

BASIC MENUS WINTER – SPRING 2006-2007

FINGER FOODS

Many Alzheimer residents have benefited from being served finger foods. Such foods may be easily picked up off the plate, eliminating the need for forks or spoons. Other foods may be consumed as a thick liquid served in a coffee mug, for example soup or hot cereal with milk.

If finger foods meet the resident's goal of eating independence and aids nutritional intake, then every effort should be made to obtain this goal.

The resident who desires to eat with their fingers should be allowed to try all foods. It is not necessary to turn finger foods into a limited number of foods commonly eaten by most people with their hands, such as French fries, chicken nuggets, sausage links, sandwiches, etc. Instead, a wide variety of food needs to be offered including tender beef cubes, potato pieces, meat loaf wedges, carrot coins and large pasta pieces.

The challenge for the Dietary Department is to offer residents only eating finger foods as many of the same items as on the regular menu as possible. This will ensure nutritional adequacy and simplify labor and purchasing.

What regular foods are a problem to eat with the fingers? Typically very small foods, i.e., peas, diced carrots, rice; very saucy foods, i.e., tuna pot pie with diced vegetables, spaghetti with meat sauce, pork and beans; very soft foods, i.e., mashed potatoes, whipped yams, scoop of ice cream and hot cereal.

Minor changes to the regular menu may allow most foods to be brought to the mouth with the fingers. In general, these simple changes accomplish this goal.

The Finger Food Diet should come from the Dietary Department ready to serve. Whole food, such as roast pork, can be quickly cut into pieces on the dinner plate before leaving the kitchen. It is not recommended to treat the Finger Food Diet as a Mechanical Soft Diet. Instead, foods are simply cut into bite size pieces not diced or minced.

Residents desiring to eat with their fingers must be assisted or reminded to wash their hands before eating. It is also important to provide them with a large napkin and encourage its use. Other residents who perceive eating with their hands offensive should be seated elsewhere. Each resident must be given every opportunity to maintain his/her highest level of eating independence. Minor changes in food preparation and serving can result in a large variety of finger foods. Providing residents an opportunity to eat independently with their hands furthers the facility's goal to meet the needs of all residents!

Suggested Change:	Examples:
Increase size of food	Carrot coins instead of diced carrots, penne tube pasta instead of spaghetti or noodles, potato cubes or wedges instead of sliced/diced.
Decrease sauce	Tuna patty and potato puffs instead of tuna pot pie. Italian meatballs, penne pasta, cheese cubes and stewed tomato chunks instead of lasagna.
Stick food together	Sticky peas, green peas combined with cornstarch, chicken broth, plus margarine sauce instead of buttered loose peas; rice balls instead of fluffy rice; browned potato puffs instead of mashed potatoes.
Molded food	Applesauce or fruit cocktail molded into gelatin instead of runny, slippery canned fruit; cottage cheese set in flavored gelatin instead of served as a scoop.
Liquefy food	Semi-puree soup to drink, rather than soup needing a spoon.
Use smaller dipper	Serve five small scoops of sticky peas instead of standard one-third cup portion; serve thicker mashed potato balls instead of soft regular portion.
Add "traction"	Sprinkle graham cracker crumbs or powdered vanilla wafers over slippery peach or pear slices.
Use larger plate	Spread food out over a larger plate in order for fingers to get around pieces of food.
Offer more cups	Serve hot cereals, thinned with milk, in large coffee mugs for residents to drink.