the **EAT** Blog







Maximizing Patient Outcomes: Why the EATBar is a Must-Have in Clinical Practice

Using the EATBar in Clinical Practice

Our co-founder is a Speech Language Pathologist. During her years of clinical practice, whether performing evaluations or conducting a therapy session, she imagined different product ideas that could make her job easier. "What if I had a wafer to try with this patient"? "Wouldn't it be great if I had a bolus with strong flavors for a patient who has taste distortion from medical treatments"? These ideas and many others provided the inspiration for the EATBar.

It's so exciting to hear directly from clinicians how they are now using the bars in exactly the way we envisioned.

Evaluations:

As a clinician have you found yourself in a situation where you have presented all of your liquids and purée to your patient and are heading for a cracker or cookie but are hesitant wishing you had another option that provided something in-between. Maybe your patient is weak or compromised and you have concerns about trying a solid bolus. That's where a transitional food such as the EATBar can be used. Break off a small piece of the bar. Once the bar is moistened and mixes with saliva it starts to disintegrate to a paste/mince moisten consistency. This can give you a good indication if you wish to move to a more solid bolus or if the patient may need to remain on a pureed consistency.

Treatment:

There may a variety of reasons why a patient is placed on a pureed diet (level 4/idssi.org) as the safest diet consistency. We all know this restriction can be difficult for some patients and truly impacts their quality of life. This determination presents an opportunity for a therapist to perhaps use theEATBar or other transitional foods as a therapy tool specifically for these patients. During therapy, they will allow the patient to try small bites. This goal can assist with tongue mobility and strength as well as provide a satisfying crunch that can lift spirits. Working with an EATBar during therapy may be a wonderful way to help safely transition someone to solid foods (iddsi levels 5-7).

Dietitians:

Can you identify with any of the following examples regarding the patients you serve?

- Patients who have little or no appetite
- Patients who are taking a lot of medications and require food in their stomach prior to taking their meds
- •Patients who have sarcopenia and complain that normal foods take too long to chew and are burning more calories chewing than actually ingesting
- •Alzheimer's patients who wander and continue to burn calories and can't keep on weight
- •What about your food waste at your facility? Any concerns?

Providing food that residents will actually eat and enjoy is a win-win for everyone. Perhaps pair the EATBar with an apple at snack time or add an EATBar to a meal or the Bar alone as a latenight snack. We also recommend the EATBar for those patients following the iddsi diet (iddsi.org) that need a level 5 portable snack.