



SKILLS CHECKLIST: FEEDING THE PERSON

NAME: _____ UNIT: _____ DATE: _____

1=Cannot Perform Skill Independently 2=Requires Some Assistance to Perform Skill	3=Can Perform Skill Independently N/A=Not Applicable				<i>**Evaluator must initial every line</i>	
	1	2	3	N/A	**EVALUATOR'S INITIALS	COMMENTS
I. Equipment/Supplies needed						
1. Napkin						
2. Eating utensils						
3. Straws						
4. Meal tray with dietary card						
5. Two folders-flowsheet						
6. Intake & Output Record						
7. Oral hygiene supplies						
8. Hand washing supplies						
9. Hand wipes						
10. Clothes protector						
II. Procedure Steps						
1. Identify the person. Check the ID bracelet against the dietary card. Also call the person by name.						
2. Complete oral care prior to breakfast meal.						
3. Drape a napkin across the person's chest and underneath the chin. Clean the person's hands with a hand wipe.						
4. Ensure the patient's head of bed is elevated and the patient's head is in a neutral position. Place an extra pillow or wedge behind the patient's head if the patient requires additional adjustment.						
5. Tell the person what foods and fluids are on the tray.						
6. Prepare food for eating. Cut food into bite-sized pieces. Season food as the person prefers and is allowed on the care plan.						
7. Place the chair where you can sit comfortably. Sit facing the person at eye level.						
8. Serve foods in the order the person prefers. Identify foods as you serve them. Alternate between solid and liquid foods. Allow enough time for chewing and swallowing. Do not rush the person.						
9. Check the person's mouth before offering more food or fluids. Make sure the person's mouth is empty between bites and swallows. Watch for the rise and fall of their Adam's apple to ensure a swallow has taken place. If the patient's cognition is intact, ask if the person is ready for the next bite or drink.						

10. Use straws (if allowed) for liquids if the person cannot drink out of a glass or cup. Follow the care plan for using straws.						
11. Wipe the person's hands, face, and mouth as needed during the meal. Use the napkin or a hand wipe.						
12. Follow the care plan and/or the green Swallowing Precautions sign at the patient's head of bed if the person has dysphagia. The patient may have specific feeding instructions or diet/liquid modifications.						
13. Talk with the person in a pleasant manner.						
14. Encourage him or her to eat as much as possible.						
15. Wipe the person's mouth with a napkin or a hand wipe. Discard the napkin or hand wipe.						
16. Note how much and which foods were eaten. If calorie records are kept for the person, note on a flow sheet what the person ate and how much.						
17. Measure and record intake if ordered, as shown in the Video Skill "Measuring Intake and Output."						
18. Remove the tray.						
19. Take the person back to his or her room (if in a dining area).						
20. Assist with oral hygiene (after lunch & dinner) and hand washing. Provide for privacy. Wear gloves. Practice hand hygiene after removing and discarding gloves.						

OVERALL REVIEW

- _____ Outstanding
- _____ Satisfactory
- _____ Needs Improvement
- _____ Unsatisfactory

ACTIONS RECOMMENDED

- _____ Schedule makeup of procedure
- _____ Review procedure policy before makeup
- _____ further demonstration of skill by supervisor
- _____ In-service/Continued Education required

Comments: _____

Print Staff Name: _____ Print Evaluator's Name: _____

Staff Signature: _____ Evaluator Signature: _____

Evaluation/Validation Methods: __ Verbal __ Demonstration/Observation __ Practical Exercise __ Interactive Class