**STEP 2: MEALTIME FEEDING ASSISTANCE PROTOCOL**

**INSTRUCTIONS:** Implement the feeding assistance protocol for two days (total of six meals) to determine resident’s response to feeding assistance during meals.

<table>
<thead>
<tr>
<th>Resident Name: ________________________________</th>
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<tbody>
<tr>
<td>Date: <em><strong><strong>/____/</strong></strong></em></td>
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<tr>
<td><strong>MEAL:</strong> _____ Breakfast _____ Lunch _____ Dinner</td>
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<tr>
<td><strong># IN GROUP:</strong> _____ 1  _____ 2  _____ 3</td>
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**Time at Beginning of Feeding Assistance Period:** ____:____ am  pm

**Protocol:** Take resident to a common location to allow feeding assistance to be provided to multiple residents simultaneously (groups of 3). Begin by offering the resident the lowest level of assistance (Level 1: Social Interaction and/or Level 2: Nonverbal Prompts). If the resident does not begin eating on his/her own after 5 minutes, proceed to the next level (Level 3: Verbal Prompts) AND continue with the previous levels (Social Interaction and Nonverbal Prompts). Again, if the resident does not eat on his/her own after 5 minutes, then proceed to physical assistance (Level 4: guidance; Level 5: full), but continue talking to the resident in the context of physical assistance (e.g., tell the resident what food or fluid item you are offering from the tray; ask, “how does that taste?” or “would you like another bite of that?”).

Prompt the resident to eat until he/she has refused verbally (e.g., “No, I don’t want anymore”, “I’m not hungry”, “Go away”) or non-verbally (e.g., turns head away, refuses to open mouth, spits food out) a total of 3 times. Offer alternative food or fluid items (substitute tray from the kitchen) or second helpings of preferred items to encourage additional intake.

**Maximum Level of Assistance Provided during Meal:** _____ 1  _____ 2  _____ 3  _____ 4  _____ 5

- Level 1: Social Interaction (e.g., ”How are you feeling today?”  “It’s good to see you.”)
- Level 2: Nonverbal Prompts (e.g. tray set-up, placement of food and fluid items in easy reach)
- Level 3: Verbal Prompts (e.g., “Try a bite of your chicken.”  “How about some soup?”)
- Level 4: Physical Guidance (guide resident’s hand to fork, help resident to hold cup or utensil)
- Level 5: Full Physical Assistance (staff feeds resident)

**Resident Refused Food:** _____ Yes  _____ No

**Resident Refused Staff Assistance:** _____ Yes  _____ No

**Resident Complained about Food (items served, temperature, taste):** _____ Yes  _____ No

**Resident Showed Evidence of Swallowing Problems (spitting, coughing, drooling):** _____ Yes  _____ No

**Time at End of Assistance Period (when meal is complete):** ____:____ am  pm

**Total % Consumed at End of Meal:** __________%

**Nutritional Supplement(s) Given?**  Yes  No

*IF YES, Type of Supplement Given: ________________________________

Amount Consumed: _________ oz / cc

**NOTE:** Do not include supplement as part of total percent consumed above.