EATING

GOAL – The goals of eating include:

- **To maximize the elder's ability to self-feed (a requirement for most Assisted Living programs) by assuring the right setting, tools, adaptations, and types of food to enable appropriate nutrient intake;**
- **To assure that the elder is taking in the calories and nutrients needed to maintain or improve physical and cognitive functioning;**
- **To use meal time as an opportunity to encourage hydration;**
- **To create a normal psycho/social situation that both encourages eating and helps maintain social skills.**

PROCESS

1. **Prior to involving the elder, assure that appropriate set-up considerations have been put in place. Create a peaceful, attractive, non-institutional dining setting such as one would expect eating in a restaurant or as a guest in someone's home.**

2. **Reduce noise levels by turning off the television, closing doors, etc. Any background music should be SOOTHING WITH NO WORDS and not so loud that you have to raise your voice to be heard over it.**

3. **Create an attractive table setting without excessive clutter on the table.**

4. **Make sure the lighting is very good. As people age, they need more light to be able to see adequately.**
   a. **If the elder has vision problems, place food on a colored plate to create a contrast between the food and the dishes;**
   b. **If the elder wears glasses, be sure they have them on and that the glasses are clean;**

5. **Be sure the elder has appropriate preparation to eat.**
   a. **If they wear dentures, be sure they are in the elder's mouth and properly adhered.**
   b. **If they need special dishes or utensils (built up handle, plate with built up sides, small bowls, or glasses or cups that are easy to handle and may include a straw). Follow Occupational Therapy directions if one is involved in their care. If not, you may want to ask your physician for a referral for Occupational Therapy. They are specialists in helping people carry out daily activities they need to stay independent and thrive.**

6. **Avoid the need for utensils by:**
   a. **Being sure the elder has "finger food" menu options for each meal;**

b. **Placing veggies or finely chopped meat in bread, making little sandwiches;**
c. **Being sure condiments are open and available in small bowls for dipping to moisten food;**
d. **Placing soup in a cup for ease in drinking.**

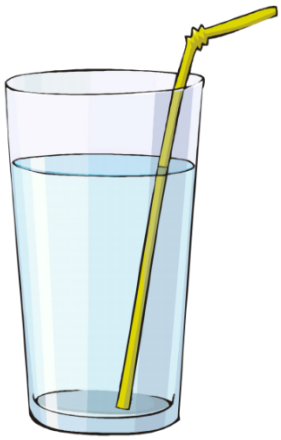
7. **If the person must have soft foods:**
   a. **Be sure the food selections are the right consistency.**
   b. **Use gravy and mash foods to make them soft and easier to swallow.**
   c. **If must be pureed, reconstitute them on the plate in the shape of what they are supposed to be (do not just throw everything together in a blender)**

8. **If the elder must have special liquids, serve them in a special glass with a special table arrangement to make them look appetizing.**

9. **When the elder arrives at the table, be certain the chair is close enough to the table that it can easily be reached without spilling. Consider transferring an elder from their wheel chair to a dining chair for better positioning and to create a more normal dining experience.**

10. **If the elder needs Stand-By Assist or more help, be sure that someone is available throughout the dining experience.**

11. **Sit down to eat with the elder, or be sure the elder is seated with someone who has no difficulty eating. Good social interaction and modeling of appropriate eating are very helpful for elders who may be experiencing some memory or processing difficulty. Socialization increases the likelihood for all elders that they will leisurely keep eating the meal.**



12. **Serve the elder water along with coffee, tea, or juice unless they are on restricted fluid intake. Adding a little lemon juice to the water may make it taste better and also helps reduce the risk of urinary tract infections.**

13. **If possible, place a small pitcher of water so that the elder can continue to refill his or her own glass. Floating lemons in it makes it more appealing. Squeezing lemons in water may make it more appealing to drink for some people.**

14. **Do not hurry the meal. Make it enjoyable. Encourage seconds to promote more caloric intake.**

15. **Always note how much the elder ate. If they are not eating, or not eating well, immediately do the following:**
    a. **Try to determine if the elder is having problems with teeth, a new medicine, an infection, or other things that need medical intervention or consideration.**

b. **Begin keeping track of how much they eat each day. Estimate the number of calories they take in each meal and track those.**

c. **Find out what their favorite foods are, and arrange to make those available.**
d. **Push little meals and snacks that have a high nutrient content between all meals. (Peanut butter sandwich, Ensure, Ensure with ice cream, a fruit smoothie, yogurt, cheese cubes, ice cream sundae, chicken nuggets, etc.). Track everything you get them to eat.**
e. **Consider changing the form, such as getting finger foods or soft foods.**
f. **Try different situations for them to eat (with a companion, by themselves in their room, eliminating any distractions, etc.)**
g. **Sit with them and tell them to eat. Perhaps model and eat the same thing yourself to see if they will replicate your behavior.**
h. **Bring in favorite foods like hamburgers or chicken strips from a local restaurant.**
i. **Add protein powder (available at Walmart) to foods like ice cream to up the nutrient value.**
j. **Determine if they are filling up on junk food with empty calories and if so try to substitute foods that have good nutrition, yet are still fun to eat (peanuts, trail mix, cheese and crackers, etc.).**
k. **If nothing works after a few days, arrange a medical consult and possibly a consultation with the dietician.**
l. **NEVER IGNORE THE FACT THAT AN ELDER IS NOT EATING. YOU MUST TAKE ACTION AND NOT STOP UNTIL YOU HAVE FIGURED OUT HOW TO GET THEM EATING AGAIN.**