Nutrition, Hydration, and Safe Swallowing: A National Practice Module

Supporting good nutrition, hydration, and safe swallowing for older adults at home.

Why this module matters. Nearly 14 million older adults face hunger or food insecurity, and about a quarter live alone. Poor nutrition, dehydration, and swallowing problems lead to falls, infections, and hospital stays.

About this module

This module gives teams a shared, evidence-based approach to supporting good nutrition, hydration, and safe swallowing for older adults at home. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care aides, nurses, and clinicians
Format	6 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 hours
How to use it	Caregivers use Units 2 to 5. Agencies and clinicians use all units.

Learning objectives

After completing this module, learners will be able to:

1. Describe national nutrition data.
2. Recognize warning signs.
3. Support healthy eating.
4. Prevent dehydration.
5. Support safe swallowing.
6. Connect people with food programs.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. The national picture

Measure	Figure	Source
Older adults threatened by or experiencing hunger	Nearly 14 million (Dec. 2024)	Meals on Wheels America, from Census data
Older adults living alone	About 25%	Meals on Wheels America, from Census data
Older Americans Act meals served	244 million a year to 2.6 million older adults (2024)	Meals on Wheels America, from state reports
Daily meals from the national Senior Nutrition Program	Nearly 1 million	ACL
Home-delivered meal participants who say the program helps them live independently	93%	ACL, 2024 national survey

Poor nutrition and dehydration weaken muscles, slow healing, raise the risk of falls and infection, and lead to hospital stays.

Unit 2. Warning signs

Area	Signs
Weight	Unplanned weight loss; clothes loose
Appetite	Skipping meals, eating less, food left in the fridge
Mouth	Dental pain, poor-fitting dentures, dry mouth
Dehydration	Dark urine, dry mouth, dizziness, confusion, constipation
Swallowing	Coughing or choking with food or drink, wet voice, food left in the mouth, chest infections
Social	Living alone, grief, depression, no transport to shop

Unit 3. Eating well with age

- Protein at every meal helps keep muscle. The 2026 American Diabetes Association Standards suggest at least 0.8 g of protein per kg of body weight a day for older adults; ask the clinician about the right amount.
- Fruits, vegetables, whole grains, and calcium and vitamin D sources.
- Small, frequent meals for poor appetite.
- Make meals social when possible.
- Follow any special diet from the clinician, such as low salt or diabetes plans.

Unit 4. Hydration

1. Offer drinks regularly through the day, not only at meals.
2. Keep a drink within reach.
3. Offer foods with water: soup, fruit, yogurt.
4. Watch for dehydration in hot weather and illness.
5. Follow any fluid limit set by the clinician, for example for heart failure.

Unit 5. Swallowing problems (dysphagia)

Swallowing problems are common after stroke and with Parkinson's disease and dementia. They can cause choking and aspiration pneumonia, when food or drink goes into the lungs.

Do	Why
Get a speech-language pathologist evaluation if there are signs	They test swallowing and recommend safe textures
Sit fully upright for eating and 30 minutes after	Reduces aspiration
Small bites and sips; slow pace	Easier to control
Follow the prescribed texture	Unsafe textures cause choking
Good mouth care daily	Lowers pneumonia risk

Many programs use the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which describes drink thickness and food texture in levels from 0 (thin liquids) to 7 (regular foods). Use the level the clinician prescribes.

> **Emergency.** Choking: if the person cannot speak, cough, or breathe, call 911 and give abdominal thrusts if trained.

Unit 6. Help with food access

Program	What it offers
Older Americans Act Senior Nutrition Program	Home-delivered and group meals for people 60+, plus wellness checks and referrals
SNAP	Monthly food benefits for eligible people
Commodity Supplemental Food Program	Monthly food boxes for eligible older adults
Medicare Advantage and Medicaid	Some plans offer meals after a hospital stay
Local food banks	Free groceries

Find services through the Eldercare Locator: 1-800-677-1116.

Case scenarios

Case 1. Losing weight

Mr. D has lost 10 pounds in three months since his wife died. He eats cereal for most meals.

- What might be causing this?
- What could help?

Discussion: Grief, depression, and not cooking. Report weight loss to the clinician, arrange home-delivered meals, and look for social meals or support.

Case 2. Coughing at meals

After a stroke, Mrs. E coughs when drinking water.

- What is the risk?
- What should happen?

Discussion: Aspiration and pneumonia. Ask the clinician for a speech-language pathologist evaluation; keep her upright and follow advice on drink thickness.

Knowledge check

1. How many older adults face hunger or food insecurity? *(Nearly 14 million)*
2. Name three signs of dehydration. *(Dark urine, dry mouth, dizziness, confusion, constipation)*
3. Who evaluates swallowing? *(A speech-language pathologist)*
4. How long should a person sit upright after eating if they have dysphagia? *(About 30 minutes)*
5. What does IDDSI describe? *(Food and drink texture levels from 0 to 7)*

National Nutrition, Hydration, and Swallowing Checklist

This checklist turns national nutrition programs and safe-swallowing practice into one tool for families, agencies, and clinicians. The "National basis" column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Screen

Action	National basis	Done	Notes
Weight checked regularly; loss reported	Best practice	☐	
Appetite, mouth, and dental problems checked	Best practice	☐	
Swallowing warning signs checked	Best practice	☐	
Food access and living situation checked	CMS HRSN screening	☐	

B. Daily care

Action	National basis	Done	Notes
Protein and balanced meals offered	ADA 2026; Dietary Guidelines	☐	
Drinks offered through the day	Best practice	☐	
Prescribed texture followed (IDDSI level)	IDDSI; SLP orders	☐	
Upright during and after meals	Best practice	☐	
Daily mouth care	Best practice	☐	

C. Connect

Action	National basis	Done	Notes
Senior Nutrition Program referral if needed	Older Americans Act	☐	
SNAP or food program screening	USDA	☐	
Speech-language pathologist referral for swallowing signs	Best practice	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

ACL: Senior Nutrition Program (acl.gov)

Meals on Wheels America: 2026 National Snapshot sources (mealsonwheelsamerica.org)

Diabetes on the Net: ADA Standards of Care 2026 factsheet (diabetesonthenet.com)

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