

## Chapter 11

### SERVING, FEEDING, AND MONITORING

#### **What You Will Learn**

- Preparing clients for mealtime.
- How to serve meals.
- Assisting a client to eat.
- Feeding a client.
- Before and after-meal care for a client.
- Meeting the needs of clients with special eating problems.
- Observations to report for clients receiving feedings by tubes.
- Preventing choking.

#### **Demonstration:**

- Feed a client who is helpless according to the proper procedure.

#### **Preparing a Client for Mealtime**

Mealtime is a very important event. For many clients, it is the highlight of the day, something looked forward to. Make it an enjoyable and pleasant experience. See that the meal is served in as attractive and sanitary a manner as possible. Keep in mind all of the things that need to be done for each client before and after each meal.

#### **Before Meal Care**

Before the meal, offer the bedpan or urinal or assist/ remind the client to go to the bathroom. Wash the client's hands or remind him to wash his hands. Provide oral care before breakfast. Make sure dentures, glasses, and hearing aides are cleaned and are properly in place. Assist the client to the dining table. If the client is unable to go to the dining table assist him sit up in bed or to a chair at the bedside. If client is unable to get out of bed, elevate the upper body and position client in as near a sitting position as possible with over bed table or tray in a convenient position. Protect clothing with napkin, towel, or clothing protector. Do not refer to it as a "bib."

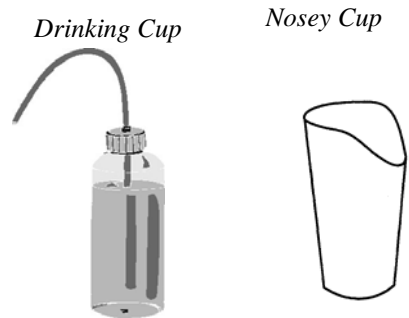
#### **Serving Meals**

Serve meals promptly so food temperature is maintained. Hot food should be served hot and cold foods served cold. See that the general appearance of the meal is appealing and

appetizing. Check to make sure any required assistive devices are on the table or tray. If client cannot eat when the meal is served, take the plate away and keep it warm. If a client is not eating, say, "I've noticed you're not eating. What can I do to help you?"

### **Assisting the Client to Eat**

Place the plate on the table with main dish closest to the client. Arrange everything so the client can reach it. Open milk cartons, cereal boxes, and anything else that may be difficult for the client to manage if the client requires or requests help. Help client with cutting food, buttering bread, pouring liquids, etc. Provide a straw for the client who is unable to use a cup. Encourage clients to do as much for themselves as possible. Allow the client time to give thanks before the meal if he wishes.



Adaptive equipment such as plate guards, built-up utensils, utensil holders, covered drinking cups or nosey cups may be used to allow the client to be able to eat on his own. This information is included in the service plan.

Stay with client until you are certain he can manage independently. Observe any changes in eating habits or appetite and report your observations to the supervisor/nurse. A change may indicate mouth/tooth pain.

### **Feeding a Client**

When feeding a client, place him in an upright sitting position. Protect client and bed linens with towel, napkin, or clothing protector as needed or desired. Place the plate so client can see the food. The In-Home Aide should be in sitting position while feeding the client. Describe the meal to the client in a positive fashion. Offer butter, sugar, and seasonings to the client unless there are special diet restrictions.

Encourage the client to participate in the meal. Have him hold bread, grasp glass, etc. Use a straw for giving liquids as per the service plan, cutting the straw in half helps clients who are weaker. Serve the food in order of the client's preference. Fill the spoon half full to avoid spilling and to give manageable amounts of food. Tell the client what each bite is as offered and warn clients when offering something hot.

Give client sufficient time to chew and swallow food thoroughly, as well as time to breathe between bites. Offer liquids and solids alternately to provide moisture for chewing. Avoid rushing or hurrying the client. Keep conversation with client friendly and discuss pleasant subjects. Wipe the client's mouth as needed and when finished.

### **After-Meal Care**

When the client has finished eating remove the dishes and napkin, towel or clothing protector. Make sure the client's clothing is clean. Assist him to change his clothes if they are soiled. Assist the client to wash his hands and face. Assist with or remind the client of oral care. Note how much and what the client eats. Any changes in eating

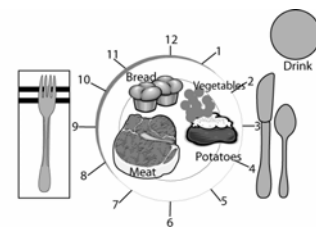
habits can signal changes in physical condition; report to supervisor/nurse. Put personal articles where client can reach them.

**CAUTION: CLIENTS SHOULD BE KEPT IN UPRIGHT POSITION FOR 1 HOUR AFTER MEALS TO MINIMIZE REFLUX INTO THE ESOPHAGUS (HEARTBURN).**

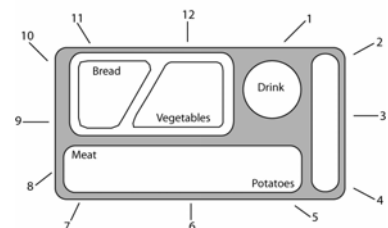
### **Clients with Special Eating Problems**

Some clients have special needs that require extra assistance at meal times. If a client has paralysis or weakness of the muscles used for eating the client should be sitting in upright position to aid swallowing. Gag and cough reflexes may be absent, making it easier for client to choke. Feed into the side of mouth that is not paralyzed. Remind the client to think about swallowing. Give small amounts of food and allow the client plenty of time to chew and swallow. With a gloved hand, clean out the paralyzed side of mouth frequently with a swab if needed.

When caring for a client who is visually impaired, identify everything on the plate. Tell the client where the utensils are. Use the face of a clock to describe the location of foods such as meat at 7:00, potatoes at 3:00. Try to keep the placement the same at each meal when possible. Warn the client which liquids are hot.



**CAUTION: IF A CLIENT IS COMATOSE, UNCONSCIOUS, OR UNRESPONSIVE, DO NOT GIVE ORAL LIQUIDS OR FOOD. UNCONSCIOUS CLIENTS OFTEN RECEIVE NUTRITION BY ANOTHER METHOD (TUBE FEEDING).**



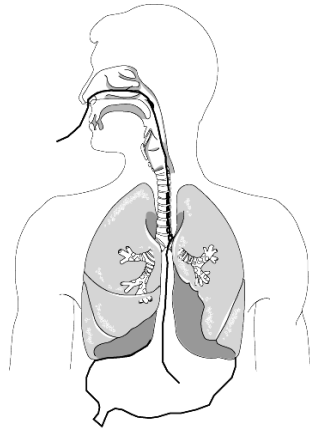
### **Feeding With Tubes**

**CAUTION: THIS PROCEDURE IS PERFORMED BY A LICENSED NURSE OR FAMILY MEMBER. THE IN-HOME AIDE'S RESPONSIBILITY IS TO OBSERVE AND REPORT ANYTHING UNUSUAL.**

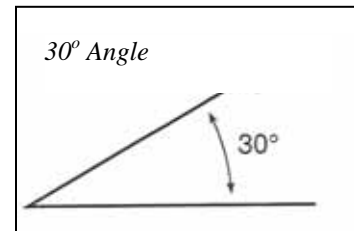
Some clients receive feedings through different types of tubes. Intravenous (IV) feedings are given through a catheter inserted into the client's vein to instill fluids, medications or nutrition. Gastrostomy (G-tube) feedings are given through a tube surgically inserted into the client's stomach to instill liquid nourishment. Nasogastric (NG) feedings are given through a tube which is passed through the client's nose and down the esophagus to the stomach to provide liquid nourishment (Figure 11.1).

It is important for you to know where the tube is and its location in the body and make certain tubes are not coiled under the client.

Figure 11.1  
Nasogastric Tube



Check that client is comfortable. Keep the head of the bed elevated 30° to prevent aspiration with NG or G tube feedings (Figure 11.1). Provide oral hygiene every 2 hours if patient is NPO.



**CAUTION: ELEVATING HOB 30° PLACES THE CLIENT AT INCREASED RISK OF PRESSURE ULCER DEVELOPMENT. MAINTAIN THE TURNING SCHEDULE PER THE SERVICE PLAN.**

The In-Home Aide also observes for problems with the feedings and reports observations to the nurse/supervisor including:

- Redness, swelling, or drainage around the site of the tube
- Any change in breathing or chest pain
- Restlessness/anxiety
- Regurgitation (return of solids or fluids to the mouth from the stomach) of tube feeding into mouth
- Any rash
- Leaks or kinks in the tube
- Wet dressing at insertion site
- Blood in tubing
- Complaints of nausea or fullness
- Diarrhea or constipation
- Choking
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### **Choking**

Choking can occur in clients of any age. Food, saliva, or medication can cause a blockage of the respiratory tract. Improperly fitting dentures or no dentures can make chewing difficult. Large pieces of food can easily slip down the throat. After a stroke, gag and swallowing reflexes may be diminished and muscles of the mouth and throat weakened. The elderly are at higher risk of choking.

When feeding a client, take precautions to avoid choking. Cut the food into small pieces. Do not rush the client. Allow him time to chew the food thoroughly and swallow it before giving more. Make sure dentures are in place and fit well. If choking occurs, act quickly and call 911 or EMS.

**NOTE: IF THE IN-HOME AIDE HAS BEEN TRAINED TO CLEAR AN AIRWAY OBSTRUCTION IN A CONSCIOUS CLIENT, SHE MAY DO SO IF THE IN-HOME PROVIDER POLICY PERMITS.**

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#### PROCEDURE FOR SERVING A MEAL:

- A. Wash hands according to procedure.
- B. Serve meals promptly so food temperature is maintained.
3. Carry the plate at waist level, not on the shoulders next to hair.
4. See that the appearance of the table or tray is orderly and contains utensils, napkin, and condiments, as allowed.
5. If the client requires assistive feeding device(s), make sure they are on the table or tray.
6. Assist in food preparation as needed. Open milk cartons; butter the bread, cut meat, etc.
7. Encourage the client to do as much as possible.
8. Remove the dishes when client has finished eating. Note the foods and amounts eaten.
9. Wash your hands.

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#### PROCEDURE FOR FEEDING A CLIENT:

1. Wash hands according to procedure.
2. Provide before-meal care and position the client in an upright and sitting position.
3. Wash your hands.
4. Place the meal in front of client on the table or over bed table.
5. Allow the client to give thanks if he wishes.
6. Explain that you will help the client to eat.
7. Spread a napkin, towel, or clothing protector to protect clothes and linen.
8. Sit down in a chair facing the client.
9. Prepare the food: cut up meat, butter bread, pour tea or coffee, etc.
10. Season the food as client wishes within dietary guidelines.
11. Ask client in what order he wants food served; name each mouthful of food as you offer it.
12. Encourage the client to do as much as possible.
13. Use assistive devices per service plan.
14. Use a spoon to give small bites (fill spoon half full) and feed slowly, allowing time for chewing, swallowing, and breathing.
15. Alternate liquids and solids.
16. Wipe the client's mouth as needed.
17. Warn the client when giving something hot.
18. Take the dishes away as soon as client is finished.
19. Note foods and amounts eaten.
20. Provide after-meal care.

21. Make client comfortable.
22. Wash your hands.
23. Record your observations and report anything unusual to supervisor/nurse.

### **Chapter Review**

1. What should you do to prepare clients for mealtime?
2. How do you serve meals?
3. How do you assist a client to eat?
4. How do you feed a client?
5. What is after-meal care for a client?
6. How can you meet the needs of clients with special eating problems?
7. What observations do you need to report for clients receiving feedings by tubes?
8. How can you help prevent choking?



## **Student Exercise**

**Complete the following short-answer questions.**

1. List four considerations in preparing the client for a meal.
  - a.
  - b.
  - c.
  - d.
  
2. List two considerations in preparing and serving meals.
  - a.
  - b.
  
3. List four things an aide can do to assist the client to eat.
  - a.
  - b.
  - c.
  - d.
  
4. Identify four key points in feeding the client.
  - a.
  - b.
  - c.
  - d.
  
5. What are four things you should do after a client has finished a meal?
  - a.
  - b.
  - c.
  - d.

6. Describe how you could tell the client who is visually impaired where his food is located.
  
  
  
  
  
  
  
  
  
  
7. List three assistive devices that may help the client to be more independent at meal times.
  - a.
  - b.
  - c.
  
  
  
  
  
  
  
  
  
  
8. Why are liquids and solids alternated during the meal?

**Circle the letter of the correct answer.**

9. When feeding a client, the nurse assistant prevents a client from choking by\_\_\_\_.
  - a. cutting food in large pieces that are convenient
  - b. providing food quickly to avoid cooling and gagging
  - c. ensuring that the client's dentures are in his/her mouth
  - d. establishing a time limit for chewing and swallowing the food
  
  
  
  
  
  
  
  
  
  
10. When a client is receiving an intravenous feeding, the aide should observe and report the client's complaint of\_\_\_\_.
  - a. fatigue
  - b. pain at the site
  - c. dry skin
  - d. thirst