

WISCONSIN FEEDING ASSISTANT TRAINING CURRICULUM



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

**Division of Quality Assurance
Office of Caregiver Quality**

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INTRODUCTION

Purpose

The purpose of this training curriculum is to implement the federal paid feeding assistant regulations in Wisconsin long term care facilities, based on the requirements established by the Centers for Medicare and Medicaid Services (CMS) under 42CFR 483.35(h), 42CFR 483.75(e)(1)(q) and 42CFR 483.160.

Background

CMS adopted regulations effective October 27, 2003, allowing the use of paid feeding assistants in long term care facilities, provided that:

- The State approves feeding assistant training programs, using federal requirements as minimum standards; and
- Facilities use paid feeding assistants consistent with all other applicable guidelines under 42CFR 483.35(h), 42CFR 483.75(e)(1)(q) and 42CFR 483.160.

This rule was adopted to improve the quality of care in long term care facilities and to reduce resident nutrition and hydration concerns by increasing eating and drinking assistance. The increasing number of assisted living facilities providing care to individuals with minimal medical needs has resulted in a more frail nursing home population. This population is more dependent on nursing staff for basic needs, such as feeding and personal care.

It is expected that feeding assistants will relieve some of the pressure on nurses, nurse aides, and other staff by allowing them more time to provide more complex tasks such as bathing, toileting, and changing dressings. A feeding assistant may be a person who is hired on a part-time basis to help with meals and hydration or may be a trained staff member who supplements nursing staff during mealtime.

Wisconsin's "single task worker" model is frequently referenced in the CMS rule. However, in analyzing the federal feeding assistant requirements, DQA determined there are many areas where the federal training and employment requirements varied from protocols established under Wisconsin's previous single task worker program. Wisconsin is considered the pioneer on this issue and other states are closely watching implementation of this program.

In addition to the federal feeding assistance regulations, Wisconsin's long term care facilities must follow all additional requirements detailed in DQA Memo 04-008, "Wisconsin's Feeding Assistant Program Requirements."

Curriculum Development

The Wisconsin Department of Health Services (DHS), Division of Quality Assurance (DQA), Office of Caregiver Quality (OQC), has developed and approved the Wisconsin Feeding Assistant Training Program. Completion of this curriculum meets both federal and state minimum feeding assistant training requirements.

The Office of Caregiver Quality would like to thank the members of the Wisconsin Feeding Assistant Training Program Workgroup for their input and feedback in developing Wisconsin's feeding assistant

requirements. Special thanks go to Three Pillars Health Care Center and Clark County Health Care Center, for sharing their feeding assistant curriculum to assist in developing the “Wisconsin Feeding Assistant Training Curriculum.”

Definition

Paid feeding assistant means a person who meets the requirements specified in § 42 CFR 483.35(h)(2), and who is paid by a long term care facility, i.e., a nursing home or intermediate care facility for individuals with intellectual disabilities (ICFs/IIDs), or a person who is used under an arrangement with another agency or organization to assist residents who have no feeding complications with the activities of eating and drinking. Feeding assistants are not permitted to provide any other nursing or nursing related service. Paid feeding assistants must be at least 16 years old. Facilities are prohibited from counting paid feeding assistants toward their minimum staff requirements.

A feeding assistant does not include a person who is a:

- Licensed health professional or registered dietitian;
- Volunteers without monetary compensation; or
- Nurse aide.

A feeding assistant may perform the following duties:

- Transport residents to the dining room
- Prepare food for eating, such as cutting meat
- Serve food
- Provide encouragement and socialization during the meal
- Assist resident as s/he drinks beverages
- Feed the resident when necessary

Training Requirements

Students must successfully complete an approved feeding assistant training program, which includes the following federally-mandated topics, covered during a minimum of eight (8) hours of instruction:

- Feeding techniques
- Assistance with feeding and hydration
- Communication and interpersonal skills
- Appropriate responses to resident behavior
- Safety and emergency procedures, including the Heimlich maneuver
- Infection control
- Resident rights
- Recognizing changes in residents that are inconsistent with the norm and the importance of reporting changes to the nurse.

Wisconsin feeding assistant training programs must also provide instruction on the following topics:

- Wisconsin’s Caregiver Program, including:
 - Caregiver background check requirements

- Need to promptly report any misconduct allegations
- Definitions of abuse or neglect of a client or misappropriation of a client's property
- Rehabilitation Review requirements

Feeding assistant training programs must utilize the Department of Health Services, Division of Quality Assurance video, *The Wisconsin Caregiver Program: A Blueprint for Excellence* and Guide, to provide feeding assistant students instruction regarding the requirements of the Caregiver Program.

- Facility-based programs must provide training regarding the selected resident population that will be served by the feeding assistant. The facility-based training program curriculum must include training specific to the identified population type(s). This training must include, but is not limited to:
 - Characteristics of the population, such as the population members' physical, social, and mental health needs, and specific medications or treatments needed by the residents
 - Program services needed by the residents
 - Meeting the needs of persons with a dual diagnosis (co-occurrence of mental health disorders and alcohol and/or drug dependence or abuse), and maintaining or increasing his or her social participation
 - Self direction, self care, and vocational abilities
 - Instruction of feeding assistants who have been trained by another facility's training program for their specific selected population

The facility-based program may determine the number of extra hours required for the training topics listed above. However, the training must be in addition to the minimum eight (8) hours required for the federally mandated topics.

All programs must stress the only direct, hands-on duty a feeding assistant is permitted to perform is assisting residents to eat or drink who have no complicated feeding problems.

Feeding assistants **cannot** feed residents who have complicated feeding problems or clinical conditions, including but not limited to:

- Recurrent lung problems
- Aspiration difficulties
- Difficulty swallowing
- A feeding tube or IV feeding

Volunteers

Volunteers and family members who help feed residents are exempt from the feeding assistant training requirements. However, it is strongly recommended that volunteers receive training to provide this important service. This training manual is appropriate for this purpose.

Successful Program Completion

A student may not provide hands-on assistance with feeding or hydrating residents unless the individual has successfully completed the following:

- A State-approved training program for feeding assistants, including additional instruction on the selected resident population and the Wisconsin Caregiver Program requirements

- After completing the approved training course, complete a State-approved standardized written quiz with a score of 75 percent or greater. Individuals may request the quiz to be administered orally. Instructors should consider the needs of persons who have limited English proficiency or reading difficulties.
- A State-approved standardized skill demonstration, determining hand washing and resident feeding competency with a score of 75 percent or greater
- The instructor must observe the trainee's performance and initial and date each skill to verify the satisfactory or unsatisfactory performance.
- Students who do not successfully pass the initial competency evaluation will be allowed the opportunity to review the training materials and retake the test. Programs can establish the number of times a candidate may retake the test. However, the program must document the failure, opportunity for review, and subsequent retake testing.

The instructor must issue a State approved certificate to each participant who successfully completes the program, documenting the name of the participant, the training program, and the date of successful completion.

TRAINING CURRICULUM

I. Resident's Bill of Rights

Handout 1: Resident's Bill of Rights
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- A. All members of the health care team must respect the Bill of Rights.
- B. Resident rights are preserved when staff uses skills that maintain and protect the resident's dignity and basic human rights.
- C. In general, residents have the right to:
 - 1. Be informed about rights
 - 2. Examine federal or state survey report of the facility
 - 3. Be accorded dignity in his/her personal relationship with staff
 - 4. Receive, in writing, the name, business address, and telephone number of the physician responsible for care
 - 5. Receive quality care regardless of race, color, ethnic origin, age, religion, marital status, sexual preference, or handicap
 - 6. Receive encouragement and support in making personal choices to accommodate individual needs
 - 7. Be respected and protected from harm, both physically and verbally
 - 8. Have continuity of care
 - 9. Refuse treatment
 - 10. Privacy during procedures and when requested
 - 11. Be addressed by the name preferred
 - 12. Be informed about the costs and services available
 - 13. Have confidentiality maintained regarding his/her medical condition, medical records, and other information relating to his/her care
 - 14. Be free from non-therapeutic chemical and physical restraints
 - 15. Wear his/her own clothing, keep appropriate personal possessions, and be allowed to spend his/her own money
 - 16. Have his/her family or significant others participate in care conferences
 - 17. Receive assistance in exercising citizenship rights
 - 18. Have assistance and privacy in personal communication (mail, phone calls, visitors, etc.)
 - 19. Have personal possessions treated with respect and safeguarded
 - 20. Be informed in terms that allow the resident to understand complete and current information relating to the diagnosis, treatments, alternatives, risks, and prognosis concerning his/her care
 - 21. Be informed of the procedures in filing confidential complaints, resolving grievances and be given references of available resources.

22. Participate in religious or political activities if these do not infringe on other resident's rights.
 23. Organize, maintain, and participate in resident and family councils.
- D. The Resident's Bill of Rights must be posted in an easy to see place in the Long Term Care Facility.
- E. A copy of the Resident's Bill of Rights must be given to all residents or guardians upon admission to facilities.
- F. Describe ways to assist in resolving grievances.
1. Realize the Bill of Rights gives the resident the right to voice grievances without fear of reprisal.
 2. When conflicts between residents occur, maintaining the safety of each resident must be the primary consideration.
 3. Report information regarding resident conflicts accurately and immediately to the charge nurse. Skilled and caring staff can often work out resolution of conflicts.
 4. State ombudsman services assist residents and their families to resolve conflicts with facilities.

Key Terms for Feeding Assistants

Body Mechanics	Using muscles of the body correctly to make the best use of strength to lift or move objects
Chain of Infection	Process involved in the development of infectious disease in people
Contaminated	Items or areas considered to have disease-causing organisms
Disinfect	Preventing infection by killing bacteria; disinfectants are common solutions usually containing chlorine.
Infection	Condition or disease where the body or part of it is invaded by pathogens that multiply and result in disease or harmful effects
Infection Control	Practices that help to reduce the spread of disease; also called “medical asepsis”
Isolation	Practices to separate people or items, especially with easily transmitted diseases
Microorganism	Tiny living bodies that cannot be seen with the naked eye; can only be seen with a microscope
Pathogen	Disease-causing microorganism; germ
Safety	Practices that prevent harm or injury
Standard Precautions	Practices such as hand washing and gloving, identified by the Center for Disease Control, that reduce the risk of transmission of disease
Sterilization	Removing or destroying all microorganisms on a surface

II. Safety of the Resident

- A. It is necessary for all staff to be alert to safety concerns for the resident and to remain calm at all times.
- B. Adjustments to environment are necessary for individual needs, such as light, noise, air temperature and type of furniture.
- C. Identify potential hazards to resident safety.
 - 1. Falls are the greatest threat to residents. Be alert to all situations, such as spills, which may be a hazard.
 - 2. Lack of proper lighting. Glare is especially hazardous to the elderly person.
 - 3. Unsafe equipment such as electrical cords
 - 4. Slippery floors
 - 5. Unlocked wheelchairs, geri chairs
 - 6. Errors (wrong tray)
 - 7. Bedrails, restraints
 - 8. Improperly placed or non-working call light
 - 9. Unsafe or improperly performed procedures as appropriate
 - 10. Improper use of smoking materials
 - 11. Cluttered hallways
 - 12. Report unsafe or non-working equipment.
- D. Identify ways feeding assistants can prevent injuries and accidents to self and residents.
 - 1. Follow care plan at all times.
 - 2. Know resident care procedures.
 - Perform accurately as learned.
 - Ask questions if unsure of task.
 - Do not perform tasks you have not been taught.
 - 3. Know fire safety policy of facility.
 - Be alert to fire safety violations (smoking rules, oxygen safety, electrical equipment, unsafe wires).
 - Extension cords are not allowed.
 - Know where emergency equipment and oxygen is located.
 - 4. Maintain your own health.
 - Follow rules of healthy lifestyle.
 - Eat a balanced diet.
 - Don't skip meals or fill up on snacks.
 - Get plenty of rest – 7 to 8 hours of sleep per night.

- Learn to manage stress – stress can weaken your immune system.
 - Get a flu shot each fall.
 - Call facility when illness prevents your being available to work.
5. Use Standard Precautions when completing your work.
- E. Describe safety in resident's unit.
1. This is the resident's personal area, the resident's "home."
- The resident's personal items in their rooms are very valuable to them and provide memories of earlier times.
 - Handling these items with respect and care demonstrates to the resident your concern and assists the resident with grief and loss issues.
 - The resident has a right to expect his/her personal area to be treated with respect and dignity. This includes:
 - Knocking on closed door
 - Giving the resident his/her visitors the right to privacy

III. Situations Requiring Emergency Action

A. Fire

1. Major Causes of Fire
- Improper use of smoking materials
 - Defects in heating systems
 - Improper trash disposal
 - Misuse of electrical equipment
 - Spontaneous combustion
2. Follow procedures of facility. Take following actions when fire is discovered:
- Remember RACE**
- R:** Remove residents in immediate danger.
- A:** Alert other staff.
- C:** Confine fire.
- E:** Extinguish fire, if possible.
- Handout 2:**
RACE
3. Use of Fire Extinguisher: Most fire extinguishers are the dry chemical type suitable for all types of fires.
- Remember PASS**
- P:** Pull safety pin (usually, twist and pull).
- A:** Aim nozzle at base of fire.
- S:** Squeeze trigger handle.
- S:** Sweep side to side at base of fire.

4. Describe methods to remove an immobile resident.
 - Follow facility policy for evacuating immobile residents, may include:
 - Placing residents on a blanket on the floor and pulling them out from danger
 - Moving the entire bed

B. Finding a Resident on the Floor

1. Call for the nurse immediately.
2. Stay with resident.
3. Do not attempt to move resident until nurse has assessed the resident.

C. Choking

Handout 3: Choking

1. Residents at risk of choking when:
 - Bites of meat or other food are too large or poorly chewed.
 - Food is too dry.
 - Residents talk or laugh too much while eating.
 - Dentures don't fit well.
 - Chronic illness or stroke causes weakness and difficulty with swallowing.
2. If resident is coughing but is **able to breathe**, do not intervene, but continue to observe until coughing subsides and resident continues with activity.
3. Clutching the neck with one or both hands is the universal distress signal or sign for choking.
 - Ask resident, "Are you choking?"
 - If affirmative (yes) head nod, begin procedure for clearing obstructed airway.
 - Other signs of airway obstruction:
 - Resident can't speak.
 - Resident is not breathing.
 - Resident's skin turns blue.

D. Finding an Unresponsive Resident

1. Call for nurse immediately.
2. Stay with the resident.
3. Call resident by name to determine unresponsiveness.
4. Assist the nurse as directed.

E. Seizures – sudden involuntary movement of muscles. Person may be partially conscious or become unconscious.

1. Call for the nurse immediately.
2. Stay with resident – move obstacles out of the way to avoid injury.

3. Ease resident to the floor.
4. Roll resident on his/her side.
5. Do not restrain resident's movements.

F. Wandering or Lost Residents

1. Report to nurse immediately upon discovering a resident missing.
2. Follow facility instructions.

G. Severe Weather

1. Follow facility policy for tornado watches or warnings or other severe weather situations.
 - Follow directions from nurse in charge.
 - Close windows and drapes.
 - Move residents away from windows.
 - Protect and reassure residents.
2. Follow facility policy for power outage.
 - Open windows to allow light to come in area.
 - Know where flashlights and batteries are located.
 - Do not use candles or other types of open flame for lighting.
 - Unplug electrical equipment and turn off light switches.
 - Stay with residents until help arrives.

IV. Principles of Infection Control

A. Define infection control.

Practices that prevent the growth and spread of disease producing micro-organisms called pathogens or germs. Infection control is also referred to as medical asepsis.

B. Identify ways microorganisms enter the body.

1. Body openings such as nose, mouth, eyes, urinary tract
2. Body cuts (anytime the skin is broken)
3. Introduction of contaminated material through tubing such as indwelling catheter, intravenous (IV), or tube feeding tubes

C. Describe the chain of infection.

Handout 4: Chain of Infection

The route pathogens travel to spread disease. Six (6) parts of the chain of infection:

1. Pathogen — the cause of infection
2. Reservoir --- where the pathogen can survive
3. Exit point --- such as body secretions or infected wounds

4. Method of transmission --- such as on hands or on contaminated supplies
 5. Entry point -- such as broken skin
 6. Host -- person receives pathogen and harbors it. Disease will occur more often in persons at risk such as those who are ill.
- D. Describe conditions that affect the growth of pathogens.
1. Food for pathogen -- can be found on the body, body discharges, equipment, or trash
 2. Moisture
 3. Air --- necessary for growth
 4. Temperature --- Most microorganisms grow and thrive best at temperatures between 40° to 110° Fahrenheit.
 5. Darkness --- Direct sunlight kills some germs; most pathogens live best in darker areas.

Handout 5:
Ways Microbes are Spread

Handout 6:
Ways Infections are Spread

V. Standard Precautions

- A. Basic infection control practices for all health care facilities in the United States and any industry that could affect the health of citizens were developed by the Center for Disease Control (CDC). The practices are called **Standard Precautions** and are designed to reduce the risk of transmission of disease producing microorganisms.
- B. Standard Precautions practices include:
1. *Hand hygiene:* Routinely wash hands or use an alcohol-based rub.
 2. *Gloves:* Use gloves routinely and correctly.
 3. *Masks:* Use masks, eye protection and face shields appropriately.
 4. *Gowns:* Use gowns when needed.
 5. *Patient care equipment:* Routinely clean and dispose of all patient care equipment.
 6. *Environmental surfaces:* Clean all surfaces regularly.
 7. *Contaminated linen:* Handle all contaminated linen appropriately.
 8. *OSHA requirements:* Follow all occupational safety requirements.
 9. *Poor hygiene behavior:* Manage residents with poor hygienic behaviors effectively.
 10. *Environmental/biological waste:* Handle environmental and biological wastes appropriately.
- C. Importance of Hand washing
1. Hand washing --- single, most effective way to prevent the spread of disease
 2. Hand washing should be done:
 - When beginning work
 - Before and after caring for the resident
 - Before handling food

Handout 7:
Aseptic Hand washing

- After using the bathroom, combing your hair, using a tissue, eating, drinking, or smoking
 - After handling resident's belongings
 - After working with anything soiled
 - After removing gloves
3. Avoid using hot water when washing hands; repeated exposure to hot water may increase risk of dermatitis.
 4. Friction (rigorous rubbing) for at least 15 seconds removes germs.
 5. Clean under fingernails using nail brush or orange stick or rub nails briskly in your palm.
 6. Fingernails should be short (one quarter inch) and clean.
 7. Nail polish, acrylic, or artificial nails are difficult to keep clean and should not be worn.
 8. Cuts and sores on hands, including hangnails, should be treated.

D. Sanitizing Hand Rubs

1. CDC has released new guidelines recommending use of alcohol-based hand rubs, unless hands are visibly soiled.
2. Alcohol hand rubs do not replace hand washing with soap and water.
3. Alcohol-based hand rubs are effective in reducing bacteria on the skin.
4. Apply product to palm of one hand, rub hands together, covering all surfaces of hands and fingers until dry.

Handout 8: Gloving

E. Gloves

1. Gloves must be worn when touching body fluids or items contaminated with body fluids.
2. Change gloves between tasks and remove before touching clean items.
3. Gloves must never be used in place of hand washing.

VI. Caregiver Precautions with Infectious Diseases

A. Describe types of infection.

Many types of disease producing microorganisms, usually identified by special features, such as:

- Shape
 - How and where they grow
 - How they multiply and spread
1. **Bacteria:** This germ grows in groups and a culture sample helps determine the best medicine for treatment. There are many antibiotic medications.

Examples of bacteria include:

- *Strains of streptococcus*: "strep" which can cause a sore throat
- *Strains of staphylococcus*: "staph" which causes infections in cuts and surgery sites.
- *Mycobacterium tuberculosis*: "TB" is transmitted to others from the cough or sneeze of an infected person. Usually attacks the lungs. A Mantoux skin test identifies exposure to the germ. This test is required within three (3) months prior to employment and generally annually thereafter, based on facility's risk assessment for all persons working in long term care facilities.

2. **Fungus:** The most common disease producing fungi are yeast infections. There are medications for treatment.

- *Candida albicans*: occurs in mouth and vagina
- *Tinea capitis*: "ringworm" occurs on the skin
- *Tinea pedis*: "athlete's foot" also occurs on the skin

3. **Virus:** The smallest microorganism in the world. The germ needs a host to multiply. There are no specific medications for viruses. Medications are usually developed to control the specific features of the pathogen. Viruses are able to change their features. Examples of viruses include:

- *Common cold*: affects the respiratory system
- *Influenza*: "flu" -- affects the respiratory system with additional body complaints of headache, fever, aching or tiredness. "Flu shots" must be given every year because of the changing features of the virus.
- *Herpes simplex*: "cold sore" or "fever blister" -- usually reoccurs on the same area, such as mouth or lips
- *Herpes zoster*: "shingles" -- blister-like sores erupt on the skin along the route of a nerve. The chicken pox virus causes the reactivation of herpes zoster.
- *Hepatitis*: systemic (body) infection affecting the liver
 - A -- reservoir is in stool (feces) and is spread stool-to-mouth route by food or water contaminated with the virus.
 - B and C -- reservoir in blood and spread by direct contact with body fluids
- *Human Immunodeficiency Virus*: "HIV" -- final stage of the infection is called Acquired Immune Deficiency Syndrome or "AIDS." The body's immune or defense system is unable to fight off infections and is vulnerable to "opportunistic infections" which are usually eliminated in people with healthy immune systems.
- *Drug Resistant Infections*: Pathogens or germs can become resistant to the medications that were developed to fight them in people who got the infection. Examples include:
 - methicillin -- resistant *S. Aureus* (MRSA)
 - vancomycin -- resistant enterocci (VRE)

People most likely to develop a drug-resistant infection are those who are weak or have a chronic condition such as leukemia or AIDS.

- B. Describe measures that prevent the entrance of harmful germs into the body.
1. Hand washing -- single most important measure in prevention of spreading disease
 2. Separation of clean and dirty items
 3. Correct handling of food
 4. Correct handling of clothing protectors
 - Do not have clothing protectors touch uniform.
 - When clothing protector falls to floor, place it in soiled linen hamper.
 5. Staff should report when ill.
 6. Visitors should be encouraged to stay away from facility when ill.

VII. Demonstrations

Demonstrate **Hand Washing**.

1. Turn the faucet on using a dry paper towel and adjust the water temperature until it is warm.
2. Wet hands and wrists thoroughly, pointing fingertips down.
3. Apply soap. Work into a lather, spreading it between fingers and under the nails as well as up above to the wrists at least two inches.
4. Clean under the nails.
5. Use a circular rubbing motion for at least 15 seconds. Rub hands together and interlace fingers to clean between them.
6. Rinse hands well under running water, pointing fingertips down.
7. Dry hands thoroughly with a clean paper towel.
8. Dispose of paper towel in proper waste container.
9. Turn off faucet with a clean, dry paper towel held between the hand and the faucet.
10. Discard the paper towel without touching the waste container.

Demonstrate **Heimlich Maneuver for Choking Resident**.

1. From behind, wrap your arms around the victim's waist.
2. Make a fist and place the thumb side of your fist against the victim's upper abdomen, below the ribcage, and above the navel.
3. Grasp your fist with your other hand and press into their upper abdomen with a quick upward thrust.
4. Do not squeeze the ribcage; confine the force of the thrust to your hands. Repeat until object is expelled.

Demonstrate **Heimlich Maneuver for Unconscious Resident**.

1. Place the victim on back.
2. Facing the victim, kneel astride the victim's hips.
3. With one of your hands on top of the other, place the heel of your bottom hand on the upper abdomen below the rib cage and above the navel.
4. Use your body weight to press into the victim's upper abdomen with a quick upward thrust.
5. Repeat until object is expelled.
6. If the resident has not recovered, proceed with CPR.
7. The resident should see a physician immediately after rescue.
8. Don't slap the resident's back (this could make matters worse).

Key Terms for Feeding Assistants

Body Language	Use of body and facial positions and movement to send a message; person may or may not be aware of the message sent
Care Plan	A written method or outline identifying resident's needs and how health care workers will assist them
Chart	A legal document that is a written record of all resident care and observations
Checklist	Form to monitor ongoing resident observations such as appetite or vital signs; also called "flow charts" or "flow sheets"
Communication	The exchange of information or messages by written or spoken word, signals, or other methods
Continuity of Care	Providing 24-hour care without interruption or change in meeting resident's needs
Incident	An event that is not a usual routine or behavior and has or could result in injury
Non-Verbal Communication	Messages sent by methods other than spoken or written word, such as facial expressions and body movements
Report	Communication of resident activity between nursing team members; occurs routinely at end-of-shift report
Signs	Signals that there may be illness or the body is not working normally; may be observed by seeing, listening, touching, or smelling
Symptoms	Signals that there may be illness or that the body is not working normally; recognized by the resident and communicated to the nursing team

VIII. Communication

Handout 9:
Communication

- A. The exchange of information for one person to another
- B. Effective communication occurs when the receiver gets the message in the way the sender intended.
- C. Effective communication is essential to report observations and progress of the resident.
- D. Communication is essential to implement the care plan for the resident.
- E. Communication skills are important in relating to the resident, families and other staff members.

IX. Verbal Communication

- A. Getting the message across through the use of voice or written words
- B. Used to give and receive information, facts, and sharing of experiences
- C. Be alert to the resident's ability to understand the words used and read written information.
- D. Be aware of the verbal communication in:
 - 1. Choice of words
 - 2. Tone of voice
 - 3. Speed of voice

X. Non-Verbal Communication

Handout 10:
Non-Verbal Communication

- A. Getting a Message Across without the Use of Words
 - 1. Examples of non-verbal communication include:
 - Facial expressions
 - Posture
 - Gestures
 - Touch
 - Dress
 - Arm movement
 - Pacing
 - Raising of eyebrows
 - Smiling
 - Silence
 - 2. Remember: "Actions can speak louder than words." Be aware of your non-verbal behavior when relating to residents and their families.

XI. Effective Communication

A. Effective communication takes time, patience, and skill.

B. Guidelines for Effective Communication

1. Use the following techniques to encourage residents to verbalize their needs.

- Reduce background noise.
- Pace yourself to speak at the pace the resident understands.
- Allow time for talking.
- Express an interest in what the resident says.
- Maintain eye contact.
- Match body language with what is said.
- Speak clearly and loudly enough so resident can hear.
- Refer to resident by the name s/he prefers.
- Keep conversation resident-centered.

Handout 11:
Principles of Good Listening

2. Be a good listener.

- Sit down when possible -- shows you are ready to listen.
- Listen attentively.
- Make certain your body language says you are listening.
- Don't interrupt -- let the resident finish talking before your start.
- Don't finish sentences for the resident or "jump to conclusions."
- Don't criticize what the resident says -- everyone has a right to his/her own opinion.
- If you are not sure what the resident means, clarify by saying, " Do you mean that ... ?"

3. Know when to be silent. The resident:

- May not want to have a conversation
- May not feel well
- May be tired
- May be angry
- May be depressed
- May just not feel like talking

C. Barriers to Effective Communication

1. Not listening
2. Background noise
3. Belittling a person
4. Talking down to a person -- talking to a resident as if s/he were a child
5. Avoiding eye contact

6. Appearing too busy or in a hurry
7. Making judgments
8. Not acknowledging what was said
9. Giving false or inappropriate reassurances
10. Speaking in language other than resident's primary language
11. Dominating the conversation

Handout 12:
Basic Rules for
Assisting the Visually
and Hearing Impaired

D. Describe communication techniques for resident with vision impairments.

Realize many elderly have some vision impairment. Techniques include:

- Identify self and make presence known when approaching resident.
- Knock before entering room.
- Call resident by name desired.
- Reduce glare from window behind you; can interfere with resident's ability to see.
- Encourage and assist resident with use of eye glasses; clean glasses as needed.
- Explain placement of articles; maintain familiarity and stability in environment.
- Offer your arm to guide and walk slightly ahead of resident.
- Speak clearly and slowly, using moderate tone of voice.
- Remember the person may not be hearing impaired; do not use a loud voice or shout.

E. Describe communication techniques for a resident with a hearing impairment.

Realize some hearing loss occurs in the normal aging process. Techniques include:

- Face the resident when talking to him/her.
- Speak clearly and distinctly.
- Keep hands away from your mouth while talking to allow for lip reading.
- Stand or sit near resident.
- Assist the resident with use of a hearing aid if s/he uses the device.
- Reduce background noise.
- Refrain from eating or chewing gum.

F. Describe communication techniques for resident with language/speech impairment.

Residents who have suffered strokes may not be able to speak (aphasia) or have difficulty speaking (dysphasia). It is important to realize the resident::

Handout 13:
Rules for Communicating
with Brain Injured Adult

1. Usually understands what is being said, but cannot communicate verbally
2. May express frustration or anger because words s/he says do not "make sense"

XII. Communicating within Nursing Team

- A. Feeding assistants have frequent and close contact with the resident. A feeding assistant has the opportunity to observe the resident more closely than the nurse in charge.
- B. Communication is necessary for continuity of care.
- C. Care plan is an essential tool in communicating regarding resident care.
 1. Care plans are developed based on federal regulations that identify areas of observation and care.
 2. Feeding assistants contribute to resident care plan by making careful observations and reporting observations to the charge nurse.
- D. Report physical, mental, and emotional observations of residents such as:
 1. Resident's reactions, behavior
 2. Resident's statements regarding his/her physical symptoms (pain, numbness, dizziness)
 3. Care that seems to work best for the resident
 4. What care does not seem to work well
 5. Feeding assistants should be as specific as possible when reporting observations. Accuracy of reporting reflects on:
 - Resident's care
 - Care plan
 - Unit staffing
- E. Respect resident's rights to privacy and confidentiality when reporting.
 1. Give information only to staff involved in the resident's care.
 2. Use a private place to report, where others won't overhear.
- F. Recognize and report abnormal signs and symptoms.
 1. Signs: Objective Data
 - Shortness of breath
 - Rapid respiration
 - Fever
 - Cough
 - Blue color to lips
 - Vomiting
 - Drowsiness
 - Sweating
 - Breaks or tears in the skin; bruises
 - Sudden increase in confusion, memory loss, judgment

2. Symptoms: Subjective Data
 - Chills
 - Pains in chest
 - Pain in abdomen
 - Nausea
 - Excessive thirst
 - Pain on moving
 - Change in appetite
 - Difficulty in swallowing or chewing
 - Headache
 - Any change in the resident from usual behavior

G. Describe incidents.

1. Any event that does not fit the routine care of the resident or operation of the facility
2. Any time an accident/incident occurs, a written report must be completed.
3. Examples of incidents:
 - Lost dentures, glasses, broken teeth
 - Resident, staff, or visitor accidents
 - Theft from residents, staff, or visitors
 - Resident or staff injury
 - Negligent resident care
4. Report any event to charge nurse.

XIII. Feeding Assistant's Responsibility in Record Keeping

- A. Feeding assistant is responsible for some important record keeping regarding the resident's appetite.
1. Patterns of resident behavior or changes are identified through reporting by the feeding assistant
 2. Feeding assistants may be responsible for checklist charting.
 - Examples of checklist charting used by feeding assistants, may include:
 - Appetite record
 - Meal record
 3. Feeding assistants may not compute the resident's intake. This must be performed by a nurse aide or licensed professional nursing staff.

Handout 14: Abbreviation List

B. Identify commonly used abbreviations and medical terminology.

1. Communication with the nursing staff will involve knowing some commonly used medical abbreviations.
2. Knowledge of basic medical abbreviations and medical terms assist in making communications clear and concise.

C. Describe the resident's chart

1. Resident's chart is a legal record.
2. Information must be accurate.
3. Entries must be written clearly.
4. Entries must be signed.
5. Contents of the chart are confidential.

Key Terms for Feeding Assistants

Dehydration	Lack of or insufficient water or fluid in the body
Diet	Food and fluids regularly consumed by a person as a part of normal living
Essential Nutrients	Necessary nutrients in food needed by the body to supply heat and energy, build or repair tissue, and regulate body functions; includes proteins, carbohydrates, fats, vitamins, minerals ,and water
Food Guide Pyramid	Recommended daily servings of food for a balanced diet
Intake	All liquids or fluids consumed
Nutrition	Processes by which the body takes in food and uses it for growth, repair, and maintenance of health
Therapeutic Diet	Special diet ordered by physician to help in the treatment of disease

XIV. Normal Aging Process in Digestive System

- A. Normal digestive changes (stomach, intestines) include:
1. Gradual slowing down of entire system
 2. Decrease in taste: sweet, sour, bitter, salt
 3. Saliva and other secretions reduced
 4. Teeth missing, poor fitting dentures

XV. Nutrition

- A. Define nutrition

Processes by which the body takes in food and uses it for growth, repair, and maintenance of health.

- B. Identify essential nutrients.

Handout 15: Essential Nutrients

Essential or necessary nutrients are in food and needed by the body to supply heat and energy, build or repair tissue, and regulate body functions. They are:

- **Proteins:** Build and repair body tissues. Found primarily in meat, poultry, and dairy products.
- **Carbohydrates:** Produce heat and energy. Found in fruits, vegetables, and foods made from grains.
- **Fats:** Produce heat and energy. Found in animal and plant foods: fat marbled meat, butter, cheese, nuts, oils.
- **Vitamins:** Regulate body processes and functioning. Found in a variety of foods.
- **Minerals:** Build body tissues such as bones and teeth. Found in a variety of foods.
- **Water:** Essential to life and all body system functioning. Normal adult intake is two (2) quarts per day.

- C. Discuss Food Guide Pyramid.

The Food Guide Pyramid shows the daily recommended servings for a balanced diet.

1. Breads, cereals, rice, pasta
2. Fruits, vegetables
3. Meat, poultry, fish, beans, eggs, nuts
4. Dairy products, milk, cheese, yogurt
5. Fats, oils, sweets

XVI. Factors Affecting Nutrition of the Resident

The nutritional needs of the older person are the same as other adults. However, meeting these needs can be more difficult for the elderly person. Some factors include:

A. Physical Factors

1. General Health

- Fatigue level will influence energy to eat.
- Level of alertness to focus on mealtime and eating
- Absence or presence of disease which influences appetite

2. Sensory Loss

- Some loss of sensory ability is part of the normal aging process, especially taste, smell and sight.
- Meals may need to be enhanced with seasonings, unless contraindicated by care plan.
- Appetite is affected by sight, smell, taste, and even sound of food preparation.

3. Physical Comfort

- Assure comfort for mealtime with proper positioning.
- Correct positioning important to prevent aspiration of foods; the head should be elevated.

4. Teeth/Dentures

- Missing, broken, or loose teeth affect ability to eat.
- Improperly fitting dentures impair the resident's ability to chew and swallow and enjoy mealtime.

5. Ability to Chew and Swallow

- Inability/difficulty in chewing/swallowing requires special diet or procedures, such as pureed foods or tube feeding.
- Residents who have difficulty swallowing often have problem with liquids.
- Preparations are available that thicken liquids without changing taste.

B. Psycho-Social

1. Cultural influences

- Religious practices
- National cultures and traditions
- Family customs
- Economic backgrounds

2. Emotional concerns affect appetite and nutrition.

- Loneliness
- Depression
- Anger, frustration

3. Acceptance of diet -- especially if different from life long meal patterns
4. Environment where meals are served
 - Mealtime can be a source of social involvement.
 - All facility staff can help make the mealtime a pleasant experience.
 - Pleasant table mates and conversation at mealtime are important considerations.
 - Excessive noise in dining room can be a problem; avoid loud voices and clanging of dishes.

XVII. Types of Diets

A. Define diet.

Foods and fluids regularly consumed by a person as a part of normal living. Components of a healthy diet include:

1. Daily supply of vitamins
2. Minerals, proteins, carbohydrates, fats, and fiber
3. USDA recommends eating five (5) servings of a variety of fruit and vegetables (not true for persons with diabetes or other conditions).
4. Experts recommend 20 to 35 grams of fiber per day.
5. Good diet based on moderation and variety
6. Variety means eating foods from the five (5) food groups every day.

B. List types of standard diets

1. General, Regular, House
 - No restrictions
 - Most residents receive this diet.
 - Provides all essentials of a balanced diet
 - Many facility general diets may be no added salt (NAS) or no concentrated sweets (NCS).
2. Clear Liquid
 - Liquids that are clear, such as tea, broth, gelatin (Jell-O), some fruit juices, and soda pops
 - Used for persons experiencing stomach or intestinal distress as it is easy to digest
 - Does not provide adequate nutrition for a long period of time.
 - Clear liquids are often difficult to manage for residents with swallowing problems -- may need to be thickened.

3. Full Liquids
 - Given to persons with digestive disorders, those who have difficulty chewing, and during recovery from acute illness
 - Includes clear liquids plus milk, custards, ice cream, sherbet, and other foods that are liquid at room temperature
4. Puree, mechanical soft, or consistency controlled
 - Used for persons having difficulty in chewing or swallowing
 - Same as a regular diet, but food has been chopped fine, ground, or pureed (blended to a smooth, thick consistency)

C. Therapeutic or Special Diets

Therapeutic diets are ordered by physicians to help in the treatment of a disease or condition. Some foods may be increased in amount; some foods may be omitted (such as in allergy related diets); some foods may be restricted to measured amounts. Dietitians plan and manage therapeutic diets.

1. Diabetic Diet
 - Ordered for the person who has diabetes -- also used for person on a calorie-restricted diet for weight reduction
 - The amount of carbohydrates is controlled.
 - Carbohydrates are managed by calories ordered and "exchanges."
 - No sugar on tray
 - No foods with high sugar content
 - Honey
 - Syrup
 - Regular soda pops
 - Jelly, jams
 - Candy
 - May have special sugar-free substitutes if indicated on diet plan
2. Low sodium (low-salt) Diet
 - Ordered for persons with heart, blood vessel, or kidney disease
 - No salt on tray
 - Limit foods high in salt.
 - Bacon
 - Ham
 - Luncheon meats
 - Some cheeses and soups
 - Processed foods
3. Low Fat/Low Cholesterol Diet
 - Ordered for persons with blood vessel, heart, liver, or gallbladder disease
 - No fried foods; limit saturated fats; use low fat substitutes

- Foods restricted or omitted
 - Margarine, butter, salad oils
 - Meats marbled with fat, skin on poultry
 - Cheeses, whole milk, ice cream
- 4. Special Diets
 - Vegetarian -- many types of vegetarians; some don't eat meat or poultry; some eat fish, some do not eat eggs or dairy products
 - Muslims -- do not eat pork
 - Mormons -- do not drink beverages with caffeine
 - Roman Catholic -- may have meat restrictions on Fridays and some religious holidays
 - Conservative Jewish Faith -- laws related to food preparation and non-Kosher meats

XVIII. Importance of Fluid Balance

A. Define fluid balance.

1. Balance of fluid or liquids taken into body with amount eliminated through output of urine, stool, perspiration, and respiration
2. Water is an essential nutrient.
3. Necessary for proper blood flow
4. Necessary for removal of body waste (urine and stool)
5. Aids in cell protection to keep
 - Skin moist
 - Mouth and throat moist
 - Eyeballs lubricated
6. Regulates body functions
 - Temperature control
 - Digestion
 - Movement of secretions out of lungs
 - Keeps urine diluted, stool soft

B. Identify signs of dehydration (lack of sufficient water or fluid within the body). Dehydration can occur quickly in an elderly resident.

1. Lips and mouth become dry; may have difficulty in swallowing, loss of appetite
2. Tongue becomes thickened and coated
3. Skin becomes dry, itchy, and cracks
4. Decrease in urine output because there is not enough fluid
5. Urine is concentrated -- darker in color, strong odor.
6. Fatigue, weakness different from usual

7. Confusion in persons not usually confused
 8. Weak pulse, faster pulse rate
- C. Identify signs of edema (too much fluid in the tissues).
1. Swelling or puffiness
 - Often seen in feet, ankles, hands
 - Some residents have swelling in feet and ankles due to circulation problems from heart disease.
 2. Congestion or wheezing
 3. Weight increase
 4. Decrease in urine output because body is retaining fluid
- D. Identify ways to ensure adequate fluid intake.
1. Consult care plan regarding fluids restricted, fluids encouraged, or nourishments ordered.
 2. Offer fluid frequently, especially in hot weather or when resident has a fever.
 3. Offer fluids resident likes; offer at correct temperature.
 4. Keep water fresh and easy for resident to reach.
 5. Position resident properly to drink (hold glass and straw).
 6. Some residents can not manage a straw -- they have not used them in the past or do not have muscle strength to suck on the straw.
 7. Encourage resident to help self -- use hand-on-hand technique.
- E. Pressure Ulcers
1. Skin sores or ulcers caused by pressure plus friction and a lack of oxygen and nutrition to the affected area
 2. Nutritional intervention techniques include:
 - Encourage high calorie, high protein diet with minimal restrictions.
 - Increased fluids recommended -- can add pudding, gelatin, ice cream, soup
 - Offer snacks between meals.
 - Extra vitamins, minerals, supplemental fluids

XIX. Preparations for Resident's Meal Time

A. Pleasant Environment

1. Most residents will have their meals in the dining room.
2. Most facilities have assigned seating arrangements agreed upon by the multi-disciplinary health team and the resident/family.
3. If resident is to stay in room, make area pleasant by removing unpleasant items, such as commodes, urinals, or soiled linens or disposable briefs.
4. Observe resident as identified on his/her care plan while s/he is eating in the room.

B. Social Concerns

1. Ask resident where and with whom s/he wishes to eat, if consistent with care plan.
2. If facility permits guest trays, encourage resident's family to eat a meal with him/her.

C. Comfort of the Resident

1. Cleanliness; use of clothing protectors
2. Have nurse aide toilet and transfer resident before mealtime
3. Dress, dentures, eyeglasses
4. Proper positioning

D. Adaptive equipment should be available to residents to encourage self-feeding.

1. Plate guards or special plates with edges
2. Adaptive silverware
3. Special cups, glasses

Handout 17:
Adaptive Equipment for
Eating

E. Serving Meal to the Resident

1. Identify resident by verifying ID bracelet or name.
2. Review diet card to be sure resident is receiving correct tray.
3. Feedings assistants must not feed residents who have complicated feeding problems.

F. Describe methods used to assist resident with eating.

1. Position correctly (head elevated) to prevent choking.
2. Prepare food according to resident's needs.
 - Cut meat.
 - Open cartons.
 - Butter bread.
3. Encourage self-feeding.

- Use clock description for the vision impaired.
- Tell residents where items are such as coffee, bread.
- Feed resident only if s/he is unable to do so.

G. Describe feeding the resident.

1. Use hand-on-hand method to assist resident.
2. Check temperatures of foods before feeding -- feel container and observe for steam.
3. Explain what foods are on tray -- ask resident what s/he would like to eat first.
4. Observe and make certain food is swallowed before giving additional food or fluids. May need to remind resident to chew and swallow.
5. Offer liquids at intervals with solid foods.
6. Use a straw for liquids if resident can manage.
7. Make pleasant conversation, but don't ask resident questions that take a long time to answer.
8. Do not rush the resident when you are feeding.
9. Sitting next to resident at eye level conveys a non-rushed feeling.

H. Cuing or Prompting

1. Some residents need verbal or physical cuing to encourage self-feeding. Examples include:
 - Pick up spoon.
 - Put some food on your spoon.
 - Raise spoon to your mouth.
 - Close your mouth.
 - Take spoon out of your mouth.
 - Chew food.
 - Swallow food.
2. Physical Cues -- Place your hand on the resident's hand and guide it.
3. Verbal Cues -- Tell the resident what to do.
4. Verbal cues can be combined with physical cues.

I. Residents with Dysphagia

1. Residents with dysphagia have difficulty or discomfort when swallowing.
2. Symptoms of dysphagia include:
 - Coughing before, during, or after swallowing food, liquid, or medications
 - Needing to swallow 3 or 4 times after each bite
 - Hoarse, breathy voice or gurgling breathing
 - Drooling

- Feeling that something is caught in throat
- Pocketing food in side of the mouth
- Repetitive rocking motion of tongue from front to back
- Continuous throat clearing

- J. Describe feeding the resident with dysphagia (difficulty swallowing).
1. Common problem for residents who have had stroke or are very confused
 2. Assist resident with dysphagia to eat and drink safely by the following:
 - Position upright in chair to prevent choking or aspiration (inhaling liquids).
 - Keep resident oriented and focused on eating.
 - Help resident control chewing and swallowing by choosing right foods.
 - Food with thick consistency, which is easier to swallow; e.g., soft-cooked eggs, mashed potatoes, creamed cereals
 - Thickened liquids
 - Variety of textures and temperatures of foods stimulate swallowing; vary foods offered from tray.
 - At times dysphagia is temporary; a resident who is temporarily ill (influenza, pneumonia, or other illness) may have difficulty swallowing, which improves after recovery from illness.
 3. Residents with dysphagia must be fed by nurse aides or licensed staff.
 4. If you think resident you are feeding has dysphagia, stop immediately and report to the nurse in charge.

XX. Demonstration

Demonstrate Feeding a Resident.

1. Wash hands.
2. Identify self to resident by name.
3. Explain procedure to resident, speaking clearly, slowly, and directly.
4. Maintain face-to-face contact whenever possible.
5. Assist resident to wash hands.
6. Before feeding, ensure that resident is sitting in an upright position (at 90 degree angle).
7. Pick up name card and verify that resident has received the correct tray.
8. Assist resident with clothing protector.
9. Sit at resident's eye level.
10. Offer a drink of beverage.
11. Alternate types of food offered, allowing for resident's preference.
12. Offer food in bite-sized pieces.
13. Report any swallowing difficulties to the nurse immediately.
14. Make sure the resident's mouth is empty before next bite of food or sip of beverage.
15. Offer beverage to the resident throughout the meal.
16. Talk with resident throughout the meal.
17. Wipe food from resident's mouth and hands as necessary during the meal.
18. Remove clothing protector.
19. Dispose of clothing protector in proper container.
20. Wash resident's hands at end of meal.
21. Remove food tray, checking for personal items.
22. Before leaving resident, place signaling device within resident's reach, if necessary.

Key Terms for Feeding Assistants

Agitation	Change in physical activity — usually increased, such as wandering or pacing; may be seen in sleeplessness
Anxiety	Feeling uneasy, apprehensive, worried
Cognition	Awareness or alertness to be able to think, reason, make decisions, and have memory or recall
Cognitive Impairment	Mental decline that reduces awareness; thinking tasks become difficult
Confusion	Inability to distinguish or separate differences between things; an inability to follow directions
Disorientation	Decreased awareness to time, place, and person
Dementia	Progressive deterioration of mental function
Depression	Altered mood, loss of interest, feelings of hopelessness
Fear	Sense of dread from feelings of danger

XXI. Cognitive Impairment

- A. Define cognitive impairment.
1. Cognition is an awareness or alertness to be able to think, reason, make decisions, and have memory or recall.
 2. Cognitive impairment --- something has happened in the brain, reducing awareness; problems with thinking tasks occur
- B. Discuss aging changes in the brain.
1. The brain, like other parts of the body, does not work as well as a person becomes older.
 2. Decreased blood flow slows the thinking and responding process.
 3. Some diseases interfere with brain function.
- C. Discuss signs of cognitive impairment.
1. Confusion --- inability to distinguish or separate difference between things; inability to follow directions
 2. Memory loss --- especially with recent events; names of people and places are not recalled; person is not necessarily confused
 3. Loss of problem solving ability --- making choices, especially with multiple options, becomes difficult
 4. Disorientation --- decreased awareness to time, place, and person
- D. Discuss dementia.
- Handout 18:**
Stages of Alzheimer's Disease
1. Dementia -- progressive deterioration of mental function that interferes with a person's normal life activities
 2. Identify some types of dementia illnesses.
 - Alzheimer's disease --- gradual, irreversible loss of mental functioning due to unknown cause
 - Repeated small strokes --- small strokes occurring over time; reduces blood flow to the brain; person can have period of improved mental functioning
 - Organic brain disease --- general aging changes may be influenced by a history of high blood pressure and a high fat diet
- E. Describe behaviors observed in residents having dementia.
1. Depression --- loss of interest, altered mood, feeling of hopelessness
 2. Agitation --- restlessness, increased physical activity, wandering, pacing or sleeplessness
 3. Personality changes --- behavior can change daily
 4. Anxiety --- feeling uneasy, apprehensive, worried

5. Fear --- sense of dread from feelings of danger or threat of danger
6. Difficulty performing familiar tasks
7. Disorientation
8. Poor judgment
9. Loss of recent memory

XXII. Feeding the Cognitively Impaired Resident

A. Strategies to Implement when Feeding Residents with Dementia

1. Environment
 - Provide a structured, safe environment.
 - Avoid changes --- seat resident at same place for all meals.
 - Avoid excessive stimulation --- too much activity and noise often adds to confusion and anxiety.
 - Remove distraction, if possible, and refocus resident.
 - Meals should be ready to eat when resident is seated; e.g., meat is cut, bread is buttered, etc.
 - Avoid isolating the resident; isolation leads to more confusion.
2. Oral Communication
 - Call resident by name preferred; obtain eye contact.
 - Use calm voice --- speak softly, slowly, clearly; face resident.
 - Keep communication simple --- use simple, short instructions: "Pick up your fork." "Put food on your fork."
 - Use objects or hand movements to assist with communication.
 - Allow time for resident to respond.
 - Acknowledge emotional feelings that are evident: "I can see you are frightened."
 - Encourage resident to do as much as possible for self.
 - Be flexible to accommodate resident needs at the time.
 - Show interest in the resident; avoid interrupting if resident is speaking.
 - Talk about the past or current interests --- fishing, baking, etc.
 - Don't expect resident to learn new things.
3. Body Language
 - Treat all residents with dignity.
 - Approach resident from the front ; many persons with Alzheimer's have decreased ability to see side views, peripheral vision.
 - Remain calm and reassuring.
 - Use calm body language; be at same level as resident rather than "standing over."
 - Avoid jerky, rapid body movements.

- Touch can be reassuring.
 - Be an attentive listener.
4. History of Resident
- Resident's memory may not be reliable.
 - Listen to family --- they may be able to give suggestions or ideas to assist in care. Many families have been caring for resident who has Alzheimer's disease for a long time at home.
 - Draw upon familiarity.
 - Knowing the resident's history will assist in providing care for the resident with dementia. Ask the nurse or social worker for information.
 - Remember information regarding the resident is to be held in confidence.
- B. Discuss principles of behavior management.
1. Behavior problems usually result from fears and unmet needs. Be patient, understanding, and respectful when feeding the resident.
 2. Residents experience some loss of control over their lives due to many types of limitations. Offer choices whenever possible to add to the resident's sense of control and reduce frustrations.
 3. Strategies to use to increase the resident's sense of control:
 - Respond to appropriate behavior by genuine compliments, praise, and comments.
 - Demonstrate your response of resident's appropriate behavior by non-verbal communication, such as smiles and touch.
 - Help resident focus on task of eating.
 - Do not respond negatively to inappropriate behavior.
 - Never laugh at or ridicule resident's behavior.
- C. Describe methods of responding to resident's behavior problems.
1. Resident-to-Resident Problems
 - Interrupt or separate residents quickly if harm to either one is probable.
 - Remove triggering stimulus.
 - Use a calm, gentle touch.
 - Call for help if needed.
 - Separate individuals – respect individual's "territorial" rights.
 - Use facts, not guilt or shame, when explaining reason for separation.
 2. Inappropriate or Harmful Activity
 - Can frequently anticipate an inappropriate behavior that begins to escalate -- most appropriate time to redirect or distract the resident
 - Attempt to redirect interest or distract the resident.
 - Attempt to remove the resident from the situation.

- If resident is not cooperative:
 - Do not force redirection -- forcing usually increases assaultive behavior.
 - Ask another staff member to work with the resident.
 - Remember, residents with dementia usually have rapid changes in emotion.
 - They may be cooperative in a few minutes.
 - Do not "storm" a violent resident with a group of nursing staff. This is frightening and contributes to combative behavior.
 - 3. Feeding assistant actions to implement when directing a resident to eat:
 - Approach facing the resident.
 - Identify yourself and explain what you are doing and why.
 - Use calm, steady, smooth body movements.
- D. Review general guidelines for interacting with residents with cognitive impairment.
1. Be aware of your own responses and reactions to the resident's behavior – modify your behavior, if needed.
 2. Develop appropriate attitudes for caregivers.
 - Patient
 - Kind
 - Pleasant
 - Gentle
 - Knowledgeable
 3. Reinforce feelings of belonging and safety: "You're safe here."
 4. Call the resident by the name s/he prefers.
 5. Treat the resident with dignity and respect due any adult.
 6. Maintain calmness in verbal and non-verbal communication.
 7. Avoid changes in environment, maintain structure.
 8. Maintain consistency in care by reporting all successes and failures at attempts to modify resident behaviors.
 9. Acknowledge the resident's feelings: "I can see you are afraid." "I can see you are feeling sad."
 10. Behavior problems are decreased when feelings of positive self-esteem are maintained. Allowing the resident to do as much as possible for self increases feelings of self worth.
 11. Support the family members and listen to their suggestions; inform them of activities where family involvement is encouraged.
 12. Show understanding; think how you would like to be treated if you or your parent were the resident.

XXIII. Wisconsin Caregiver Law

Handout: Video Guide
Display Video Cassette (*Wisconsin Caregiver Program: A Blueprint in Excellence*)

A Purpose of Wisconsin Caregiver Law

The Wisconsin Caregiver Law responds to a growing concern about the potential for physical, emotional, and financial abuse of vulnerable citizens by persons who have been convicted of serious crimes or have a history of improper behavior.

B. Three Components of Law

1. Caregiver Background Check Requirements
 - Offenses affecting employment as a caregiver
 - Substantially related employment decisions
2. Caregiver Misconduct Reporting Requirements
 - Abuse
 - Physical abuse
 - Verbal abuse
 - Emotional abuse
 - Sexual abuse
 - Neglect
 - Misappropriation
3. Rehabilitation Review Process
 - Application Process
 - Panel Review
 - Department decision

HANDOUTS

1. Resident's Bill of Rights
2. RACE Against Fire
3. Choking
4. Chain of Infection
5. Ways Microbes Spread
6. Ways Infections Spread
7. Aseptic Hand washing
8. Gloving
9. Communication
10. Non-Verbal Communication
11. Principles for Good Listening
12. Guidelines for Communicating with Residents with Hearing Impairments / Basic Rules for Assisting Residents who are Visually Impaired
13. Rules for Communicating with Brain-Injured Adults
14. Abbreviation List
15. Six Essential Nutrient Groups
16. Food Guide Pyramid
17. Adaptive Equipment for Eating
18. Stages of Alzheimer's Disease

RESIDENT'S BILL OF RIGHTS

All residents in health care facilities have the right: ...

- ***To considerate and respectful care***
- ***To be free from discrimination***
- ***To be given information about his/her diagnosis, treatment***
- ***To know the name of his/her physician***
- ***To every consideration of privacy and individuality***
- ***To have confidentiality regarding his/her medical records***
- ***To expect a reasonable response to requests***
- ***To expect reasonable continuity of care***
- ***To be informed of services available and costs of services***
- ***To participate in planning of his/her medical treatment***
- ***To manage his/her own financial affairs if competent***
- ***To exercise his/her rights as a citizen***
- ***To refuse treatment***
- ***To be free from mental or physical abuse***
- ***To send and receive mail unopened***
- ***To participate in religious activities of choice***
- ***To use personal clothing and possessions as time permits***
- ***To be assured privacy when visited by spouse***
- ***To be informed before transfer or discharge***
- ***To organize resident advisory and family councils***
- ***To have assistance in filing grievances or complaints***

Excerpted from complete Bill of Rights

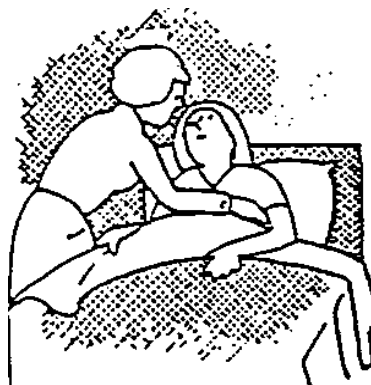
RACE AGAINST FIRE

R

RESCUE

Remove resident(s) from immediate danger.

Close door behind you.



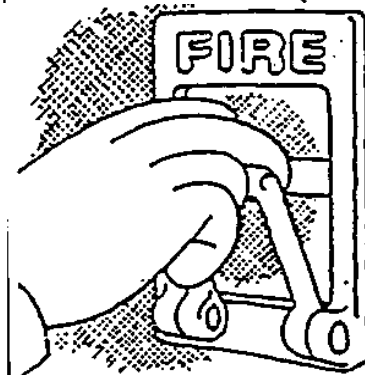
ALARM

Person who discovers fire pulls the nearest fire alarm ...

then

... pages "Dr. Red" plus location by using *10 on the phone.

A



C

CONFINE

Close all doors, windows, chutes.

Residents into rooms.

Halls free from equipment.



EXTINGUISH

Fight fire, if feasible.

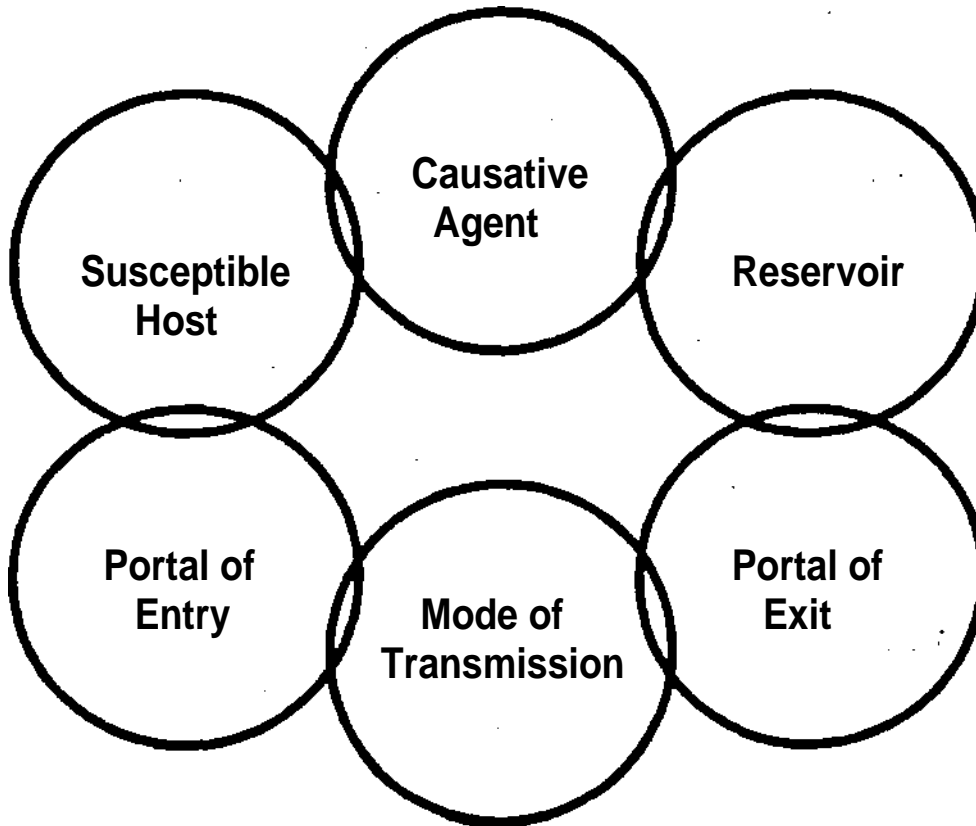
E



Choking



CHAIN OF INFECTION


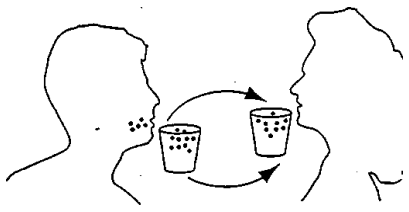
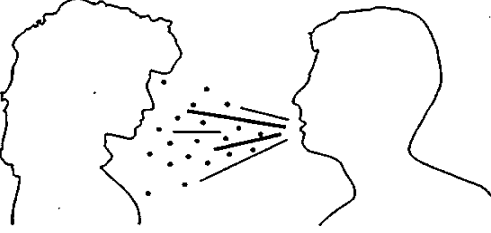
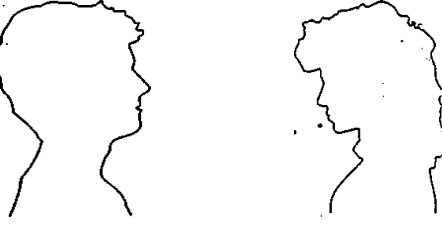

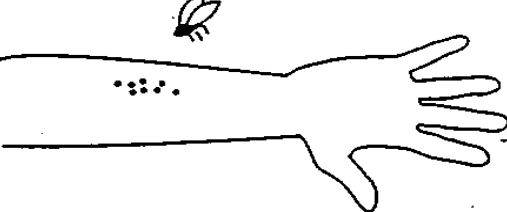


Handout 5

WAYS MICROBES SPREAD	
AIRBORNE	
Microbes carried by moisture or dust particles in air are inhaled	
DROPLET	
Droplet spread within approximately 3 feet (no personal contact); droplet nuclei are inhaled.	
<ul style="list-style-type: none">• Coughing• Sneezing• Talking	<ul style="list-style-type: none">• Laughing• Singing
CONTACT	
<i>Direct</i> contact of health care provider with patient	
<ul style="list-style-type: none">• Touching• Toileting (urine and feces)• Bathing	<ul style="list-style-type: none">• Secretions or excretions from patient• Rubbing• Blood, body fluid, mucous membranes, or non-intact skin
<i>Indirect contact</i> of health care provider with objects used by patients	
<ul style="list-style-type: none">• Clothing• Bed linens• Personal belongings• Personal care equipment	<ul style="list-style-type: none">• Instruments and supplies used in treatments• Dressings• Diagnostic equipment• Permanent or disposable health care equipment
COMMON VEHICLE	
Spread to many people through contact with items such as:	
<ul style="list-style-type: none">• Food• Water	<ul style="list-style-type: none">• Medication• Contaminated blood products
VECTORBORNE	
Intermediate hosts such as:	
<ul style="list-style-type: none">• Flies• Fleas• Ticks	<ul style="list-style-type: none">• Rats• Mice• Roaches

WAYS INFECTIONS SPREAD

MODES OF TRANSMISSION OF MICROBES

<p>DIRECT CONTACT Microorganisms Spread from Touching Contaminated Material</p> 	<p>INDIRECT CONTACT Microorganisms Spread from One Person to Another by an Object</p> 
<p>DROPLETS Microorganisms Spread from Coughing, Sneezing, or Spitting</p> 	<p>AIRBORNE Microorganisms Traveling in the Air by Themselves or on Dust Particles</p> 
<p>COMMON VEHICLE Microorganisms Spread to Many People by One Source</p> 	<p>VECTORBORNE Microorganisms Spread by Insects</p> 

ASEPTIC HAND WASHING



Adequate Friction: Key to Aseptic Hand washing

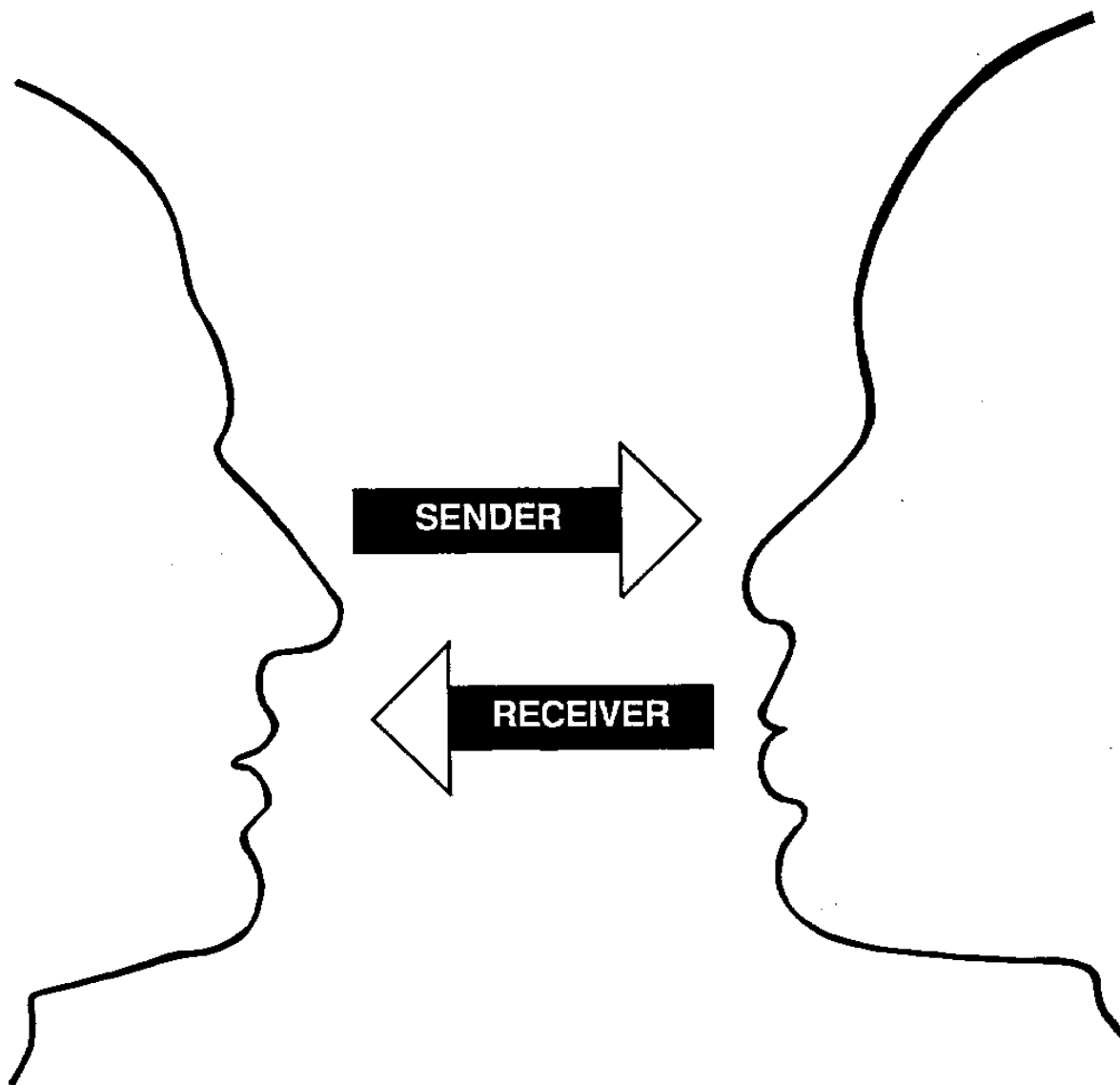
GLOVING

Purpose: To protect self from disease-causing microorganisms
When: Any time the hands may come in contact with body fluids
Equipment: Clean gloves

ACTION	REASON
Select glove size (sm., med., lg.).	Too small: gloves may tear Too large: difficult to do work
Wash hands.	Do not contaminate clean gloves.
Apply gloves by holding on to edge of cuff and inserting hands.	Keep outside of gloves as clean as possible.
Complete task noting where and how gloves are contaminated.	
Change gloves for different tasks with same resident.	Cross-contamination will occur if the same gloves are used for mouth care, peri-care, etc.
Do not touch other surfaces with gloves (own face, hair, water glass, drawer handles, faucet handles, etc.).	Contaminated gloves will contaminate these surfaces. Later, your clean hands will be contaminated when touching these surfaces.
Do not assist resident's roommate, go out of room, get supplies, etc. with gloves on.	Cross-contamination will occur.
Remove gloves as soon as task is complete.	Avoid contaminating surfaces.
Remove gloves: Grasp outside of one glove near edge, pull off and dispose. Slip fingers of ungloved hand inside last glove and pull off, touching only inside of glove.	Touching outside of gloves with bare hands would contaminate hands.
Wash hands.	Gloves may not keep out all germs.

COMMUNICATION

The Exchange of Information



**Effective Communication
occurs when
the receiver gets the message
in the way
the sender intended.**

NON-VERBAL COMMUNICATION

Signal	Possible Meaning
Folded arms	Defensive -- no compromise
Hands covering/over mouth	Insecure -- not sure of what is being said
Tug at ear-nose-throat	Impatient -- usually wants to interrupt
Fingers of both hands touching (open praying position)	Supreme confidence
Tightly clenched hands; wringing hands; excessive perspiration; tics; rocking; swaying	Nervousness -- varying degrees
Feet and/or body pointing toward exit	Ready to leave
Hands supporting head when leaning	Thinking, unsure of ground, stalling back
Hand to face	Evaluating, listening
Index finger alongside nose	Very suspicious of what is being said
Crossing fingers while talking/listening	"I'm not sure."
Kicking at ground or imaginary object	Disgust
Shaking hands	Friendly, superior, equal inferior
Crossed legs with foot kicking	Hostile
Drumming on table	Not listening while expressing tension
Rubbing palms of hands together	Expectation
Fidgety in chair	Resentful of questions
Closing nostrils with fingers	Sign of contempt
Clenched hands, thumbs locked	Exercising extreme self-control
Placing hands to chest	Honest, sincere
Arms akimbo	Openness, self-satisfaction

PRINCIPLES FOR GOOD LISTENING

Effective communication takes time, patience, and skill. It also helps to establish rapport (a good relationship) with your resident. The following principles will help you.

- **Stop talking!** You can't listen to what the resident has to say if you are talking.
- **Listen.** Put the resident at ease by showing you want to listen. Look and act interested in what the resident is saying. Use appropriate body language.
- **Remove distractions.** Don't play with pen or pencil. Reduce background noise.
- **Empathize.** Show understanding of resident's situation. Try to put yourself in his/her place.
- **Be patient.** Allow time for talking. Do not interrupt the resident.
- **Hold your temper.** An angry or upset person gets the wrong meaning from words.
- **Do Not Argue!** Be careful with arguments and criticism. This makes the resident defensive. Customer service says the "customer is always right."
- **Ask questions.** This demonstrates your interest and you gather more information.

REMEMBER!

- Recognize the feelings the resident expresses. Withhold judgment and remarks.
- Accept the resident as a person whether s/he is likeable, difficult to work with, or just plain objectionable.
- Demonstrate interest in resident's interests. Become aware of dislikes.
- Approach resident's complaints and comments as worthy of consideration.
- Be consistent. The resident will learn and know what to expect from you.
- Avoid increasing the resident's anxiety. Do not call attention to shortcomings, mistakes, or unusual habits. Do not be insincere, indifferent, or threaten the resident.
- Discuss the resident's needs, not yours. Use effective communication techniques.
- The resident who is the most difficult probably needs you the most.

GUIDELINES FOR COMMUNICATING WITH RESIDENTS WITH HEARING IMPAIRMENTS

1. Speak slowly and distinctly.
 2. Form words carefully -- keep your sentences short.
 3. Rephrase words as needed.
 4. Face the deaf person.
 5. Have the light source behind the deaf person, rather than shining in his/her face to avoid glare and to enable him/her to see you better.
 6. Use facial expressions, body language, and gestures to show the person what you mean.
 7. Encourage the deaf person to read your lips.
 8. Try to reduce other distractions to the deaf person so that s/he can concentrate upon only your communication.
-

BASIC RULES FOR ASSISTING RESIDENTS WHO ARE VISUALLY IMPAIRED

Caldwell & Hegner, BR. (1975) GERIATRICS, Albany

1. Don't be misled. Before you decide your blind resident is "confused," be sure it isn't due only to lack of information.
2. Don't be misinformed. Eyes cannot be weakened or damaged by normal use. Tell your residents they don't have to "save" their remaining vision.
3. Don't be overprotective. The resident should do as much as s/he can by and for himself/herself.
4. Know the extent of visual impairment.
5. When you enter a blind resident's room, identify yourself. When you are ready to leave, tell him/her you are leaving.
6. Always talk directly to a blind resident, not to his/her companion. Residents can talk for themselves.
7. When you are in a blind resident's room, leave the things where the resident has placed them. If you move them, they may not be able to find them.
8. If you must leave a blind resident alone for a while, leave him/her near something s/he is able to touch.
9. When assisting a blind resident to eat, tell the resident what is being served. Explain the position of each food by relating it to its position on a clock.

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS

1. **DON'T TALK ABOUT A RESIDENT WITH APHASIA IN FRONT OF HIM/HER.** Try to include resident in conversation. Even though someone with aphasia may not understand language, the resident may feel s/he is being discussed. This leads to feelings of dehumanization and humiliation.
2. **FACE THE RESIDENT DIRECTLY.** Don't turn away from him/her or perform other activities while talking.
3. **AVOID TALKING TO THE RESIDENT AS IF S/HE WERE A CHILD.** Try to keep sentences short and uncomplicated. If a resident is having difficulty understanding, try talking slowly and prolong the pauses between your words and phrases.
4. A person with aphasia is not necessarily hard of hearing. Speak in a normal tone of voice.
5. Use attention readiness cues, if appropriate, to aid comprehension; i.e., "Listen --- are you ready?" Some residents with aphasia do not process the beginning, the middle, or final words of a sentence.
6. Excessive chatter will confuse the resident. **PAUSE BETWEEN SENTENCES** to give him/her time to "digest" or "process" what you have said.
7. Expect inconsistent abilities. Behavior frequently fluctuates from day to day.
8. A noisy, confusing background may interfere with his/her communication attempts.
9. Competing sounds and sights may distract from the concentration the resident needs in order to process information and/or talk.
10. A person with aphasia may not talk, listen, or write as well while performing another task. Concentration on two different things at once may make talking more difficult for him/her.
11. **DON'T TALK FOR THE RESIDENT WITH APHASIA.** Give him/her time. Encourage him/her to attempt oral speech by being a good listener. **SIT DOWN.** Be willing to **TAKE THE TIME TO LISTEN.** Let resident know you want him/her to understand.
12. Some residents with aphasia readily use swear words. They may not have used profanity prior to their illness. Frequently, residents with aphasia are very embarrassed about this. **HELP THEM** by not over-reacting and by **ACCEPTING** all of their attempts to communicate.

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS

(Continued)

13. After brain damage, people can be "labile" or not in control of their emotions. There may be expected or uncontrolled crying or other excessive emotional outbursts. To handle the situation, listen briefly, provide support, and then change the subject or tasks ("I know you are frustrated; I know this is difficult; I know you are unhappy, but let's _____").
14. Avoid seeking hidden meaning in the repetitious phrases of a resident with aphasia ("Well, how are you?"). Some residents with aphasia will repeat the same nonsense words over and over again ("si, si, si").
15. **DONT' PROD OR PUSH THE RESIDENT** to "Say it again" or "Say _____". Remember what comes easily one time may not the next. The most important thing is that the resident **BE SUCCESSFUL AS FREQUENTLY AS POSSIBLE**.
16. Some residents with aphasia say or nod "yes" when they mean "no" or vice-versa. Ask the question again if you really want to check the accuracy of a response.
17. Set up a phrase with a key word at the end of a sentence. Encourage the resident to fill in the last word ("I am hungry for some _____"). Give him/her alternative words to choose ("Do you want tea or coffee?").
18. Encourage resident to write if s/he can't speak, gesture, draw or point if s/he can't speak or write. Communication boards can also be used for a person with severe oral deficits.
19. Sometimes brain-injured person cannot shift quickly from one task to another. The resident needs to be warned that a topic change is coming so that s/he can adjust to the upcoming new activity. Use cues ("Now we're going to _____").
20. Supply the resident with the word if s/he appears to be groping. **DON'T BE TOO QUICK**. Give the resident a chance to respond.
21. In residents with aphasia, areas of intelligence other than language may be unaffected or intact. The resident's feelings, social perception, memory from past events, and logic may be the same as before. Allow the resident as much independence and self-care responsibilities and decision-making as s/he is able to handle.
22. **DON'T BE AFRAID TO ADMIT THAT YOU SIMPLY DON'T UNDERSTAND**. Take some of the responsibility for the breakdown in communication and assure the resident that you will try another time. ("Maybe I can help you better next time, OK?")

ABBREVIATION LIST

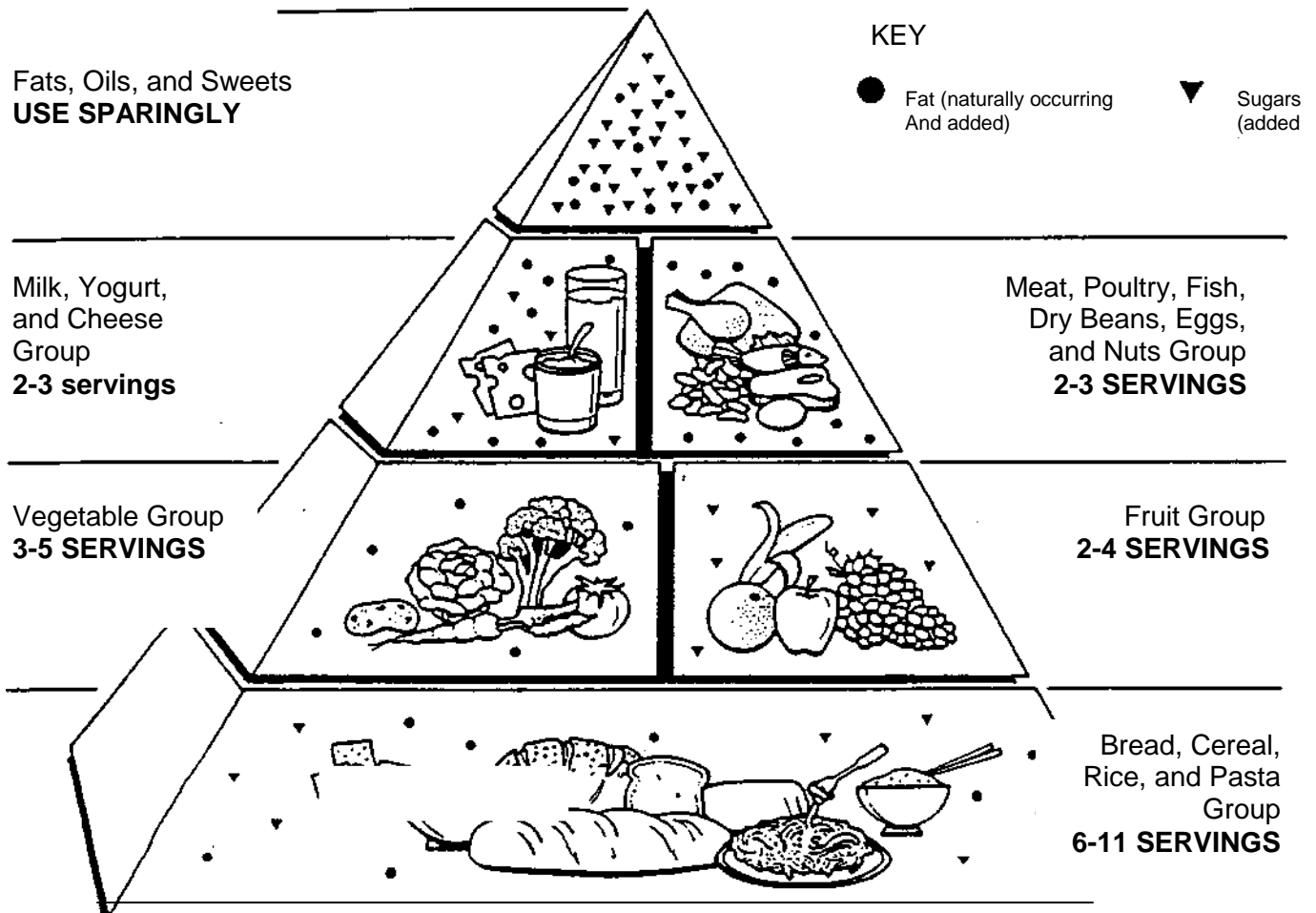
A	axillary (temp.)	OD	right eye
Abd	abdomen	OS	left eye
ac	before meals	OU	both eyes
ADA	American Dietetic Association	O2	oxygen
ADL	activities of daily living	OT	occupational therapy
ad lib	as desired	Oz.....	ounce=30cc
AM	morning	pc	after meals
B&B	bowel and bladder program	Peri	perineal
bid	twice a day	PM	afternoon and evening
BM	bowel movement	PT.....	physical therapy
BP	blood pressure	prn	as needed or desired
BRP	bathroom privileges	q	every
c or w	with	qd	everyday
c c	cubic centimeter	qh	every hour
C/O	complains of	q4h	every 4 hours
CVA	stroke	qid	four times a day
DAT	diet as tolerated	qod	every other day
DNR	do not resuscitate	R	rectal
h/hr	hour	Rt	right
H ₂ O	Water	w/o	without
HOB	head of bed	stat.....	immediately
HOH	hard of hearing	SOB.....	shortness of breath
hs	bedtime/hour of sleep	TCH	turn, cough, hyperventilate
I&O.....	intake and output	tid	three times a day
MI	myocardial infarction	TLC	tender loving care
Na	sodium	TPR	temperature, pulse, respiration
NKA	no known allergies	VS	vital sign
NPO	nothing by mouth	W/C	wheelchair
OOB	out of bed	Wt	weight

SIX ESSENTIAL NUTRIENT GROUPS

NUTRIENTS	FUNCTION
Vitamins & Minerals	Regulate body functions Build and repair body tissue
Carbohydrates	Provide heat and energy
Fats	Provide fatty acids needed for growth and development Provide heat and energy
Proteins	Build and repair body tissue Provide heat and energy
Water	Carries nutrients and wastes to and from body cells Regulates body functions

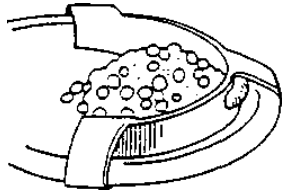
Food Guide Pyramid

A Guide to Daily Food Choices

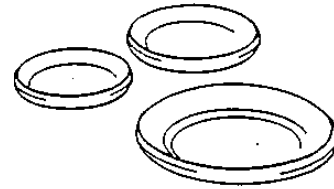


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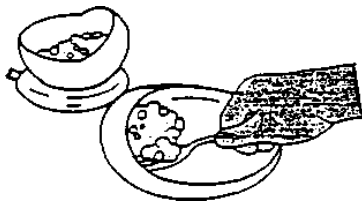
ADAPTIVE EQUIPMENT FOR EATING



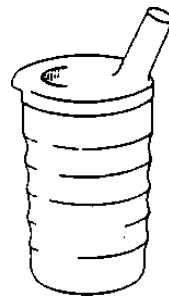
A. FOOD BUMPER SNAPS OVER A DINNER PLATE TO KEEP THE FOOD ON THE PLATE.



B. PLATES WITH INNER LIP TO KEEP FOOD ON PLATE



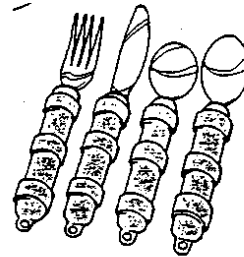
C. PLATE WITH HIGH CURVED EDGE TO HELP PUSH FOOD ON FORK OR SPOON



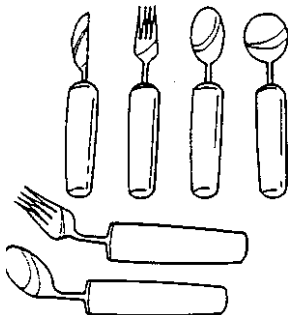
D. FEEDING CUP



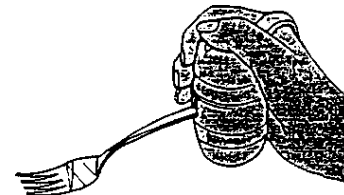
E. CUTLERY WITH BUILT-UP HANDLES FOR EASIER GRIPPING; MOVABLE GRIP RINGS ADJUST FOR COMFORT.



HAND CLIP FOR PEOPLE WHO CANNOT GRIP HANDLES



F. ANGLED CUTLERY FOR PEOPLE WITH LIMITED ARM AND WRIST MOVEMENT



G. GRIPPER FOR PEOPLE WHO CANNOT GRIP STANDARD OR BUILT-UP HANDLES

STAGES OF ALZHEIMER'S DISEASE

Alzheimer's disease is one type of dementia where there is ongoing loss of mental function, which gradually interferes with a person's normal life activities. It involves thinking, memory, and problem solving.

STAGE 1: This person is usually still at home with assistance or supervision.

Behaviors include memory loss for recent events, decreased ability to concentrate, shorter attention span, makes inappropriate or wrong decisions, decreased interest in former activities, less polite/decrease in social manners, begins to be careless in actions and decisions, and thinks others are plotting to do harm to them.

Help from feeding assistants is appropriate for residents who may develop the disease while in the long term care facility. Support the resident to remain as independent as possible. Guide them with decisions and provide reassurance.

STAGE 2: This person may still be at home or live with family and needs supervision.

Behaviors include increased memory loss for recent or current events such as forgetting appointments, repeated statements, social behavior becomes inappropriate, begins to have disorientation to time, and complains of neglect.

Feeding assistants need to continue support for feeding self, maintain dignity and self-esteem. Be alert to safety needs and protect from injury.

STAGE 3: This person is usually admitted to long term care due to safety concerns.

Behaviors include very poor short-term memory and attention span, increased disorientation to place and persons, afternoon restlessness (sundown syndrome), problems with speech, reading and writing, inattention to self-care, begins to have problems with incontinence, and recognizing common objects.

Feeding assistants need to be consistent with routines. Provide peaceful and quiet environment. Do not rush resident. Provide simple directions. Be alert to nonverbal behavior or changes in physical or social activity that may be a sign of a physical problem. Be alert to all safety needs and protect from injury.

STAGE 4: This person is totally dependent and may not respond verbally.

Behaviors include loss of long-term memory, inability to recognize family, little response to activity, loss of movement of extremities and becomes bedridden.

Feeding assistants must feed resident. Be alert to all resident safety needs.