



Tips for Hand Feeding

- Maintain a calm distraction free environment.
- Provide cues that mealtime is about to begin such as setting tables. The aroma of food will also help encourage eating.
- Offer fluids frequently to enhance the taste of food.
- Educate family/decision maker on the progression of the dementia. Doing this well in advance promotes a proactive approach to the role of hand feeding and prepares the family for behaviors or other difficulties that may arise in the late or final stages of the disease, such as refusal to eat or difficulty swallowing.
- Ensure the family/decision maker understands that tube feeding is not usually a recommended medical treatment for people with dementia. Tube feeding can be declined based on advance directives, previous discussions of wishes, or whether or not the family/decision maker believes the person would have wanted to be fed in this manner under these conditions.
- Identify and address any underlying cause that contributes to difficulty eating such as: mouth or gum sores, ill-fitting dentures, chronic dry mouth, dysphagia, medication interactions or medication side effects that may negatively impact appetite and oral intake.
- Use cues during feeding to promote food and fluid intake while managing behaviors that interfere with the feeding process. Cues can be verbal or non-verbal including visual or kinesthetic (physical) cues.

Verbal Cues

Asking for the person's help

Assessing if person is comfortable

Give choices

Orientation to food items

Give directions

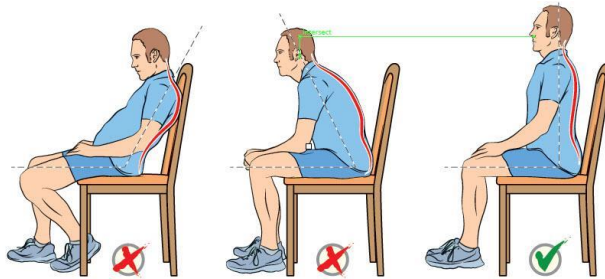
Show approval/encourage

Call their name/get their attention

Non-verbal Cues

- Mimic eating, mimic chewing
- Make eye contact with the person
- Smile
- Slow down and adjust your pace
- Offer a different food
- Offer something to drink
- Get closer or move farther away if needed
- Put items in a container they can manage

Body Positioning During Meals



Positioning is based on the physical abilities of the person. A comfortable chair that supports the back in an upright position is ideal. When possible, the person should be seated upright with 90° flexion of the hips and knees, feet flat, and body and head midline. The head should be flexed slightly forward with chin down.

Note: Adaptive devices may be used to provide optimal positioning if necessary

Choosing a Hand-feeding Technique

When assessing the person's ability to feed themselves and choosing a hand feeding technique, you must first assess the person's:

- Dominant hand
- Skill finger ability (fine motor skill to hold utensil themselves)
- Range of motion in their dominant upper extremity
- Food preferences
- Location(s) where they prefer to eat their meal

When the person requires hand feeding:

- Seat yourself on the dominant side. Be sure the dominant side is recorded in the interdisciplinary care plan so that all staff have this information.

- Keep the hand you are not using to feed on the person's shoulder. This should feel comforting and supportive rather than threatening. Placing your hand on their shoulder communicates that you are working together.

Suggestion: Have someone practice placing their hand on your shoulder so you can see how the placement of the hand affects how you feel.

- All three hand feeding techniques may all be used during one meal period. The key is to use the method that is most appropriate for the person's ability with each bite.

Over-Hand Technique

A person who has the required finger skill ability and range of motion but needs extra help in getting to food from the plate to the mouth, can benefit from the Over Hand technique.

- Remember to place yourself on the dominant side of the person. The hand you will NOT use for feeding assistance is placed on the person's shoulder.
- Place your hand over the person's hand which is holding the eating utensil and guide the hand with the utensil towards the person's mouth.
- Be sure you have your hand and the person's hand coming toward the person's mouth from the center of the body.

Suggestion: Take a moment to feed yourself an imaginary bite. Note the location of your hand as it comes toward your mouth, heading toward you from the center axis of your body.

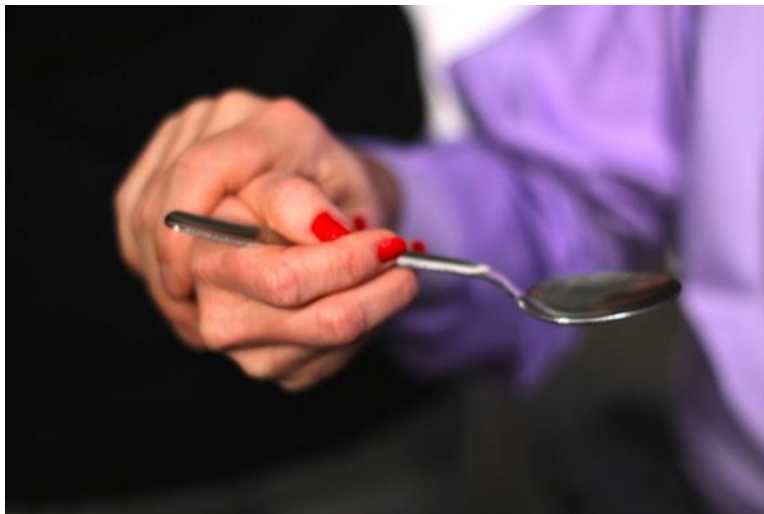


Under-Hand Technique

The ability to feed oneself is a skill that is learned early in childhood and one of the last skills to be lost for those with dementia. This technique is useful when the person no longer understands language and has lost their finger skill abilities.

- Remember to place yourself on the dominant side of the person. The hand you will NOT use for feeding assistance is placed on the person's shoulder.
- Perform the under-handshake with the person. This position provides support to the person while freeing up your skill fingers. You will use this position to guide the person through the movements of eating.
- The under-hand technique provides the person with a tactile/physical cue. You can also use verbal and visual cues.

Remember: You are helping the person carry out the movement of eating - a movement that the person has used their entire life!



Direct-Hand Technique

This feeding technique is reserved for people who are bedridden, have no functional movement of the upper extremities, or it takes too much of the person's energy to perform the manual task of eating. This technique is used in the advanced stages of Alzheimer's Disease and other dementia conditions and is continued until the end of life.



References:

[NOSH: Nurses Optimizing Supportive Handfeeding](#) by Melissa Batchelor PhD, RN-BC, FNP-BC, FAAN.

[Nutrition Care Manual® \(NCM®\)](#). Available online by purchase.