Introduce self to client:   * First and last name, including designation/category. * Contract care that will be provided. |  |
| Prepare tray and meal area:   * Correct diet. * Add thickener as ordered. * Utensils. * Napkin. |  |
| Assess client:   * Signs and symptoms for dysphagia:   + Gurgling or wet or change in voice.   + Coughing while eating.   + Drooling during a meal.   + Food pocketing in the cheek. * Comprehension. * Ability to assist:   + Monitor throughout meal.   + Need for feeding assistive devices. * Position:   + Sitting upright.   + Head slightly tilted forward.   + Chin tucked down while swallowing food.   + Supportive devices as required. |  |
| During the meal:   * Promote independence and autonomy. * Create a social environment.   + Acknowledge client’s preferences.   + Minimal communication while client is eating. * Assess client eating.   + Use small ½ teaspoonful bite size amounts.   + Encourage a minimum of 2 complete swallows to clear food before next spoonful.   + Assess for pocketing. (with tongue depressor, pen light, and gloves)   + Provide prompting, encouragement and direction as needed. |  |
| After the meal:   * Ensure client remains upright for 30 minutes. |  |
| Hygiene and Infection control:   * Hand hygiene of client. * Wash client’s face. * Brush client’s teeth. |  |
| Perform hand hygiene. |  |
| Document as necessary. |  |