

NHS Training for  
Occupational Therapy Support Workers

Feeding and Eating



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## Feeding and Eating

### Aim

The aim of this training package is to provide the Health Care Support Worker (HCSW) with the understanding, knowledge and skills to supervise patients with feeding activities.

### Learning Outcomes

**By the end of this workbook you will be able to:**

- Use a holistic approach to demonstrate the safe and effective supervision of feeding with appropriate patients
- Demonstrate safe and effective use of feeding equipment with patients within a rehabilitation plan
- Be aware of ethnic, religious or spiritual requirements in relation to food and be able to apply these when working with patients

## Factors that may Influence a Patient's Ability to Feed Themselves

A patient may present with one of several problems that can influence their ability to eat and feed themselves including;

- Respiratory problems
- Stroke
- General muscle weakness
- Sensory impairment
- Memory loss

### Respiratory Problems

Breathless patients may have difficulty eating and can often only manage small meals due to the additional exertion required and an inability to breathe hold while swallowing.

- Some foods may be difficult to swallow, and a review by the **speech and language therapist** may be necessary to ensure that the patient has the correct diet for his swallowing ability
- Breathless patients often find feeding and eating exhausting, and may be very slow in finishing a meal. Furthermore, often such patients will be unable to finish the meal because the process is just too tiring.
- In such cases there is a high risk that the patient's nutritional intake will be insufficient and an assessment by the **dietitian** will be required.

### Stroke

The patient with stroke may have a range of problems that make feeding and eating difficult such as;

- Weakness of one side of his body, making the use of two hands for cutting food very difficult

- Visual impairment resulting in difficulty being able to see the whole plate. They may miss items of food on their affected side. Prompting the patient to look at the whole plate, and reminding him of the stroke side may help to overcome this problem
- Sometimes, using your hand over the patient's to assist and to retrain the movement may be helpful. The occupational therapist (OT) will indicate when this is appropriate and will show you how to do this.

### **General Weakness**

- A patient may be generally weak, and may not have the strength or stamina to feed himself
- It is important to let him do as much as possible then to offer assistance if required. Do not assume that because there is food left on the plate that the patient has eaten enough – he may simply be too tired to finish.

### **Other Types of Impairment**

A patient may experience other types of disorder that can affect his ability to be independent in feeding.

### **Sensory impairment**

Sometimes following stroke or with other neurological diseases, patients have difficulty in feeling objects, in recognising temperature and texture and in feeling the movement of their limbs.

Since feeding requires the ability to feel and manipulate cutlery, patients with loss of sensation may have difficulty. Additionally, where there is poor sensation of temperature, the patient may be at risk of a burn when dealing with hot food or liquid.

If the patient has sensory loss, the OT will advise you on how to give assistance at mealtimes. One technique is to prompt the patient by asking them if they would like help and explore use of their hand over yours to assist them to feel the movement.

The OT will demonstrate this technique to you.

### **Memory**

Many patients have memory difficulties, and cannot remember what meal is being eaten or what to do with the cutlery. Again the OT will advise for individual patients, but generally these patients require prompting throughout. Remind the patient regularly what meal time it is, and that they are allowed to eat it.

### **Other disorders**

#### **Praxis**

Here the patient knows what he wants to do, but does it in the wrong order. This requires special rehabilitation, and the occupational therapist will advise you on how best to assist the patient to become independent.

#### **Attention Deficit**

Here the patient talks persistently, and is unable to focus on the task of eating. You will be required to assist the patient to focus on the task of eating, to keep bringing the patient's attention back to the food.

#### **Perceptual Deficit**

Patients with perceptual deficit may not recognise what objects are for – this deficit is known as agnosia. Another disorder may be where the patient is unaware of their body on one side or of the space around them on one side. These patients may eat food only on the side of the plate that they are aware of, ignoring food on the other side.

The OT will explain how to deal with these problems and will provide you with information about how to assist in rehabilitation of these patients.



## **Social Embarrassment**

Eating is a very social activity, something that is done often with others. When a patient has difficulty with feeding and eating, he may be embarrassed about others in the ward seeing him. He may be embarrassed about spilling.

It is important to be sensitive to the patient's concerns about this and to offer to draw the screens around the bed for privacy when the patient is practising feeding and eating as part of therapy or just when you are providing the patient with assistance.

### **Evidence**

Describe in detail without identifying the patients, how you recognised factors that influenced three patients in their ability to feed and eat.

For each describe what action you took, and what the outcome was.

Did you involve any other member of staff?

Would you do anything differently next time?

## **How the Position of the Patient may Influence the Ability of the Patient to Feed Themselves**

### **Risk assessment for balance**

It is important to assess if the patient has sufficient balance to sit in a chair safely to allow full use of the upper limbs when feeding and eating. If a patient has poor balance and is unable to maintain an upright sitting position they may require specialist seating. In such cases the OT or physiotherapist will advise.

### **Assessing the position of the patient**

The position of the patient may influence his independence in feeding and eating.

- If the patient is slumped, lying in bed, or falling to one side; it may be very difficult for them to reach the plate to feed themselves or may spill food whilst transferring it to their mouth
- The patient may be in danger of choking and unable to swallow if they are in a slumped position.

### **Positioning the patient**

To ensure that the patient is able to feed himself as independently as possible and to ensure that he is positioned well to swallow, you should position them so that:

- They are in a supported position, upright in the chair or bed. The chair should not be low backed as it may not provide adequate support – headrests may be required to provide adequate head support
- Their feet are flat on the floor or on footrests, with hips and knees flexed to 90° if possible (hips as near to 90° as possible if in bed)
- Their head is upright – not too far back or too far forward



- Correct positioning is essential in order to maintain a good balance.
- Additional support may be required to allow full use of the upper limbs

## **Evidence**

Explain how the position of a patient in your care influenced his ability to feed and eat.

What did you do to make things better for the patient?

Would you do anything differently next time?

## Use of Equipment for Feeding

Equipment can be provided to enable the patient to feed himself independently. Each aid has a different purpose, and it is important to know why the aid has been selected for individual patients that you are assisting in independence.

- **Lightweight cutlery** is a range of cutlery with large handles that are easy to grip. Despite the large size of the handles, they are very light, and so require very little strength to hold.



- Some cutlery has big chunky rubber handles to enable a better grasp



- **Combination cutlery.** Other cutlery assists patients to eat with one hand only. There are many variations such as;



- A **spork** is a spoon with prongs on the end, suitable for using as a fork, while still having a spoon portion,



- A **splade** is a knife with fork prongs so that the person can cut the food and transport it to the mouth with one hand

- A **Dynafork** which is similar to a splade but with a thicker cutting edge.



- **Plates may be angled** to enable the patient to easily eat soup. The angle enables them to get the soup onto the spoon more easily than with a normal plate
- **Insulated cups**, which do not get hot on the outside may be used with patients who have poor awareness of heat and temperature, who are oversensitive to heat possibly because of burns to the skin or neuropathies
- A **plate guard** provides an edge to the plate that ensures the food remains on the plate



Remember that if you have been working for a few days with a patient when the occupational therapist is not available, and you feel that the patient is progressing, you can try the patient with standard equipment. Ensure that the patient is supervised so that he is having sufficient to eat and that he is not spilling hot food.

## Activity

The occupational therapist will demonstrate a range of feeding equipment and will let you try each type of equipment. She will demonstrate how to position the items on the table, and what precautions should be taken with each piece of equipment.

Describe what should be considered when using feeding equipment effectively.

**Plate guard**

**Cutlery**

**Crockery**

## **Evidence**

Briefly describe three patients you have worked with who have used feeding aids.

What feeding aids were used, and why? If you are unsure, discuss the patients with the occupational therapist who will explain the purpose of the aids.

### **Patient 1**

### **Patient 2**

**Patient 3**

## Evidence

Describe in detail how you assisted a patient to feed themselves using equipment.

What went well? What could have been better? Anything you would do differently next time?



## **Ethical, Religious, Spiritual and Medical Requirements for Food**

### **Preferences**

When dealing with a patient it is important to recognise that they may have preferences about food relating to their religion or beliefs. These must be taken into account.

It may be very offensive for a patient to be required to eat something that is not acceptable within their religious, ethical or spiritual beliefs; therefore it is very important to determine the preferences of the patient.

The patient may also be required to have a restricted diet because he is diabetic, on a weight loss diet or other medical diet such as low fat, low cholesterol or celiac. Patients who are recovering from stroke and who have swallowing difficulties may require soft staged diet.

Examples of religious or ethical diets are:

- Halal
- Vegetarian
- Kosher

The patient may simply have preferences and not like a particular type of food. It is important for rehabilitation that the patient is provided with a choice. Assistance with menu sheets may be appropriate

## Evidence

Provide an example of dealing with a patient's preferences of food.

- How did you ensure that the dignity of the patient was considered and that he was provided with choice?
- What did you do and why?
- What went well and what could have been better?
- Would you do anything differently next time?

## Involvement of Other Professionals

It is important to be aware of the possible need to involve other professionals when working with a patient on the rehabilitation of feeding. Liaise with the Occupational Therapist who will advise further.

- **Speech and language therapists** are specially trained to assess the patient's ability to eat and swallow. If you observe that a patient is having difficulty chewing, is not clearing food properly from his mouth when eating, or is choking when eating and drinking, it may be appropriate to ask for the involvement of a speech therapist.

The speech therapist will assess the patient's ability to eat and drink and will determine if therapy or a change of diet is required.

- **Dietitians** will advise on the nutritional content of the food for individual patients and may alter the menu to suit individual taste.

## **Evidence**

Describe an occasion on which you involved another professional to assist with the feeding, eating or nutrition of a patient.

Without identifying the patient, detail why you involved the other professional and what the outcome was for the patient.

## **Evidence**

Describe how medication can have an affect upon a patient's appetite and eating.

Feeding and Eating		
Objective	Occupational Therapist's Signature	Date
Demonstrate the safe and effective supervision of feeding with appropriate patients		
Explain how a patient's medical condition can influence their ability to feed and eat		
Demonstrate safe and effective use of feeding equipment.		
Demonstrate the appropriate involvement of other professionals in a patient's care with regards to eating and feeding		
Describe how a patient's ethnical, religious or spiritual beliefs may influence your input		
Describe how medication can have an affect upon a patient's appetite and ability to eat		

Your Supervising therapist will sign your portfolio to indicate that you have completed this workbook successfully.

Name of Support Worker

Signature of Support Worker

Name of Therapist

Signature of Therapist

Date



## Reflection – Feeding and Eating

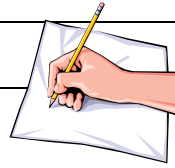
**Meets KSF Dimensions:**

Date module completed.....

*What did you learn from this module?*



*How has this influenced your work?*



This form should now be placed in the appropriate section of your portfolio

