

MEALTIME OBSERVATION CHECKLIST

1) FOR ORAL EATERS:

NOTE: If any of the answers to the following questions is “yes,” they should be documented and discussed with the IDT.

- Is the individual gagging, coughing, choking or excessively clearing their throat during the meal?
- Is the person groggy or sleepy during the meal?
- Does the person seem fearful of eating?
- Does the person refuse food or drink?
- Does the person have watery eyes when they eat or drink?
- Does the person seem to swallow their food without chewing?
- Is the person sitting up at less than a 30-degree angle during the meal?
- Is there discomfort, excessive burping and/or food coming back up into the mouth or nose after the meal?

NOTE: If any of the answers to the following questions is “no,” they should be documented and discussed with the IDT

- Did the person remain sitting up for 45 minutes after the meal to foster proper digestion?
- Is the adaptive equipment listed in the Mealtimes Procedures Packet being used?
- Is the individual’s food prepared to the consistency listed in the MPP?
- Has the individual assisting with the meal been trained on the MPP?

2) FOR TUBE FEEDING: (FIRST REVIEW THE FEEDING TUBE PROTOCOL)

NOTE: If any of the answers to the following questions is “no,” they should be documented and discussed with the IDT

- Did the support person wear gloves during the full process?
- Did the person sit up during the meal at least 30-degree angle?
- If the bolus (liquid presented through a tube, not drip) method was used, were gastric residuals checked?
- Did the support person flush the tube with water both before and after the feeding?
- Did the person remain sitting up 45 minutes after the meal to foster proper digestion?
- Has the individual assisting with feeding tube been trained?

THIS FORM IS TO BE COMPLETED EVERY SIX MONTHS.