DEMENTIA AND FEEDING SAFETY

TOPIC:	Dementia, Feeding Safety
AUDIENCE:	Nursing, PSWs, Dietary, Allied Health
DATE:	[Enter the training date]

Purpose / Why Does it Matter

Residents living with dementia often experience difficulties with eating, drinking, recognizing foods, using utensils, swallowing safely, and at higher risk of malnutrition and dehydration. Staff awareness and proper feeding assistance techniques help reduce the risk of choking, aspiration, weight loss, dehydration, and distress while promoting dignity, independence, and quality of life.

Learning Objectives

By the end of this in-service, participants will be able to:

1. Recognize how dementia can affect eating and drinking abilities.
2. Identify common nutrition, hydration, and feeding challenges in residents with dementia.
3. Demonstrate safe feeding and assistance techniques.
4. Recognize signs of swallowing difficulties and choking risks.
5. Support resident dignity, independence, and person-centered care during meals.

KEY INFORMATION

How Dementia Affects Eating and Drinking

Mealtime challenges as dementia progresses, residents may:

- Forget how to use utensils.
- Have difficulty recognizing food and beverages.
- Become easily distracted during meals, leave and not complete their meals.
- Lose interest in eating.
- Experience changes in appetite and food preferences.
- Experience dysphagia or difficulty chewing and swallowing.
- Pocket food or forget to swallow food already in their mouth.

These changes can increase the risk of poor nutrition, dehydration, aspiration, and choking.

Safe Feeding Practices

Before the Meal

- Review the resident's diet order and texture requirements.
- Setup the necessary adaptive aides for eating.
- Ensure the resident is awake and alert.
- Position the resident upright at approximately 90 degrees.
- Remove distractions when possible.
- Encourage hand hygiene.

During the Meal

- Allow sufficient time for eating.
- Encourage independence whenever possible.
- Offer one food item at a time if the resident becomes overwhelmed.
- Provide small bites and small sips.
- Alternate food and fluids when appropriate.
- Observe for signs of swallowing difficulty.
- Never rush the resident.

After the Meal

- Ensure the resident remains upright for at least 30 minutes unless otherwise directed.
- Report poor intake, coughing, choking, or swallowing concerns.
- Document intake according to facility procedures.

Signs of Swallowing Difficulty

Sign and symptoms of swallowing difficulty:

- Prolonged chewing and eating
- Pocketing – holding food in the mouth or cheeks
- Coughing or throat clearing during or after eating or drinking
- Wet sounding voice during or after eating or drinking
- Frequent chest infections or pneumonia

To reduce choking risk:

- Follow prescribed diet textures and fluid consistencies.
- Ensure residents are sitting upright.
- Offer manageable bite sizes.
- Avoid mixing food consistencies unless approved.
- Monitor residents who have known swallowing difficulties.
- Remain with residents requiring feeding assistance.
- Never force food or fluids
- Report any signs and symptoms of difficulty swallowing to the registered staff and supervisor.

Promoting Dignity and Independence

- Sit at eye level when assisting with meals.
- Offer choices whenever possible.
- Use calm and encouraging language.
- Respect cultural and personal food preferences.
- Encourage self-feeding before providing eating/feeding assistance.
- Maintain a pleasant dining environment.

Remember: Mealtimes are not only about nutrition – they are important social and quality-of-life experiences.

KNOWLEDGE CHECK

NAME: _____ **DATE:** _____

1. Which of the following may occur as dementia progresses?

☐ **A.** Improved recognition of food

☐ **B.** Difficulty using utensils and recognizing food

☐ **C.** Increased ability to follow complex instructions

☐ **D.** Elimination of swallowing difficulties

2. What is the safest feeding practice?

☐ **A.** Provide large bites to speed up service

☐ **B.** Feed residents while they are reclined

☐ **C.** Offer small bites and allow enough time to swallow

☐ **D.** Rush the meal to ensure completion

3. What should staff do if a resident begins coughing repeatedly during a meal?

☐ **A.** Encourage larger sips of fluid

☐ **B.** Ignore it if the resident continues eating

☐ **C.** Observe, stop feeding if needed, and report the concern

☐ **D.** Continue feeding at a faster pace

4. Which position is safest during meals?

☐ **A.** Lying flat

☐ **B.** Reclined in bed

☐ **C.** Upright at approximately 90 degrees

☐ **D.** Side lying

5. Why is promoting independence important during mealtimes?

☐ **A.** It reduces staffing requirements

☐ **B.** It increases meal service speed

☐ **C.** It supports dignity, confidence, and quality of life

☐ **D.** It eliminates the need for supervision

6. Food pocketing refers to:

☐ **A.** Hiding food in a napkin

☐ **B.** Hiding food in their pockets

☐ **C.** Taking extra portions of food

☐ **D.** Holding food in the mouth without swallowing

7. What is a sign of difficulty swallowing?

☐ **A.** Coughing or throat clearing during or after meals

☐ **B.** Playing with food

☐ **C.** Falling asleep during meals

☐ **D.** Hand tremors

8. What should staff follow when assisting residents with dementia?

☐ **A.** Personal preference only

☐ **B.** Diet orders and care plans

☐ **C.** The posted menu

☐ **D.** Verbal instructions from coworkers only

9. True or False: Frequent chest infection or pneumonia could be a sign of difficulty swallowing.

☐ **True** ☐ **False**

10. True or False: Residents with dementia should always be fed rather than encouraged to feed themselves to ensure they finish their meals.

☐ **True** ☐ **False**

Knowledge Check Answer Key

1. B
2. C
3. C
4. C
5. C
6. D
7. A
8. B
9. True
10. False

DATE:

TRAINER NAME:

In-Service Attendee Sign-in

DATE:

ATTENDEE NAMES: