

#16 - ASSISTING WITH MEALS

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

Complete Skill with a Partner during lunch using a blindfold	P1	P2	P3	Comments
1. Gathered necessary equipment and supplies.				
2. Performed hand hygiene.				
3. Provided for patient's privacy.				
4. Verified health care provider's orders.				
5. Introduced self to patient and family.				
6. Identified patient using two identifiers.				
7. Assessed patient for nausea, ability to pass gas, and intact gag reflex.				
8. Checked condition of patient's teeth or dentures.				
9. Checked for bowel sounds in all four quadrants.				
10. Assessed patient for ability to feed him/herself and what his/her appetite has been like.				
11. Prepared patient's room for mealtime: a. Cleared overbed table. b. Helped patient to appropriate comfortable position.				
12. Prepared patient for the meal: a. Helped patient with elimination needs if necessary. b. Helped patient put in dentures, put on glasses, or insert contact lenses as needed. c. Helped patient with hand hygiene				
13. Verified the correct meal was delivered.				
14. Asked patient in what order he or she would like to eat the meal, asked about desired seasonings, helped patient cut food if necessary.				
15. Used adaptive eating aids if needed.				
16. Identified food placement by locating items as if plate were a clock face if				

- necessary.
17. Fed patient in a way that facilitated chewing and swallowing if patient needed assistance.
 18. Provided fluids as requested, encouraged patient not to drink all fluid at the beginning.
 19. Talked with patient during the meal, used meal as an opportunity to educate patient on nutrition, postoperative exercises, and discharge planning.
 20. Assisted patient with hand hygiene and mouth care after meal if ended.
 21. Asked patient preference on staying in bed or in chair after eating.
 22. Positioned patient's bed appropriately, raised side rails and lowered bed to ensure patient safety.
 23. Placed call light within reach, ensured patient knows how to use it.
 24. Returned patient's tray to appropriate place, performed hand hygiene.
 25. Recorded percentage of meal eaten, recorded calorie count and fluid intake if ordered, documented swallowing difficulties and refusal to eat.

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed * = Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____