**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.).
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| 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.
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| Prepare tray and meal area:* Correct diet.
* Add thickener as ordered.
* Utensils.
* Napkin.
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| 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.
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| 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.
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| After the meal:* Ensure client remains upright for 30 minutes.
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| Hygiene and Infection control:* Hand hygiene of client.
* Wash client’s face.
* Brush client’s teeth.
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| Perform hand hygiene. |  |
| Document as necessary. |  |