



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

State-Approved Curriculum

Feeding Assistant

June 2020

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
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TABLE OF CONTENTS

INTRODUCTION

Feeding Assistant Curriculum Requirements.....	i-iii	
Directions for use of Feeding Assistant Curriculum	iv-v	
Unit 1	Role of the Feeding Assistant	1
	The Role of the Feeding Assistant.....	2
	Federal Regulations.....	2
	Course Requirements.....	2
	Supervision.....	3
	Resident Selection.....	3
	Records	4
Unit 2	Communication and Interpersonal Skills	4
	Communications Skills.....	5
	Interpersonal Skills.....	6
	Communicating with Residents and Families	7
	Observation and Reporting.....	10
Unit 3	Resident Rights.....	12
	Mistreatment of Elderly	14
	Signs and Examples of Abuse.....	15
	Identification of Residents at Risk for Abusing Other Residents....	15
	Identification of Residents at Risk for Being Abused	15
	Reporting Abuse.....	15
Unit 4	Safety and Emergency Procedures.....	16
	Basic Emergency Procedures and Resident Safety	17
	Safety Measures to Prevent Accidents and Injuries.....	17
	Assisting Residents with Choking	18
	Cardiopulmonary Resuscitation	19
	Recognizing Convulsive Disorders (Seizures)	20
	Reporting Emergencies	20
Unit 5	Infection Prevention	22
	Infection Transmission	23
	Medical Asepsis.....	26
	Standard Precautions	27
	<i>Handwashing</i>	27
Unit 6	Nutrition and Hydration	29
	Principles of Nutrition.....	30
	USDA’s MyPlate	33
	Special Diets.....	35
	MyPlate, MyWins: Make it yours.....	37

Type of Diet	39
Nutrients	42
Adaptive Devices	43
Preparing and Serving Resident's Meals	43
Feeding Techniques	44
Supplementary Nourishments.....	44
Serving Supplementary Nourishments	45
Fresh Drinking Water	45
Aging Changes	45
Challenging Feeding Problems.....	46
APPENDIX A - Instructional Objectives and Performance Checklist Summary	47
APPENDIX B - Performance Checklist Index	53
APPENDIX C - Performance Checklists	55

Preface

Feeding Assistant Curriculum

On September 26, 2003, the Centers for Medicare and Medicaid Services (CMS) published the final regulations for requirements for paid feeding assistants in Long Term Care Facilities (Federal Register/Vol. 68, No. 187/Friday, September 26, 2003/Rules and Regulations, page 55539).

The regulations are found under 42 CFR 483, Subpart B §483.35, 483.75, Subpart D §483.160; and 42 CFR 488 Subpart E §488.301.

The regulations are effective October 27, 2003 and stipulate that facilities must not use any individual employed in the facility as a feeding assistant unless that individual has successfully completed a state-approved training program for feeding assistants, as specified in the regulations.

The regulations do not apply to licensed nursing personnel, or nurse aides. They do not apply to volunteers, families, or friends. However, any facility employee who feeds residents, if only for a short time each day or occasionally, must successfully complete state-approved feeding assistant training because the individual is functioning as a feeding assistant. This includes individuals whose services at the facility may be paid under contract with another employing agency.

A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the state-approved curriculum for feeding assistants.

A facility must ensure that a feeding assistant feeds only those residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.

The facility must base resident selection for being fed by a feeding assistant on the charge nurse's assessment and the resident's latest assessment and plan of care.

A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

In an emergency, the feeding assistant must call a supervisory nurse for help using the resident call system.

To meet minimum federal requirements, a program must consist of at least 8 hours of a state approved training course for feeding assistants. The course must meet the requirements of §483.160 and must include the following:

- (a) Feeding techniques
- (b) Assisting with feeding and hydration
- (c) Communication and interpersonal skills
- (d) Appropriate responses to resident behavior

- (e) Safety and emergency procedures, including abdominal thrusts (also called Heimlich maneuver)
- (f) Infection prevention
- (g) Resident rights
- (h) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse

Facilities are already required by OSHA to provide this training prior to exposure to individuals with Bloodborne pathogens and on an annual basis, thereafter. The principles and application of gloving, gowning, mask and eyewear protection are not included in this curriculum. It is the responsibility of the facility to provide the appropriate training in applying and removing Personal Protective equipment (PPE) for any individual who needs this type of protection during feeding a resident. Material on Standard Precautions is limited to basic required application for all residents and does not address Droplet Precautions, Contact Precautions or Transmission-Based Precautions.

This curriculum is approved by the State of North Carolina for meeting the requirements of the regulations governing the training of feeding assistants. Additional components that expand the curriculum may be added, but not substituted. A minimum of 8 clock- hours of instruction, including skills competency, is required. All skills in this curriculum should be successfully demonstrated with instructor supervision prior to feeding a resident and prior to completion of the program. No attempts have been made to establish a test or grading system for successful completion. The primary instructor based on instructor evaluation and documented skills competency will determine successful completion of the program. The goal of the program is competency, not failure.

The course must be taught by qualified health professionals such as a Registered Nurse (RN) or Occupational Therapist. Other personnel with at least one year of experience in their fields may supplement the instructor.

Use of up-to-date textbooks is an important learning resource for students. It is recommended that instructors review several and select one that will provide resources to complement the curriculum.

Directions for Use of the Feeding Assistant Curriculum

This Feeding Assistant curriculum has been prepared for two groups of people. First, the students, for whom we wish to provide the knowledge and the clinical skills necessary to become competent Feeding Assistants. Second, the teachers, for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate individuals to become knowledgeable, efficient, caring, Feeding Assistants.

The curriculum has been divided into six major sections. Content pertaining to recognizing changes that are inconsistent with normal behavior and the importance of reporting those changes to the supervisory nurse are included throughout the curriculum.

- Unit 1 Role of the Feeding Assistant
- Unit 2 Communication and Interpersonal Skills
 Appropriate Responses to Resident Behavior
- Unit 3 Resident Rights
 Appropriate Responses to Resident Behavior
- Unit 4 Safety and Emergency Procedures
- Unit 5 Infection Prevention
- Unit 6 Nutrition and Hydration
 Feeding Techniques
 Assisting with Feeding and Hydration

The curriculum pages have been divided into three columns. The first column lists the unit objectives. The second column, course content, provides an outline of the information to be covered to meet the objective. The third column, learning activities, is provided for listing individual activities the instructor might choose to enhance student learning. Medical terms, along with definitions, are included at the beginning of each unit.

Skills are listed at the appropriate point in the instructional content. Individual performance checklists for each skill are included in Appendix A, along with the Instructional Objectives and Performance Checklist Summary. Instructors should use the performance checklists to document individual performance and demonstration of skills by the student. A copy of the Instructional Objectives and Performance Checklist Summary as well as the individual Performance Checklists should be maintained in each employee's record to document successful completion of the program.

No attempt has been made to determine a grading policy. The grading policy developed by individual programs should be followed. Competency based education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery.

Unit 1

Role of the Feeding Assistant

Terminology Defined

1. **Feeding Assistant** - Any individual who has successfully completed a state-approved feeding assistant curriculum in accordance with Federal Requirements 42 CFR 483.160 and who works under the supervision of a licensed nurse, feeding residents; does not include nurse aides or licensed nurses when feeding is performed as part of their regular nurse aide or nursing duties.

Unit I

Unit 1 – Role of the Feeding Assistant		
Objectives	Content	Learning Activities
	I. The Role of the Feeding Assistant	
1.0 Examine the role of the Feeding Assistant	A. Federal Regulations describing a single-task worker, the Feeding Assistant	Discuss regulations 42 CFR 483.35, 483.160, 483.301, 483.7, 483.75
	B. Aging population in facilities more acute than ever before <ol style="list-style-type: none"> 1. More staff time taken with high levels of care 2. Less time for routine tasks like feeding residents who need minimal assistance 	
	C. Goal of Regulations <ol style="list-style-type: none"> 1. To supplement, not replace nurse aides 2. To provide more residents with assistance in eating and drinking 3. To reduce unplanned weight loss 4. To reduce incidence of dehydration 	
	D. Requirements to become a Feeding Assistant <ol style="list-style-type: none"> 1. Must complete a state-approved minimum 8-hour training course 2. Course must include content on: <ol style="list-style-type: none"> a. Feeding techniques b. Assistance with feeding and hydration c. Communication and interpersonal skills d. Appropriate responses to resident behavior e. Safety and emergency procedures, including abdominal thrusts (also known as the Heimlich maneuver) f. Infection prevention g. Resident rights h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse 	List the course requirements to become a Feeding Assistant

Unit 1 – Role of the Feeding Assistant		
Objectives	Content	Learning Activities
	<p>E. Important Points to Remember</p> <ol style="list-style-type: none"> 1. The Feeding Assistant does not give nursing care 2. Feeding Assistants should only perform those tasks for which they have been trained 3. Nurse aide or licensed personnel feed the more complicated residents 4. Feeding Assistants should only feed residents selected by charge nurse 	
	II. The Role of Facilities Using Feeding Assistants	
2.0 Examine the role of facilities using Feeding Assistants	<p>A. Supervision of the Feeding Assistant</p> <ol style="list-style-type: none"> 1. Must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN) 2. In an emergency, the Feeding Assistant must call the supervisory nurse for help using the resident call system. 	
	<p>B. Choosing Residents for the Feeding Assistant</p> <ol style="list-style-type: none"> 1. The facility must ensure that only residents who have no complicated feeding problems are selected for feeding 2. Complicated feeding problems include, but are not limited to: <ol style="list-style-type: none"> a. difficulty swallowing b. recurrent lung aspirations c. tube or parenteral/IV feedings 3. Resident selection based on the charge nurse’s assessment and resident’s latest assessment and plan of care. 	Describe three feeding problems that a resident might have that would not allow feeding by a Feeding Assistant

Unit I

Unit 1 – Role of the Feeding Assistant		
Objectives	Content	Learning Activities
	<p>C. Maintenance of Records</p> <ol style="list-style-type: none"> 1. Facilities must maintain a record of individuals used by the facility who have successfully completed the training for a feeding assistant 2. Feeding Assistant <ol style="list-style-type: none"> a. an individual who meets the requirements in the federal regulations and b. an individual who is paid to feed residents by a facility or c. an individual who is used under an arrangement with another agency or organization 3. Feeding Assistants should keep copy of record of successful completion for their records 	<p>List three facility responsibilities when using Feeding Assistants</p>

Unit 2

Communication and Interpersonal Skills

Terminology Defined

1. **Abbreviation** – a shortened form of a word or phrase.
2. **ADL** – activities of daily living.
3. **Aphasia** – inability to express oneself properly through speech, or loss of verbal comprehension.
4. **Cognitive** – mental process by which an individual gains knowledge.
5. **Communication** – the exchange of information; a message sent is received and interpreted by the intended person.
6. **Feeling** – state of emotion, not able to be measured; subjective data.
7. **Legible** – written in a manner that can be easily read.
8. **Paraphrase** – repeat a message using different words.
9. **Resident record** – a written account of the resident's physical and mental condition
10. **Rapport** – a close relationship with another.
11. **Recording** – writing or charting resident care and observations.
12. **Reporting** – a verbal account of resident care and observations.
13. **Sensory** – relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	I. Communication Skills	
2.0 Demonstrate appropriate and effective communication skills	A. Elements that influence relationships with others <ol style="list-style-type: none"> 1. Prejudices 2. Frustrations 3. Attitudes 4. Life experiences 	Instruct the class to identify examples of these elements and discuss ways to handle each of the examples presented.
	B. Requirements for successful communications <ol style="list-style-type: none"> 1. A message 2. A sender 3. A receiver 	Role-play the process of communication.
2.1 Describe the importance of developing good listening skills 2.1.1 Identify five positive listening skills that can be used	C. Listening skills <ol style="list-style-type: none"> 1. Show interest 2. Hear the message 3. Avoid interrupting 4. Ask appropriate questions for clarification 5. Be patient and help resident express feelings and concerns 6. Avoid distractions 7. Note silence between sounds 8. Become involved with the message and the resident 9. Concentrate and be attentive 	Discuss ways of showing interest. Instruct the class to divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message). Instruct the receivers to write down what they heard. Follow small group discussions with class discussion. Role-play how the Feeding Assistant shows interest, is patient, and helps resident express feelings and concerns.

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
2.1.2 Recognize barriers to effective communication	<p>D. Barriers to effective communication</p> <ol style="list-style-type: none"> 1. Labeling 2. Talking too fast 3. Avoiding eye contact 4. Belittling a resident’s feelings 5. Physical distance 6. Sensory impairment <ol style="list-style-type: none"> a. confusion b. blindness c. aphasia d. hearing impairment 7. Changing the subject 8. False assurances and clichés 9. Giving advice 10. Ineffective communication <ol style="list-style-type: none"> a. disguised messages b. conflicting messages c. unclear meanings d. abstractions e. perception 	<p>Instruct the class to share past experiences when a communication barrier caused them to end a conversation.</p> <p>Role-play ways in which sensory impairment can lead to breakdowns in communication.</p> <p>List false assurances, for example, “Everything will be fine, you’ll see.”</p> <p>Consider clichés rather than abstracts and discuss how the meanings could differ for residents, e.g.,</p> <ol style="list-style-type: none"> 1. “The grass is always greener on the other side of the fence.” 2. “A bird in the hand is worth more than two in the bush.”
	II. Interpersonal Skills	
2.2 Explain how one will need to modify his or her behavior in response to the resident’s behavior	<p>A. Determined by</p> <ol style="list-style-type: none"> 1. standards and values 2. culture and environment 3. heredity 4. interests 5. feelings and stress 6. expectations others have for us 	

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	7. past experiences	
2.2.1 Define the terms sympathy, empathy, and tact	<p>B. Dealing with resident behavior</p> <ol style="list-style-type: none"> 1. Accept every resident 2. Listen to every resident 3. Comply with reasonable requests, when possible 4. Display patience and tolerance 5. Make an effort to be understanding 6. Develop acceptable ways of coping with your negative feelings <ol style="list-style-type: none"> a. Leave the room after providing for safety b. Talk with nursing supervisor about your feelings c. Involve yourself in physical activity d. Learn to use relaxation techniques that ease stress 7. Be sensitive to resident’s moods 8. Be able to handle disagreements and criticism 	<p>Instruct the class to discuss why resident behavior shouldn’t be taken personally.</p> <p>Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker. Discuss how these situations could be handled.</p>
	<p>C. Treat residents as unique individuals</p> <ol style="list-style-type: none"> 1. Do things their way when possible 2. Anticipate their needs 3. Ask for their opinion 	
	D. Be able to see things from the other person’s point of view	
	III. Communicating with Residents and Families	
<p>2.3 Develop effective non-verbal communications in keeping with one’s role with residents and their families</p> <p>2.3.1 List four examples of nonverbal communication</p>	<p>A. Nonverbal communications</p> <ol style="list-style-type: none"> 1. Body language <ol style="list-style-type: none"> a. posture b. gestures c. level of activity d. facial expressions e. appearance f. touch 	<p>Discuss effects of positions and postures when communicating.</p>

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	<p>B. Verbal communications</p> <ol style="list-style-type: none"> 1. Speak clearly and concisely 2. Give message by tone of voice 3. Face resident, at eye level, when speaking 4. Avoid words having several meanings 5. Present thoughts in logical, orderly manner 6. Learn to paraphrase 7. Types of communication <ol style="list-style-type: none"> a. person to person b. oral report 	<p>Role-play examples of body language that differ from the verbal message being sent.</p> <p>Have the class use paraphrasing for a message and discuss their understanding of the message.</p>
<p>2.3.2 Communicate effectively with the resident's family and visitors</p>	<p>C. Communicating with the resident's family and visitors</p> <ol style="list-style-type: none"> 1. Ask how they are doing 2. Indicate that you are glad to see them 3. Be warm and friendly 4. Use talking and listening skills you would use with resident 5. Share knowledge about your unit <ol style="list-style-type: none"> a. visiting hours b. restrictions to visitors c. any restrictions on bringing resident's food 6. Report stressful or tiring visits to supervisory nurse 7. Refer requests for information on the resident's condition to the supervisory nurse 8. Share information from family/visitors that would affect feeding resident with the supervisory nurse 9. Report visitor concerns or complaints to the supervisory nurse 	<p>Provide examples of information from family members that would affect feeding of a resident.</p>
<p>2.3.3 Describe specific factors that should be considered when communicating with the hearing-impaired resident</p>	<p>D. Factors to consider when communicating with hearing-impaired residents</p> <ol style="list-style-type: none"> 1. Encourage resident to use hearing aid 2. Speak slowly using simple sentences 3. Face resident at eye level when speaking 	

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	<ol style="list-style-type: none"> 4. Allow resident to lip read if that helps 5. Lower pitch of your voice 6. Direct speech to stronger ear 7. Use gestures when possible to clarify statements 8. Write when necessary 9. Learn some basic signing if interested 	
2.3.4 Identify factors to consider when communicating with residents that have decreased vision	<p>E. Factors to consider when communicating with the resident with decreased sight</p> <ol style="list-style-type: none"> 1. Speak as you enter room 2. Sit where resident can best see you 3. Make sure lighting is sufficient 4. Allow resident to touch objects and yourself 5. Encourage resident to wear glasses if they help 6. Use touch and talk frequently to communicate your location 7. Encourage resident to use magnifying glass if it helps 8. Use descriptive words and phrases 9. Make large print materials available 	Invite a guest speaker to discuss blindness and adaptations
2.3.5 Consider factors that would assist the resident that has difficulty speaking to communicate	<p>F. Factors to consider when communicating with residents who have difficulty speaking</p> <ol style="list-style-type: none"> 1. Encourage resident to use hands to point out objects 2. Use communication boards/cards 3. Repeat what you heard to be sure you understood resident 4. Allow resident to express feelings 5. Ask yes and no questions 	Charades may be used to point out frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.
2.3.6 Recognize techniques that can be used to help the resident communicate	<p>G. Communicating with depressed residents</p> <ol style="list-style-type: none"> 1. Exercise patience 2. Allow time for resident to express feelings 	
2.3.7 Identify ways one can communicate with	<p>H. Communicating with residents with memory loss</p> <ol style="list-style-type: none"> 1. Encourage resident to talk 2. Talk about things resident remembers 	Have class members share personal experiences with

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
residents with memory loss	<ol style="list-style-type: none"> 3. Ask one question at a time containing one thought 4. Keep questions simple 5. Rephrase questions that are not understood 6. Avoid asking resident to make a choice 	individuals with memory loss.
	IV. Observation and Reporting	
2.4 Observe by using the senses to report resident behavior to the nurse	<ol style="list-style-type: none"> A. Using Senses for observation and reporting <ol style="list-style-type: none"> 1. Sight <ol style="list-style-type: none"> a. rash b. skin color 2. Hearing <ol style="list-style-type: none"> a. wheezing b. moans 3. Touch <ol style="list-style-type: none"> a. cold b. perspiration c. hot 4. Smell <ol style="list-style-type: none"> a. odor of breath b. odor of wounds c. odor of body 	
2.4.1 Recognize changes that are inconsistent with normal behavior	<ol style="list-style-type: none"> B. Recognizing Changes <ol style="list-style-type: none"> 1. Observe continuously using senses method 2. Listen and talk to the resident 3. Ask questions 4. Be aware of a situation and any changes 5. Observe for changes in attitude, moods, and emotional condition 6. Pay attention to complaints 7. Be alert to changes in condition or unusual happenings 	Have the class prepare a group list of behaviors and physical changes that would be inconsistent with normal behavior.
2.4.2 Discuss differences between objective and subjective data	<ol style="list-style-type: none"> C. Reporting <ol style="list-style-type: none"> 1. Reports are made to the supervisory nurse <ol style="list-style-type: none"> a. promptly b. thoroughly c. accurately 	Practice reporting information in small groups with group members changing roles.

Unit 2

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	<ol style="list-style-type: none">2. Use pad and pencil to jot down information for reporting3. Report only facts, not opinions<ol style="list-style-type: none">a. objective datab. subjective data	Role-play a situation and have the class report objective and subjective data.

Resident Rights

Terminology Defined

1. **Abuse** – the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. **Advocate** – one that pleads the cause of another.
3. **Aiding and Abetting** – not reporting dishonest acts that are observed.
4. **Assault** – attempt or threat to do violence to another.
5. **Battery** – an unlawful attack upon another person.
6. **Confidential** – keeping what is said or written private, or to oneself.
7. **Defamation** – injuring the name and reputation of another person by making false statements to a third person.
8. **Dignity** – the quality or state of being worthy, honored, or esteemed.
9. **Discrimination** – prejudiced or prejudicial outlook, action or treatment.
10. **Drugs** – Any chemical compound that may be used on or administered as an aid in the diagnosis, treatment or prevention of disease or other condition or the relief of pain or suffering or to control or improve any physiological pathologic condition.
11. **Diversion of Drugs** – The unauthorized taking or use of any drug.
12. **Ethics** – a set of moral principles and values.
13. **Fraud** – an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. This includes any act that constitutes fraud under applicable Federal or State law.
14. **Gossip** – talking about residents or co-workers.
15. **Grievance** – a cause of distress felt to afford reason for complaint or resistance.
16. **Harassment** – to worry or annoy persistently.
17. **HIPPA** – Health Information Privacy and Portability Act.
18. **Invasion of Privacy** – a violation of a person’s right not to have one’s name, photograph, or private affairs exposed or made public without giving consent.
19. **Misappropriation** – the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent.
20. **Neglect** – a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
21. **Negligence** – an unintentional wrong in which a person fails to act in a reasonable and prudent manner and thereby causes harm to another person or the person’s property.

Unit 3

Unit 3 – Resident Rights		
Objectives	Content	Learning Activities
	I. Resident Rights	
3.1 Support the resident’s right to make personal choices to accommodate individual needs.	<ul style="list-style-type: none"> A. Basic human rights <ul style="list-style-type: none"> 1. Protected by the Constitution 2. Laws clarify these rights <ul style="list-style-type: none"> a. right to be treated with respect b. right to live in dignity c. right to pursue a meaningful life d. right to be free of fear 3. Behavior that infringes on these rights <ul style="list-style-type: none"> a. addressing residents as children b. demeaning nicknames for residents c. not providing privacy d. threatening a resident with harm 	Brainstorm and list personal choices that would contribute to a meaningful life.
3.1.1 Describe the Resident’s Bill of Rights	<ul style="list-style-type: none"> B. The Resident’s Rights <ul style="list-style-type: none"> 1. Ethical and legal basis 2. Federal and state regulations 3. Posted in facility 4. Distributed on admission in many facilities 5. Residents have the right to: <ul style="list-style-type: none"> a. considerate and respectful care b. obtain complete current information concerning diagnosis, treatment and prognosis c. receive information necessary to give informed consent prior to treatments or procedures d. refuse treatment to the extent permitted under law e. privacy of resident’s body, record, care and personal affairs f. confidential treatment of all records g. reasonable response to request for service h. examine bill and receive explanation of charges i. informed of any facility rules/regulations 	Review: Resident’s Rights and HIPPA

Unit 3

Unit 3 – Resident Rights		
Objectives	Content	Learning Activities
3.1.2 Demonstrate behavior that maintains residents' rights.	<p>C. Behavior that maintains residents' rights</p> <ol style="list-style-type: none"> 1. Address as Mr., Mrs., or Miss unless asked to use a specific name 2. Avoid being rude or unkind <ol style="list-style-type: none"> a. never withhold social responsiveness b. don't ignore residents c. make eye contact d. allow residents to complete sentences prior to leaving room e. don't shut or slam door to quiet a resident 3. Never threaten or intentionally hurt 4. Help meet emotional/spiritual/social needs through encouragement 5. Explain the feeding assistance you plan to give 6. Observe safety precautions 7. Obtain proper consent after identifying resident 8. Treat all residents equally 9. Promote positive attitudes 10. Report errors to your supervising nurse immediately 	List advantages of explaining feeding assistance to a resident prior to starting.
	II. Mistreatment of the Elderly	
3.2 Administer feeding assistance that ensures that the resident is free from abuse, neglect, misappropriation of property, diversion of drugs and fraud.	<p>A. Federal and State Definitions of Mistreatment of the Elderly:</p> <ol style="list-style-type: none"> 1. Abuse 2. Neglect 3. Misappropriation of Property 4. Diversion of Drugs 5. Fraud 	Define terms, using State and Federal regulations.
	<p>B. Resident's Right to be Free from Abuse</p> <ol style="list-style-type: none"> 1. Physical 2. Verbal 3. Sexual 4. Mental 5. Corporal Punishment 6. Involuntary Seclusion 	
	C. Signs of Abuse	

Unit 3

Unit 3 – Resident Rights		
Objectives	Content	Learning Activities
	<ol style="list-style-type: none"> 1. Fractures 2. Bruises of face, upper arms, upper thighs, abdomen 3. Fearfulness 4. Withdrawn 	
	<p>D. Examples of Abuse</p> <ol style="list-style-type: none"> 1. Threatening a resident 2. Frightening a resident 3. Pinching, slapping, pushing or kicking a resident 4. Withholding food or fluids 5. Restraining a resident against her/his will without an apparent reason 6. Leaving resident in soiled linen or clothing 7. Yelling angrily at or making fun of resident 8. Refusing to reposition resident or give treatment 9. Not answering a call light/bell/signal 10. Humiliating a resident 11. Making disparaging derogatory remarks 12. Sexual coercion 13. Sexual harassment 14. Verbal harassment 	
	<p>E. Identification of Residents at Risk for Abusing Other Residents</p> <ol style="list-style-type: none"> 1. Residents with history of aggressive behavior 	Role-play appropriate responses to observed mistreatment of the elderly.
	<p>F. Identification of Residents at Risk for Being Abused</p> <ol style="list-style-type: none"> 1. Noisy individuals 2. Wandering individuals 3. Philandering individuals 4. Socially/logistically isolated individuals 	Review State law and Federal regulations regarding abuse.
	<p>G. Reporting Abuse</p> <ol style="list-style-type: none"> 1. If observed, report <u>immediately</u> to supervisory nurse 2. Cause for immediate dismissal of perpetrator if proven 3. Know your state law 4. Aiding and abetting 	

Unit 4

Safety and Emergency Procedures

Terminology Defined

1. **Abdominal thrusts (also known as Heimlich Maneuver)** – a forceful upward thrust on the abdomen, between the sternum and the navel.
2. **Convulsion** – violent and sudden contractions or tremors of muscles.
3. **Cardiopulmonary Resuscitation (CPR)** – combines the techniques of artificial respiration and cardiac compression to restore circulation.
4. **Dementia** – progressive mental deterioration due to organic brain disease.
5. **Disoriented** – confused about time, place and person or objects.
5. **Seizure** – involuntary muscle contraction and relaxation.

Unit 4

Unit 4 – Safety and Emergency Procedures		
Objectives	Content	Learning Activities
	Basic Emergency Procedures	
4.0 Assist with basic emergency procedures 4.1 Adhere to general safety rules 4.1.1 List 15 rules of general safety	<ol style="list-style-type: none"> 1. General safety rules <ol style="list-style-type: none"> (a) Walk in halls and on stairs, never run (b) Keep to the right-hand side of the hall (c) Approach swinging doors with caution (d) Use handrails going up and down stairs (e) Keep handrails in halls and on stairs free of obstacles (f) Check labels on all containers prior to using contents (g) Wipe up spilled liquids (h) Pick up litter and place it in the proper container (i) Follow instructions of your supervisory nurse for feeding a resident (j) Report shocks and injuries promptly (k) Never use damaged or frayed electrical cords (l) Ask for an explanation of things you don't understand (m) Provide for resident safety (n) Check linen for personal items contained in folds prior to sending to the laundry (o) Report unsafe conditions when noticed 	<p>Review the general safety rules and have the class relate these to home as well as the health care facility.</p> <p>Discuss students' personal experiences with accidents and consider the general safety rules that may have prevented the accident.</p>
	Safety Measures that Prevent Accidents	
4.2 Identify safety measures that prevent accidents to residents	<ol style="list-style-type: none"> 1. Keep frequently used articles within reach of resident 2. Lock brakes on movable equipment <ol style="list-style-type: none"> (a) Wheelchairs (b) Beds 3. Properly position residents - ask nurse aide to properly position resident in: <ol style="list-style-type: none"> (a) Bed (b) Wheelchair (c) Chair 4. Provide assistance at mealtime to prevent spilling hot liquids 5. Identifying residents 6. Use identification bracelets 7. Call resident by name 	

Unit 4

Unit 4 – Safety and Emergency Procedures		
Objectives	Content	Learning Activities
	8. Use I.D. systems that involve photographs 9. Realize that feeding wrong resident can threaten life 10. Preventing other injuries (a) Keep resident’s bed in lowest position except when giving bedside feeding assistance (b) Place call bell/signal within reach (c) Place call bell/signal within reach	
	Assisting with the Choking Resident	
4.3 Discuss the emergency treatment of a choking resident	1. Causes of choking (a) Occurs when the throat is blocked or closed up and air cannot get to the airway (b) Victim cannot breathe or speak	
4.3.1 Assist with clearing an obstructed airway	2. Airway blocked by (a) Food (b) Blood (c) Foreign objects (d) Vomitus 3. Tilting the head back slightly may clear the airway since this pulls the tongue forward. (a) If victim is coughing, do not intervene (b) Stay near (c) Encourage coughing – most effective way to dislodge obstruction(s) 4. Signals of a complete airway blockage (a) Unable to speak (b) High pitched sounds with inhalation (c) Grasping the throat – distress signal (universal choking sign) 5. Obstructed Airway and Abdominal Thrusts (also known as Heimlich Maneuver) (a) Equipment – gloves (b) Procedure – Abdominal thrusts 6. Seek assistance from the nurse	Demonstration: Performance Checklist #1 Abdominal thrusts Return demonstration. Discuss the reason for chest thrusts instead of abdominal thrusts for obese residents.

Unit 4

Unit 4 – Safety and Emergency Procedures		
Objectives	Content	Learning Activities
	<ul style="list-style-type: none"> (a) Use emergency alarm (b) Use resident call system (c) Yell for help 	
	Cardiopulmonary Resuscitation	
4.4 Discuss and explain your responsibilities in assisting with the resident who may have an emergency involving the heart	<ul style="list-style-type: none"> 1. Agencies providing CPR instruction <ul style="list-style-type: none"> (a) American Heart Association (b) American Red Cross (c) EMS Squads 2. Common observations or resident complaints that signal a heart problem <ul style="list-style-type: none"> (a) Chest discomfort (b) Pressure, fullness, squeezing, or pain in center of chest behind breastbone (c) May spread to either shoulder, neck, jaw, or arm (d) Usually lasts longer than a few minutes, may come and go (e) Fainting (f) Sweating (g) Nausea (h) Shortness of breath 3. Seek assistance <ul style="list-style-type: none"> (a) Use emergency alarm (b) Use resident call system (c) Yell for help 	

Unit 4

	Recognizing Convulsive Disorders (Seizures)	
4.5 Discuss and explain your responsibilities in assisting the resident until professional help arrives for convulsive disorders	<p>A. Causes</p> <ol style="list-style-type: none"> 1. Infectious disease 2. Omitted medication 3. Head injury 4. Stroke 5. Seizure syndrome <p>B. Types</p> <ol style="list-style-type: none"> 1. Partial 2. General <ol style="list-style-type: none"> (a) Tonic-clonic (grand mal) (b) Absence (petit mal) (c) Unclassified 3. Seek Assistance from the nurse <ol style="list-style-type: none"> (a). Summon help and use resident call system (b). Stay with the resident 4. Protect from injury <ol style="list-style-type: none"> (a) Lower to floor if appropriate (b) Move objects away that might cause injury (c) Do not restrain the resident (d) Loosen constricting clothing (around neck) (e) Place pillow under head and turn face to one side (f) Note time seizure began and report to supervisory nurse 5. Allow resident to rest after seizure <ol style="list-style-type: none"> (a) Very tired (b) May be confused (c) Often disoriented 	<p>Discuss the differences in types of seizures</p> <p>Discuss how to physically protect the resident</p> <p>Suggest reasons why the face would be turned to the side</p>
	Reporting Emergencies	
4.6 Report emergencies accurately and immediately	<ol style="list-style-type: none"> 1. Never panic, remain calm <ol style="list-style-type: none"> (a) Take a few slow deep breaths (b) Observe your surrounding (c) Assess resources available 2. Evaluate the situation <ol style="list-style-type: none"> (a) Check resident's condition (b) Determine safety of environment 	<p>Provide the class with a description of an accident or health emergency that has occurred. The student is the only person on the scene. Ask them to explain how</p>

Unit 4

	(c) Call or send for help immediately (activate resident call system) (d) Know your limitations (e) Reassure the resident	he/she would handle the situation.
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Infection Prevention

Terminology Defined

1. **Asepsis** – being free of disease-producing microorganisms.
2. **Biohazardous waste** – refers to items that are contaminated with blood, body fluids, or body substances that may be harmful to others.
3. **Bloodborne Pathogens:** Disease causing microorganisms that are present in human blood and can cause disease in humans; these pathogens include but are not limited to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C Virus (HCV).
4. **Contaminated** – dirty, unclean, soiled with germs.
5. **Disinfection** – the process of destroying most, but not all, pathogenic organisms.
6. **Exposure incident** – a mucous membrane, non-intact skin, or sharps-injury contact with blood or potentially infectious materials that results from the performance of an employee's duties.
7. **Fomite** – any object contaminated with germs, and able to transmit disease.
8. **Germ** - a microorganism, especially one that causes disease.
9. **Isolation** – an area where the resident with easily transmitted diseases is separated from others.
10. **Medical Asepsis** – the practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place, clean technique.
11. **Microorganisms** – living bodies so small, they can only be seen with the aid of a microscope, especially bacteria.
12. **Pathogen** – a microorganism that is harmful and capable of causing an infection.
13. **Personal Protective Equipment (PPE)** – specialized clothing or equipment worn by an employee for protection against a hazard.
14. **Phagocyte** – a cell that can ingest bacteria, foreign particles and other cells.
15. **Other Potentially Infectious Materials (PIM):**
 - Human body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures.
 - any tissue or organ (other than intact skin) or tissue or organ cultures.
16. **Standard Precautions** – Centers for Disease Control and Prevention (CDC) procedures contain two tiers:
 - Standard Precautions are those designed for the care of all residents, regardless of their diagnosis or presumed infection status. Standard Precautions include setting up barriers to prevent contact with blood, blood serum derived from body fluids, fluids that contain blood, and any moist body substances.
 - Transmission-Based Precautions are to be used when caring for only those residents who are known or suspected to be infected or colonized with contagious pathogens that can be transmitted by airborne, droplet transmission, or contact with skin or contaminated surfaces.
17. **Virus** - the smallest organism identified using an electron microscope.

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
	Infection Transmission	
5.0 Apply the basic principles of infection control.	<p>Microorganisms – germs</p> <ol style="list-style-type: none"> 1. Microscopic-seen with the aid of a microscope 2. Surround us <ol style="list-style-type: none"> (a) In air (b) On our skin and in our bodies (c) The food that we eat (d) On every surface we touch 3. Some germs cause <ol style="list-style-type: none"> (a) Illness (b) Infection (c) Disease 4. Some germs benefit us by maintaining a balance in our environment and in our body 5. Require certain elements to survive: <ol style="list-style-type: none"> (a) Oxygen – aerobic (b) No oxygen – anaerobic (c) Warm temperatures (d) Moisture (e) Dark area to grow (f) Food 6. Body defenses <ol style="list-style-type: none"> (a) External natural defenses <ol style="list-style-type: none"> (1) Skin acts as mechanical barrier (2) Mucous membrane (3) Cilia – fine microscopic hairs (4) Coughing and sneezing (5) Hydrochloric acid in stomach (6) Tears (b) Internal natural defenses <ol style="list-style-type: none"> (1) Phagocytes (2) Inflammation (3) Fever (4) Immune response 	<p>Have the class list ways in which nonpathogenic organisms benefit man:</p> <ol style="list-style-type: none"> 1. Cultured milk products 2. Fermentation 3. Cause bread to rise 4. Decomposition of organic materials

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
<p>5.1 Identify how diseases are transmitted</p> <p>5.1.1 List the six links of the chain of infection</p>	<p>7. Chain of infection</p> <p>Link #1 Causative Agent A harmful germ that causes an infection (Examples: bacteria, a virus, a fungus, or a parasite.)</p> <p>Link #2 Reservoir Place where harmful germs live, grow, and increase in numbers (a home for germs) When reservoir is a person, harmful germs may live and multiply in: (a) Blood (b) Skin (c) Digestive tract, such as the mouth, stomach, and intestines (d) Respiratory tract, such as the nose, throat, or lungs (Examples: a person, an animal, dirt, water, or other places in the environment.)</p> <p>Link #3 Portal of Exit Any way or route that harmful germs escape from the reservoir: (a) The nose and mouth – harmful germs exit the body in mucous droplets and saliva (b) The gastrointestinal tract – harmful germs exit the body in stool or vomitus (c) Skin – harmful germs exit the body through direct contact, or in blood, pus, or other liquids that come from inside the body</p> <p>Link #4 Mode of Transportation Harmful germs travel by direct contact with body fluids where germs live such as: Germs on hands after coughing, sneezing, wiping nose, or using the restroom and then spreading the germs to someone else or to an object that someone else might touch. Touching blood, infected wounds, stool, or vomitus of infected person, and you do</p>	<p>Have class members select a causative agent and illustrate the chain of infection.</p> <p>Have the class relate the human immunodeficiency virus (HIV), also called acquired immunodeficiency syndrome (AIDS) to portals of entry and exit.</p>

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
	<p>not clean hands properly before going to the next resident or before touching something that someone else might touch.</p> <p>Another way harmful germs travel is by indirect contact with body fluids where germs live such as:</p> <ul style="list-style-type: none"> (a) Blood (b) Sputum (mucous that is coughed up) (c) Pus or fluid (from a cut or sore) (d) Saliva (e) Stool (f) Vomitus (g) Animal and insect bites; an insect or animal bites an infected person or animal and then bites a new person or animal and shares the infection (h) Eating or drinking food or water that is infected with harmful germs <p>Link #5 Portal of Entry Any opening on a person’s body that allows harmful germs to enter Germs can usually get in the same way they got out Portals of entry are also portals of exit Portals of entry include:</p> <ul style="list-style-type: none"> (a) Nose and mouth – person breathes in harmful germs (b) Gastrointestinal tract – when person eats food or drinks liquids that have harmful germs in them (c) Breaks in skin that allow harmful germs to enter, such as open sore, cut, needle stick, and cracked skin <p>Link #6 Susceptible Host Person who does not have an infection now, but is at risk for becoming next person to get infected from harmful germs Susceptible host is a person whose body for some reason cannot fight off infection</p>	<p>Have the class discuss and give examples of the various modes of transmission of disease.</p>

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
	<p>Some of the reasons why a person’s body cannot fight off an infection include the following:</p> <ul style="list-style-type: none"> (a) Age (b) Chronic illness (c) Not having proper vaccinations (d) Open cuts and skin breakdown (e) Fatigue (f) Poor nutrition (g) Stress 	
	Medical Asepsis	
<p>5.2 Define medical asepsis</p> <p>5.2.1 Identify practices one can use to promote medical asepsis</p>	<p>Practices used to remove or destroy microorganisms and to prevent their spread from one person or place to another person or place. Also called clean technique.</p> <p>Practices to promote medical asepsis in personal life and work setting:</p> <ul style="list-style-type: none"> (a) Washing hands after use of bathroom (b) Washing hands prior to handling food (c) Washing fruits and vegetables before serving or consuming (d) Providing individual personal items for each resident during feeding (e) Covering the nose and mouth prior to coughing, sneezing, or blowing nose, and then immediately washing hands (f) Bathing, washing hair and brushing teeth on a regular basis (g) Washing cooking and eating utensils with soap and water after each use (h) Adhering to sanitation practices (i) Washing hands after feeding each resident (j) Washing hands prior to feeding a resident (k) Washing hands before meals (l) Maintaining a clean resident unit (m) Cleaning all reusable equipment after use (n) Using approved waterless hand cleaner 	<p>Have the class relate practices to promote medical asepsis to other areas of employment (teachers, food workers, sales people, etc.).</p>

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
	<ul style="list-style-type: none"> (o) Do not sit on resident's bed (p) Do not transport equipment from one resident's room to another 	
	Standard Precautions - CDC procedures to prevent and control infections	
5.3 Demonstrate an understanding of the basic principles of Standard Precautions	Use for the care of all residents Precautions <ul style="list-style-type: none"> (a) Feeding Assistant should not touch blood, body fluids, secretions, or excretions. (b) Immediately report all incidences of contact with blood, body fluids, secretions and excretions to nurse supervisor. 	
5.3.1 Identify the reasons for washing hands frequently and using good technique 5.3.2 Demonstrate proper handwashing technique	Handwashing Techniques 1. Equipment <ul style="list-style-type: none"> (a) Sink (b) Running water (warm) (c) Soap dispenser (d) Paper towels (e) Waste container 2. Reasons for handwashing <ul style="list-style-type: none"> (a) Everything you touch contains germs (b) Handwashing is one of the most effective ways of controlling infection if done properly (c) Prevents cross contamination (d) Prevents growth of and washes away many microorganisms on skin (e) Handwashing must be done prior to and after feeding assistance 3. To properly wash your hands: <ul style="list-style-type: none"> (a) Warm running water should be used (b) Use clean paper towels to turn hand-operated faucets off (c) Avoid touching the soap dish when using bar soap (d) Hold hands and forearms lower than the elbows during the procedure 	

Unit 5 – Infection Prevention		
Objectives	Content	Learning Activities
	<p>4. Give frequently missed areas added attention:</p> <ul style="list-style-type: none"> (a) Sides of hands (b) Knuckles (c) Thumbs (d) Little fingers (e) Under nails (f) File used for cleaning (g) Tips of fingers rubbed against palms <p>5. For handwashing to be effective:</p> <ul style="list-style-type: none"> (a) Use enough soap to produce a lather (b) Use friction – vigorous rubbing (c) Rinse well <p>6. Use a brush to remove resistant substances Use a lotion after cleaning to:</p> <ul style="list-style-type: none"> (a) Prevent chapping (b) Prevent dry skin 	
	<p>Procedure – Hand Hygiene (Handwashing)</p> <ul style="list-style-type: none"> (a) Wash with soap and water immediately or as soon as feasible following contact with blood or other potentially infectious materials. 	<p>Demonstration: Performance Checklist #2 Hand Hygiene (Handwashing) Return demonstration of handwashing technique</p>
	<p>Use of alcohol gels</p> <ul style="list-style-type: none"> (a) If there has been no exposure to blood or potentially infectious materials, antiseptic hand cleaners may be used as an appropriate handwashing practice. 	

Nutrition and Hydration

Terminology Defined

1. **Anemia** – a deficiency of red blood cells, hemoglobin or both.
2. **Aspiration** – breathing fluid or food into the lungs.
3. **Calorie** – the amount of energy produced from the burning of food.
4. **Carbohydrate** – nutrient which provides the greatest amount of energy in the average diet.
5. **Dehydration** – a decrease of the amount of water in body tissue.
6. **Dysphagia** – difficulty swallowing.
7. **Fat** – nutrient that provides most concentrated form of energy.
8. **Malnutrition** – poor nutrition that lacks adequate food and nutrients.
9. **Metabolism** – the burning of food for heat and energy by the cells.
10. **NPO** – Nothing by mouth
11. **Nutrient** – a substance that is ingested, digested, absorbed and used by the body.
12. **Nutrition** – the entire process by which the body takes in food for growth and repair and uses it to maintain health.
13. **Osteoporosis** – the most common metabolic disease of bone in the United States, caused by a decrease in the mass of bony tissue.
14. **Peristalsis** – involuntary muscle contractions in the digestive system that move food through the alimentary canal.
15. **Protein** – nutrient essential for growth and repair of tissue.
16. **Special Diet (also called therapeutic and/or modified diet)** – modification of the normal diet used in the treatment of specific health conditions.

Unit 6 – Nutrition and Hydration		
Objectives	Content	Learning Activities
	I. Principles of Nutrition	
6.0 Identify the general principles of basic nutrition	<p>A. Good Nutrition</p> <ol style="list-style-type: none"> 1. Promotes physical and mental health 2. Provides increased resistance to illness 3. Produces added energy and vitality 4. Aids in the healing process 5. Assists one to feel and sleep better <p>B. Functions of Food</p> <ol style="list-style-type: none"> 1. Provides energy 2. Growth and repair of tissue 3. Maintenance and regulation of body processes 	
6.1 Recognize factors that influence dietary practices	<p>C. Factors influencing dietary practices</p> <ol style="list-style-type: none"> 1. Personal preference 2. Appetite 3. Finance 4. Illness 5. Culture 	
6.1.1 List examples of foods avoided by various religious denominations	<p>D. Culture influences dietary practices, food choices, and food preparation</p> <ol style="list-style-type: none"> 1. Many Buddhists are vegetarians, but some may include fish in their diet. 2. Some Christians, mostly Roman Catholics, do not eat meat on Fridays during Lent. 3. Mormons may not drink alcohol, coffee, or tea. 4. Many Jewish people eat kosher foods, but do not eat pork, lobster, shrimp, or clams (shellfish). Kosher food is prepared according to Jewish dietary laws. Kosher and non-kosher foods cannot come in contact with the same plates. Jewish people who observe dietary laws may not eat meat at the same meal with dairy products. 5. Muslims do not eat pork, may not eat certain fowl, may not drink alcohol and have regular periods of fasting. 	Discuss the religious practices related to food by the various denominations represented in the class.

<p>6.1.2 Cite age-related changes that affect the resident's nutritional status</p>	<p>E. Age-related changes affecting nutrition</p> <ol style="list-style-type: none"> 1. Need for fewer calories 2. Vitamin and mineral requirements change 3. Drugs that affect how nutrients are absorbed and used 4. Teeth/dentures affect ability to chew food 5. Diminished sense of taste and smell 6. Assistance required with eating 7. Decreased saliva secretions 8. Discomfort caused by constipation 9. Decreased appetite and thirst 	
<p>6.1.3 Recognize the signs of good nutrition</p>	<p>F. The signs of good nutrition include:</p> <ol style="list-style-type: none"> 1. Healthy, shiny looking hair 2. Clean skin and bright eyes 3. A well-developed, healthy body 4. An alert facial expression 5. An even, pleasant disposition 6. Restful sleep patterns 7. Healthy appetite 8. Regular elimination habits 9. Appropriate body weight 	

<p>6.1.4 Report five results of poor nutrition</p>	<p>G. Results of poor nutrition</p> <ol style="list-style-type: none"> 1. Hair and eyes appear dull 2. Irregular bowel habits 3. Weight changes 4. Osteoporosis and other diseases 5. Lack of interest – mental slowdown 6. Skin color and appearance poor 7. Anemia leading to <ol style="list-style-type: none"> (a) Tired feeling (b) Shortness of breath (c) Increased pulse (d) Pale skin (e) Poor sleep patterns (f) Headaches (g) Problems with digestion 	
<p>6.1.5</p>	<p>H. Six Nutrients</p> <ol style="list-style-type: none"> 1. Water <ol style="list-style-type: none"> (a) Most essential nutrient (b) Needed for every cell in body (c) Main part of the blood (d) Importance to body (e) Helps move oxygen and nutrients into cells and removes waste products out of cells (f) Helps with digestion and absorption of food (g) Helps maintain temperature by perspiration (h) Only can survive a few days without water 2. Fats <ol style="list-style-type: none"> (a) Good source of energy and gives flavor to food (b) Certain fats may increase cholesterol levels and lead to heart disease (c) Sources of fat – butter, oil, fatty meat, etc. 3. Carbohydrates <ol style="list-style-type: none"> (a) Supplies energy and helps body use fats 	

	<p>(b) Certain carbohydrates add fiber to diet that help with elimination (c) Sources of carbohydrates – breads, fruits, candy, sugary soft drinks, etc.</p> <p>4. Protein (a) Needed by every cell to help grow new tissue and help with tissue repair (b) Sources of proteins – meats, cheese, beans, etc.</p> <p>5. Vitamins (a) Help the body function normally (b) Body gets majority of vitamins from certain foods (c) Examples are Vitamins A and C</p> <p>6. Minerals (a) Help the body function normally (b) One mineral, calcium, keeps bones and teeth strong (c) One mineral, iron, helps blood carry oxygen to all parts of the body</p>	
	<p>II. USDA’s MyPlate</p>	
<p>6.2 Discuss each food group that contributes to a well-balanced diet</p>	<p>A. USDA’s MyPlate</p> <ol style="list-style-type: none"> 1. Developed by U.S. Department of Agriculture 2. It recommends balancing the intake of healthy food choices and physical activity 3. Designed to help people easily build a healthy plate during meal times 3. Designed to help people easily build a healthy plate during mealtimes 4. Shows the amounts of each food group that should be on a person’s plate during meals 5. Emphasizes vegetables, fruits, grains, protein, and low-fat dairy 	<p>Explore the following website: www.choosemyplate.gov</p>
	<p>B. USDA’s MyPlate Healthy Choices</p> <ol style="list-style-type: none"> 1. Make half your plate fruits and vegetables 	

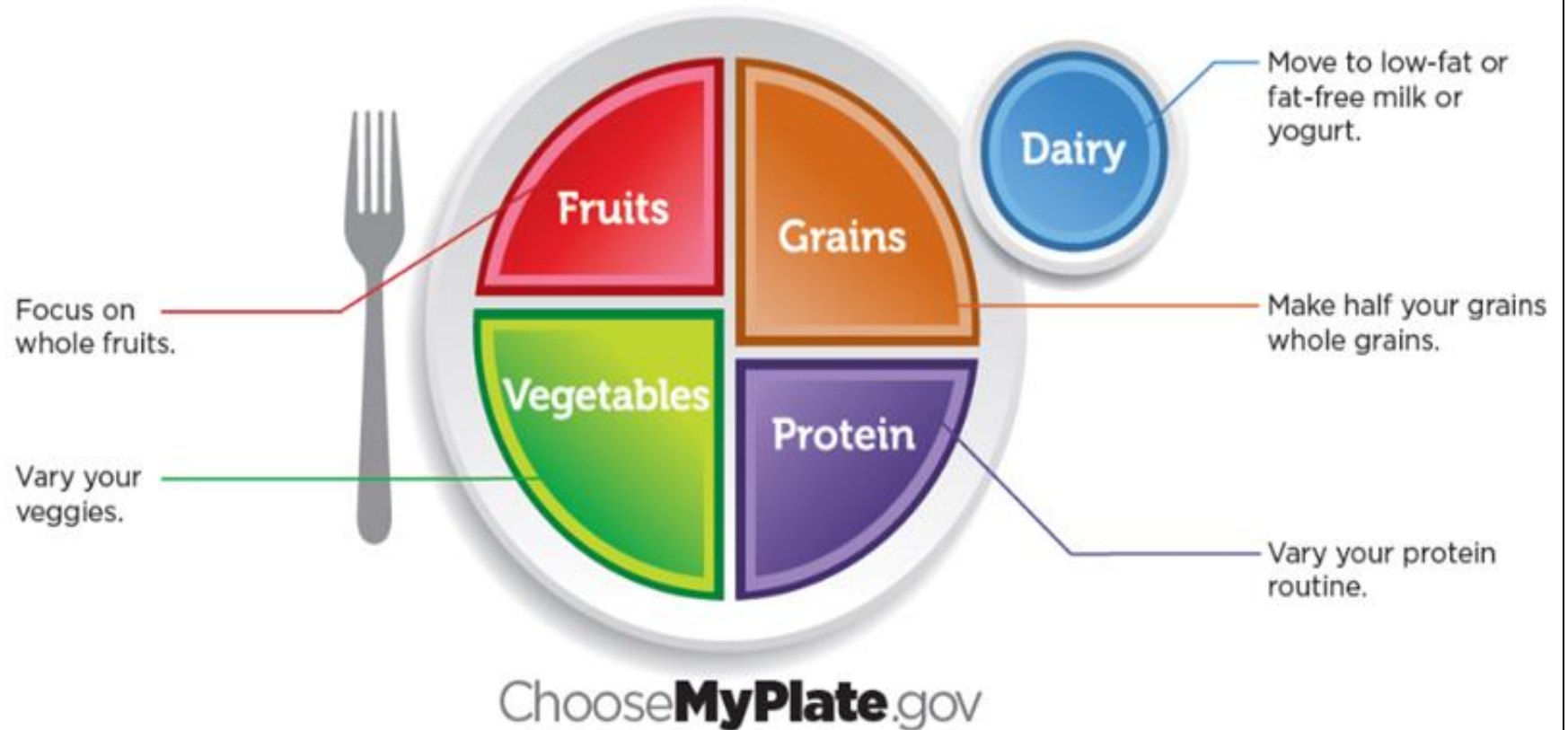
	<p>2. Vegetables – choose a variety of colored vegetables</p> <p>3. Fruits – choose whole fruits – fresh, frozen, dried, or canned in 100% juice</p> <p>4. Grains – make half your grains whole grains</p> <p>5. Dairy – choose low-fat or fat-free milk or yogurt</p> <p>6. Protein – mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry</p>	
	<p>C. USDA’s MyPlate Healthy Choices</p> <p>1. Vegetables</p> <p>(a) Eat more red, orange, and dark-green, such as tomatoes, sweet potatoes, broccoli</p> <p>(b) Add beans or peas to salads, soups, or side dishes</p> <p>(c) For canned vegetables, choose reduced sodium or no salt added</p>	
	<p>D. USDA’s MyPlate Healthy Choices</p> <p>1. Fruits</p> <p>(a) Use fruits as snacks, salads, and desserts</p> <p>(b) At breakfast, add bananas or strawberries to oatmeal or cereal; or blueberries to pancakes</p> <p>(c) Choose fresh, frozen, canned in water or 100% juice, or dried</p> <p>(d) Select fruit juices that are 100% fruit juice</p>	
	<p>E. USDA’s MyPlate Healthy Choices</p> <p>1. Grains</p> <p>(a) Choose whole-grain instead of refined-grain foods when selecting breads, bagels, rolls, cereals, crackers, rice, and pasta</p> <p>(b) Whole grains include the “whole grain; refined grains have valuable parts of the grain removed</p> <p>(c) Examples of whole grain include brown rice, wild rice, oatmeal, whole wheat/oats/corn products</p>	
	<p>F. USDA’s MyPlate Healthy Choices</p> <p>2. Dairy</p>	

	<ul style="list-style-type: none"> (a) Choose skim (fat free) or 1% (low-fat) milk (b) Include low-fat yogurt on fruit salads and baked potatoes 	
	<p>G. USDA's MyPlate Healthy Choices</p> <p>3. Protein</p> <ul style="list-style-type: none"> (a) Eat a variety of foods each week, including seafood, beans and peas, nuts, plus lean meats, poultry, and eggs (b) Choose seafood twice a week (c) Choose lean meats and ground beef that is at least 90% lean (d) Cut fat from meat and remove skin from poultry 	
	<p>III. Special Diets (also called therapeutic and modified diets)</p>	
<p>6.3 Define special diets and recognize the need for alterations in a regular die</p>	<p>A. Purposes of special diets</p> <ul style="list-style-type: none"> 1. Add or eliminate calories to cause a change in body weight 2. Assist with digestion of food by taking foods out of the diet that irritate the digestive system 3. Restrict salt intake to prevent or decrease edema 4. Help body organs to maintain and/or regain normal function 5. Treat metabolic disorders by regulating amount of food <p>B. Types of special diets</p> <ul style="list-style-type: none"> 1. Clear liquids 2. Full liquids 3. Mechanical Soft, Chopped, and/or Pureed 4. Fiber Restricted 5. High-Fiber 6. Bland 7. Calorie-Restricted 8. High-Calorie 9. High-Iron 10. Low Cholesterol 11. High-Protein 	

	<p>12. Sodium-Controlled 13. Diabetic Diet 14. Gluten Free 15. Vegetarian Diets: Lacto-ovo; Lacto-vegetarian; and, Vegan</p> <p>C. Thickened liquids 1. Nectar Thick: thickness of a thick juice (i.e. tomato juice) 2. Honey Thick: will pour very slowly (use a spoon to consume) 3. Pudding Thick: the liquids have become semi-solid and a spoon should stand up straight when put into the middle of the drink (use a spoon to consume)</p> <p>D. Residents may have difficulty accepting special diets</p>	
<p>6.4 Discuss the illustrations and tables (MyPlate, Special Diets, and Nutrients) on the following six pages</p>	<p>E. Illustration - USDA's MyPlate, MyWins, Make it yours 1. Table - types of special diets 2. Table - nutrients</p>	

MyPlate, MyWins: Make it yours

Find your healthy eating style. Everything you eat and drink over time matters and can help you be healthier now and in the future.



Choose **MyPlate**.gov










Limit the extras.

Drink and eat beverages and food with less sodium, saturated fat, and added sugars.



Create 'MyWins' that fit your healthy eating style.

Start with small changes that you can enjoy, like having an extra piece of fruit today.

 Fruits	 Vegetables	 Grains	 Dairy	 Protein	
<p>Focus on whole fruits and select 100% fruit juice when choosing juices.</p> <p>Buy fruits that are dried, frozen, canned, or fresh, so that you can always have a supply on hand.</p>	<p>Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps.</p> <p>Fresh, frozen, and canned count, too. Look for “reduced sodium” or “no-salt-added” on the label.</p>	<p>Choose whole-grain versions of common foods such as bread, pasta, and tortillas.</p> <p>Not sure if it’s whole grain? Check the ingredients list for the words “whole” or “whole grain.”</p>	<p>Choose low-fat (1%) or fat-free (skim) dairy. Get the same amount of calcium and other nutrients as whole milk, but with less saturated fat and calories.</p> <p>Lactose intolerant? Try lactose-free milk or a fortified soy beverage.</p>	<p>Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds.</p> <p>Select seafood twice a week. Choose lean cuts of meat and ground beef that is at least 93% lean.</p>	
<p>Daily Food Group Targets — Based on a 2,000 Calorie Plan <i>Visit SuperTracker.usda.gov for a personalized plan.</i></p>					
<p>2 cups</p> <p><i>1 cup counts as:</i></p> <ul style="list-style-type: none"> 1 large banana 1 cup mandarin oranges ½ cup raisins 1 cup 100% grapefruit juice 	<p>2½ cups</p> <p><i>1 cup counts as:</i></p> <ul style="list-style-type: none"> 2 cups raw spinach 1 large bell pepper 1 cup baby carrots 1 cup green peas 1 cup mushrooms 	<p>6 ounces</p> <p><i>1 ounce counts as:</i></p> <ul style="list-style-type: none"> 1 slice of bread ½ cup cooked oatmeal 1 small tortilla ½ cup cooked brown rice ½ cup cooked grits 	<p>3 cups</p> <p><i>1 cup counts as:</i></p> <ul style="list-style-type: none"> 1 cup milk 1 cup yogurt 2 ounces processed cheese 	<p>5½ ounces</p> <p><i>1 ounce counts as:</i></p> <ul style="list-style-type: none"> 1 ounce tuna fish ¼ cup cooked beans 1 Tbsp peanut butter 1 egg 	
 <p>Water</p>	<p>Drink water instead of sugary drinks.</p> <p>Regular soda, energy or sports drinks, and other sweet drinks usually contain a lot of added sugar, which provides more calories than needed.</p>		 <p>Activity</p>	<p>Don’t forget physical activity!</p> <p>Being active can help you prevent disease and manage your weight.</p> <p>Kids ≥ 60 min/day Adults ≥ 150 min/week</p>	



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Type of Diet	Description	Purpose	Foods Allowed or Not Allowed
Clear Liquids	Can see through, non-irritating, non-gassy	Post-operative, acute illness, infection, nausea/vomiting, prepare for GI procedures	Water, tea, black coffee, carbonated drinks, gelatin, clear fruit juices (apple, grape, cranberry), clear broth
Full Liquids	All liquids	Next step after clear liquids, fever, nausea/ vomiting, resident unable to chew/swallow/digest solid foods	All clear liquids, plus custard, strained soups, strained fruit/ vegetable juices, milk, milk shakes, strained cooked cereal, plain ice-cream, sherbet, pudding, yogurt, popsicles
Mechanical Soft	Semi-solids, easily digested	Next step after full liquids, fever, nausea/ vomiting, resident unable to chew/swallow/digest solid foods	all liquids, plus non-fried eggs, non-fried meat/fish/poultry, mild cheeses, strained fruit juices, non-crusted breads, cooked cereal, cooked/pureed vegetables, cooked/canned non-seeded peeled fruits, plain cookies/cakes without nuts or fruit
Fiber Restricted	Leaves little residue and fiber in colon	Colon diseases, diarrhea	Coffee, tea, milk, carbonated drinks, strained fruit juices, refined bread/crackers/pasta (white), rice, cottage/cream cheese, non-fried eggs, plain puddings/cakes, gelatin, custard, sherbet/ice cream, strained vegetable juices, cooked/canned non-seeded peeled fruits, non-fried potatoes, strained cooked vegetables, NO RAW FRUITS OR VEGETABLES
High-Fiber	Increases residue and fiber in colon, stimulates movement of food	Constipation, GI disorders	All fruits and vegetables, whole-wheat bread, whole-grain cereals/rice, fried foods, milk, cream, butter, cheese, meats
Bland	Non-irritating, low in roughage, moderate temperature, not spicy	Ulcers, gallbladder/some intestinal disorders, after abdominal surgery	Lean meats, non-fried foods, white bread, creamed/refined cereals, cream/cottage cheese, gelatin, plain pudding/cakes/cookies, eggs, butter/cream, canned non-seeded peeled fruits/vegetables, potatoes, pasta, rice, strained/soft cooked carrots, creamed soups, NO FRIED FOODS

Type of Diet	Description	Purpose	Foods Allowed or Not Allowed
High-Calorie	Calories increased to 3000 to 4000 daily	Weight gain, some thyroid problems	Increases in all foods, large amounts of regular diet, meals plus 3 in-between meal snacks
High-Iron	Foods high in iron	Anemia, blood loss, non-menopausal women	Liver and other meats from organs, lean meats, egg yolks, shellfish, dried fruits/beans, green leafy vegetables, lima beans, peanut butter, enriched breads/cereals
Low Cholesterol	Fat controlled, foods low in fat and prepared without adding fat	Heart/gallbladder/liver/pancreatic disease, disorders of fat digestion	Fat-free (skim) milk, buttermilk, cottage cheese, gelatin, sherbet, fruit, baked/broiled/roasted meat/poultry/fish, fat free broth/soup, margarine, rice, pasta, breads, cereals, vegetables, potatoes
High-Protein	Promotes tissue healing	Burns, high fever, infection	Meat, milk, eggs, cheese, fish, poultry, breads/cereals, green leafy vegetables
Sodium-Controlled	Sodium (salt) controlled	Heart/liver/some kidney diseases, fluid retention	Allowed: fruits/vegetables and unsalted butter; not allowed: highly salted foods and foods high in sodium, adding salt at the table; restricted: adding salt for seasoning while cooking
Diabetic Diet	Dependent upon individual needs, calories and carbohydrates carefully controlled, fats and proteins regulated	Diabetes	Right amounts and types of foods, at the right times, during mealtimes and snacks
Gluten Free	Free of gluten, which is a protein found in wheat, rye, and barley.	Celiac Disease	Avoid foods containing wheat flour, such as tortilla, crackers, breads, cakes, pastas and cereals. Some sauces and dressings also contain wheat. Hot dogs, broth, candy, and medication may also contain gluten.
Vegetarian Diets: 1. Lacto-ovo	Excludes all meats, fish, and poultry, but allows	Diabetes Obesity Religious reasons	Avoid meats, fish, and poultry.

	eggs and dairy products	Dislike of meat Compassion for animals Belief in nonviolence Financial issues	
Type of Diet	Description	Purpose	Foods Allowed or Not Allowed
Vegetarian Diets: 2. Lacto-vegetarian	Excludes all meats, fish, poultry, and eggs, but allows dairy products.	Diabetes Obesity Religious reasons Dislike of meat Compassion for animals Belief in nonviolence Financial issues	Avoid meats, fish, poultry, and eggs.
Vegetarian Diets: 3. Vegan	Excludes all meats, fish, poultry, eggs, and dairy products, along with all foods that are derived from animals.	Diabetes Obesity Religious reasons Dislike of meat Compassion for animals Belief in nonviolence Financial issues	Avoid all meats, fish, poultry, eggs, dairy products, and all foods that are derived from animals.

Nutrients

Fats – diet high in fat can lead to hardening of the arteries, which can cause stroke or heart attack

Cholesterol – diet high in cholesterol can lead to hardening of the arteries, which can cause stroke or heart attack

Sodium – vital in fluid balance and function of nerves and muscles, important nutrient to observe with residents with high blood pressure

Carbohydrates – supplies energy and helps body use fats, important nutrient to observe with diabetics

Protein – needed for tissue growth and repair, important nutrient for residents who had surgery or have pressure ulcers

Calcium – keeps bones and teeth strong

Iron – helps blood carry oxygen to all parts of the body

Fiber – assists with elimination

<p>Foods High in Fats</p> <ul style="list-style-type: none"> • Meats • Butter, shortening, lard, oils • Milk • Cheese • Egg yolks • Nuts 	<p>Foods Low in Fats</p> <ul style="list-style-type: none"> • Skim milk • Cottage cheese • Lean meat, poultry, fish (baked) • Vegetables • Fruits 	<p>Foods High in Cholesterol (Hint: Comes from Animals)</p> <ul style="list-style-type: none"> • Eggs • Liver, whole milk, dairy products • Butter, cream • Shrimp • Duck and goose
<p>Foods High in Salt (Sodium)</p> <ul style="list-style-type: none"> • Processed foods – bacon, luncheon meats, hot dogs • Buttermilk and cheese • Condiments – mayonnaise, salad dressings, ketchup, mustard • Mexican foods • Sauces – soy, teriyaki, steak, barbecue • Soups – canned, packaged • Vegetable juices, canned vegetables, pickled vegetables • Salted snack foods – pretzels, corn chips, potato chips, crackers • Baked goods – biscuits, muffins, cake, cookies, pie 	<p>Foods Low in Salt (Sodium)</p> <ul style="list-style-type: none"> • Fruits • Vegetables • Unsalted butter 	<p>Foods High in Protein</p> <ul style="list-style-type: none"> • Meats • Fish • Poultry • Eggs • Milk and milk products • Beans and peas • Nuts • Green leafy vegetables

<p>Foods High in Carbohydrates</p> <ul style="list-style-type: none"> • Soft drinks, fruit juices • Vegetables • Fruits • Cereals, breads • Candy 	<p>Foods High in Calcium</p> <ul style="list-style-type: none"> • Egg yolks • Milk and milk products • Beans and dried peas • Green leafy vegetables • Whole grains • Nuts
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	IV. Adaptive Devices	
<p>6.4.1 Recognize adaptive devices used to assist residents with eating</p>	<ol style="list-style-type: none"> 1. Angled utensils – for limited arm or wrist movement 2. Sipper cup (pictured) 3. Large grip handled utensils 4. Plate with lip around the edge – keeps food on plate 5. Snap on food guard – keeps food on plate 	<p>Demonstrate the use of adaptive devices.</p> <p>Encourage students to handle the equipment.</p>
	V. Preparing and Serving Resident’s Meals	
<p>6.5 Identify the responsibilities in preparing and serving residents meals</p>	<ol style="list-style-type: none"> 1. Meals should be an enjoyable and social experience 2. Provide pleasant environment <ol style="list-style-type: none"> (a) Clean area (b) Odor-free area (c) Adequate lighting 3. Flowers/decorations and music add interest to dining area 4. Resident Preparation <ol style="list-style-type: none"> (a) Face and hands washed (b) Raise the head of the bed (c) Assure resident is in comfortable position (sitting upright at 90 degrees) 5. Check to be certain resident receives right tray and has the correct diet 6. Food should be attractively served and placed within reach 7. Check the tray to see that everything needed is there 8. Assist resident as needed <ol style="list-style-type: none"> (a) cutting meat (b) pouring liquids (c) buttering bread (d) opening containers 	

	<ol style="list-style-type: none"> 9. Residents should be encouraged to do as much as possible for themselves 10. Allow time for resident to complete meal 11. Display a pleasant, patient attitude 12. Remove tray when meal is finished 13. Report unconsumed food to supervisory nurse 14. Call signal and supplies positioned within reach 15. Hands washed before and after assistance with feeding resident 	
	<p>VI. Feeding Techniques</p>	
<p>6.6 Describe feeding technique</p>	<ol style="list-style-type: none"> 1. Use a spoon and fill it only half-full 2. Give the food from the tip of the spoon 3. Introduce food on non-paralyzed side of mouth 4. For blind or confused residents, name each mouthful of food 5. Offer foods in logical order 6. Allow hot foods to cool 7. Feed the resident slowly 8. Encourage but do not force 9. Warn resident if offering something hot 10. Use a straw for liquids, if resident prefer 11. Be sure mouth is empty before offering more food 	<p>Have students practice feeding techniques with their class members using appropriate techniques</p>
	<p>VII. Supplementary Nourishments</p>	
<p>6.7 Discuss the various types of supplementary nourishments</p>	<ol style="list-style-type: none"> 1. Types of Nourishments <ol style="list-style-type: none"> (a) Milk (b) Juice (c) Gelatin (d) Custard, ice cream sherbet (e) Crackers (f) Nutritional supplementation products (example: Ensure) 2. Usually served <ol style="list-style-type: none"> (a) Midmorning (b) Mid-afternoon (c) Bedtime 3. Ordered by physician <ol style="list-style-type: none"> (a) Serve as directed by supervisory nurse 4. Provide necessary eating utensils/straw/napkin 	

	VIII. Serving Supplementary Nourishments	
6.8 Demonstrate the procedure for serving supplementary nourishments	<ol style="list-style-type: none"> 1. Supplies – nourishments, napkins, feeding aids (straws, flatware) 2. Procedure – Serving Supplementary Nourishments 	<p>Demonstration: Performance Checklist #3 Serving Supplementary Nourishments</p> <p>Return demonstration after practice.</p> <p>Follow facility policy for distribution of nourishments</p>
	IX. Fresh Drinking Water	
6.9 Identify the special fluid orders that the physician could write for residents	<ol style="list-style-type: none"> 1. Fresh water should be provided periodically throughout the day 2. Encourage residents to drink 6-8 glasses daily if appropriate 3. Note residents who have special fluid orders. <ol style="list-style-type: none"> (a) N.P.O. (b) Fluid restrictions - Remind resident of restrictions (c) Force fluids (d) Offer fluids in small quantities (e) No ice 4. Offer fluids (resident preference) without being asked 5. Remind resident of importance of fluids in getting better 	
6.9.1 Demonstrate the procedure for providing fresh drinking water	<ol style="list-style-type: none"> 1. Providing Fresh Drinking Water <ol style="list-style-type: none"> (a) Supplies – cart, pitchers, cups, scoop for ice, straws (b) Procedure – Providing Fresh Drinking Water 	<p>Demonstration: Performance Checklist #4 Providing Fresh Drinking Water</p> <p>Return demonstration after practice.</p> <p>Follow facility policy for distribution of drinking water</p>
	X. Aging Changes	
6.10 Identify normal changes in the digestive system as	<ol style="list-style-type: none"> 1. Decreased number of taste buds 2. Slowing of peristalsis causing constipation 3. Slower absorption of nutrients 	Discuss a reason that would explain why some residents

they relate to the aging process	<ol style="list-style-type: none"> 4. Difficulty chewing and swallowing 5. Loss of bowel muscle tone 6. Decrease in amount of digestive enzymes and saliva production 7. Decreased appetite 8. Loss of teeth 9. Altered taste and smell 	would add a lot of salt to their food
	XI. Challenging Feeding Problems	
6.11 Discuss signs and symptoms of dysphagia	<ol style="list-style-type: none"> 1. Dysphagia 2. Signs and Symptoms <ol style="list-style-type: none"> (a) Foods “pocket” in cheeks (b) Resident says food will not go down (c) Excessive drooling (d) Unexplained weight loss (e) Frequently coughs or chokes (f) Complains of heartburn (g) Recurrent pneumonia 3. Report to nurse supervisor signs of dysphagia when feeding a resident 4. Do not continue to feed resident with dysphagia 	
6.11.1 Demonstrate feeding techniques for use with the resident who has had a stroke	<ol style="list-style-type: none"> 1. A stroke victim with dysphagia should not be fed by feeding assistant. If dysphagia not present: <ol style="list-style-type: none"> (a) Introduce the spoon on the unaffected side of the mouth (b) Utilize adaptive feeding utensils (c) Observe for “pocketing” of food on affected side (d) One sip, then swallow (e) Approach from the unaffected side 	
6.11.2 Demonstrate feeding techniques for use with the blind resident	<ol style="list-style-type: none"> 1. Blindness <ol style="list-style-type: none"> (a) Tell the resident what is on the tray (b) Arrange and describe location of foods according to the face of a clock 	<p>Demonstration: Performance checklist #5 Feeding a Resident</p> <p>Return demonstration after practice</p>

APPENDIX A

INSTRUCTIONAL OBJECTIVES AND PERFORMANCE CHECKLIST SUMMARY

Instructional Objectives and Performance Checklist Summary

Student Name: _____ Instructor's Name: _____

Note: Upon completion of this Feeding Assistant course, all information should be completed and placed in the Feeding Assistant's file.

Column A: Date taught

Column B: Date skill successfully demonstrated, when applicable

Column C: Instructor's initials

A	B	C	
The Role of the Feeding Assistant			
			1. Explain the role of a Feeding Assistant
			2. List course requirements to become a Feeding Assistant
			3. Explain the role and responsibilities of facilities who choose to use Feeding Assistants
			4. Describe three feeding problems that a resident might have that would not allow feeding by a Feeding Assistant
Communication and Interpersonal Skills			
			5. Define terms important to the study of Communication and Interpersonal Skills.
			6. Describe effective communication skills.
			7. List elements that influence relationships with others.
			8. Describe the importance of developing good listening skills.
			9. Identify positive listening skills that can be used.
			10. Recognize barriers to effective communication.
			11. Give examples of situations in which the Feeding Assistant must modify his/her behavior in response to the resident's behavior.
			12. Define sympathy, empathy, tact, and anger.
			13. Demonstrate effective non-verbal communications.
			14. List examples of nonverbal communications.

			15. Describe effective communication with the resident's family and visitors.
			16. List specific factors to consider when communicating with hearing impaired residents.
			17. List factors to consider when communicating with residents that have decreased vision.
			18. List ways to communicate with residents with memory loss.
			19. List factors to consider when communicating with a resident that has difficulty speaking.
			20. Demonstrate effective communication with residents who have hearing, vision, speaking or memory loss difficulties.
			21. Identify techniques that can be used to help the resident to communicate.
			22. List techniques to communicate with residents based on their developmental stage.
			23. List the elements in the Senses Method of observation, giving an example of each.
			24. Describe behaviors that are inconsistent with normal resident behavior.
			25. Define objective and subjective data.
			26. Explain the elements essential for reporting to the supervisory nurse.
Resident Rights			
			27. Define terms important to the study of Resident Rights.
			28. Describe the laws that protect the resident's right to make personal choices.
			29. Give examples of behavior that would infringe on resident rights.
			30. Describe the Resident's Bill of Rights and HIPPA and how they are used in resident care.
			31. Identify behaviors that help maintain resident rights.
			32. List the advantages of explaining feeding assistance to a resident prior to starting.
			33. Identify important elements defined in Federal and State definitions of mistreatment of the elderly.
			34. List signs of abuse of the elderly.
			35. List examples of abusive behavior.
			36. Identify individuals that might be at risk for being abused.
			37. Describe important elements to observe when reporting suspected abuse.

Safety and Emergency Procedures		
		38. Define important terms used in Safety and Emergency Procedures
		39. List rules of general safety.
		40. Identify safety measures that prevent accidents.
		41. Discuss key elements that might block the airway of a resident.
		42. Enumerate the key steps for assisting to clean an obstructed airway to include the Heimlich maneuver.
		43. Correctly perform the Heimlich maneuver.
		44. Explain the responsibilities for assisting with a resident who may have an emergency involving the heart.
		45. Discuss and explain the responsibilities when assisting the resident with seizures.
		46. List important elements to observe when reporting emergency situations.
Infection Prevention		
		47. Define key terms important to Infection Prevention.
		48. Discuss general principles that guide Infection Prevention techniques.
		49. List the components of the chain of infection, giving examples of each.
		50. Identify practices that promote medical asepsis.
		51. Demonstrate a basic understanding of standard precautions.
		52. List reasons for washing hands frequently.
		53. List key steps to proper handwashing.
		54. Correctly demonstrate handwashing.
Nutrition and Hydration		
		55. Correctly define Nutrition and Hydration terms.
		56. Discuss the purpose of good nutrition and the functions of food.

			57. Discuss factors influencing dietary practices.
			58. List examples of foods avoided by various religious denominations.
			59. Cite age-related changes that affect the resident's nutritional status.
			60. Identify signs of good nutrition.
			61. Describe results of poor nutrition.
			62. List the basic food groups.
			63. List purposes of therapeutic diets.
			64. List types of therapeutic diets.
			65. Recognize and describe adaptive devices used in feeding assistance.
			66. Demonstrate the use of adaptive devices used in feeding assistance.
			67. Identify Feeding Assistant responsibilities in serving resident meals.
			68. List steps in preparing the resident for feeding assistance.
			69. List techniques used when assisting with feeding.
			70. Demonstrate feeding techniques.
			71. Discuss the various types of Supplementary Nourishments.
			72. Identify when Supplementary Nourishments are usually served.
			73. Correctly demonstrate Serving Supplementary Nourishments
			74. Identify how often fresh water should be provided to a resident each day and the amount to be encouraged.
			75. Identify and describe special fluid orders that the physician could write for a resident.
			76. Correctly demonstrate Providing Fresh Drinking Water
Nutrition and Hydration (continued)			
			77. Identify normal changes in the digestive system as they relate to the aging process.
			78. Discuss the signs and symptoms of dysphagia.
			79. Identify feeding techniques to be used with residents who have had a stroke

			80. Identify feeding techniques to be used with residents who are blind.
			81. Correctly demonstrate Feeding a Resident.
			82. Correctly define Nutrition and Hydration terms.
			83. Discuss the purpose of good nutrition and the functions of food.
			84. Discuss factors influencing dietary practices.
			85. List examples of foods avoided by various religious denominations.
			86. Cite age-related changes that affect the resident's nutritional status.
			87. Identify signs of good nutrition.
			88. Describe results of poor nutrition.
			89. List the basic food groups.
			90. List purposes of therapeutic diets.
			91. List types of therapeutic diets.
			92. Recognize and describe adaptive devices used in feeding assistance.
			93. Demonstrate the use of adaptive devices used in feeding assistance.
			94. Identify Feeding Assistant responsibilities in serving resident meals.
			95. List steps in preparing the resident for feeding assistance.
			96. List techniques used when assisting with feeding.
			97. Demonstrate feeding techniques.

APPENDIX B

PERFORMANCE CHECKLISTS INDEX

Feeding Assistant Curriculum

Performance Checklists Index

Unit 1 Role of the Feeding Assistant
None

Unit 2 Communication and Interpersonal Skills
None

Unit 3 Resident Rights
None

Performance Checklist Number (Refer to Appendix C)

Unit 4 Safety and Emergency Procedures
Performing Abdominal Thrusts (also known as Heimlich Maneuver)..... 1

Unit 5 Infection Prevention
Washing Hands 2

Unit 6 Nutrition and Hydration
Serving Supplementary Nourishments 3
Providing Fresh Drinking Water..... 4
Setting up a Meal Tray and Feeding a Resident..... 5

APPENDIX C

PERFORMANCE CHECKLISTS

PROCEDURE 1: PERFORMING ABDOMINAL THRUSTS

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: No equipment

Conscious victim:		Notes
1.	Ask person who appears to be choking but who is not coughing, "Are you choking?"	
2.	Determine that victim cannot expel object on own and state that you will help.	
3.	Stand behind victim.	
4.	Wrap arms around victim's waist.	
5.	Make a fist with one hand. Place the thumb side of the fist against the victim's abdomen, between the navel and the sternum.	
6.	Grasp the fist with your other hand. Pull both hands toward you and up, quickly and forcefully.	
7.	Repeat until the object is expelled or the person loses consciousness.	

Chest thrusts for the conscious obese victim:		Notes
1.	Stand behind the victim.	
2.	Place arms around victim directly under armpits.	
3.	Form fist and place thumb side of fist against sternum, level with armpits.	
4.	Grasp fist in opposite hand and administer thrusts, pulling straight back, until object is removed, victim starts to cough, or becomes unconscious.	

Unconscious victim with obstructed airway:		Notes
1.	Place victim on back.	
2.	Activate EMS system.	
3.	Begin CPR.	
4.	Stay with the victim until EMS arrives.	

Pass: Fail: RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 2: HAND HYGIENE (HAND WASHING)

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Soap or soap dispenser, sink, running water, paper towels, waste receptacle

	Skill Steps	Notes
1.	Addresses client by name and introduces self to client by name	
2.	Turns on water at sink	
3.	Wets hands and wrists thoroughly	
4.	Applies soap to hands	
5.	Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 seconds, keeping hands lower than the elbows and the fingertips down	
6.	Cleans fingernails by rubbing fingertips against palms of the opposite hand	
7.	Rinses all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down	
8.	Uses clean, dry paper towel/towels to dry all surfaces of finger, hands and wrists, starting at fingertips then disposes of paper towel/towels into waste container	
9.	Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet	
10.	Does not touch inside of sink at any time	

Pass: Fail: RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 3: SERVING SUPPLEMENTARY NOURISHMENT

To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.

Equipment: Nourishments, napkins, feeding aids (straws, utensils)

	Skill Steps	Notes
1.	Receive directions from supervisor regarding individuals with special dietary needs.	
2.	Wash hands.	
3.	Assemble supplies.	
4.	Allow each resident to choose from available nourishments.	
5.	Place nourishment, napkin, and feeding aids within reach.	
6.	Provide assistance as needed.	
7.	Remove glasses and dishes after use. Do not touch rim of glass.	
8.	Repeat steps 4-7 for each resident.	
9.	Return used equipment to kitchen to be washed.	
10.	Wash hands.	

Pass: Fail: RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 4: PROVIDING FRESH DRINKING WATER

To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.

Equipment: Cart, pitchers, cups, trays, ice, scoop for ice, straws

	Skill Steps	Notes
1.	Receive directions from supervisor regarding individuals with special dietary needs (NPO, fluid restrictions, no ice).	
2.	Wash hands.	
3.	Assemble supplies.	
4.	Take cart with clean supplies and add ice and water to pitchers (use scoop for ice). Do not allow handle of scoop to touch ice.	
5.	Place fresh drinking water within reach.	
6.	Offer to fill cup with fresh water.	
7.	Provide assistance as requested or needed.	
8.	Return cart containing any used supplies to kitchen to be washed.	
9.	Wash hands.	

Pass: Fail: RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PROCEDURE 5: SETTING UP A MEAL TRAY AND FEEDING A RESIDENT

*To be completed by instructor during observation of 100%, unassisted mastery of procedure.
Date and sign below.*

Equipment: Basin, towel, washcloth, soap, oral hygiene products

	Skill Steps	Notes
1.	Knock before entering room.	
2.	Address resident by name.	
3.	State your name and title.	
4.	Identify resident. Ask resident to state their name.	
5.	Explain procedure and obtain permission.	
6.	Wash hands.	
7.	Check tray for correct name, type of diet, and food. Inform resident what is on tray.	
8.	Ensure resident is in a 90-degree upright position (i.e. sitting in a chair). Position towel/napkin/clothing protector under chin if requested.	
9.	Prepare food by opening cartons, removing covers, cutting meat and/or buttering bread.	
10.	Assist as needed, while encouraging to do as much as possible for his or her self.	
11.	Allow hot foods to cool before offering.	
12.	Use straw for liquids if appropriate.	
13.	Feed from tip of half-filled spoon.	
14.	Tell resident what he or she is eating.	
15.	Provide time to chew.	
16.	Alternate solids and liquids.	
17.	Wipe mouth as needed.	
18.	Encourage to eat as much as possible; observe that all food is swallowed and not pocketed in cheek.	
19.	Wash hands when finished.	
20.	Provide comfort with call signal in reach.	
21.	Report any abnormal observations to supervisor.	

Pass: Fail: RN Signature/Initials: _____ Date: _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.