

## PROCEDURE 24-1

### Feeding a Dependent Person

## S U COMMENTS

- ☐ ☐ \_\_\_\_\_

□ □ \_\_\_\_\_

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 2. Clean the surface of the over-bed table and cover it with paper towels. Place the oral hygiene supplies on the over-bed table. Fill the wash basin with warm water (110°F [37.7°C] to 115°F [46.1°C] on the bath thermometer). Place the basin on the over-bed table.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. If the side rails are in use, lower the side rail on the working side of the bed. The side rail on the opposite side of the bed should remain up. Raise the head of the bed. Make sure that the bed is positioned at a comfortable working height (to promote good body mechanics) and that the wheels are locked.       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Perform hand hygiene and put on the gloves.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Assist the person with oral hygiene.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Offer the bedpan or urinal. If the person uses the bedpan or urinal, empty and clean it before proceeding with the meal. Remove your gloves and dispose of them in a facility-approved waste container. Perform hand hygiene.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Wash the person's hands and face.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Clear the over-bed table, wipe the surface with a facility-approved cleaning solution, and position it over the bed at the proper height for the person.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Perform hand hygiene and get the meal tray from the dietary cart. (If the side rails are in use, raise the side rails before leaving the bedside.) Check the meal tray to make sure that it has the person's name on it and that it contains the correct diet for the person. Place the meal tray on the over-bed table. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Ask the person if he or she would like to use a clothing protector. Put the clothing protector on the person, if desired.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Uncover the meal tray, and prepare the food for eating (for example, cut the meat, butter the bread, open any containers). Remember to put on gloves if you will be touching any of the food with your hands. Tell the person what is on the tray.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. Take a seat.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

13. Allow the person to choose what he or she would like to taste first. Using a spoon, offer a small bite to the person (fill the spoon no more than one third full). Allow the person enough time to swallow the food. ☐ ☐ \_\_\_\_\_
14. Offer the person something to drink every few bites. Use the napkin to wipe the person's mouth and chin as often as necessary. Allow the person to assist with the eating process to the best of his or her ability. ☐ ☐ \_\_\_\_\_
15. Continue in this manner until the person is finished. Encourage the person to finish the food on the tray, but do not force the person to eat. ☐ ☐ \_\_\_\_\_
16. Remove the tray and the clothing protector when the person has finished eating. ☐ ☐ \_\_\_\_\_
17. Perform hand hygiene and put on a clean pair of gloves. Assist the person with oral hygiene. ☐ ☐ \_\_\_\_\_
18. If the side rails are in use, return the side rails to the raised position. Lower the head of the bed as the person requests. Make sure that the bed is lowered to its lowest position and that the wheels are locked. ☐ ☐ \_\_\_\_\_
19. Gather the soiled linens and place them in the linen hamper or linen bag. Dispose of disposable items in a facility-approved waste container. Clean equipment and return it to the storage area. ☐ ☐ \_\_\_\_\_
20. Remove your gloves, dispose of them in a facility-approved waste container, and perform hand hygiene. ☐ ☐ \_\_\_\_\_

### Finishing Up

21. Complete the "Finishing Up" steps. ☐ ☐ \_\_\_\_\_