Complete Summary

GUIDELINE TITLE

Mealtime difficulties. In: Evidence-based geriatric nursing protocols for best practice.

BIBLIOGRAPHIC SOURCE(S)

Amella EJ. Mealtime difficulties. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 337-51. [50 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Amella EJ. Mealtime difficulties. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 66-82.

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SCOPE

DISEASE/CONDITION(S)

Cognitive/neurological, psychological and/or iatrogenic conditions that may contribute to difficulty with eating

GUIDELINE CATEGORY

Evaluation
Management
Screening

CLINICAL SPECIALTY

Geriatrics
Nursing
Nutrition

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Health Care Providers
Nurses
Social Workers
Students

GUIDELINE OBJECTIVE(S)

To maintain or improve nutritional intake at meals and provide a quality mealtime experience that fosters dignity and pleasure in eating, as well as respecting cultural and personal preferences, for as long as possible

TARGET POPULATION

Hospitalized or institutionalized older adults

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment

1. Older adults and caregivers
   - Rituals, blessings, religious rites/prohibitions, cultural issues
   - Preferences as to end-of-life decisions related to food and fluid
2. Assessment instruments
   - Edinburgh Feeding Evaluation in Dementia Scale
   - Katz Index of Activities of Daily Living
   - Food diary/Meal Portion method

Management

1. Management of mealtime environment
2. Provision of adequate caregivers and staff
3. Follow-up monitoring

MAJOR OUTCOMES CONSIDERED

- Nutritional status
- Quality of life

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Although the AGREE instrument (which is described in Chapter 1 of the original guideline document) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus the AGREE instrument has been expanded for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as *Evidence Based Nursing* supplemented the initial

searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or "systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

<div align="center">

RECOMMENDATIONS

</div>

MAJOR RECOMMENDATIONS

Note from the National Guideline Clearinghouse (NGC): In this update of the guideline, the process previously used to develop the geriatric nursing protocols has been enhanced.

Levels of evidence (I – VI) are defined at the end of the "Major Recommendations" field.

Parameters of Assessment

- Assessment of older adult and caregivers
    - Rituals used before meals (e.g., hand washing and toilet use), dressing for dinner.
    - Blessings of food or grace, if appropriate.
    - Religious rites or prohibitions observed in preparation of food or before meal begins, (e.g., Muslim, Jewish, Seventh Day Adventist. Consult with Pastoral counselor, if available).
    - Cultural or special cues: family history, especially rituals surrounding meals.

- Preferences as to end-of-life decisions regarding withdrawal or administration of food and fluid in the face of incapacity, or request of designated health-proxy. Ethicist or social worker may facilitate process.
- Assessment instruments:
  - The Edinburgh Feeding Evaluation in Dementia Scale (EdFED-Q) for persons with moderate to late-stage dementia (Watson, 1996 **[Level III]**). See *Try this* in resources section at www.ConsultGeriRN.org.
  - Katz Index of Activities of Daily Living (ADL) for functional status (Katz et al., 1970 **[Level III]**). See *Try this* in resources section at www.ConsultGeriRN.org.
  - Food diary/Meal Portion Method (Berrut et al., 2002 **[Level III]**).

Nursing Interventions

- Environment
  - Dining or patient room: encourage older adult to eat in dining room to increase intake (Bates-Jensen et al., 2004 **[Level IV]**), personalize dining room, no treatments or other activities occurring during meals, no distractions.
  - Tableware: use of standard dinnerware (e.g., china, glasses, cup and saucer, flatware, tablecloth, napkin) versus disposable tableware and bibs.
  - Furniture: older adult seated in stable arm chair; table-appropriate height versus eating in wheelchair or in bed (Rappl & Jones, 2000 **[Level V]**).
  - Noise level: environmental noise from music, caregivers, and television is minimal (McDaniel et al., 2001 **[Level III]**); personal conversation between patient and caregiver is encouraged.
  - Music: pleasant, preferred by patient (Hick-Moore, 2005 **[Level III]**; Watson & Green, 2006 [**Level I]**).
  - Light: adequate and nonglare-producing versus dark, shadowy, or glaring (McDaniel et al., 2001 **[Level III]**).
  - Contrasting background/foreground: use contrasting background and foreground colors with minimal design to aid persons with decreased vision (Ellexson, 2004 **[Level IV]**).
  - Odor: food prepared in area adjacent to or in dining area to stimulate appetite (Amella, 2004 **[Level V]**).
  - Adaptive equipment: available, appropriate, and clean; caregivers and/or older adult knowledgeable in use; occupational therapist assists in evaluation
- Caregiver/Staffing
  - Provide an adequate number of well-trained staff (Chang & Lin, 2005 **[Level IV]**; Crogan et al., 2001 **[Level IV]**).
  - Deliver an individualized approach to meals (Gibbs-Ward & Keller, 2005 **[Level IV]**; Sydner & Fjellstrom, 2005 **[Level IV]**) including choice of food, tempo of assistance.
  - Position of caregiver relative to elder: eye contact; seating so caregiver faces elder patient in same plane (Amella, 2004 **[Level V]**).
  - Cueing: caregiver cues elder whenever possible with words or gestures (Simmons & Schnelle, 2006 **[Level IV])**.

- Self-feeding: encouragement to self-feed with multiple methods versus assisted feeding to minimize time (Simmons & Schnelle, 2006 **[Level IV]**).
- Mealtime rounds: interdisciplinary team to examine multifaceted process of meal service, environment, and individual preferences (Keller et al., 2006 **[Level IV]**).

Follow-Up Monitoring

- Providers' competency to monitor eating and feeding behaviors.
- Documentation of eating and feeding behaviors.
- Documentation of care strategies and follow-up of alterations in nutritional status and eating and feeding behaviors.
- Documentation of staffing and staff education; availability of supportive interdisciplinary team.

Definitions:

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/Consensus panels

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CLINICAL ALGORITHM(S)

None provided

<div style="background:teal;color:white;text-align:center;font-weight:bold">EVIDENCE SUPPORTING THE RECOMMENDATIONS</div>

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Individual

- Corrective and supportive strategies reflected in plan of care
- Quality of life issues emphasized in maintaining social aspects of dining
- Culture, personal preferences, and end-of-life decisions regarding nutrition respected

Health Care Provider

- System disruptions at mealtimes minimized
- Family and staff informed and educated to patient's special needs to promote safe and effective meals
- Maintenance of normal meals and adequate intake for the patient reflected in care plan
- Competence in diet assessment; knowledge of and sensitivity to cultural norms and preferences for mealtimes reflected in care plan

Institution

- Documentation of nutritional status and eating and feeding behavior meets expected standard
- Alterations in nutritional status, eating and feeding behaviors assessed and addressed in a timely manner
- Involvement of interdisciplinary team (geriatrician, advanced practice nurse [nurse practitioner (NP)/certified nurse specialist (CNS)], dietitian, speech therapist, dentist, occupational therapist, social worker, pastoral counselor, ethicist) appropriate and timely
- Nutritional, eating and/or feeding problems modified to respect individual preferences and cultural norms
- Adequate number of well-trained staff who are committed to delivering knowledgeable and individualized care

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Amella EJ. Mealtime difficulties. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 337-51. [50 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 (revised 2008 Jan)

GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

SOURCE(S) OF FUNDING

Supported by a grant from the John A. Hartford Foundation.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Author: Elaine J. Amella

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the Hartford Institute for Geriatric Nursing Web site.

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 3rd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 30, 2003. The information was verified by the guideline developer on August 25, 2003. This summary was updated by ECRI Institute on June 23, 2008. The updated information was verified by the guideline developer on August 4, 2008.

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