

Gump, Forrest

Home: AH01

**PHYSICAL AND
NUTRITIONAL
MANAGEMENT PLAN**

Revised Date: 1/30/2009

BEHAVIORAL PRECAUTIONS:

Occasionally stomps feet and bites fingers when upset; will shake head "no" to refuses food/activity, self-stimulatory behaviorable to verbally redirect.

RISK LEVEL

**DIET AND
TEXTURE:**

Pureed

MEALTIME EQUIPMENT:

Coated Spoon

FLUID TEXTURE:

-Thick-it to fluids to Honey Consistency if gel not available.
-Gels are preferred method of fluids, however, _____ can tolerate honey-thick liquids. If using honey thick liquids, offer them in a small mosey cup.

DRINKING

-No fluids on trays. Gels per memo.
-Gels are preferred method of fluids, however, _____ can tolerate honey-thick liquids.
-DO NOT discourage coughing.

SPECIFIC SKILLS TO MAINTAIN/ACQUIRE

Encourage Choice Making

COMMUNICATION/SENSORY ISSUES

-Vocalizations
-Facial expressions, behavioral; head shakes
yes/no are not always communicative.

CALORIE RESTRICTION

1200 low cholesterol

SUPPLEMENTS:

-Applesauce and bran at breakfast.
-Prunes every meal [no other fruit or desert]

NOTIFY NURSING STAFF IF:

-Bottom not back in wheelchair
-Coughing with signs of struggle (watery eyes, drooling, facial redness)
-Wet vocal quality
-Vomiting
-Sudden change in breathing
-Watery eyes
-Total meal refusals (X 2)-nurse notified
-Pocketing of food in mouth
-Hyper extends neck despite use of compensatory strategies
-Weight loss/gain of 5 lbs. in a month

DINING NEED

-Requires total set-up and assistance for meals.
-Wears neck napkin.
-Staff should be seated at eye-level.
-Present food at level of lips and say "take a bite". Once he take a bite say "good bite".
-Has a tendency to bite the spoon.
-Apply gentle downward pressure on the tongue with the bowl of the spoon during each bite to reduce biting.
-If _____ tilts head backward during meal, staff should reposition his head, and check to assure mouth is cleared prior to offering more food. Respect _____ refusal.
-Staff may touch his chin while verbally cueing him to take a bite, however, he SHOULD NOT be forced in any way to eat.

IF APPROPRIATE EQUIPMENT IS NOT AVAILABLE OR YOU ARE UNSURE OF HOW TO IMPLEMENT THIS PLAN, CONTACT YOUR SUPERVISOR.

Reviewed _____

Initials _____



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TO BE ADDED: POSITIONING DURING MEALS