

PERFORMANCE CHECKLIST

Assisting with Dining

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below. Skill mastery must be demonstrated prior to direct patient contact.

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

Thirty minutes prior to meals assist to use bedpan or commode, wash hands, clean/clear overbed table and position in semi-Fowlers, if in bed, or in chair if eating in room.

Note:

- ___ 1. Knock before entering room.
- ___ 2. Greet and Identify resident.
- ___ 3. State your name and title and explain procedure and obtain permission.
- ___ 4. Wash hands and apply standard precautions throughout procedure.
- ___ 5. Assist resident to wash hands with a wet warm cloth.
- ___ 6. Check tray for correct name, type of diet, and food. Inform resident what is on tray.
- ___ 7. Position resident in a comfortable sitting position.
- ___ 8. Position towel/napkin/bib 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. Use tip of half-filled spoon if feeding required.
- ___ 14. Serve foods in the order resident prefers.
- ___ 15. Provide time to chew and alternate solids and liquids.
- ___ 16. Wipe mouth as needed.
- ___ 17. Encourage to eat as much as possible; observe that all food is swallowed and not pocketed in cheek.
- ___ 18. Remove gloves if worn and wash hands when finished.
- ___ 19. Clean and replace equipment.
- ___ 20. Provide or assist with oral hygiene and handwashing following procedure, as needed.
- ___ 21. Provide comfort with call signal in reach.
- ___ 22. Record amount of food consumed and liquids if resident on Intake and Output.
- ___ 23. Return tray to cart and report any abnormal observations to supervisor.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency.

2005