



MEALTIME ASSISTANCE TRAINING MANUAL

Volunteer Resources

July 2016

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TABLE OF CONTENTS

SECTION	PAGE
Introduction:	
Volunteer Mealtime Assistance Training	3
Section 1:	
Why Do We Eat and Drink?	4
Section 2:	
Benefits of Eating Well and Staying Hydrated	4
Section 3:	
Factors Affecting What and How Patients Eat	5
Section 4:	
The Swallowing Process	8
Swallowing Difficulties.....	9
Safety Facts.....	9
Section 5:	
Types of Diets	10
Modification to Meal Textures.....	11
Section 6:	
Opening Packages	12
Section 7:	
The Mealtime Experience.....	13
Positioning	13 & 14
Prior to the Meal	15
During the Meal	15 & 16
Following the Meal.....	16
Section 8:	
Technique for Feeding a Patient with Dementia.....	17
Technique for Feeding a Patient who has had a Stroke.....	17
Section 9:	
Testimonials	18
Appendix A	
Glossary & References.....	19

Volunteer Mealtime Assistance Training

Welcome to Alberta Health Services (AHS), Mealtime Assistance Training!

Your role as a volunteer assisting with mealtimes is important as you are actively helping to make sure that our vulnerable patients¹ eat and drink the food and beverages necessary to support their health. When you help someone during mealtime you play a role in helping them get better and contribute towards the prevention and treatment of malnutrition.

Poor appetite and difficulties with eating and drinking are commonly identified by the care team as challenges shared by patients in acute care and long term care facilities. With appropriate training, volunteers like you can offer the support, companionship, and encouragement needed at mealtime that will have a significant impact in patients' quality of life and overall health.

Mealtime assistance can mean many things, from conversing with patients to brighten their day, opening packages, cutting food, completing menus, or making foods more accessible for patients. At some sites, trained volunteers may be assigned to feed certain patients². As you get to know your patient(s), you will better understand their individual needs. Familiarity with the meals served in your facility can also support your success with mealtime assistance. Your Volunteer Coordinator can request a meal tray from Nutrition and Food Services to use in your training. Use all your senses to experience the meal from a patient perspective!

Alberta Health Continuing Care Health Service Standards and Alberta Health Services policy require that individuals who offer mealtime assistance are properly trained prior to offering this service and are retrained at a minimum every 2 years thereafter to ensure competency and patient safety. Mealtime Assistance Training is provided to all volunteers with AHS intending to provide this service, whether in acute care or continuing care.

As a Mealtime Assistant, you will have a positive impact on patient's nutritional and social wellbeing. Best of all, you will have the satisfaction of helping others and getting to know some very interesting people. We hope you will enjoy volunteering with us!

**Uneaten food has NO nutritional value.
Every bite counts!**

¹ **Patient:** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, patients and outpatients.

² Only certain sites request volunteers to feed patients. Volunteers will be trained accordingly and will be aware if feeding is part of any mealtime assistant assignment.

Section 1: Why Do We Eat and Drink?



- To maintain health
- To satisfy hunger or thirst
- For pleasure
- For social interaction
- To celebrate
- Many more reasons ...

We must remember that when we sit down to help someone eat, it becomes a true social occasion for them, especially in a health care setting which can be quite lonely. Sharing a meal with another person can make a major contribution to their quality of life.

Section 2: Benefits of Eating Well and Staying Hydrated

- Fight infections
- Avoid skin breakdown
- Build strength for activities and movement
- Improve mental alertness
- Contribute to a reduced length of stay
- Recover faster (acute care and rehab)



Eating a healthy diet and drinking enough liquids can contribute to an overall sense of well-being. As a volunteer, you can help to make sure the patients realize the benefits from maximizing their intake at mealtime.



**Food should be given the same level
of importance as medicine!**

Section 3: Factors Affecting What and How Patients Eat

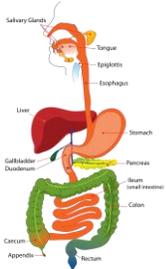
There are many factors that can lead to a patient being undernourished or malnourished before they are admitted or during their stay.

- Decreased physical activity
- Physical disability (e.g. arthritis, stroke)
- Medical diagnosis or conditions
- Inability to eat independently
- Effects of medication
- A change in eating habits, food likes and dislikes
- Cultural or religious restrictions
- Dementia and mental illness
- Social isolation and loneliness

As we age, our bodies go through **physical** and **mental** changes that can impact our ability to select, consume and enjoy food. Once you understand the influence these changes have, you can offer the support needed to help reduce the impact of these age-related changes and encourage the patient to eat.

CHANGE	IMPACT	TIPS to Help Overcome Challenge
State of Mind 	<ul style="list-style-type: none"> • Depression may affect dietary habits. • Changes in appetite and nutritional intake may occur which can result in loss of weight and muscle mass or may lead to obesity. 	<ul style="list-style-type: none"> • Your presence alone can have a big impact on the patient's state of mind. • Make light, natural conversation throughout the meal, but do not expect responses when the patient is chewing or about to swallow.
Appetite	<ul style="list-style-type: none"> • Appetite is often reduced and fullness occurs after smaller amounts of food. 	<ul style="list-style-type: none"> • Encouraging the eating of small frequent meals (often 6 times per day) can be helpful.
Eyes 	<ul style="list-style-type: none"> • Vision declines with age and can be hastened with certain medical conditions and dementia. • The ability to see and recognize food is diminished, which may affect the ability to eat independently. 	<ul style="list-style-type: none"> • Provide the patient with their glasses (if available). • Describe what food is on the plate & where it is. You can use a clock to describe location, <i>i.e. peas are at 12 o'clock.</i> • Use descriptive terms such as <i>baby carrots, grilled chicken or cream soup.</i>

CHANGE	IMPACT	TIPS to Help Overcome Challenge
<p>Smell</p> 	<ul style="list-style-type: none"> • Smell adds to the enjoyment and taste of food! • Sense of smell decreases with age. • Losing the ability to smell may decrease interest in eating. 	<ul style="list-style-type: none"> • Offer positive comments on how good the food looks and smells. • Use descriptive terms to describe the food. E.g. <i>freshly baked cookies</i>, <i>roast turkey</i>.
<p>Teeth</p> 	<ul style="list-style-type: none"> • Many older people wear dentures or deal with loss of teeth. • The ability to chew may be affected by ill-fitting dentures or not wearing dentures at all. • Often people with poor dentition need more time to chew and may require changes to the textures of food (see page 10). 	<ul style="list-style-type: none"> • Whole food should be cut into bite-size* pieces and served slowly to allow adequate time to chew. • If you notice that the patient is having a lot of difficulty chewing their food, discuss your concern with their nurse.
<p>Saliva & Thirst</p> 	<ul style="list-style-type: none"> • Saliva production declines with age contributing to “dry mouth”, making it hard to break down food. • The sense of thirst gradually diminishes with age. • Decreased hydration may also contribute to a dry mouth, making it harder to swallow food. 	<ul style="list-style-type: none"> • Offer a few sips of fluid between bites to moisten their lips and mouth. • Often foods that are moist (not dry) are easier to eat. For example, meat with gravy or canned fruit. • Encourage the patient to drink liquids provided and water.
<p>Muscles</p> 	<ul style="list-style-type: none"> • Strength and muscle mass declines with age. • A decline in ability to chew and swallow, trouble holding utensils, opening packages or cutting food are all side-effects of decreased muscle strength. 	<ul style="list-style-type: none"> • Open packages for the patient if they want your assistance (see page 12). • Cut up food (as required). • Move the food closer to them. • Encourage them to eat slowly and chew each bite completely before swallowing.
<p>Tongue</p> 	<ul style="list-style-type: none"> • The tongue loses strength with age. • Reduced tongue strength can cause difficulty moving food around in the mouth. • It may be harder to clear food out of the mouth when swallowing. 	<ul style="list-style-type: none"> • Offer bite-sized pieces.* • Food should be given slowly. • Make sure the patient has swallowed before giving the next bite. If it is obvious that food is left in the mouth, ask him/her to swallow again.

CHANGE	IMPACT	TIPS to Help Overcome Challenge
<p>Taste Buds</p> 	<ul style="list-style-type: none"> • Taste and sensation change with age. • The ability to taste sweetness and saltiness declines. The ability to taste bitter and sour increases. These changes can decrease the enjoyment of food. • A desire to use extra salt and sugar with meals may increase. 	<ul style="list-style-type: none"> • Season the patient's food to their taste (if seasoning is provided on the meal tray). If in doubt, ask nursing staff for clarification. E.g. No salt diet.
<p>Digestive System</p> 	<ul style="list-style-type: none"> • Aging causes the digestive system to slow down – from one end to the other. This means that food takes longer to digest. • Slowed digestion may cause heartburn or constipation. 	<ul style="list-style-type: none"> • Offer bite-sized pieces.* • Food should be given slowly. • In some cases, smaller meals or snacks more often may be better tolerated. • Encourage patient to sit up after meals to prevent heartburn.

(Culross, B 2008; DeLong, L 2013)

***Bite-Sized Pieces:**

We often hear the term “bite-sized pieces” and are left wondering what exactly does that mean?

A bite sized piece of food is approximately (1.5 cm x 1.5 cm).

Exact size is shown below.



Section 4: The Swallowing Process

Swallowing is one of the most complex processes the body undertakes. The process of swallowing uses about 40 different muscles and 6 cranial nerves in a refined sequence of events that can easily go wrong in the face of aging or disease. We swallow between 500 and 1,000 times every day!

Swallowing can be divided into 4 phases:

Phase I: Oral Preparatory Phase. Food is chewed and mixed with saliva to form a ball or bolus. The bolus is then positioned on the tongue for transport. Liquids are held in the mouth.

Phase II: Oral Transit Phase. We move the ball of food towards the back of the mouth with the tongue. The food at the back of the mouth stimulates the nerves that control swallowing.

Phase III: Pharyngeal Phase. This phase is unconscious and automatically controlled. As the food is swallowed, the lungs are protected and breathing stops for a second.

Phase IV: Esophageal Phase. In this phase the ball of food is moved from the throat along the esophagus to the stomach by muscle contractions.

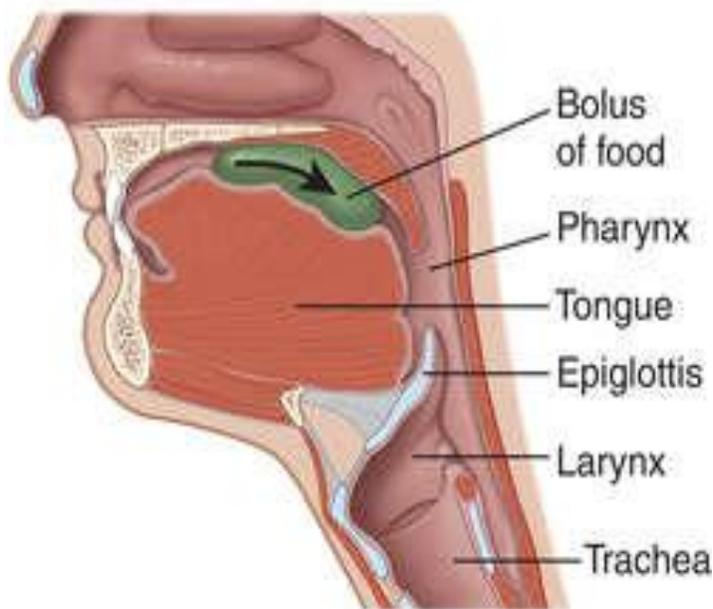


Image source: <http://medical-dictionary.thefreedictionary.com/swallowing>.

(Reinstein, Amy Speech and Language Therapy, Inc., 2010)

Swallowing Difficulties

Whether a patient is feeding themselves or receiving assistance from others, swallowing difficulties can occur that place them at risk for choking or aspiration of foods or liquids. When food or liquid slip into the airway or further into the lungs, they can cause obstruction (choking) and aspiration pneumonia, which can be life threatening.

Volunteers will NOT be assigned patients who have swallowing disorders or unpredictable or unresponsive behaviors; however you may be the first one to detect a change in the person you are feeding. If you suspect swallowing difficulties, tell the nurse in charge.³

If you are sitting with someone at mealtime or are physically assisting them with eating (placing food into their mouth), there are signs to watch for to help you recognize if they are having trouble with the swallowing process

- Coughing or choking
- Changes to the voice after a swallow (such as gurgling or hoarseness)
- Frequent throat clearing
- Watery eyes
- Runny nose
- Facial grimacing
- Complaints of food getting “stuck”
- Complaints of pain with swallowing
- Food left in the mouth after swallowing
- Drooling
- Difficulty breathing
- Eating slowly
- Regurgitation
- Heartburn



(Amy Speech and Language Therapy, Inc., 2010)



Call loudly for HELP from nursing staff immediately and (if available) pull or press patient’s call bell if the patient becomes distressed and/or you feel they are in need of immediate medical attention (i.e. choking). Stay with the patient.

Safety Facts:

- If an individual refuses to eat or drink, do not force them.
- If the patient falls asleep during the meal, discontinue feeding immediately.
- Ensure you do not give the next bite before the previous bite has been completely swallowed. Offer bite-sized pieces (1.5 cm x 1.5 cm) of food (see page 7 for diagram).

³ AHS Guideline: Choking Prevention and Management (PS-88-01)

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-continuing-care-choking-prevention-mgmt-gdl-ps-88-01.pdf>

Section 5: Types of Diets

There are over 60 types of diets used in Alberta Health Services designed to meet nutritional needs of patients. Individual patient needs are met by adhering to food preferences, avoiding foods allergens / intolerances and to meet cultural and /or religious restrictions.

Diets are classified as follows:

1. **Regular diets** – Patients who do not need therapeutic diets or changes to texture.
2. **Therapeutic diets** – These diets help to treat or control an illness. (E.g. Diabetic, Low Sodium)
3. **Texture modified diets** – These diets are for patients with difficulty chewing or swallowing. Foods are designed to meet an individual’s abilities.

Meal Texture	Description	Example
Regular Texture	No modifications to texture.	
Easy to Chew	Food is soft, not hard or crunchy for those with limited dentition or chewing difficulties.	
Dysphagia Soft	Food is soft and moist and if it cannot be easily cut with a fork or mashed, it is cut into pieces that are 1 cm cubed or less.	
Minced	Most foods are minced and served with gravy or sauce. Regular bread, toast and soft sandwiches are allowed.	

Meal Texture	Description	Example
Pureed	All foods are smooth like baby food.	

Modifications to Meal Textures in the Chart Above

Meal textures may have modifications included in the diet order to more closely meet the needs of the patient or resident. These modifications are as follows:

1. **Pureed Bread Products** – All bread is pureed. This can be added to all diets listed except pureed where it is already included.
2. **No Mixed Consistencies** – Foods not served are those with a thin liquid and solids combined or that “squirt” liquid into the mouth. (For example, vegetable soup would be pureed, cold cereal and milk would be replaced with hot cereal; watermelon would be replaced with a less juicy fruit)
3. **Thick Fluids** – Patients diagnosed with swallowing problems may be prescribed thickened fluids. Common fluids such as milk or juice would be thickened based on the patient’s need for nectar thick, honey thick or pudding thick consistency.

Unless requested by the patient, please don’t mix foods together! For patients on a modified texture diet (i.e. pureed) foods are sometimes mixed together (by well-meaning individuals) and the end result is not visually appealing or tasty. Remember that people often eat with their eyes. Ask yourself, which would you prefer?



Section 6: Opening Packages

Opening packages can be a challenge for many patients! Below is a quick reference guide on opening the various packages you may come across. **Ask Patient Food Services at your site for some packages to practice with during your training session.**



When helping patients open packages:

1. **ASK:** Only open the packages the patient agrees to. Ex: Would you like me to open any packages for you?
2. **AVOID:** Contaminating the food. Do not directly touch the food or the part the patient eats or drinks from.

Peel Back Top (Pudding, Yogurt, Hummus, Fruit Cups)

Grasp the tab and pull back the top. Tilt the product backward and away from the patient so that the contents do not spray them when the container is opened.



Milk

Grasp the tab and pull back the top. Tilt the product backward and away from the patient so that the contents do not spray them when the container is opened.



Soup and Mug Lids

Holding the edge of lid, pull the top off.



Squeeze Pouch (Ketchup, Soy Sauce, Hot Sauce)

Tear the package vertically. Ask the patient if they would like the contents to be poured onto their food and where. Lean the package up against the plate so it does not leak onto their table or tray.



Foil Bags (Toast and Pastries)

Unroll the top and open the bag so the patient can grab the food from inside.



Cheese

Grasp both sides of the cheese and pull the package open.



Section 7: The Mealtime Experience

As a volunteer, you play an important role in the meal experience! The activities you perform **prior, during** and **after** the meal are equally important and positively contribute to enhancing the mealtime for the patient.

Patients receiving assistance at mealtime appreciate the support you provide. When you enjoy your experience providing mealtime assistance, your positive feelings will be communicated to them and they will benefit. If you are frustrated with “the task”, they may feel your discontentment just as easily. Helping someone enjoy one of life’s basic pleasures, eating, is a wonderful way to show you care.

Not all sites involve volunteers in the feeding process and/or you may not be comfortable with feeding a patient. Discuss this with your Volunteer Coordinator. They will go through your Volunteer Assignment Description and ensure you feel ready to provide mealtime assistance to patients. Assistance such as helping a patient complete their selective menu, opening packages and being a dining companion can really help enhance the patient meal experience and result in them eating better.

On average, it takes 30 minutes to consume a meal when assistance is provided. The pace at which food is offered sets the tone for the overall mealtime experience. The rate at which food is offered is not only about safety, but about the quality of the time together during the meal. Feeding someone either too slowly or too quickly is not only hazardous; it can also contribute to risky eating/mealtime behaviours (refusing to eat, choking, gagging, etc.).

The next sections will help you understand what is important in the feeding process, whether you provide basic mealtime assistance or are feeding the patient.

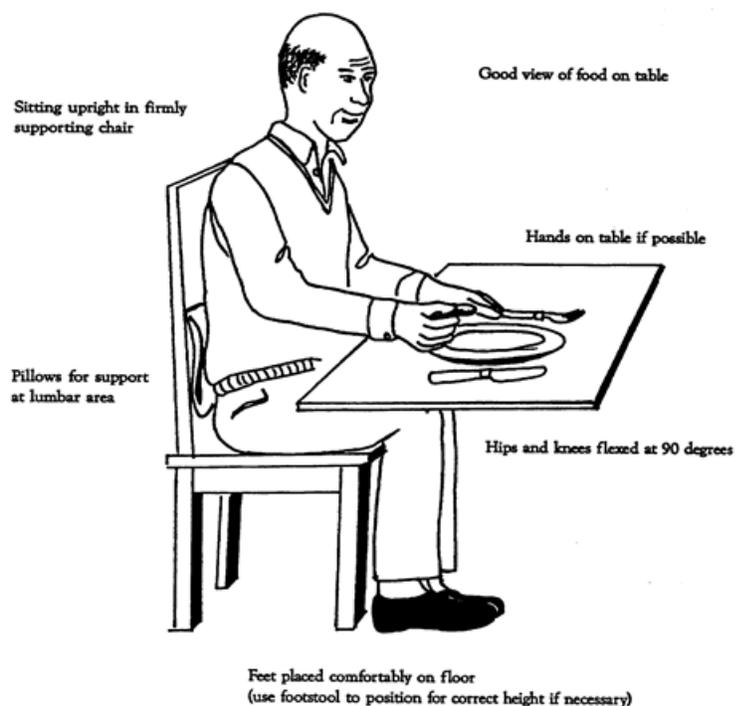
Positioning:

Proper positioning is extremely important to prevent choking and improve patient access to their meal. Volunteers are NOT to position patients, but it is your responsibility to ensure that you and the patient are positioned properly for meals. During the meal, if the patient’s position shifts, seek nursing assistance to have the patient repositioned properly.

1. Patient should be as upright as possible.
2. Patient’s head should be upright and tilted slightly forward.
3. Volunteer should be at eye level with the patient.
4. Try to keep the utensil where the patient can see it.

The patient should remain upright for 30 minutes after the meal to reduce the risk of any remaining food or drink residue entering the lungs.

This picture shows proper positioning for patients for safe and enjoyable eating.



(O'Loughlin & Shanley, 1996)



Prior to the Meal:

1. If this is the first time feeding the patient check with the nursing staff to inquire about any special concerns or techniques that you should be aware of.
2. Use N.O.D (Name, Occupation and Duty) to introduce yourself; “Hi, I’m Jessica with Volunteer Resources. I’m here today to assist you with your meal”.
3. Ask the patient what they would like to be called and use their name often in conversations and during the meal.
4. Clear the area. Use gloves when removing soiled items and wash hands after removing gloves. Sanitize the area/table where the food will be placed. Wash hands after removing gloves. If needed, turn off distracting noises such as a TV or radio.
5. Check with the patient to ensure that dentures, glasses and/or hearing aids are in place, and if not, ask nursing staff to assist him/her to get them in place.
6. Ensure you wash your hands thoroughly before assisting each patient, before and after glove use or if your hands are visibly soiled. *Follow the Hand Hygiene guidelines in the Volunteer Handbook. <http://insite.albertahealthservices.ca/assets/vr/tms-vr-provincial-handbook.pdf>
7. Ask the patient if they would like a washcloth, hand sanitizer, or hand cleaning wipes before their meal to freshen up. If patients are able to wash their hands at a sink in advance of meal, please encourage them to do so.
8. If you are retrieving the patient’s meal from a service cart or dining server, double check that you have the right meal for this patient. Failure to do so may result in mix up of meals. Not only will patients be dissatisfied with not getting the right meal, they could be harmed if they have food allergies/intolerances or are on certain special diets.
9. Sit near the patient. It is best for you to be at his/her eye level, as it allows the patient to be in the best position for swallowing and allows you to observe the patient’s swallowing. Adjust the bed or chair to a level that is appropriate seating for you.
10. The patient should be in an upright position to prevent choking and to allow for safe swallowing. If the patient needs to be re-positioned, **DO NOT LIFT THE PATIENT YOURSELF**. Rather, ask nursing staff to properly position the patient for you.
11. Place the meal on the table, or over-bed table. Offer the patient a shirt saver / bib.

During the Meal:

1. Tell the patient you intend to assist in feeding him/her.
2. Use a clean spoon or fork for each course.
3. Evaluate the temperature of the food before serving. If the patient is cognitive and alert, have them judge the temperature for themselves.
4. Ask the individual if he/she wishes to start with a particular food or drink item and alternate food items unless the patient objects.
5. Offer drinks intermittently throughout the meal. Make sure solid food is swallowed before offering drink items. Encourage slow sips.
6. Encourage the patient to close their lips on the spoon to consume the food rather than scraping the food off with his/her teeth.

7. Encourage as much independence as possible by asking the patient to hold bread and other finger foods to the extent they are able, or by guiding their hand with yours to their mouth. This is referred to as “hand-over-hand to mouth technique”.
8. When a patient or resident is on a modified texture diet or thickened fluids, **do not offer any items other than what is on the tray**. Check with nursing if they are requesting anything that is not on their tray.
9. **For patient safety, do not thin foods or beverages**. If extra gravy is available on the tray, it can be added to foods for that patient.

Following the Meal:

1. Offer a facecloth, or wipe the patient’s mouth and hands when meal is finished. Remove shirt saver and discard in laundry.
2. Leave the patient in an upright position.
3. Tidy the table or over-bed table.
4. Report to nursing staff the amount of food/drink consumed, any concerns that arose and, if known, any changes from the previous meal.
5. Wash your hands thoroughly.

Section 8:

NOTE – This section is specific to training Volunteers who will feed patients.

Technique for Feeding a Patient with Dementia

Dementia is the loss of brain cells through various disease processes which affects a patient's behaviour and nutritional intake. Here are some dementia specific techniques:

- If the patient does not start eating, place a utensil or cup into his/her hand. If more stimulation is needed, place hand-over-hand with the utensil and guide towards the mouth. You may need to do this several times.
- Place only one dish at a time in front of the patient.
- Remove each food dish after completion.
- Restart the eating process several times if necessary.
- Encourage swallowing by providing verbal cues and by gently touching the patient's chin or throat.
- Trigger mouth opening by touching the patient's lip with a spoon of food, mime mouth opening, simply ask the patient to open his/her mouth or by applying light pressure to his/her chin.

Technique for Feeding a Patient who has had a Stroke

A stroke or CVA is caused by impaired blood supply to the brain. There are often communication problems and weakness or paralysis on one side of the body. One side of the mouth will often have diminished strength and feeling.

- In an effort to allow the patient to be as independent as possible, help him/her set up their meal by placing food and utensils on their stronger side; remove lids and cut food into bite-size pieces.
- If the patient has visual impairment, inform him/her of the location of the items on the plate according to a clock, and if/when necessary, turn the plate so the desired items are on his/her stronger side.
- Position yourself on the patient's stronger side.
- Place food on the stronger side of the patient's mouth, but not in the cheek area.
- Place a smaller amount of food into the mouth – no more than a level teaspoon.
- Check for "pocketing" of food, particularly on the weaker side.
- Encourage the patient to sip liquids with every other bite of food to clear any residue that may accumulate on the weaker side.
- Use softer, moister foods as a cleansing agent, alternating these with the drier, more difficult to chew foods.

Section 9: Testimonials

When asked “How does it make you feel when you are getting help at mealtimes”, Dennis replied “It makes me feel wanted”. When Lacombe youth volunteer, Sarina was asked how she feels assisting, her reply was “It creates a new friendship and relationship. It also builds trust between us.”

~ Dennis Hougan & Sarina Aryal, Teen

“I worked as a Mealtime Companion for the Lethbridge Regional Hospital for over 2 years and enjoyed getting to know and learn about the people on the ward.... they were all so interesting and had such great stories.”

~ Lynne Dodson

“Volunteering in the Mealtime Companion program has helped develop my confidence and courage by directly engaging and interacting with patients as well as by being able to observe firsthand the direct positive outcomes of volunteer's actions. This program has allowed volunteers like myself to contribute to and develop a sense of responsibility for our community through developing a collective desire to improve the living conditions of our fellow community members. “

~ Harshil Patel

“The Mealtime Companion program is vital to the health and well-being of patients. Sharing mealtimes encourages happy and healthy eating habits in a positive environment.”

~ Suzanne Griffin

“Volunteering in mealtime has had a meaningful and positive impact on me. It has given me a sense of achievement and motivation. It is a great way to gain life experience in the real world through hands-on work. Volunteering in mealtime has also impacted me in terms of the diverse range of people I have met. I have developed lasting personal relationships with patients and have learned about people from all walks of life and different environments.”

~Natasha Patel, Teen

Appendix A

Glossary:

- Aspiration: breathing in a foreign object (i.e. sucking food into airway)
- Dentition: the character of a set of teeth especially with regard to their number, kind, and arrangement
- Malnourished: inadequate intake of protein/energy over a period of time resulting in loss of fat and / or muscle stores.
- Patient: means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.
- Vulnerable Patient: a vulnerable adult is a patient who is or may be for any reason unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

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