

In-Service Training

Using Adaptive Feeding Equipment



LESSON PLAN

INTRODUCTION

In some cases, meal intake and nutritional status can be improved through the use of adaptive feeding equipment (cups, utensils, and plates) that has been modified to allow for continued independent eating. An occupational therapist can decide which residents can benefit from adaptive feeding equipment. Once an order is written for adaptive equipment, it is the responsibility of the dietary department to assure that clean, sanitized equipment are placed on the resident's meal tray at each meal. Nursing staff must assure the equipment is returned to the kitchen after each meal for sanitizing.

OBJECTIVE

As a result of this session, the foodservice worker will know:

- Why adaptive feeding equipment may be necessary for some residents.
- Three types of feeding equipment and the reasons why they may be needed.

OUTLINE

- I. Why use adaptive feeding equipment?
- II. Types of equipment commonly used
- III. Care of adaptive feeding equipment

I. Why use adaptive feeding equipment?

- To allow independent feeding as long as possible
- To assure maximum comfort and dignity during meals
- To maximize intake for residents who have trouble feeding themselves

II. Types of equipment commonly used:

- Plate guard or lipped plate (used in cases of weakness or poor hand coordination)
- Mugs with handles (used with tremors or weakness)
- Nose cut-out cup (used for patients with limited range of motion)
- Spout cup (used if resident needs to suck rather than drink, spill frequently, or has poor lip control)
- Cup with base and lid (used for a resident that has frequent spills, poor lip control, tremors, or instability)
- Rocker knife, cuts by rocking rather than sawing (Used for those with CVA, those with use of only one hand, poor coordination, or tremors)
- Weighted utensils (used for Parkinson's and other conditions resulting in tremors)
- Utensils with built up handles (used for those with weak grip, arthritic hands, CVA, or tremors)
- Non-slip handles (used for those with decreased fingertip sensation or poor grip)
- Angled utensils (used for those with poor range of motion, or who are unable to get utensils to mouth)

III. Care of adaptive feeding equipment:

- Resident needs a doctor's order for equipment. The order should be on file in the medical record and in the dietary department.
- Dietary provides equipment on each meal tray.
- Nursing assures equipment is returned to kitchen after each meal.
- Dietary sanitizes equipment after each meal.

ACTIVITY

Have participants attempt to eat a meal tray with the use of their non-dominant hand. Provide adaptive utensils to make eating easier. Discuss the results.

Post-Test:

Name: _____

TRUE OR FALSE

- | | | |
|-------------------------------------------------------------------------------------------|------|-------|
| 1. An Occupational Therapist may work with residents who need adaptive feeding equipment. | TRUE | FALSE |
| 2. Adaptive feeding equipment should be sanitized after each use. | TRUE | FALSE |
| 3. The correct adaptive feeding equipment can improve the resident's meal intake. | TRUE | FALSE |

MULTIPLE CHOICE

4. Which of the following is not a recommended type of adaptive feeding equipment?

- | | |
|---------------------|--------------------|
| A. Mug with handles | C. Angled utensils |
| B. Plate guard | D. Bib |

5. A feeding device that might be used to help a resident with tremors is:

- | | |
|--------------------------|----------------------|
| A. Two-handed mug | C. Weighted utensils |
| B. Cup with lid and base | D. All of these |

Answers to Test Questions:

1. T
2. T
3. T
4. D
5. D

In-Service Attendance Form

Facility: _____

Instructor (s): _____

TOPIC:
Using Adaptive Feeding Equipment

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