CHAPTER 7

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July 2007
DINING SERVICES

PURPOSE

a. To provide patients with nourishing, palatable, and attractive meals that meet daily nutritional needs.

b. To provide service to maintain or improve eating skills, and to enhance the dining experience.

c. To provide a positive dining experience requires a joint effort between dietary and nursing to enhance the patient’s quality of life.

RESPONSIBILITIES

a. The nursing staff is responsible to properly prepare the patient for the dining service.

b. The FSS and Nursing Service is responsible to monitor the dining room during meal service.

ATMOSPHERE

During meal service, the dining room and/or patient’s room should have the following:

a. Comfortable sound levels (TV off).

b. Adequate illumination, furnishings, ventilation, absence of odors, and sufficient space.

c. Tables adjusted to accommodate wheelchairs, etc.

d. Appropriate hygiene provided prior to meals being served.

PATIENT MEAL PREPARATION

Assist nursing, as needed, to monitor each patient during meals for:

a. Patient’s eyeglasses, dentures, and/or hearing aids should be in place.

b. Incontinent patients should be clean and dry.
c. Patients are properly dressed and their dignity is maintained.
d. Proper positioning in chair, wheelchair, geri-chair, etc. at an appropriate distance from the table (tray table and bed at appropriate height and position).
e. Assistive devices/utensils are identified in care plans, provided and used as planned.

**FOOD SERVICE**

**Meal Schedule/Menus Posted**
Meal times and menus should be posted for the patient and family (Refer to “Meal Schedule,”).

**Appropriate Place Setting**
Appropriateness of dishes and flatware for each patient. Each patient has an appropriate place setting with water and napkins (disposable dishes are not used except in an emergency or if called for in an isolation procedure).

**Cart Delivery Times**
Meals must be delivered to the patients in a timely fashion. Meals should be delivered within thirty (30) minutes from the time they exit Dietary.

**Substitutes**
Substitutes are offered as needed and delivered within fifteen (15) minutes.

**Likes/Dislikes**
Likes and dislikes being honored.

**Meds**
Meds are not passed during meal times (unless ordered at meals or by patient request, providing their request is within the appropriate time-frame).

**Seating Arrangement**

a. Seating arrangement is appropriate for all patients sitting at table. (Do not mix a confused patient, a grabber or yeller with alert patients). Allow patients to make seat choices, if possible, to enhance socialization.

b. A table and seating arrangement will be posted in the dining area with patients assigned to a designated table and/or area. The table and seating arrangement
should be established by the FSS and nursing. This should be updated as needed. (See “Sample Seating Arrangement for Self-Feeders,”).

**Eating Assistance**

Patients are properly assisted to eat (see Feeder Protocol).

a. Staff to be in the dining room timely.

b. Tray set up as needed. Make sure all containers are opened, bread buttered, drinks provided and meat cut up as needed.

c. Serve patients at the same table or in patient’s room at the same time. Meals should be served and assisted concurrently.

d. Nursing personnel are responsible for assuring that patients are served the correct food tray.

e. Foods are never mixed together.

f. Prior to serving the food tray, the nurse aide must check the diet card to assure that the correct food tray is being served to the patient.

**Food/Fluid Consumption**

Nursing service will monitor to see if food/fluids are consumed.

a. Consumption sheet or other documentation method is utilized for documentation of intake in the dining room and on the hall.

b. Correct food percentage is used for calculation of food (See Dietary Intake Guide).

c. CNAs will record the amount consumed on the Nurse Aide Care Sheet (Form 4151) in the Meal Intake Section.

**Tray Return**

Monitor for tray return.

a. Trays will be returned to the tray carts on a timely basis by the nursing staff.

b. Tray carts will be returned to the kitchen by nursing staff.

c. Trays returned to the kitchen with 75% or more of the food not eaten should be evaluated to determine the cause, such as menu, food taste or staffing concerns.
MEAL SCHEDULE (EXAMPLE)

BREAKFAST------------------7:15 AM

LUNCH------------------------11:30 AM

DINNER------------------------5:15 PM
FEEDER PROTOCOL

Well-nourished patients are less prone to disease and skin breakdown. Food provides the nutrients for maintenance and repair of body tissues, therefore producing a healthier patient.

1. All appropriate patients should be encouraged to eat in the dining room.

2. Someone should be in charge of each meal. There should be a nurse in every dining room during mealtime monitoring the staff assisting the patient and the patient's eating pattern.

3. The patients should be prepared for their meal. Incontinent patients should be clean and dry. Bibs should be offered and/or placed on all patients. Wheel chairs should be pushed up to the table and locked. A good practice is to park wheel chairs in hall and ambulate patients to their table.

4. Feeder table should be used for those patients who need total assistance. There should be one person behind each table at eye level giving a bite to one and then making the circle giving each patient a chance to chew and swallow their food. The table should be adjusted in height so all chairs fit up to table properly.

5. Tray set up should be done for all patients. Make sure all containers are opened, bread buttered, drinks provided and meat cut up as needed.

6. Evaluate patients for the need of self-help devices, plate guards, suction plates, special fork or spoons and sippy cups.

7. Involve the Speech Therapist when you have a patient with swallowing difficulty.

8. Remember that some patients need to be encouraged to become more independent. Therefore, they should be allowed to feed as much to themselves as possible. You should always give them the time they need and then go back and assist and encourage them to finish their meal. While you are feeding a patient, encourage them to hold finger foods. This encourages independence and keeps their hands busy.

9. You must have a Doctor’s Order for syringes or geri-feeders. These are discouraged. If you must use them, let them be a last resort. Each food item should be in a different syringe or feeder. Do not use force to feed patient. Give only small pushes to hub.
**SHORT ORDER MEAL SERVICE**

The Short Order Meal Service is available to all patients from 9:00 a.m. until 7:00 p.m. daily. The ‘A La Carte’ service is introduced to each patient and/or family member upon admission and the menu is located in the patient rooms.

If the patient chooses to order from the ‘A La Carte’ menu to replace the standard menu or menu alternative for a specific meal, the dietary staff should be notified as soon as possible to make the change. The ‘A La Carte’ Menu Order (Form 4323) is completed by facility staff and delivered to the dietary department. The item(s) requested should be delivered to the patient within 30 minutes in most cases.

The Food Service Supervisor is responsible for ensuring that the food items listed on the ‘A La Carte’ menu are available and that the necessary cooking equipment is available for this service. The order is recorded on the ‘A La Carte’ Meal Service Record (Form 4324) and kept in a notebook in the FSS office.

Consumption of the ‘A La Carte’ menu items are recorded on the Meal Intake (Form 4151) by the CNA. Whenever the menu items are between meals, the percentage consumed is recorded by placing a slash through the appropriate meal block (Breakfast, Lunch or Dinner) and recording the ‘A La Carte’ item above the slash and the regular meal below the slash.

If a patient who receives a therapeutic diet requests an item(s) from this menu, it is the responsibility of the nursing department and/or the FSS to counsel the patient/family member on the possible outcomes of their requests. If the patient or family member understands the consequences and continues to request the service, the Informed Consent Notification for Special Diet/Fluid Orders (Form 4164) must be completed and signed and the physician must be notified by the charge nurse of the patient’s/family’s decision to not follow the prescribed diet. The physician’s response should be recorded in the patient’s chart and, if indicated, discussed with the family or patient.

If indicated due to the patient’s nutritional status, diagnoses or medical condition, routine use of this service should be noted on the patient’s care plan.

Family member(s) are provided a complimentary meal on the day of admission and may purchase meals afterwards from either the standard menu served or the ‘A La Carte’ menu for $5.00. Meals include:

- 1 entrée
- 1 side item
- 1 bread
- 1 dessert
- 1 beverage of choice
‘A LA CARTE’ MENU ORDER (FORM 4323) REvised 2/27/07
‘A LA CARTE’ MEAL SERVICE RECORD (FORM 4324) REVISED 1/23/07
GUIDELINES FOR FINE DINING

- Tablecloths on tables.
- Condiments on table: salt, pepper, sugars, etc.
- Silverware set at table prior to meal.
- Glass glasses for beverages in dining room. Beverages can be poured early and placed in refrigerator. Place on tables prior to meal service.
- Butter on table.
- Bread in bread baskets.
- Desserts/salads placed on table before meal.
- Plates served to patients/no trays.
MEAL INTAKE

INSTRUCTIONS

1. The Meal Intake section of the Nurse Aide Care Sheet (Form 4151) is to be completed after each meal and evening snack by the CNA’s.

2. CNA’s are to use the “Dietary Intake Guide”, as a tool to accurately record the actual percentage of intake.

3. Each patient will be assessed quarterly by the FSS, using these tools for an accurate assessment. The FSS should, also, monitor the patient's actual consumption, comparing these results with the recorded CNA results. Discrepancies should be discussed with nursing.

4. Consumption of ‘A La Carte’ menu items between meals are recorded by the CNA by placing a slash through the appropriate meal block (Breakfast, Lunch or Dinner) and recording the percentage consumed of the ‘A La Carte’ item above the slash and the regular meal below the slash.
NURSE AIDE CARE SHEET (FORM 4151) REVISED 7/14/04
DIETARY INTAKE GUIDE
SELF-FEEDERS

INSTRUCTIONS

The Dining Room Self-Feeders List should be completed on all patients eating in the dining room.

Dietary and nursing should work together to complete table assignments.

Assign all tables a number.

List patients at table number one as 1-4 and continue with table number two until the cart is complete. A standard cart should hold 18-22 trays.

Do not split a table. The food for all patients at a table must be on the same cart.

Should be kept current and updated.

DINING ROOM SELF-FEEDERS LIST (EXAMPLE)

<table>
<thead>
<tr>
<th>Cart</th>
<th>TABLE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td>Cora Ellis</td>
</tr>
<tr>
<td>1-2</td>
<td>Lela Murphy</td>
</tr>
<tr>
<td>1-3</td>
<td>Mary Parker</td>
</tr>
<tr>
<td>1-4</td>
<td>Idell McAfee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
</tr>
<tr>
<td>1-6</td>
</tr>
<tr>
<td>1-7</td>
</tr>
<tr>
<td>1-8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
</tr>
<tr>
<td>1-10</td>
</tr>
<tr>
<td>1-11</td>
</tr>
</tbody>
</table>
HEIMLICH MANEUVER

PURPOSE

The purpose of this procedure is to prevent choking by expelling the foreign body to clear the airway obstruction.

GENERAL GUIDELINES

Conscious Patient-Standing or Sitting

1. Ask the patient if he or she is choking. Remember, a choking victim cannot speak or breathe and needs your help immediately.
2. Ask the patient to cough or speak, if at all possible, to determine if his or her airway is obstructed.
3. If able to cough, instruct and encourage the patient to continue coughing to dislodge or expel any foreign object.
4. Call for help, but stay with the patient.
5. Quickly assure the patient that you are going to stay and assist him or her.
6. If the patient cannot cough, only then should abdominal thrusts be performed as follows:
   a. Stand behind the patient.
   b. Wrap your arms around the patient’s waist.
   c. Make a fist with one hand.
   d. Place the thumb side of your fist against the patient’s upper mid-abdomen, below the ribcage and above the navel.
   e. Grasp your clenched fist with your other hand.
   f. Press your fist into the patient’s upper abdomen with a quick upward thrust.
   g. Do not squeeze the ribcage. Contain the force of the thrust to your hands.
   h. Repeat the thrusts until the foreign body is expelled or the patient loses consciousness.
Unconscious Patient-Lying Down

1. Ease the patient as gently as possible to the floor.
2. Call for help if assistance is not already present, but do not leave the patient unattended.
3. Position the patient on his or her back with the arms at his or her side.
4. Perform abdominal thrusts as follows:
   a. Facing the patient, kneel down and straddle the patient’s upper thighs with your body.
   b. Place the heel of one hand on the patient’s upper mid-abdomen, below the rib cage and above the navel and with fingers pointed toward the patient’s chest.
   c. Place the other hand directly over the positioned hand.
   d. Bring your shoulders forward over your hands.
   e. Use your body weight to press your hands into the patient’s upper abdomen with a quick upward thrust.
5. Perform the finger sweep maneuver to check for a foreign body as follows:
   a. Keep the patient’s face up.
   b. Perform the tongue-jaw lift to open the patient’s mouth. (Note: Moving the lower jaw moves the tongue off the throat and opens the airway).
   c. Perform the finger sweep using your index finger as a hook.
      (1) Insert your index finger into the patient’s mouth along side of the cheek and across the base of the tongue.
      (2) Try to remove any foreign objects.
      (3) Avoid pushing foreign objects deeper into the throat.
      (4) Turn the patient’s head to one side, if needed, to sweep an object from the mouth.
6. Alternate steps four (4) and five (5) until the object is expelled. Arrange for the patient to be evaluated by a physician immediately after the foreign body airway obstruction has been removed.
7. If unable to clear the foreign body from obstructing the airway, arrange emergency transport of the patient to the nearest acute care medical facility.
8. Proceed with CPR immediately if the patient has no pulse or respirations.