SENIOR CARE CENTERS
INTEGRITY- GROWTH- RESPECT- EXCELLENCE- WELLNESS
OUR VALUES. OUR COMMITMENT.

Dining and Nutrition Suggestions for Dementia Units

Dining Rooms

- Provide cues for eating (verbal and non-verbal)
- Tables are at appropriate heights for residents
- Chairs are at appropriate heights for residents
- Residents are positioned in chairs for appropriate swallowing
- Tables have table cloths/linens
- Placemats with contrasting color to table and/or tablecloth
- Avoid patterns on plates
- Have a large clock
- Painting that depicts people dining or cooking
- China cabinet with plates
- Plate racks with tea cups and decorative plates
- Seasonal decorations that are age appropriate
- Adaptive equipment for dining (therapy orders required)
- Soft music to create a natural home-like dining experience
- Hanging plants
- Soft, soothing paint or wallpaper

Nutrition

Group residents by function level:

- Seat residents who require feeding together
- Seat total feed residents together

Watch What You Put on Trays

Take food off trays and place food in front of resident. Season food immediately (ask resident) and remove the following items as they have a potential to choke or poison a resident:

- Tea bags, butter pats, wrappers, plastic and seasoning packets
- Plastic utensils should never be used because residents may bite down too hard and break off the tip and swallow it
- Use thick plastic ware if unable to use silverware (i.e. emergency situation)

Observe Residents

- Residents may need adaptive utensils
- If overwhelmed by food choices, provide one food item at a time
- Provide soup if overwhelmed by food choices or if resident isn't eating
- Replace white bread with wheat bread because residents may view the white bread as a napkin
- Provide casseroles for slow eaters
- Provide bread and place food in bread (i.e. bun or tortilla) if resident refuses or unable to use utensils or provide finger foods
- Provide bread machines for aroma to encourage the resident to eat
- Provide toast to stimulate taste buds
- Provide desserts on a different cart and only offer after meal is completed
- Serve fluids in clear cups or clear glasses and cue residents to drink
- Provide only one utensil and eliminate knives from the setting (if needed)
- Increase physical activity. Exercise should be offered in the morning and midafternoon to stimulate appetite

Staff Should Create a Natural Feeling

- Sit next to resident
- Explain what they are eating
- Converse with the resident
- Don't rush the resident; no one likes to be fed or feel rushed when eating
- Project a positive attitude about feeding the resident
- Staff may participate during meal service to promote a home-like dining experience/atmosphere

Slow Eaters or If at Risk for Weight Loss

- Provide finger foods
- Provide food in tortillas or on a bun
- Provide toast to stimulate appetite
- Allow more time to eat
- Provide desserts last
- Provide medications to stimulate appetite as a last resort (physician's orders are required)
- Provide 5 small meals instead of 3
- Provide nutritious snacks
- Provide casseroles

Medications

- Be aware of medications that can cause dry mouth or affect saliva production. Depletion of saliva can promote tooth decay
- Notify the dentist if resident is on medications that depletes saliva. If drinking too much, the resident will not be hungry
- Medications may also affect the way food tastes. Staff should be aware of which medications may alter taste

Hydration

- Beverages should be offered at all activity programs and throughout the day, as dementia residents may not be able to tell you if they are thirsty
- Activities should offer coffee cart, beverage carts and cocktail hour using non-alcoholic beverages throughout the day
- Residents may have bowel and/or bladder problems if they do not have enough fluid each day
- Provide beverages at bedside unless otherwise indicated (i.e. thickened liquids)

Be Flexible

- Keep alternate items on the menu as resident's taste buds may change
- Residents may become disoriented and will request breakfast items at dinnertime

Customs

- A resident may not eat because they are waiting for the meal prayer. It is important that dietary complete a comprehensive assessment to determine not only **food preferences**, but also customs.
- Food preferences may need to be updated periodically and may need to include family if resident is unable to communicate needs
- A resident may wish to have prayer recited before eating the meal
- A resident may only eat kosher foods
- Some residents are used to only eating a sandwich at lunch and would prefer this instead of a large hot meal

Reminders

- Some residents may need reminders to chew
- Mirror the eating motion so the resident will mimic the care provider
- Place hand gently on jaw to encourage chewing
- Remind the resident to chew and then swallow.
- If resident is pocketing food, include speech therapist for an evaluation

Soft Foods

- Provide soft foods if resident is unable to chew
- Examples: tuna fish, applesauce, cottage cheese, soup, yogurt

Adaptive Equipment

- Involve rehabilitation department to observe residents and to assist with recommendation for adaptive equipment and dietary changes

Tube Feeding

- Educate families and provide literature about tube feeding. The time will come when the resident can no longer swallow and families need time to make a decision regarding tube feeding.
- The physician, interdisciplinary team, and family may need to be involved when making decisions regarding tube feeding. If there is an advance directive, refer to what the resident has requested with regards to tube feeding.