Assisting with Nutrition and Hydration in Long-Term Care

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Welcome to Assisting with Nutrition and Hydration in Long-Term Care!

We have divided this book into nine chapters and assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and you’ll also see them on the of side every page. At the top of every page, you’ll find the learning objective that is being taught.

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1. Define “communication”

Everything in this book is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can DO what the learning objective says, you know you have mastered the material.

**Putting on gloves**

All care procedures are highlighted by the same black bar for easy recognition.

**RR**

This icon calls out information about Residents’ Rights. These are very important rights for residents who live in nursing homes. They are the law and must always be followed.

**key terms**

You’ll find bold key terms throughout the text followed by their definitions.

**Chapter Review**

Chapter-ending questions test your knowledge of the information found in the chapter. If you have trouble answering a question, you can return to the text and reread the material.
The Dining Assistant

1. Explain the need for dining assistants

2. Describe the role of the dining assistant

3. Explain why promoting independence is important

4. Identify the residents you will be assisting

1. Explain the need for dining assistants

Long-term care (LTC) is the term used to describe care for persons who require 24-hour care and assistance for long-term conditions. Other terms used for long-term care facilities include nursing home, nursing facility, skilled nursing facility, or extended care facility. During the time people live in this type of facility, it becomes their home. The people who live in LTC facilities are called residents (Fig. 1-1).

The people who live in LTC facilities may be disabled and/or elderly. They may come from their homes, hospitals or other facilities. Some people will have a terminal illness, which means the person is expected to die with the illness. Other people come to nursing homes for conditions that require care for a few weeks or longer. Some of these persons recover and return to their homes.

Most conditions seen in nursing homes are chronic. This means they last a long time, even over a lifetime. Chronic conditions include physical disabilities, heart disease, stroke, and dementia. (You will learn more about these disorders and diseases later.)
Residents in long-term care today require much more assistance than they did in the past. Often there are not enough qualified staff available to feed or assist the many residents who need help. The National Policy & Resource Center on Nutrition & Aging estimates that between 35% and 50% of the older residents in long-term care facilities are malnourished. Malnourished means a person is not getting proper nutrition; it is a serious condition.

Different factors contribute to resident malnourishment in LTC. One of the biggest problems, which was mentioned briefly above, is that nursing homes are often short-staffed. Staff members have many residents to assist. When there are not enough staff members, residents may feel rushed at mealtime and, as a result, do not eat enough. Mealtime is also a social occasion for many residents. When residents do not get personalized attention from overworked staff, they may feel lonely, bored, or depressed. This also affects the intake of food and drink.

Due to staffing shortages and because many more residents need assistance with eating and drinking, the federal government created a new regulation in 2003. This regulation allows states to hire and train “paid feeding assistants” to work in LTC facilities. This position was developed to help residents with their eating and drinking needs and to reduce problems of unintended weight loss and dehydration. Dehydration occurs when a person does not have enough fluid in the body, also a serious condition in LTC.

By following the federal requirements, states can approve training programs for dining assistants. Dining assistants must complete the state-approved training program successfully.

2. Describe the role of the dining assistant

Dining assistants help residents with their eating and drinking needs. Residents will have different problems and needs. Some residents only need encouragement or a little assistance. Other residents need total assistance with eating and drinking (Fig. 1-2).

Fig. 1-2. Assisting residents with hydration will be one of your duties.

Dining assistants will perform these tasks: setting up meals, giving physical and verbal cues to help direct residents, and assisting residents with eating and drinking as necessary. Some states may only allow a dining assistant to help residents with eating by using a spoon. Residents may use a fork when feeding themselves. Dining assistants are not allowed to give medications. Nurses are responsible for giving medications.

Another very important duty of a dining assistant is socializing with residents during mealtime. The chance to interact with you and other residents is meaningful to the residents you assist. They look forward to it and it may be the best part of their day. Keep a positive atti-
The role of the dining assistant involves being caring, concerned, empathetic, and understanding. **Empathy** means being able to enter into the feelings of others. Address residents by the name they prefer. Speak politely and cheerfully to residents, even if you are not in a good mood. Listen to residents when they talk. A good attitude and cheerful communication positively impact how much residents eat and drink (Fig. 1-3).

![Fig. 1-3. Being polite and cheerful is something that will be expected of you.](image)

Because residents have different needs and problems, people with different kinds of education and experience will help care for them. This group of people is known as the **care team**. Dining assistants are an important part of the care team. Other members may include:

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Physician (MD or DO)
- Occupational Therapist (OT)
- Speech Therapist (ST)
- Physical Therapist (PT)
- Registered Dietitian (RDT)
- Medical Social Worker (MSW)
- Nursing Assistant (NA or CNA)

As a dining assistant, you will be working under the supervision of a registered nurse (RN) or a licensed practical nurse (LPN). An RN is a licensed professional who has completed two to four years of education. An LPN is a licensed professional who has completed one to two years of education. Both must pass licensing exams that test their knowledge before being licensed.

The nursing assistant (NA) or certified nursing assistant (CNA) performs delegated or assigned nursing tasks, such as taking someone’s temperature. A nursing assistant also provides personal care, such as bathing residents and assisting with toileting. NAs must complete a minimum of 75 hours of training. In many states, their training exceeds 100 hours. Dining assistants help supplement a nursing assistant’s duties.

Nursing assistants have been trained in positioning residents, caring for their fragile skin, and transferring them safely. Your training does not include these skills. You are only allowed to perform those tasks identified in your state-approved training program. However, you should be aware of your residents’ position before assisting them with eating and drinking. If repositioning is needed, notify a nursing assistant or a nurse. You will learn more about correct positioning in chapter 6.

Dining assistants may have different titles. Feeding assistant, feeding aide, and nutritional assistant are some examples. This book will use the term “dining assistant.”
3. Explain why promoting independence is important

Another important part of your job will be promoting independence. Independence often means not having to rely on others for money, daily routine care, such as eating and drinking, or participation in social activities. People tend to take these activities for granted until they can no longer do them for themselves.

A loss of independence can cause:
- a negative self-image
- anger toward caregivers, others, and self
- feelings of helplessness, sadness, and hopelessness
- feelings of being useless
- increased dependence
- depression (Fig. 1-4)

Fig. 1-4. Not promoting independence can lead to many problems. Be patient and encouraging.

To prevent these problems, encourage residents to do as much as possible for themselves. Even if it seems easier for you to do things for your residents, allow them to accomplish a task independently. For example, if a resident is able to pick up and use a spoon, she should. Encourage their abilities to complete tasks, regardless of how long it takes or how poorly they are able to do it. Be patient while they do these tasks.

Allowing residents to make choices is another way to promote independence. Residents can choose where to sit while they eat as well as what they eat and in what order. Respect a resident’s right to make choices.

4. Identify the residents you will be assisting

A resident’s diagnosis, or medical condition, will differ from one setting to another. The stages of illnesses or diseases affect how sick people are and how much assistance they will need. Residents who require assistance with eating and drinking may have any of the following conditions or diseases:
- visual or hearing impairments
- dementia, including Alzheimer’s disease
- stroke
- Parkinson’s disease
- physical impairments of the arms and hands
- malnutrition
- dehydration
- depression

For more information on these disorders, see chapters 3, 5, 6, and 8.

An RN or LPN will decide which residents you are able to assist. Federal regulations prohibit you from assisting residents who have more complicated problems, such as lung aspirations, difficulty swallowing, or those residents on feeding tubes or using IV feedings.
Aspiration is inhaling food or drink into the lungs. If you feel that a resident needs assistance from someone who has more experience, notify the charge nurse (Fig. 1-5).

Fig. 1-5. RNs and LPNs will decide who you can assist. You will not assist residents who have complicated problems.

The federal government closely regulates long-term care. It may seem to you that you are being under-used. However, by law, there are many things you are not allowed to do, including:

- moving or transferring residents
- positioning residents
- helping residents with toileting
- dressing residents
- giving mouth care

Only people who have had specialized training, such as RNs, LPNs, and NAs, are allowed to perform these tasks.

Chapter Review

1. Which of the following contributes to the need for dining assistants?
   a. Nursing homes are often short-staffed.
   b. Residents need more personalized attention during mealtime.
   c. Residents are often malnourished and dehydrated.
   d. All of the above

2. All of the following statements about a dining assistant’s role are true EXCEPT:
   a. Dining assistants socialize with residents.
   b. Dining assistants can give medication to residents.
   c. Dining assistants assist residents with eating and drinking.
   d. Dining assistants are part of the care team.

3. Why should dining assistants encourage residents’ independence?
   a. It helps prevent increased dependence and depression.
   b. It promotes feelings of helplessness.
   c. It lowers self-esteem.
   d. None of the above

4. Which of the following residents are dining assistants NOT allowed to assist?
   a. Residents who have Alzheimer’s disease
   b. Residents who are depressed
   c. Residents who are dehydrated
   d. Residents who have difficulty swallowing

5. What member of the care team makes the decision about what types of residents dining assistants will be assisting?
   a. Nursing assistants
   b. Dietary department
   c. RNs or LPNs
   d. Dining assistants