

STEP 2: BETWEEN-MEAL SNACK PROTOCOL

INSTRUCTIONS: Implement the snack protocol for two days (total of six snacks) to determine resident's response to snacks between meals. Ideally, snacks should be offered three times daily between meals at approximately 10am, 2pm, and 7pm. Total percent consumed *during* meals (breakfast, lunch, and dinner) should be documented on the same 2 days using the *Assessment: Mealtime Observational Protocol*.

Resident Name: _____

Date: ____/____/____

SNACK: ____ morning ____ afternoon ____ evening **# IN GROUP:** _____

Time at Beginning of Snack Period: ____:____ am pm

Protocol: Take resident to a common location to allow snacks to be provided to multiple residents simultaneously (groups of 4 or more). 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 Snack: ____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. placement of food and fluid items in easy reach)

Level 3: Verbal Prompts (e.g., "Try a bite of your yogurt." "How about some crackers?")

Level 4: Physical Guidance (guide resident's hand to spoon, help resident to hold cup or utensil)

Level 5: Full Physical Assistance (staff feeds resident)

Resident Refused Snack: ____Yes ____No

Resident Refused Staff Assistance: ____Yes ____No

Resident Complained about Snack (items served, taste): ____Yes ____No

Resident Showed Evidence of Swallowing Problems (spitting, coughing, drooling): ____Yes ____No

Time at End of Snack Period (when snack is complete): ____:____ am pm

Total Amount Consumed at End of Snack:

Food Items	#Servings	%Consumed	Fluids/supplement	Amt (oz)	#Servings	Total Oz