Support a person to eat and drink in an aged care, health, or disability context

Name _________________________________________________
Support a person to eat and drink in an aged care, health, or disability context

US 26978 Version 1
Level 2
Credits 4

Careerforce – Issue 1.0 – May 2011
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26978 V1

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Before you start

Welcome to this workbook for:

Support a person to eat and drink in an aged care, health, or disability context.

Unit Standard 26978 V1.

For this unit standard you will have:

- This workbook.
- A trainee’s assessment.

What you will learn about

In this workbook you will learn more about:

- The importance of food.
- Specialist diets.
- Soft/modified food.
- Supporting a person to eat and drink.
- Recording and reporting a person’s intake of food and fluids.

How to use this workbook

- This is your workbook to keep – make it your own by writing in it.
- Use highlighters to identify important ideas.
- Do the learning activities included throughout this workbook. Write your answers in the spaces provided.
- You might find it helpful to discuss your answers with colleagues or your supervisor.
- Finish this workbook before you start on the assessment.

Take note!

When you see a sticky note like this, it gives a tip or a hint.

The glossary and study hints book has study hints for all trainees.

It also explains key words and phrases from the compulsory unit standards for Foundation Skills and Core Competencies. You can download it from www.careerforce.org.nz.

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Workbook activities

Stop – check what you know about this topic
You will see this stop symbol in places where you are asked to stop and think about what you know and:
• Record your current knowledge or impressions.
• Check your knowledge.
This stop provides a reference point to return to later.
Stop activities have a blue background like this.

Learning activities
You will come across learning activities as you work through this workbook.
These activities help you understand and apply the information that you are learning about.
Learning activities have a pale yellow background like this.

Rewind
When you see this rewind symbol, go back to:
• Think about what you know.
• Check your knowledge.
This rewind gives you an opportunity to add to, change or confirm some of your initial thoughts and ideas.
Rewind activities have a green background like this.
Before you go any further in this workbook, think about...

Eating and drinking

List **two** reasons why a person might have difficulty eating and/or drinking.

1

2

What is a sign that a person might be choking?

Name an assistive device or technique that can be used to make it easier for a person to eat or drink.
Food

Food is any substance that can be eaten or drunk by people.

Food is made up of carbohydrates, fats, proteins, water and other vitamins and minerals that provide energy, stimulate growth and maintain life.

Food as fuel
Energy is provided to our bodies through protein, carbohydrates and fats. We need to balance our food intake with our energy output, and ensure that we are eating a variety of food that provides a balanced diet.

Food as more than fuel
Food contributes to a person’s health and wellbeing. It provides both energy and comfort. Food is also an important part of our identity and our culture.

Understanding food and dietary requirements
There are four major food groups:

• Vegetables and fruits.
• Breads and grains.
• Milk and dairy.
• Meat and seafood.

It’s the proportions that people eat from each of these groups that determine whether the diet is healthy.
Food

Food pyramid

The food pyramid breaks down the four major food groups even further. It uses the proportions of the pyramid shape to show which types of food you should eat in small amounts and which types you should eat more of.

For example, in a healthy diet people eat more vegetables (shown in a bigger section of the pyramid) than they do milk, yoghurt and cheese (shown in a smaller section).
Special dietary requirements

Some people have special dietary needs. Certain foods may need to be avoided, or the food may need to be modified in some way.

Special dietary requirements include:
- Diabetic
- Low fat
- Low sodium
- High protein
- High calorie
- Lactose free
- For weight reduction
- Gluten free
- Excluding particular foods or additives
- Vegetarian/vegan
- Boosted with nutritional supplements
- To meet religious or other beliefs
- Adapted to a particular culture
- Soft or modified food textures
- Liquid

There is a huge variation in the types of food that people prefer to eat, and personal food choice has to be considered in every diet regardless of any requirements that need to be met.
Special dietary requirements

Diabetic diets
People develop diabetes when the body cannot make (or properly use) insulin – a hormone that is released in response to the level of glucose (sugar) in the blood.

If not enough insulin is being produced, the level of glucose in the blood will rise and be harmful to health.

There are two types of diabetes.

Type 1 diabetes means that a person needs to inject insulin, usually two times a day, to control the level of glucose in the blood.

Instructions for a person with type 1 diabetes may include:

• Making sure that the person eats within a certain period of time after injecting insulin.
• What to do if a person’s blood sugar level gets too low and the person becomes hypoglycaemic.
Special dietary requirements

**Hypoglycaemia**

When people become hypoglycaemic they may get shaky and confused, pale and sweaty or show personality changes. These signs can often be mistaken for being “drunk”.

When a person becomes hypoglycaemic, it is important to raise blood glucose levels rapidly, and eating jelly beans is a popular method. This is a “quick fix” however, and needs to be followed by eating more complex carbohydrates. A cheese sandwich is ideal.

It is important to remember that sugar in the form of jelly beans or even honey can only be given to a person who is conscious enough to swallow safely. Some people will lose consciousness when hypoglycaemic and will need urgent medical attention.

**Type 2 diabetes** is usually caused by being overweight. The person may be on a weight reduction diet as well as oral medication to help control blood glucose levels.

**Instructions for diabetic diets:**

Instructions for diabetic diets are similar to general healthy diet guidelines, such as to:

- Eat regular, small meals.
- Limit sweet food.
- Limit carbohydrates.
- Eat less fat.
- Limit alcohol.
- Eat plenty of fruit and vegetables and wholegrain foods.
Special dietary requirements

Low fat
A low fat diet may be recommended for reasons such as weight control or to reduce high cholesterol levels.

In a low fat diet, the fat makes up only 7–10% of energy requirements.

It is important not to cut out fat completely – our bodies need fat to maintain certain functions.

People on low fat diets will have the proportions of fat intake allocated in their service plans.

Instructions for low fat diets may include:

• Reduce the amount of red meat.
• Use trim milk.
• Avoid fried food.
• Use vegetable oils instead of saturated fats, for example margarine instead of butter.
• Control portion sizes.
• Limit intake of chocolate, nuts, seeds and cheese.
• Avoid processed foods.
• Eat lots of fruit and vegetables, wholegrain bread, cereals and pasta.

Low sodium
People who have heart failure or salt sensitive blood pressure may need to reduce the amount of sodium (salt) in their diet.

Instructions for low sodium diets may include:

• Do not add salt when cooking or eating food.
• Use lots of unprocessed, fresh foods.
• Read food labels to check sodium levels.
• Use “salt free” or “low salt” foods such as cereals and bread.
• Use alternative seasonings such as pepper, lemon juice or vinegar; and herbs and spices such as garlic, parsley and chilli.
Special dietary requirements

**High protein**
A high protein diet is when at least 30% of daily energy requirements is derived from protein sources. A high protein diet is likely to be required by people wanting to put on weight or who are looking to build up more muscle, or who are doing a lot of exercise and training.

**Instructions for high protein diets may include:**
- Eat plenty of meat, fish, and dairy products.
- Include eggs and nuts.

**High calorie**
A high calorie diet may be recommended when people need to gain weight, when they are exercising a lot (training, competing etc), or when they are recovering from severe illness.

A high calorie diet is one where the person eats food with high calorie values. It is very important that a high calorie diet provides calories from nutritious sources.

**Instructions for high calorie diets may include:**
- Eat frequent meals.
- Choose favourite foods.
- Take supplements in the form of drinks.
- Eat “calorie dense” foods such as nuts, seeds and peanut butter.
- Keep snacks readily available.
Special dietary requirements

Lactose free
Lactose is a simple sugar found in milk and milk products. Our small intestine has an enzyme called lactase which splits the lactose into two sugars which the body can absorb and use. If our body does not produce lactase, then the lactose goes straight through into the colon, where it can cause irritation, gas, abdominal cramps and bloating.

A lactose free diet is a diet where all lactose is eliminated. People with Crohn’s disease or celiac disease, for example, may need to eliminate lactose from their diets. This means that they should not eat any animal milk or milk by-products.

Instructions for lactose free diets may include:
- No food or drink that contains animal milk.
- Products like yoghurt or ice cream must be made from non-animal milk such as rice, soya bean or almond.
- Supplements may be needed to provide calcium, riboflavin and vitamin D.

Weight reduction
People trying to lose weight need to have a diet that covers all the major food groups, but which gives them less energy than they use during the day.

Instructions for weight reduction diets may include:
- Follow the instructions about the portion sizes a person should eat at each meal.
- Follow the instructions given for low fat diets on page 12.
Special dietary requirements

**Gluten free**

Gluten is a plant protein found in **grains**, mainly wheat.

A person with celiac disease will need a gluten free diet. There is also a growing number of people who are gluten intolerant.

**Instructions for gluten free diets may include:**

- Avoid food made with flour and/or grains from wheat, rye and barley.
- Eat bread, baked products and cereals made from wheat alternatives such as rice.
- Read labels carefully – products such as soy sauce, tomato sauce and ice cream may contain gluten.
- Buy products from specialist bakeries and supermarkets.

**Exclusion**

People can be **intolerant** to a specific type of food or additive within food and will develop symptoms shortly after eating it.

If the reaction is severe it is considered an **allergy** rather than intolerance. The most severe type of allergic reaction is called **anaphylaxis** and can be life threatening. Read more about anaphylaxis on page 37.

Food allergies frequently start in childhood but can begin at any age. The most common things people can be allergic to are eggs, peanuts or shellfish.

**Instructions for exclusion diets may include:**

- Be aware of what foods or additives a person reacts to.
- Check labels carefully for warnings such as “may contain traces of nuts”.

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Support a person to eat and drink in an aged care, health, or disability context
Special dietary requirements

**Vegetarian and vegan**

A *vegetarian* diet is one where no meat is consumed, but animal products such as eggs, milk and honey are eaten. Some vegetarians will eat fish.

A *vegan* diet is one where no animal products are eaten.

For diets such as vegetarian and vegan, careful planning is necessary to ensure that all nutritional needs are met. Supplements may be needed.

**Instructions for vegetarian diets may include:**

- Avoid meat.
- Include legumes, nuts and other protein rich food.
- Take iron and vitamin B12 supplements if needed.

**Additional instructions for a vegan diet:**

- Avoid fish, eggs and dairy products.
- Avoid any products derived from animals such as gelatine and honey.
- Take calcium supplements if needed.

Vegetarian burger with spinach.
Special dietary requirements

**Nutritional supplements**

Nutritional supplements will need to be taken by people whose daily intake of essential nutrients is less than it should be.

A doctor or dietitian will have been consulted, and the required supplements will have been included in the person’s service plan.

Supplements may need to be taken for a short period of time – for example, when recovering from illness – or for an extended period of time.
Diets and culture

Some people require special diets because of their religious beliefs or culture.

Māori
Anything tapu (forbidden, sacred or set apart by cultural custom) must not come into contact with any vessel or place where food is kept or prepared.

Pacific Island
Seafood is the primary dietary protein staple of the Pacific Islands. Fish is usually eaten raw, grilled or poached. Tubers such as taro, sweet potatoes and yams are commonly eaten. Coconuts and coconut milk are common cooking ingredients.
Diets and culture

Muslim
Halal meat is meat that has been killed according to Muslim practices. Non-halal meat will not be eaten by practising Muslims.

The Koran forbids Muslims to eat pork, bacon or products derived from pigs.

Hinduism
Most Hindus are vegetarians, but will eat milk and milk products, and eggs. There is variation in regions and traditions, and some Hindus will eat meat. Cows are sacred to the Hindu religion, so a Hindu will not eat beef.

Judaism
Kosher food is food that conforms to the Jewish religion.

Non-kosher foods include those that are a mix of milk and animal products, those prepared with cooking utensils or machinery that has been used for non-kosher food, certain types of fat and non-cloven hoofed animals (pigs, rabbits etc). For seafood to be kosher, it must have fins and scales, so lobster and shellfish are not kosher.
**Soft/modified foods**

Some people have special requirements for the texture of their food and fluids, so that they can consume them safely.

**Thickened fluids** and **texture modified foods** are needed for people who have feeding and swallowing difficulties (dysphagia). These foods may also be given to a person who is recovering from bowel surgery or from an illness such as gastroenteritis (vomiting and diarrhoea).

A speech and language therapist may have been consulted about a person with dysphagia, and instructions may be given on:

- The level of fluid and texture modified diet required.
- How to support that person with feeding.
- Body positioning when feeding.

*Modified food – a savoury scone.*
Soft/modified foods

Food
Food can be served in different textures.

- Soft food may be naturally soft or may be cooked or cut to alter its texture.
- Minced and moist food is soft, moist and easily mashed with a fork. Any lumps in the food are smooth and rounded.
- Smooth, pureed food is smooth, moist and has no lumps. The food may have a grainy quality.
Soft/modified foods

**Fluids**
Fluids can be served in different thicknesses.

- Mildly thick fluid will run freely off the spoon, while leaving a coating on the spoon.
- Moderately thick fluid will drip off the spoon in thick dollops.
- Extremely thick fluid sits on the spoon and does not flow off it at all.

![Fluids](image-url)

**Flavor:**

- Mildly thick
- Moderately thick
- Extremely thick
Soft/modified foods

**Fluids**

Our bodies are made up of two thirds water. We need to drink enough to remain hydrated so that our bodies can continue to function properly.

Fluid requirements will vary according to people’s size and weight, the amount of exercise they are doing and their body’s metabolic rate. A handy guideline is to drink about eight glasses of fluid a day.

Although water is the best fluid to drink, tea and coffee are now considered part of our daily fluid intake. So are fruit juices, milk etc.

**Liquid diets**

A liquid diet is a partial or complete meal replacement. It is usually given to people who are about to undergo surgery and need to lose weight quickly, or for people who cannot chew, swallow or digest solid foods.

A liquid diet usually includes clear fluids, milk drinks, milk products such as ice cream, and creamy soup. Protein shakes are available to add calories and protein. Coffee and tea, and sports drinks are all allowed, as are nutritional supplements in liquid form.

Yoghurt can be added to smoothies and milkshakes. Food can be put through a blender and then thinned with water or milk and strained.
Supporting a person to eat and drink

People may need support to eat and drink due to their age, health or disability status.

Who needs support?
Reasons for people needing support to eat and drink include:

- Weakness
- Ill health
- Oral and dental problems
- Paralysis
- Intellectual disability
- Cognitive impairment
- Amputation
- Dementia

Changes in status
People may also have temporary difficulties with eating and drinking through other changes in their health or disability status. These changes may include:

- Nausea and/or vomiting caused by illness or medications.
- Pain associated with injury or illness.
- Medications that have side effects such as a dry mouth or loss of appetite.
- Oral and dental problems.
- Dysphagia (difficulty in swallowing).
## Supporting a person to eat and drink

### Changes and their effects

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Nausea and vomiting**          | Nausea is a feeling of unease or discomfort in the stomach that creates an urge to vomit. Vomiting is when a person brings up the food he or she has eaten.  
A person experiencing nausea and/or vomiting may want to avoid eating, and may not receive the required nutrition. |
| **Pain**                         | Pain can increase or decrease a person’s appetite and can create nausea for the person.                                                      |
| **Medications**                  | The side effects of medications can increase or decrease a person’s appetite. Side effects can include a dry mouth.                            |
| **Oral and dental problems**     | Dental and oral problems include sores in the mouth, gum disease, tooth pain and dry mouth. These problems can result from a person’s stage of life or from an accident, illness or the side effects of medication. |
| **Dysphagia**                    | Dysphagia is a medical condition that causes a person to have difficulty swallowing or experience pain while swallowing. It can leave some people completely unable to swallow liquids, foods or saliva.  
Dysphagia particularly affects people who have had a stroke, and people with multiple sclerosis (MS), Parkinson’s disease and Alzheimer’s disease. It can also affect people who have had head, neck or spinal cord injuries, or internal burns from poisoning or radiotherapy. |
Supporting a person to eat and drink

Checking instructions
People who need support with eating and drinking will generally have a number of health professionals working together (a multi-disciplinary team) to ensure that they receive the care that best meets their needs.

Health professionals may include a:

- Physiotherapist
- Speech and language therapist
- Dietitian
- Doctor
- Registered nurse

Support may be needed on a temporary basis, for example during an illness or when a person is recuperating from surgery.

Support may be needed on a permanent basis, for example for a person who has tetraplegia or multiple sclerosis.

Needs may change as a person becomes more or less independent. Instructions, including updates after reviews, will be recorded in the person’s service plan.

A woman with multiple sclerosis is supported to eat her food.
**Learning activity**

Write one instruction that you might find in a service plan if a person has the following special dietary requirements.

Jewish:

Modified food:

Vegetarian:

Gluten free:
Service plans

Instructions related to dietary requirements will be outlined in a person’s service plan.

Types of instructions

A speech and language therapist may give instructions about how to support the person with feeding. These instructions may include a person’s body position when eating or drinking, and swallowing techniques that may be needed to minimise the risk of choking.

A dietitian may give instructions on what food the person should eat and how it is to be prepared. These instructions should include any special dietary needs.

There may be instructions about the portion sizes people can eat at each meal. How often a person eats and at what time of day can be important for people with diabetes or who are taking particular kinds of medication.

Your organisation will have policies and procedures in place that will include instructions for when you are assisting someone to eat and/or drink.

You will need to find out:

• Where these instructions are located in the service plan.
• What additional information is provided and where this is found.
• What the information means to your role.
• How this information applies to the people you are supporting.
Service plans

You will need to follow instructions that relate to:

- Special dietary requirements.
- What food the person is allowed and any modifications that need to be made to the food (thickened, softened, smoothed).
- Supports required to eat and drink, such as assistive devices (special utensils, plates etc).
- Body position when eating and drinking.
- Special swallowing techniques the person needs to follow.
- What quantities a person is allowed (portion sizes).
- How often the person is to eat.
- Food allergies.
- Whether you need to support a person to eat and drink.
- How you are to assist a person (encourage independence, supervise or assist).

Read a person’s service plan to find out about any special dietary requirements.
General instructions

The following are general instructions for supporting a person to eat and drink. You will have to check the service plan for the person you are supporting for any specific instructions for that person.

Before the meal
Provide before-meal care for the person, which may include: washing the person’s hands and face, and protecting the person’s clothing with a napkin, towel, or clothing protector.

Where required, assist the person to an upright position in a bed or chair.

Wash your hands.

Get the person’s food tray. Check that the meal meets dietary requirements if this is part of your role.

Check that the person has any assistive devices/utensils required.

Examples of assistive devices.

Place the tray on the over-bed table or the table in front of the person.

If required, arrange the plate, utensils and assistive devices so they are easy to reach.
General instructions

If requested, describe the food on the plate so that the person knows what has been provided. If the person is visually impaired, describe the location of the food using the face of a clock to describe where the food is.

During the meal
Where required, assist with any preparation of food (such as cutting meat, buttering bread) and seasoning needs if required.

Where people can eat independently, make sure they have started eating before you leave the room.

If people need assistance to be fed, ask if they have a desired order for eating the different foods. Then assist them with the meal, alternating between liquids and solids.

Wipe the person’s mouth as needed.

If required, record the intake of food and liquids.

After the meal
Provide after-meal care. Wash the person’s hands and face if/as required, and remove any napkins, towel or clothing protectors.

Make sure the person is comfortable.

Wash your hands.

Using a clock face to describe the location of food. The kumera is at 12 o’clock, the broccoli is at 3 o’clock.
Assistive devices

Assistive devices are designed to improve the quality of life for a person who has difficulty in eating and/or drinking.

**Utensils** are items like knives, forks and spoons as well as tools that may be used in the preparation of food, for example, a potato peeler or an automatic jar and bottle opener.

**Cups** may have sipper spouts and/or a large handle. They may be shaped to assist people who have difficulty breathing. Attachable handles can be used for both cups and glasses.

**Straws** can be a longer length and flexible so that people don’t need to bend their heads to drink.

**Plates and bowls** can be weighted or have suction cups on the base to prevent spills. They can be insulated to maintain the required food temperature and shaped, for example with a high edge to make it easier to reach food with the utensils.

*Examples of assistive devices.*
**Learning activity**

Find an example of a service plan with dietary requirements for a person you support.  
Describe the instructions for the person you support in the tables below.

<table>
<thead>
<tr>
<th>What is the dietary requirement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the instructions that relate to this dietary requirement?</th>
</tr>
</thead>
</table>
Risks

Eating and drinking can create risks for some people.

**Choking** is when food gets caught in the throat and can’t move down into the stomach. The trachea (windpipe) can become partially or completely blocked, stopping the person from being able to breathe.

**Aspiration** is when food or fluids get into the lungs. Aspiration can cause aspiration pneumonia, which is a dangerous infection.

For people who have **dysphagia** (swallowing difficulties) it is essential that you know the warning signs that could indicate the need for urgent assistance.

- Flushed face.
- Weak cough and attempts to clear the throat of increased mucus.
- Increased heart rate.
- Coughing or gagging during or after a meal.
- Choking and the inability to speak.
- Noisy breathing or a gurgling sound in the throat.
- Bluish colour to the lips or fingernail beds.
- Rapid breathing, shortness of breath or gasping for breath.

Your organisation will have policies and procedures for reporting and documenting any difficulties you notice as you support people to eat or drink.

*Take note!*
The service plan of a person who is at risk of choking or aspiration should include instructions about the following points.

The person’s position during feeding
- If people are lying down, they need to have the head of the bed elevated to 30 degrees, and have their head and neck supported.
- If sitting in bed, people need to have their torso and hips at 90 degrees.
- If sitting in a chair, people need to have their feet flat on the floor, with a 90 degree angle in their hips and knees.

The support person’s position during feeding
- Sitting beside the person.
- Standing at the head of the bed.

Food consistency
- Unmodified
- Mashed
- Pureed
- Thickened
- Thinned
- Liquid

Adaptive feeding equipment
- Utensils
- Plates and bowls
- Cups
- Straws

Assistive techniques
- Lip closure
- Jaw stability
- Tongue position

If you are responsible for supporting people at risk of choking or aspiration, you will need to monitor them carefully if they are eating or drinking in a social situation where there are distractions. It is also important that you know how to give first aid if an emergency situation arises.
Safe swallowing

Some general safe swallowing techniques include:

- The person must be awake and alert.
- Ensure that the person’s mouth is clear before the next mouthful is taken or offered.
- The person feeding should sit close to the person’s eye level when feeding.
- Avoid asking people to talk while eating.
- Give ½–1 teaspoon of solid food or about 10–15mls of liquid at a time.
- Avoid touching people’s teeth or placing food too far back in their mouth.
- Allow adequate time for feeding.
- Encourage any coughing that may occur after swallowing.
- Alternating liquids with solids may help clear the person’s throat.
- Check the person’s mouth for unswallowed food, and provide any necessary oral care.
- Keep people upright for approximately 30–60 minutes.

An occupational or speech therapist may provide adaptive equipment (such as a modified cup to prevent neck extension).

Special swallowing techniques may be recommended by the speech therapist or medical practitioner.
Food allergies

The most severe type of allergic reaction is called anaphylaxis and can be life threatening.

The signs and symptoms that a person may be having a reaction to something that has been eaten include:

- Itchiness of the skin, eyes, mouth or throat.
- Rash or hives (itchy lumps).
- Stomach cramps and/or diarrhoea.
- Shortness of breath and/or wheezing.
- Swelling, especially of the eyelids, face, lips and tongue.
- Difficulty swallowing.

If a person you are supporting has a known food allergy, it should be clearly indicated in the service plan.

Your organisation will have policies and procedures to follow if someone has an adverse reaction to a food, and guidelines about what to do if medical assistance is needed.

In general, the faster a reaction occurs, the more severe it is likely to be. If a person is having any difficulty breathing, call for urgent medical assistance.

In an emergency you may need to call for an ambulance by dialing 111.
Recording and reporting

Your organisation will have policies and procedures around how to **monitor** adequate intake of food and drinks to ensure that a person’s dietary requirements are met.

These procedures may include monitoring and recording the amount of food and drink a person is taking.

If people are not eating or drinking enough, they may need to change to a high calorie diet or have fluids increased during the day.

Monitoring a person may also involve observing the person’s responses while he or she is eating and drinking.

It is important to observe the person you are assisting before, during and after feeding. Getting to know the person you assist is important as it will let you know that the person is:

- Being fed safely.
- Getting enough to eat.
- Having nutritional needs met.
# Recording and reporting

## Recording the amount of food and drink

You may need to provide a written report, progress notes or a verbal report to your supervisor if there are concerns about a person you support. Your recording documents, progress notes or verbal report should include:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did the person eat?</td>
<td>For example, did the person eat all the vegetables but not the meat?</td>
</tr>
<tr>
<td></td>
<td>Did the person eat from only one side of the plate?</td>
</tr>
<tr>
<td></td>
<td>Is there a particular food that the person does not like and always leaves?</td>
</tr>
<tr>
<td>How much did the person eat?</td>
<td>For example, did the person eat only one of four sandwiches?</td>
</tr>
<tr>
<td></td>
<td>Was most of the meal eaten or only a little?</td>
</tr>
<tr>
<td>When did the person eat it?</td>
<td>Was it in the morning, afternoon, or evening?</td>
</tr>
<tr>
<td></td>
<td>Was it before or after medication?</td>
</tr>
<tr>
<td>What did the person drink?</td>
<td>Was the drink water, juice, tea or other fluids?</td>
</tr>
<tr>
<td>How much did the person drink?</td>
<td>Did the person drink only a little or a lot?</td>
</tr>
<tr>
<td>When did the person drink it?</td>
<td>What time of the day did the person drink?</td>
</tr>
<tr>
<td></td>
<td>Was it with meals or at different times?</td>
</tr>
</tbody>
</table>
Recording and reporting

How to make observations

Observations are the things you notice when watching somebody. Observations of a person eating and/or drinking may be made in order to assess the kind of difficulties that a person is having.

Taking note of specific problems may be the first step in putting techniques in place to assist the person. Any specialised devices that might be needed may also be identified through observation.

When observing a person, you need to be:

- Unobtrusive. Give the person plenty of space.
- Alert and focused on the person and environment.
- Able to recognise abnormal signs and symptoms.

Progress notes

Observations may be taken over a period of time to watch for changes and evaluate the benefits of techniques or assistive devices that are being used. These observations are recorded as notes about progress or progress notes.

For example, a person who is having trouble swallowing may now be having food modified to a softer texture. Progress notes about how much food is eaten will be a record of how successful the modification has been. If enough progress has not been made over a period of time, a different approach might be needed.

Progress notes might be made on a person’s service plan or on forms provided to monitor food and fluid intake.

There may be times when you are observing a person feeding where you need to intervene to promote the safety of the person.

When you have had to intervene, your actions will need to be reported and recorded in accordance with your organisation’s policies and procedures.

Always remember to ask your supervisor if you need help.
## Recording and reporting

### Recording how someone eats and drinks

There are important things that you should be watching for when you are assisting someone with feeding. Things to note can be divided into two broad groups: physical and behavioural.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mechanics of eating: how well the person chews, swallows, and uses cutlery.</td>
<td>The behaviour a person shows during meal times.</td>
</tr>
<tr>
<td><strong>Does the person:</strong></td>
<td><strong>Does the person:</strong></td>
</tr>
<tr>
<td>• Spill the food?</td>
<td>• Leave food on the plate at the end of the meal?</td>
</tr>
<tr>
<td>• Have excessive dribbling or saliva?</td>
<td>• Refuse to eat?</td>
</tr>
<tr>
<td>• Leave his or her mouth open, allowing food to drop out?</td>
<td>• Refuse to open his or her mouth?</td>
</tr>
<tr>
<td>• Choke?</td>
<td>• Refuse to swallow?</td>
</tr>
<tr>
<td>• Have trouble swallowing?</td>
<td>• Spit food on to the floor?</td>
</tr>
<tr>
<td>• Have difficulty using cutlery such as knives, forks and spoons?</td>
<td>• Turn his or her head away while being fed?</td>
</tr>
<tr>
<td>• Have a good body position while eating?</td>
<td>• Hold food in his or her mouth?</td>
</tr>
<tr>
<td></td>
<td>• Play with the food?</td>
</tr>
<tr>
<td></td>
<td>• Wander away from the table?</td>
</tr>
<tr>
<td></td>
<td>• Cause a disturbance, for example yelling, throwing food and/or objects, or eating another person’s food?</td>
</tr>
<tr>
<td></td>
<td>• Behave differently eating in a group compared to eating alone?</td>
</tr>
</tbody>
</table>
Learning activity

You need to record or report how much of each apple has been eaten.

Tick the amount you choose for each apple.

<table>
<thead>
<tr>
<th>A bite or two.</th>
<th>A bite or two.</th>
<th>A bite or two.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not very much.</td>
<td>Not very much.</td>
<td>Not very much.</td>
</tr>
<tr>
<td>About half (½).</td>
<td>About half (½).</td>
<td>About half (½).</td>
</tr>
<tr>
<td>Most of it.</td>
<td>Most of it.</td>
<td>Most of it.</td>
</tr>
<tr>
<td>All of it.</td>
<td>All of it.</td>
<td>All of it.</td>
</tr>
</tbody>
</table>

Support a person to eat and drink in an aged care, health, or disability context
Food and fluid balance

The amount of fluid going into a person’s body (intake) needs to balance the amount of fluid going out (output).

Losing and retaining fluid

People lose fluid through body processes such as perspiration and respiration (breathing), but the majority of a person’s daily output is through urination.

To some extent, the body can regulate what is happening. For example, if the intake is too low, less urine will be produced.

When a person is ill or injured, extra fluids can be lost through vomiting, diarrhoea or bleeding. The risk of becoming dehydrated increases.

Some conditions, such as heart failure, can mean that fluid is retained in the body. Fluid retention can cause problems.

Monitoring fluid balance

Monitoring fluid balance means keeping a record of a person’s fluid intake and output. There may be times when you are required to assist with this process for a person you support.

All intake of fluid – whether it is oral, intravenous (through the veins), or via tube feeding – will need to be recorded. Output will be measured via a catheter bag or other means of collection.

Your organisation will have policies and procedures about how to take these measurements and the charts to record them on. These charts may include food and fluid intake charts and a fluid balance chart.

Ask your supervisor to show you your organisation’s charts and how they should be filled in.
Scenario

Harry Goldsmith is 87 years old. He lives in the Aroha Rest Home and Hospital.

Recently, Harry has been on antibiotics for a chest infection, and when you are supporting him to get dressed you notice that he seems to have lost weight. Harry says he just doesn’t have much of an appetite these days. You report your concern to your supervisor who asks you to start monitoring what Harry is eating and drinking.

For breakfast that day, Harry has a large glass of orange juice, half a piece of toast and a cup of coffee.

He has a cup of tea at 10am but doesn’t want a biscuit.

For lunch, Harry has a small bowl of soup and a ham sandwich. He manages most of the sandwich.

Dinner is shepherd’s pie that night, one of Harry’s favourite meals, but he only eats about half of what is on his plate.

Very tired, Harry is in bed and asleep by the time supper is served.
### Learning activity
Fill in this example of a food and fluid intake chart for the day you spent with Harry.

Breakfast has been filled in for you as an example, in red.

### Food and fluid intake chart

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount consumed (tick)</th>
<th>Type</th>
<th>Amount (mls)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning tea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon tea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening meal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount consumed (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Piece of toast [✓]</td>
</tr>
<tr>
<td>Morning tea</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>Afternoon tea</td>
<td></td>
</tr>
<tr>
<td>Evening meal</td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>
You observe Harry again the next day. He has a whole piece of toast for breakfast, a biscuit at morning tea time and two sandwiches for lunch. He eats most (¾) of his dinner and has a little dessert as well.

Write down **two** things that you would tell your supervisor if he or she asked for a verbal report on Harry.

1

2

Write a progress note about what you have observed about Harry over the two days.
Food as more than physical nutrition

Encouraging people where possible to be independent in their eating and drinking can give them more control over an important area of their life and promote confidence and independence in other areas. Providing the right equipment can encourage more independence.

It is important to remember the social aspect of food when in a care environment. Food and eating can be a time where family or friends come together and is often a group event. The social context of a group may be difficult for some people, however, especially if they require support to eat and drink.

A person should look forward to meal times so it is vital that personal preferences are taken into account.
Rewind to page 6

Do you agree with your initial thoughts and ideas?

<table>
<thead>
<tr>
<th>If yes, do you have anything you would like to add?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If no, what would you change?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
My notes
Completion and assessment

Congratulations!
You have come to the end of the workbook for Unit Standard 26978 V1: Support a person to eat and drink in an aged care, health, or disability context.

Please check over all the activities in this workbook to make sure you have completed them.

Trainee’s Assessment
Support a person to eat and drink in an aged care, health, or disability context

Your assessment is next
You need to complete the trainee’s assessment successfully to be credited with this unit standard.

Your assessor will sign you off once you have completed the assessment tasks satisfactorily.

Your assessor is able to give you a “Certificate of completion” for achieving this unit standard.
Acknowledgements

Careerforce would like to thank the people who have contributed their time and effort into creating this workbook by:

- Research and content validation.
- Advice and expertise.
- Testing the activities.
- Sharing personal experiences.
- Appearing in photographs.
- Diagrams by Mega Advertising and Creative Family.