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Market



INNOVATIONS SERVICES

NUTRITIONAL CONSULTING PROGRAM

DIET MANUAL

Fourth Edition

Compiled by

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Preface

This Diet Manual is designed as a resource to guide and assist the physician, dietitian, dietary staff and other members of the healthcare team to promote optimal nutritional care for all residents. It represents the clinical dietitian's interpretation of current concepts of geriatric nutrition and has been approved by the medical staff. It was developed in accordance with applicable codes. (See box below).

Descriptions and Indications for each diet are provided. A statement of nutritional adequacy of each diet is included (using The Tuft's My Plate for Older Adults which is based on the National Research Council's Recommended Dietary Allowances [RA]).

Physicians are requested to read and follow the procedure for ordering diets. Diet orders which adhere to the facility's diet philosophy will result in prompt and accurate service by the nutrition staff.

A registered and licensed dietitian is available from Innovations Services for clarification of any aspect of the Diet Manual.

Paragraph (E) of Rule 3701-17-18 of the Administrative Code of Ohio specifies, "Menus shall be varied and be based on a standard meal planning guide published, or approved by a licensed or registered dietitian in accordance with acceptable standards or practice, or both." Paragraph (B) of the Rule specifies, "Each nursing home shall provide at least three nourishing, palatable, and appetizing meals daily to all residents at regular hours. The meals shall provide the dietary referenced intake of the "Food and Nutrition Board" of the "National Academy of Science." Paragraph (F) provides that, "Food shall be prepared and served in a form that meets the resident's needs based on the assessment conducted pursuant to rule 3701-17-10 of the Administrative Code."

Legal Terms (Disclaimer, Deviations and Copyright)

Disclaimer of Your Warranty

This Manual does not have a warranty. Using this Manual indicates that you accept the views of Innovations Services. Innovations Services is in no way responsible for user's interpretations of this manual and accepts no responsibility for intentional deviation from standards and procedures. This Manual of nutritional care has been written as a practical reference and as a guide to assist the physician, dining services manager, dining services staff, dietitian and other members of the health care team. It represents the clinical dietitian's interpretation of current concepts of geriatric nutrition and has been approved by the medical staff.

Right to Deviate from Clinical Standard and Steps

These standards and steps represent the expected standard of practice of clinical nutrition services. These standards and steps are based on standards of practice in the field of dietetics and on current research findings. Some cases will fall outside of standard and steps and will need to be addressed as deviations from standards and steps. This statement protects the dietetics professional's qualified right to deviate from standards and steps when warranted.

Copyright

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Section One: General Information

Approval Form

This policy and procedure book and Diet Manual is the approved guide for medical nutrition therapy and for normal and modified diets ordered by physicians at this facility in the care and treatment of patients. This Manual has been approved by the Administrator, Medical Director, Director of Nursing, Registered Dietitian, and Dining Services Director.

Approved for Use In:

Facility

Location

Administrator

Date

Medical Director

Date

Director of Nursing

Date

Dietitian

Date

Dining Services Director

Date

Philosophy of Diet and Nutrition Therapy for Skilled Nursing Communities

The registered dietitians at Innovations Services have developed this Manual around one concern - promoting the best possible nutritional status of the individual in long-term care. We are dedicated to providing state of the art nutritional care and education to the residents, nursing home professionals and associates. It is our goal to enable the professionals and associates to provide each resident with the necessary care and services to maintain the highest practicable, physical, mental, and psychosocial well-being. Meal times should be enjoyable and dietary restrictions are imposed only when necessary to maintain the health and preserve the safety of the individual.

It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older residents in long-term care facilities may be enhanced by liberalization of the diet prescription. The Association advocates the use of qualified dietetics professionals to assess and evaluate the need for medical nutrition therapy according to each person's individual medical condition, needs, desires, and rights. (An overview and abstract of the complete 11-page report is located in the appendix section of this Manual.)

POLICY

It is a federal regulation (standard of Centers for Medicare & Medicaid Services (CMS)) that:

Menus meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council and the National Academy of Sciences.

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

Foods must be prepared by methods that conserve nutritive value, flavor, and appearance.

Summary of House Diets

POLICY

A diet order must be written in the medical record before the resident can be fed. If the diet order is a combination of two or more diets, all diets must be included in the current order. If the diet is a combination of two consistencies, the primary consistency should be stated first. For example: Mechanical with puree meats.

The following identifies the various diet orders and the individual responsible to initiate the order:

I. PHYSICIAN ORDER REQUIRED

Diet Order	Description of Diet
Regular Diet	Provides approximately 1900-2100 kcal, 70-80 Grams of protein, 4-6 grams of sodium, and has no dietary modifications.
Mechanically Altered Diet	Provides fork tender meats {ground or finely chopped as needed}, no large nuts or seeds are served, and raw fruits and vegetables are chopped finely.
Pureed Diet	All food is pureed to a mashed potato consistency. Fruit or vegetable juices, meat broths or milk should be used. Certain foods may require food thickener if the final product is unacceptable, such as melons or lettuce.
Low Concentrated Sweets	Provides approximately 1700-2100 calories, Regular diet is provided with no sugar added desserts, ½ servings of Regular desserts, and/or fruit in juice {no heavy syrup}.
1500 calorie	Provides between 1400-1600 calories, consistent amount of carbohydrates are provided each meal, fruit or no sugar added desserts.
1200 calorie	Provides between 1100-1300 calories, consistent amount of carbohydrates are provided each meal, fruit or no sugar added desserts.
No Added Salt	No salt packet given at table. Mrs. Dash offered in place of salt ***Salt Substitute is not given without a MD order.
Low Salt	Approximately 2000 mg Sodium Restriction. No salt packet given at table, no high sodium meats, gravies, or soup provided. Low sodium products given as able {e.g. condiments, soups, gravies}. ***Consult dietitian before ordering.
Renal	Approximately 1900 calories and 3 grams of potassium provided. Limits high potassium and phosphorus foods and provides 7-14 extra grams of protein.
Low-Fat/Low Cholesterol	Provides approximately 1900 calories. High fat meats, fried foods, hydrogenated pie crusts, and organ meats are omitted. Skim milk is provided and eggs are limited to 3x/week (or cholesterol free egg product may be served daily).
Fluid Restriction	Dietary and nursing allotments specified
Thickened Liquids	Honey, Nectar, or Pudding Consistency is served.
No Seconds	Staff recommends a physician order if necessary.
Supplements	Include: Health Shake, Magic Cup, Ensure Plus, Ensure Pudding, Nutritious Juice, Carnation Instant Breakfast, Prosource, Beneprotein, etc. (See following information and facility formulary.)

II. PHYSICIAN ORDER RECOMMENDED

(Order recommended to increase physician awareness)

- Lactose Restricted (Lactose reduced milk can be served. Regular milk and dairy products are not served.)
- High Fiber
- Fortified Foods
- Fiber Restricted
- Special Foods at meals (e.g. finger foods)

III. STAFF APPROACHES

(No physician order needed)

- Snacks 10, 2, HS
- Small Portions
- Large Portions

Letter to the Physicians Regarding House Diets (includes Holiday Exceptions)

Summary of House Diets at _____
(facility name)

Dear Dr.: _____

It is our policy to request a standing order from the physician that states, "Regular Diet on holidays or special occasions." A Regular Diet, with no medical modifications, will be served on these occasions. Consistency modifications (mechanical soft or pureed) will continue to be followed using the regular menu items.

In addition, special functions at this facility, such as _____

involve food, but not an entire meal. If residents on modified diets are to have the regular foods served at these functions, approval in writing must be a part of the physician's standing orders.

The following "House Diets" (see attachment) are served in this facility and are printed on our menus. Physicians are requested to please read and follow the procedure for ordering diets. Diet orders which adhere to the facility's diet philosophy will result in prompt and accurate implementation by the nutrition staff. Consistent interpretation and use of terminology can help avoid any misunderstanding of the diet as ordered.

Sincerely,

Signature _____

How to Process Diet Orders

POLICY

Resident will receive diet as ordered in medical record and approved by physician.

PROCEDURE

1. After a diet order is approved by the physician, the nursing staff will send a completed diet order form to the dining services director. Verbal orders must be confirmed with a written order in the resident's medical record.
 2. The Dining Services Director will review the form, and if it is not completed properly, will return it to the nursing staff for further review. Diet order must state all restrictions when any of the diet order is modified.
 3. The Dining Services Director will then make a tray card using the exact terminology and information given on the diet order form.
 4. The diet order form will be stored in the dietary office for a minimum of one year.
- All 4 steps will be followed with each new or changed diet order.
 - When a Dining Services Director is not present and a diet order is received, the cook in charge will follow steps 1-4.

Diet Order Form

The screenshot displays the 'Resident Ticket Manager' software interface. At the top, there is a menu bar with options: File, Edit, Insert, Records, Window, and Help. Below the menu bar, the title 'Resident Ticket Manager' is prominently displayed in blue, with 'Version 2.2' underneath it. To the right of the title are two buttons: 'New Resident' (green) and 'Delete Resident' (red). Below the title is a 'Resident Search' dropdown menu. The form is divided into several sections: 'Personal Information' with fields for First Name, Last Name, Room #, Active (checkbox), and Comments; 'Dietary Information' with dropdowns for Therapeutic Diet and Liquid Consistency, and a Last Pref. Update field; and a navigation bar with tabs for Breakfast, Lunch, Dinner, Snack, Adaptive Equipment/Utility, Weight History, and Reports. The 'Breakfast' tab is currently selected. Below the navigation bar, there are fields for Breakfast Dining Location, Table #, and Seat #. The main area is divided into three columns: 'Items Given Daily for Breakfast', 'Dislikes', and 'Special Requests'. Each column has a 'Select an item' dropdown, an 'Add' button, and a large empty list box. At the bottom of each list box is a '(Double-Click to Delete)' instruction. The status bar at the bottom shows 'Record: 14 of 81' and 'Form View'.

Food Brought in from Outside the Community

POLICY

This community does allow family members to bring food in from outside the facility and give it to the resident, but we prefer that it is wholesome and you follow all of the "guidelines for families bringing in food" noted on the following page.

Potentially hazardous foods left in a resident's room will be discarded by staff.

Families may not use the equipment in the dining services department to prepare any food brought in from home (Department of Health regulations).

Only foods that are unopened from inspected establishments may be stored in the Dining Services Department. The Dining Services Director may, at any time, choose not to store an item in the Dining Services Department.

PROCEDURE

"Guidelines for Families Bringing Food from Home" brochure should be given to families in admission packet when possible.

Families will notify nursing staff of all food brought in.

Nursing staff will monitor food consumption and will assure food brought in meets dietary restrictions and food consistency requirements as appropriate.

Dining Services Department will send appropriate complements as needed (e.g. napkins, silverware, and beverages) at regular mealtime or at a special time requested by family.

Guidelines for Families Bringing Food in from Home

Food is an important part of the resident's well-being. Food has emotional as well as physical importance. These guidelines are provided to ensure the safety of the resident while allowing families to enhance their loved one's quality of life.

When providing food from home it is important to ensure the meals provide good nutrition and enjoyment, avoid any possibility of food poisoning, and are at the recommended consistency.

Food must be provided in a consistency the resident can tolerate safely. Some residents have dysphasia which affects their ability to swallow and certain consistencies can place the individual at risk for aspiration. Please check with a nurse to see if there are any food or beverage restrictions.

Sweets and snack foods can have a negative impact on nutrition and a resident's condition. Please check with nursing to see if their diet limits what food the resident may have.

Food Safety:

- ❖ Food poisoning could cause serious consequences, especially in the elderly and/or nursing home population.
- ❖ We do not recommend unpasteurized soft cooked eggs due to salmonella risk.
- ❖ Poultry items, stuffed meats, and ground beef have a high incidence of food poisoning and therefore the following guidelines should be reviewed and adhered to closely to minimize the risk of food poisoning:
 - Chilled items should only be outside a refrigerator for a maximum of 2 hours and should be held below 40 degrees F.
 - When microwaving a pre-prepared item, the item should be covered and heated to 165 degrees F then cooled enough to avoid any possible burns.
 - Items should leave the home hot and the time should not exceed 2 hours between completion of cooking and being eaten.
 - Make sure that "ready to eat" items like salads have not been contaminated by exposure to raw meats. This can happen by using the same cutting board and knife to prepare items.
 - All meats and poultry should be well-done (NO RARE or RAW MEATS).
 - After the meal, please take leftovers home or discard them in trash receptacle outside of room.
- ❖ If community allows family to bring resident a refrigerator to store food in the room, a thermometer must be provided to ensure appropriate temperatures are met. Internal temperature of refrigerator must be at 40 degrees or less. Refrigerator must be cleaned at a minimum once a month. Any outdated food must be discarded.
- ❖ Please let the dining services or nursing department know if you have any additional questions.

Honoring Preferences, Making Substitutions

POLICY

It is a federal regulation that residents must be offered a nutritionally equivalent substitute when foods are refused.

PROCEDURE

Food preferences are obtained as part of the admission process by the Dining Services director or designee. It is the resident's right to refuse menu items served but it is dietary's responsibility to recommend a substitute of equal nutritive value (e.g. residents who refuse roast beef should be offered another protein-based food).

Dislikes obtained should be written on the Food Preferences Form and then transferred to the diet card. Tray card should be reviewed carefully at all meals and a substitute of equal nutritive value should be substituted. The Food Preferences Form (dated and signed) is then placed in the dietary section of the medical record. If resident has numerous dislikes, the registered dietitian is to meet with resident and discuss proper nutrition, substitutes, and make recommendations accordingly.

Staff should monitor all meals and if resident is eating less than or equal to 75 percent of the meal, a substitute should be offered. If resident is unable to communicate or is non-verbal, a physical offering of alternate foods should be made.

It is the Dining Services Department's job to work with the resident to assure proper nutrition is maintained.

Food Preference Form

Resident name _____

Today's date _____

Admission _____

Six month review _____

Special request _____



MARK ONLY IF THE FOOD ITEM IS A DISLIKE OR FOOD ALLERGY

Meats / Entrees

Baked Fish	
Beef cubes	
Chicken breast	
Chicken Leg	
Chicken nuggets	
Chicken patties	
Chicken salad	
Chicken Wings	
Deli turkey	
Fried fish	
Ground beef	
Meatloaf	
Poached fish	
Pork chops	
Pork cubes	
Pork loin	
Roast beef	
Seafood salad	
Shredded Chicken	
Shredded Pork	
Shrimp cocktail	
Shrimp fried	
Sausage	
Sloppy Joes	
Tuna salad	
Turkey breast	
Turkey Legs	
Turkey salad	

Soups / Sauces

Mushroom	
Seafood Chowder	
Sweet & sour sauce	
Mayo	
Tomato sauce	

Starches

Bake potatoes	
Baked beans	
Boiled potatoes	
Brown rice	
French fries	
Fried potatoes	
Mashed potatoes	
Red potatoes	
Rice	
Scalped Potatoes	
Tator tots	

Vegetables/Starches

Asparagus	
Beets Harvard	
Beets pickled	
Broccoli	
Brussels sprouts	
Cabbage	
Carrots	
Cauliflower	
Celery	
Corn	
Corn on the cob	
Cream corn	
Cucumber	
Eggplant	
Fr cut gr beans	
Fresh carrots	
Collard greens	
Gn bean cass	
Green beans	
Lentils	
Lettuce	
Lima Beans	
Mushrooms	
Onions	

Peas	
Peppers ,green	
Red cabbage	
Red onion	
Sauerkraut	
Spinach	
Squash	
Stew tomatoes	
Sweet potatoes	
Tomato	
Zucchini	
Combination Veg list	

Fruits

Apples	
Cantaloupe	
cherries	
Grapes	
Honey Dew	
Kiwi	
Lemons	
Oranges	
Peaches	
Pears	
Pineapple	
Plums	
Prunes	
Raisins	
Watermelon	

Breakfast Items

Bacon	
bolled eggs	
Cold cereal	
Cream beef	
Crepes	
Fr Toast	
Hash browns	
Hot cereal	
Omelets	

Pancakes	
Sausage links	
Sausage patties	
Scrambled	
Waffles	
Juices	
Apple	
Combinations	
Cranberry	
Grape	
Orange	
Pineapple	
Prune	
Tomato	
V-8	
other	
other	
other	
other	
other	
other	

Breads

White	
Wheat	
Rye	
Sour dough	

Desserts

Chocolate Cake	
Chocolate Chlp ck	
Oatmeal	
Sugar	
Peanut butter	
White cake	
Jell-O	
Pudding	
other	
other	
other	
other	
other	
other	

COMMENTS

Do you have any ethnic or religious preferences?

Do you have any food allergies?

Patient/Resident's Right to Refuse

STANDARDS

It is facility standard that we provide our residents with nourishing and well-balanced meals, which meet their specific needs, dietary restrictions, enhancements, and/or consistency modifications, to ensure optimal health. The diet ordered is requested and approved by the physician and it is not recommended that a resident deviate from the order. When a resident makes requests for food items that do not fall within their specific diet guidelines, there is a conflict between the patient care goals of "protection of resident's rights" versus "protection of health and safety."

- ❖ Health and Safety when referring to a diet order include: fluid overload; uncontrolled blood sugars; increased risk for falls; increased risk for skin breakdown; choking; aspiration pneumonia; cardiac arrest; stroke; excessive weight gain, etc.

It is our philosophy that we will not make exceptions for food consistency modifications without the physician's approval and only make therapeutic exceptions on diet holidays (see section one—letter to physicians) and/or with written "refusal to follow diet order prescribed against medical advice" form signed by resident, or Power of Attorney if resident is unable. The resident and his/her family must realize that the resident lives in a skilled nursing facility because of his/her need for medical and nursing care.

PROCEDURES

Make sure the resident and family are aware of their diet order and reason for restrictions or modifications. It is facility policy that families are notified of all new diet changes/physician orders.

When a resident makes a request for a food item other than those served, a supervisory member of the Dining Services Department will review the Diet Manual to determine if the food item falls within dietary guidelines. If the food item does not, the dietary department will suggest other foods that can be offered, consistent with the diet. Explain to resident that he/she has a doctor's order for "specific diet" and that the dietary department cannot honor a request for that food at this meal, but that someone will look into the matter soon (report incident to Nursing, Speech Therapist and/or Dietitian).

If diet order is deemed to be necessary by physician and dietitian, resident and/or family has been educated on rationale for diet order, and resident still requests food items which deviate from diet restrictions/modifications, a "refusal to follow diet order prescribed against medical advice" form is to be signed and dated by resident or Power of Attorney. This form should be placed in the dietary section of chart and the diet order should reflect resident's wishes (i.e. mechanical soft diet with regular foods as requested).

Waiver: Resident Refusal to Follow Diet Order

I, _____ (patient or responsible party), request that _____ (facility name) allow _____ (patient's name) to have a _____ diet (name specific therapeutic and/ or mechanically altered diet).

I understand that s/he has been ordered a _____ (diet) by his or her treating physician. I also understand that consumption of the patient's alternate diet may be potentially harmful to the resident/patient.

By signing this document I state that I have been provided education about the risks of this decision, I have been given ample opportunity to ask questions and I understand what I have been told.

Resident/ Patient (or Responsible Party) (Signature)

Date _____

Representative from facility (name and title) (Signature)

Date _____

Witness (name) (Signature)

Date _____

Interpretation of Non-House Diets

POLICY

Standard diet orders are as outlined in the Diet Manual. Diet orders must be approved by the physician and written in the medical record.

When a diet order is written in general terms, or terms other than specified in the Diet Manual, clarification will be requested. If clarification order is not obtained, the following interpretations will be utilized:

Diets in bold are those recommended to choose from first!!!

Note: Diets may also be combined with the exception of Regular...for example an incorrect combination would be Regular, NAS. The diet order should simply be ordered as NAS only.

Food Restrictions will be listed under the dislikes area on the tray ticket

If this is ordered:	Interpret the diet as:
Regular, House Diet, Level IV	Regular Diet
1800 ADA, No added Sugar, No sugar, House Diabetic, Liberalized Diabetic	Low Concentrated Sweets (LCS)
1500 ADA, Weight Control, Carb Control	1500 Calorie Carbohydrate Controlled (Kitchen will follow spreadsheet for 1500 diet and give HS snack consisting of one starch and one protein)
Bland, Ulcer Diet	Bland (Kitchen will give decaf tea and coffee, no pepper, no chili powder, no caffeinated soda, and no citrus)
Low Salt, Low NAS, Salt Free, 3 or 4 Gram, Salt or Sodium Restricted	NAS (Kitchen will give Mrs. Dash and Salt Substitute will only be provided with a MDs Order)
2 Gram, 1 Gram Sodium	Low Sodium (Kitchen will treat diet as NAS but will not give salty meats [ham/breakfast meats], regular luncheon meats, high sodium gravies, or high sodium soups).
Low Fat, Low Cholesterol, or Gall Bladder Diet	Low Fat/Low Cholesterol (Kitchen will give regular diet and limit fatty meats (i.e. sausage/bacon), fried foods, limit egg yolks to 3xs a week, and provide lower fat condiments as available)
Cardiac Diet or Heart Healthy Diet	NAS and Low Fat/Cholesterol diet provided (if order states Cardiac/2 gram...then order Low Sodium and Low Fat/Cholesterol)
Renal Diet, 4, 3 or 2 Gram Potassium, Low potassium, Low Phosphorus, Low K+, Low PHOS.	Renal (Low Sodium Diet w/ high K+ and high Phosphorus foods omitted or restricted... provides approx. 3 grams K+ daily)
Low Lactose, Lactose Free Diet	Lactose Restricted (Not Lactose Free)
Liquid Diet, Full Liquid	Full Liquid Diet (includes milk and milk products... please notify dietitian if on greater than 3 days)
Low Protein Diet, Limited Protein, Restricted Protein	Limited Protein Diet (Provides approximately 40 Grams of protein... milk is limited to 16 oz. daily and only 2 oz. meat/meat substitute provided at lunch and dinner)
Dysphasia Diet	Pureed with honey thickened liquids
Soft, Ground, Chopped, Mechanical and Dental Soft Diet, Level II and III	Mechanical Soft (Meats are ground...softer side items substituted for menu items on occasion)
Blended, Blenderized, Level I	Puree
Low Residue, Low Roughage, Low Fiber	Fiber Restricted (Kitchen will not give high pulp juices, bran, fresh fruits, whole grain breads, corn, nuts or beans/lentils...green and wax beans OK)
Diverticulitis	Diet order with No Nuts, Seeds, Raisins, Berries or Corn
High Calorie, Fortified	Fortified Foods (Diet given as ordered with fortified juice milk soup starch and/or pudding)
High Fiber	High Fiber (Kitchen to give bran or prune juice each morning and whole wheat breads given)

Section Two: Menus and Special Diets

Normal Nutrition

Indications

Residents/Patients who have not been prescribed a special diet shall receive one of the variations of the Normal Nutrition Diets, based on the respective Description and Indications:

- Regular Diet
- Small/ Large Portions
- 6 Small Feedings
- Finger Foods Approach

Nutritional Adequacy

Normal Nutrition Diet Menus will be based on the guidelines provided by “Tufts University MyPlate for Older Adults” and approved by a registered dietitian. Basic guidelines are listed here:

Dry Beans, Nuts, Fish, Poultry, Lean Meat, or Eggs

2 or more servings

- When a 2000 calorie diet is provided 5-6 ounces of protein is provided daily
- Serving size: 1-1 ½ cup cooked lentils/dry beans, 4 tbsp. peanut butter, 2-3 oz. meat/fish, ½ cup tuna, 1 egg, 2 oz. egg substitute

Milk, Yogurt and Cheese Group (low and non-fat dairy recommended)

3 or more servings of low-fat or non-fat dairy products

- Whole milk may be used per patient’s preference or therapeutically for weight gain
- Serving size: 1 cup milk, 1 cup yogurt, 1 ½ oz. hard cheese

Vegetables (bright colored recommended)

3 or more servings

- Serving size: ½ cup cooked, 1 cup raw, 1 med potato, ½ cup finely chopped raw

Fruits (deep colored recommended)

2 or more servings

- Serving size: 1 med peach/banana, ½ cup canned fruit, ½ cup berries/cut melon, 6 oz. juice

Whole, Enriched, and Fortified Grains and Cereals (whole grains encouraged)

6 or more servings

- Serving size: ½ cup raisin bran, ½ cup oatmeal, 1 oz. slice bread, ½ cup enriched pasta or rice

Other Guidelines: Next Page

Summation of Menu Adequacy

Vitamin C source daily

- Source: citrus fruit, fortified juice 4 ounces or more. Can also be counted towards fruit serving

Iron source daily

- Source: red meat, liver, egg yolks, spinach, bran cereals, dried fruits, enriched breads/cereals

Vitamin A source 3-4 times a week

- Source: Carrots, pumpkin, yams, tuna, cantaloupe, spinach and broccoli

Use fats sugars and salts sparingly (liquid vegetable oils, soft spreads low in saturated and trans fat, and spices to replace salt are recommended)

Increase fiber

- Aim for 25-35 grams daily
- Source: Whole grain breads, rice and cereals, fruits with skin on, bran, commercial supplements
- *Be sure to drink adequate amounts of fluid*

Other Suggestions per MyPlate for Older Adults

- Fluids such as water and fat-free milk recommended
- Physical activity such as walking, resistance training and light cleaning (if approved by physician) suggested

Regular Diet

Description and Indications

The Regular Diet provides a nutritionally balanced diet for residents that do not require any dietary or consistency modifications.

Nutritional Adequacy

The Regular Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. The Diet is designed to meet the **Recommended Dietary Allowance**.

Diet Provides Approximately

CALORIES	1900-2100 kcal
PROTEIN	72-80 GRAMS
FAT	63-70 GRAMS
CARBOHYDRATES	261-289 GRAMS
FIBER	15-20 GRAMS

Diet Order

Diet should be ordered as: **Regular Diet**

Regular Diet, continued

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	3 oz. Roast Beef in wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal	1 dinner roll	1 tsp. mayo
		1 cup tossed salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
HS Snack		
2 oz. cheese		
2 Club crackers		

Small and Large Portions

Description and Indication

Small Portions are usually ordered for residents who need fewer calories than the regular meals provides (for weight loss), and for those residents who habitually refuse meals due to portions being too large. *If small portions are being used because a resident complains the portions are too large, using a larger plate with the same amount of food may be just as effective.* For this Diet we only give 2/3 of the items on the main plate (i.e. 1/3 cup rice instead of 1/2 cup, 2 oz. fish instead of 3 oz. (or give 1/2 of a sandwich), 1/3 cup vegetable instead of 1/2 cup and normal size dessert/fruit).

Large Portions are usually ordered for residents who eat 100% of meals and continue to express hunger or who require additional calories. For this Diet we give 1 1/2 times the normal portion of the items on the main plate (i.e. approximately 4.5 oz. fish, 3/4 cup rice, 3/4 cup vegetable and normal fruit/dessert).

Nutritional Adequacy

These Diets are planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings for each of the basic food groups (with the exception of the vegetable group for small portions). A multivitamin supplement and/or high protein snack or supplement (between meals or at HS) may be recommended with use of a Small Portions Diet.

Six Small Feedings

Description and Indications

This Diet is indicated for residents requiring a post-operative diet, conditions like GERD, restricted portions or with a poor oral intake at meals. This Diet is used for residents who cannot tolerate large amounts of food at one time and, therefore, a regular diet with between meal snacks is not as appropriate. The facility can decide if small portions (2/3 portions of foods on main plate) with nourishing snacks would be feasible or if the food items at each meal need to be distributed throughout the day. See sample menus below.

Nutritional Adequacy

This Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings for each of the basic food groups. Nutritional composition is the same as regular, unless additional therapeutic interventions are in place (i.e. LCS/ 6 small feedings).

Sample Menu

Breakfast	10:00 AM	Lunch	2:00 PM	Dinner	HS Snack
1 slice French toast	1 oz. Raisin Bran	2 oz. grilled fish	4 oz. Beef barley soup	4 oz. Minestrone Soup	6 Vanilla Wafers
2 oz. scrambled eggs		1/3 c rice pilaf	1 pkg of Crackers	½ of a sandwich made with 3 oz. roast beef and 2 slices bread	4 oz. Yogurt
½ cup hot cereal		1/3 c steamed vegetables		1 slice each, lettuce and tomato	
4 oz. Orange Juice		dinner roll		½ c Tossed Salad	
1 tsp. margarine		1 tsp. margarine		1 tbsp. salad dressing	
		1 sl carrot cake	4 oz. Juice	½ c fruit salad	4 oz. Juice
4 oz. Milk	8 oz. Milk	4 oz. Milk	4 oz. Milk	4 oz. Milk	
Coffee		Coffee		Coffee	
Creamer		Creamer		Creamer	
Sugar/Salt/Pepper		Sugar/Salt/Pepper		Sugar/Salt/Pepper	

CR

Breakfast	10:00 AM	Lunch	2:00 PM	Dinner	HS Snack
2 slice French toast	½ cup hot cereal	3 oz. grilled fish	½ c Rice Pilaf		6 oz. Minestrone Soup
2 oz. scrambled eggs				3 oz. roast beef and 2 slices bread	4 Crackers
		1/2 c steamed vegetables		1 slice each, lettuce and tomato	
4 oz. Orange Juice		dinner roll		1 c Tossed Salad	
1 tsp. margarine	Beverage of Choice	1 tsp. margarine		1 tbsp. salad dressing	
		1 sly carrot cake	4 oz. milk	½ c fruit salad	4 oz. Juice or Milk
4 oz. Milk		2 oz. grilled fish		4 oz. Milk	
Coffee		1/3 c rice pilaf		Coffee	
Creamer		1/3 c steamed vegetables		Creamer	

Finger Foods Diet

Description and Indication

The Finger Foods Diet is designed to help maintain independence during meal times for residents who have poor motor function. Usually this Diet is used for Parkinson's disease, Alzheimer's, dementia or hemi-pelagic residents. It is also helpful for residents that are resistant of staff assistance.

The Finger Foods menu provides foods that can be hand-held and not requiring the use of utensils and that are also easy to chew. Other foods like soups, cereals and mashed potatoes may be served in cups or mugs that the resident can hold and eat from without difficulty.

Nutritional Adequacy

This Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basics food group. The Diet is designed to meet the **Recommended Dietary Allowance**.

Finger Foods Diet, continued

Foods Allowed and Foods to Avoid on a Finger Food Diet

Food Group	Foods Allowed	Foods to Avoid
Milk and Milk Products	Ice cream in cones, cheese sauce in a cup, milk, yogurt in cup	Cottage cheese and shredded cheese.
Meats and Meat Substitute	Hard boiled eggs, cooked eggs served in a sandwich, all meats, poultry, lamb and fish cut into strips.	Ground beef, poached eggs and scrambled eggs, baked beans.
Fruits	All fruits that can be hand-held, sliced or cubed.	Crushed fruits, fruits in heavy sauce and applesauce.
Vegetables	All vegetables that can be hand-held, sliced, cubed or wedged.	Creamed corn, whole kernel corn, tossed salad, coleslaw, spinach, sauerkraut
Grains	Soft granola and cereal bars, dry cereals, buttered breads, rolled pancakes, waffles, muffins, noodles.	Rice, cooked cereal, noodles in heavy sauce.
Miscellaneous	Soups and broth served in cups, jelly served in bread, sandwiches cut in quarters, butter served in bread, cakes, ice cream bars and any desserts that can be hand-held, and individual fruit pies.	Puddings, cobblers, margarine served individually,

Diet Order

Diet should be ordered as: **Finger Foods Diet.**

This diet can be combined with other diet orders like: LCS, Finger Foods Diet; NAS Finger Foods Diet, etc...

Finger Foods Diet, continued

Sample Menu

Breakfast	Lunch	Dinner
6 oz. assorted juice	4 oz. Fish Sticks	6 oz. tomato soup in mug
1 oz. Dry Cheerios	8 steak fries	3 oz. Roast Beef in wheat bread
1 hard-boiled egg	½ cup diced vegetables	1 slice each, lettuce and tomato
	1 dinner roll	1 tsp. mayo
1 sl. toast	1 tsp. margarine	1 oz. potato chips
2 sausage links	2 home baked cookies	1 med. apple sliced
8 oz. milk	4 oz. milk	4 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
		***Cut sandwich in quarters
HS Snack		
6 vanilla wafers		
6 oz. juice or milk		

Consistency Modifications

Indications

Patients who have been prescribed a consistency-modified diet shall receive one of the following Diets, based on the respective Description and Indications:

- Mechanical Soft
- Puree
- Clear Liquid
- Full Liquid
- Thickened Liquids

Nutritional Adequacy

Consistency-modified Diet Menus are also based on the guidelines provided by “Tuft’s MyPlate for Older Adults,” however these Diets will receive additional processing to make them suitable for the patient and shall be approved by a registered dietitian.

Mechanical Soft Diet

Description and Indication

The Mechanical Soft Diet consists of foods that are in an easy to chew form. Foods from the Regular Diet menu are mechanically altered, chopped or ground, so it can be consumed by a resident with chewing difficulty. The Mechanical Soft Diet is a step between Dysphasia Mechanical Soft and Regular consistency diet. This Diet is indicated for residents with chewing difficulty, teeth loss, poor fitting dentures, mouth pain, or residents that require extensive time to complete a meal. The goal of the Mechanical Soft Diet is to improve or maintain the resident's nutritional status and provide safe feeding.

Nutritional Adequacy

The Mechanical Soft Diet is nutritionally equivalent to the Regular Diet unless any other therapeutic modifications are required.

Example: NCS, Mechanical Soft or Renal, Mechanical Soft.

Mechanical Soft Diet, continued

List of Foods Allowed and Foods to Avoid on a Mechanical Soft Diet

Food Group	Foods Allowed	Foods to Avoid
Fats	Salad dressings, butter, oils, shortening. All fats and oils	None
Miscellaneous	All beverages, all soups, cakes, brownies, custard, ice cream, spices and condiments	Items that contain dried fruits, nuts or coconut
Milk	All	None
Meats	Ground meats and poultry with gravy, ground lunch meats and hot dogs, chipped lunch meat, ground sausage, soft boneless fish (when baked), soft casserole (with no larger than bite size pieces of fork-tender meat), meatloaf with gravy, soft fork-tender meatballs, soft cheese, eggs and eggs substitute.	Whole meats and poultry, whole hamburger patties, hard cheese or any difficult to chew meats. FYI: All fried meats need to be ground (even fish). Up to facility of chopped crisp bacon is appropriate.
Vegetables	All cooked vegetables, vegetable juice and "finely" chopped softer raw vegetables as tolerated (salads and coleslaw needs to be finely diced).	Whole raw vegetables. Raw vegetables with skins. Crunchy raw vegetables (radishes, celery, carrots).
Fruits	Soft fresh fruits like bananas, plums, nectarines. All fruit juices, canned fruit (except tropical fruit) and cooked fruits.	Hard fresh fruits like pears, pineapple, apples, and dried fruits. Melon that is not soft. Canned tropical fruit.
Starches	Pancakes, French toast, bread, rolls, buns, crackers, muffins (no seeds, nuts or dried fruits), cooked and dry cereal, rice, potatoes without skin, pasta, fries that are not "crispy" (i.e. JoJos).	Any items that contains nuts, dried fruits or coconut flakes, potato skins, hard chips and Granola. All "crispy" fried foods like French fries

Mechanical Soft Diet, continued

Diet Order

Diet should be ordered as: **Mechanical Soft Diet**. If any other texture modification is needed this should be specified in the order like: Mechanical Soft Diet with Pureed Meats.

Sample Menu

Breakfast	Lunch	Dinner
2 sl. French toast	3 oz. flaked grilled fish (boneless)	6 oz. Minestrone soup
2 oz. scrambled eggs	½ cup rice pilaf	3 oz. chopped roast beef in wheat bread, no seeds
½ cup hot cereal	½ cup well steamed broccoli	¼ cup finely chopped lettuce and tomato
	1 slice carrot cake no nuts	1 tsp. mayo
	1 dinner roll	½ cup finely chopped/ diced salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. salad dressing
6 oz. orange juice		½ cup fruit cocktail
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
2 oz. soft cheese		
2 club crackers		

Dysphagia-Mechanical Soft Diet

Description and Indication

The Dysphagia Mechanical Soft Diet consists of foods that are in an easy to chew form and avoids foods that are easily aspirated and/or choked. The Dysphagia Mechanical Soft Diet is a step between Pureed and Mechanical Soft consistency. This Diet is indicated for residents with dysphagia and chewing difficulty, teeth loss, poor fitting dentures, mouth pain, or residents that require extensive time to complete a meal. The goal of the Dysphagia Mechanical Soft Diet is to improve or maintain the resident's nutritional status and provide safe feeding.

Nutritional Adequacy

The Dysphagia Mechanical Soft Diet is nutritionally equivalent to the Regular Diet unless any other therapeutic modifications are required.

Example: NCS, D-Mechanical Soft or Renal, D-Mechanical Soft.

Dysphagia-Mechanical Soft Diet, continued

List of Foods Allowed and Foods to Avoid on a Dysphagia Mechanical Soft Diet

Food Group	Foods Allowed	Foods to Avoid
Fats	Salad dressings, butter, oils, shortening. All fats and oils	None
Miscellaneous	All beverages, Pureed Soups or Nectar Thickened Soups, cakes, brownies, custard, ice cream, spices and condiments	Items that contain dried fruits, nuts or coconut. Chunky soups with thin broth
Milk	All	None
Meats	Ground meats and poultry with gravy, ground lunch meats and hot dogs, ground sausage, ground fish (even when baked), soft casseroles (with no larger than bite size pieces of fork-tender meat) ground meatloaf with gravy, ground meatballs with gray, soft cheese, eggs and eggs substitute.	All whole meats and poultry, whole hamburger patties, hard cheese or any difficult to chew meats.
Vegetables	All cooked vegetables well drained (stringy vegetables should be chopped i.e. spinach, broccoli cauliflower and asparagus) and vegetable juice.	All raw vegetables unless pureed. Whole cooked stringy vegetables (i.e. asparagus, broccoli, cauliflower).
Fruits	Soft fresh fruits like bananas, plums, nectarines. All fruit juices, pureed canned fruit, cooked fruits.	Hard fresh fruits like pears, pineapple, apples, melon, and dried fruits. Non-pureed canned fruit in juice/syrup.
Starches	Pancakes, French toast, bread, rolls, buns, muffins (no seeds, nuts or dried fruits), cooked and dry cereal, club crackers, soft potatoes without skin, pasta.	Any items that contains nuts, dried fruits or coconut flakes, rice, couscous, orzo pasta, saltine crackers, croissants, Jo-Jos, potato skins, all chips and Granola. All "crispy" fried foods like onion rings.

Dysphagia-Mechanical Soft Diet, continued

Diet Order

Diet should be ordered as: **Dysphagia-Mechanical Soft Diet or D-Mechanical Soft Diet**.
 If any other texture modification is needed this should be specified in the order like: D-Mechanical Soft Diet with Pureed Meats.

Sample Menu

Breakfast	Lunch	Dinner
2 sl. French toast	3 oz. ground grilled fish (boneless)	6 oz. puree minestrone soup
2 oz. puree scrambled eggs	½ cup mashed potatoes	3 oz. chopped roast beef and mayo on wheat bread, no seeds
½ cup hot cereal	½ cup well steamed and diced vegetables	
	1 slice carrot cake no nuts	
	1 dinner roll	½ pasta salad or well drained beets
1 tsp. margarine	1 tsp. margarine	
6 oz. orange juice		½ c Puree Fruit Salad
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
2 oz. soft cheese		
4 club crackers		

Pureed Diet

Description and Indication

The Pureed Diet is designed using the Regular Diet and mechanically altering the texture of the food items into a pureed consistency. This Diet is indicated for residents with difficulty swallowing and/ or residents who are unable to tolerate the Mechanical Soft Diet. The goal is to improve or maintain the resident's nutritional status and provide foods that are safe to swallow, minimizing the chance for aspiration problems.

Nutritional Adequacy

The Pureed Diet is nutritionally equivalent to the Regular Diet unless any other therapeutic restrictions are specified. Example: NCS, Pureed, low fat, low cholesterol, Pureed.

Preparation of Foods in a Pureed Diet Menu

Food items must be prepared by using a food processor or blender unless food item is already in a pureed form like: mashed potatoes, custard and strained cream soups. Foods are thickened if necessary to achieve a pudding or mashed potato consistency using commercial food thickeners or food items like mashed potato flakes. At times it may be necessary to add liquid instead of thickening the food. Liquids used include: gravies, broth, juices or milk. Water is not used since it causes flavor loss then resulting in poor intake. Product should NOT have any "pieces" in it and should not be runny unless ordered as "thin" puree.

Pureed Diet, continued

List of Food Allowed and Foods to Avoid on a Pureed Diet

Food Group	Foods Allowed	Foods to Avoid
Fats	All	None
Miscellaneous	Gravy, strained soups, jelly, condiments, herbs	Foods that contain nuts, dried fruits or require any chewing
Milk	All	None
Meats	Pureed meats, Fish, poultry, eggs, legumes, creamy peanut butter, cheese spread, pureed cottage cheese, pureed stews and casserole.	All other meat, any whole meats, hard-boiled eggs or omelet.
Vegetables	Pureed vegetables, vegetable juice	All others
Fruits	Pureed fruits, apple sauce, mashed bananas, fruit juices	All others
Starches	Pureed pasta, rice, mashed potatoes, purred breads, baked goods, pancakes, French toast, hot cereal	Corn, any whole items
Dessert	Gelatin, plain yogurt, pureed fruited yogurt, custard, ice cream, sherbet, plain pudding	Anything not pureed

Pureed Diet, continued

Diet Order

Diet should be ordered as: **Pureed Diet.**

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. pureed fish	6 oz. pureed Minestrone soup
2 sl. pureed French toast (or slurried)	½ cup pureed rice	3 oz. pureed roast beef
2 oz. pureed scrambled eggs	½ cup pureed vegetables	½ c whipped potatoes
		¼ c gravy
		½ c puree carrots
½ cup cream of rice cereal	½ cup chocolate mousse	½ cup pureed fruit salad
	1 dinner roll pureed	
1 tsp. margarine	1 tsp. margarine	
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper

Clear Liquid Diet

Description and Indication

The Clear Liquid Diet is designed to provide oral intake that is easily digested with minimal gastrointestinal tract residue. **No milk products are included in this Diet.** This Diet is used in preparation for diagnostic procedures when a low gastrointestinal residue is required; pre- and post-surgical procedures; during acute gastrointestinal inflammatory conditions; and when other foods and liquids are not tolerated.

Nutritional Adequacy

The Clear Liquid Diet consists mainly of carbohydrates and water. This Diet includes only foods that are clear and liquid at room temperature. This Diet provides about 600-800 calories and should not be used for more than three days due to nutritional inadequacy. If a minimal residue diet is needed for a prolonged time a low residue nutritional oral supplement should be used.

Food Items Recommended on a Clear Liquid Diet

Food Group	Food Items
Milk	None
Meats	None
Starches	None
Vegetables	None
Fruit	All fruit juices except nectars, prune, tomato and any juice with pulp
Fats	None
Dessert	Popsicles, Gelatin, Fruit-flavored ice
Miscellaneous	Coffee, tea, soda, residue free or low residue nutritional oral supplement, broth

Clear Liquid Diet, continued

Diet Order

Diet should be ordered as: Clear Liquid Diet

Sample Menu

Meal	Suggested Meal Pattern	Sample Menu
Breakfast	Fruit juice Broth Gelatin dessert Sweetened beverage Sugar	Apple juice Beef broth Strawberry gelatin Coffee Sugar
Mid-Morning	Carbonated beverage	Ginger ale Cherry Popsicle
Lunch	Fruit Juice Broth Gelatin dessert Sweetened beverage Sugar-sweetened juice	Cranberry juice Chicken broth Cherry gelatin Hot tea Sugar
Mid-Afternoon	Fruit juice	Grape juice Plain hard candy
Evening Meal	Fruit juice Broth Gelatin dessert Sweetened beverage Sugar	Strained orange juice Beef broth Raspberry gelatin Iced tea Sugar
Bedtime	Gelatin dessert	Lime gelatin

Full Liquid Diet

Description and Indication

The Full Liquid Diet is designed to provide adequate nutrition in the form of liquid or food that will be liquid when ready to be consumed. This Diet is indicated for residents who are being transitioned from a clear liquid Diet to solid foods Diet or for residents that are unable to tolerate solid foods. This Diet is **NOT** recommended for residents with swallowing difficulty for long periods of time.

Nutritional Adequacy

The Full Liquid Diet may be low in protein, niacin, iron and thiamin depending upon menu item selection. Adding an oral nutritional supplement will improve the nutritional adequacy of the Full Liquid Diet. This Diet was not intended to be used for longer than three days. Please inform dietician or diet technician if a resident is on for longer than the three days.

Food Items Recommended on a Full Liquid Diet

Food Group	Food Items
Milk	Milk, milkshakes, buttermilk, yogurt
Meats	None
Vegetables	Strained vegetable juices, strained vegetable soups, puree vegetable soups
Fruits	All fruit juices and drinks
Desserts	Plain ice cream, plain frozen yogurt, custard, plain pudding, sherbet, tapioca
Fats	Margarine, oil and butter
Miscellaneous	Coffee, tea, mild seasoning, broth, bouillon, soda, liquid oral supplements, cream soups, syrup

Full Liquid Diet, continued

Diet Order

Diet should be ordered as Full Liquid Diet

Sample Menu

Meal	Suggested Meal Pattern	Sample Menu
Breakfast	Fruit juice Cereal Fat Milk Beverage Sugar	Apple juice Custard Margarine Whole milk Coffee with creamer Sugar
Mid-Morning	Beverage	Milkshake
Lunch	Soup Fruit juice Gelatin dessert Dessert Sweetened beverage Sugar	Strained cream of celery Apricot nectar Cherry gelatin Ice Cream Coffee with creamer Sugar
Mid-Afternoon	Dessert Fruit juice	Custard Grape juice
Evening Meal	Soup Juice Dessert Beverage Milk Beverage Sugar	Strained orange juice Beef broth Raspberry gelatin Iced tea Sugar
Bedtime	Gelatin dessert	Lime gelatin

Thickened Liquids

Description and Indication

Thickened Liquids are thin liquids that are thickened into three common consistencies: **NECTAR, HONEY and PUDDING** thick liquids. Commercial thickeners are used to thicken liquids to the desired consistency. Thickened liquids are used for residents that have difficulty swallowing thin liquids. Thickened liquids can prevent aspiration and choking. The liquid consistency for each resident with swallowing difficulty is determined by the Speech Pathologist and Physician.

Dietary Services will thicken liquids when they are selected on the menu and/or snacks. Nursing will thicken liquids offered at the bedside and with medications. Dining services will provide purchased thickened liquids and/or thickening powder to the nursing unit as needed.

Diet Order

Diet should be ordered as: **Nectar Thick Liquids, Honey Thick Liquids or Pudding Thick Liquids.**

Thickening Procedures

Most commercial thickeners include directions for getting the right consistency. If directions are not available, use the following guideline:

Nectar Thick	Honey Thick	Pudding Thick
1 tsp. thickener to ½ cup thin liquids	1 ½ tsp. thickener to ½ cup thin liquid	2 tsp. thickener to ½ cup thin liquid

* Pre- thickened liquids may be used upon availability

It is important to know the consistencies so liquids are not too thin or too thick. As a general rule:

Nectar Thick Liquids are easily pourable and are comparable to apricot nectar or thicker cream soup.

Honey Thick Liquids are slightly thicker, are less pourable, and drizzle from a cup or bowl.

Pudding Thick Liquids hold their own shape. They are not pourable and are usually eaten with a spoon.

Thickened Liquids, continued

Comments

- When thickening liquids, add the thickener to the liquid, and stir vigorously for 20 seconds. Allow drink to sit for at least 1 to 2 minutes to get the right consistency before serving.
- If the liquid is too thin, a small amount of thickener can be added until the right consistency is achieved. If liquid is too thick, thin liquid can be added to reduce it to a thinner consistency.
- When thickening hot drinks, be aware that it tends to get thicker as the beverage cools off.
- Residents that receive thickened liquids often do not get enough daily fluids. It is important to provide the resident with thickened liquids between meals to prevent dehydration unless the resident is on a fluid-restricted diet.
- **There are some foods/fluids that appear thickened but melt when they hit the back of the throat and can be aspirated. Examples are gelatin, ice cream (except for magic cup type products) and milkshakes.**

Fluid and Electrolyte-Controlled

Description and Indication

The No Added Salt Diet (NAS) is designed as a liberal sodium control diet to limit the amount of sodium provided to prevent accumulation of fluids in the body. This Diet discourages resident/patient from salting food at the table and salt packets are NOT given on the tray (but this Diet does not restrict any foods in the menu itself). Each facility should limit the amount of sodium in recipes as able. A NAS diet is indicated for residents with conditions like Hypertension, Congestive Heart Failure, Acute and Chronic Renal Disease.

Nutritional Adequacy

The NAS Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings for each of the basic food groups. This Diet is designed to meet the **Recommended Dietary Allowance** and provide approximately 3000-4000 mg of sodium. Mrs. Dash should be provided in place of salt but "salt substitute" can be used only with a Physicians order (due to its high potassium content).

No Added Salt Diet

List of Foods Allowed and Foods to Avoid on a NAS Diet

Food Groups	Foods Allowed	Foods to LIMIT
Milk	All milk and dairy products are allowed on this diet.	None.
Meats	Any fresh or frozen beef, lamb, fish and poultry, peanut butter, dried beans, canned, drained and washed legumes eggs and egg substitute.	None
Vegetables	All fresh or frozen vegetables canned and drained vegetables.	None
Fruits	ALL	None
Grains	Unsalted breadsticks and crackers, white bread, wheat bread, rye bread, muffins, pancakes, biscuits, dinner rolls, cornbread, and waffles.	None
Miscellaneous	Low sodium salad dressings, unsalted butter or margarine, all deserts	None

Diet Order

Diet should be ordered as: **NO ADDED SALT**

No Added Salt Diet, continued

Sample Menu

BREAKFAST	Lunch	Dinner
2 sl. French toast	3 oz. grilled fish	6 oz. Minestrone soup
2 oz. scrambled eggs	½ cup rice pilaf	3 oz. roast beef in wheat bread
½ cup hot cereal	½ cup steamed vegetables	1 slice each lettuce and tomato
	1 slice carrot cake	1 tsp. mayo
	1 dinner roll	1 cup tossed salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. salad dressing
6 oz. assorted juice		½ cup fruit salad
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
	Mrs. Dash	Mrs. Dash
Pepper	Pepper	Pepper
HS Snack		
½ cup fruited yogurt		
2 vanilla wafers		

Low Sodium Diet

Description and Indication

The Low Sodium Diet is designed to limit salt and high sodium foods to avoid the accumulation of fluid and aid in maintaining appropriate fluid and electrolyte balance. This Diet is indicated for residents with conditions like Congestive Heart Failure, Pulmonary Edema, Acute and Chronic Renal Disease, Liver Disease, Hypertension and with certain medications.

Nutritional Adequacy

The Low Sodium Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. The Diet is designed to meet the Recommended Dietary Allowance and provide approximately 2 grams of sodium. Mrs. Dash on trays should be provided in place of salt but **"salt substitute" can be used only with a Physicians order (due to its high potassium content).**

Low Sodium Diet, continued

List of Foods Allowed and Foods to Avoid on a Low Sodium Diet

Food Groups	Foods Allowed	Foods to Avoid
Milk	All milk and dairy products are allowed on this diet. Limit to 16 oz. daily.	High Sodium cheese.
Meats	Any fresh or frozen beef, lamb, fish and poultry, peanut butter, dried beans, canned, drained and washed legumes, eggs and egg substitute.	Any smoked, cured, salted or koshered meats, canned meats, bacon, ham, sausage, pickled eggs, and salted nuts, processed cheese, imitation seafood.
Vegetables	All fresh or frozen vegetables, canned and drained vegetables.	Pickles, sauerkraut, and others prepared in brine.
Fruits	All fresh or frozen	Some dried fruits
Grains	Unsalted breadsticks and crackers, white bread, wheat bread, rye bread, muffins, pancakes, biscuits, dinner rolls, cornbread, and waffles.	Salted crackers, salted pretzels, any bread with salted tops, commercial bread stuffing and crumbs
Miscellaneous	Low sodium salad dressings, unsalted butter or margarine, all deserts	Bacon bits, canned soup, high sodium frozen prepared dinners, canned foods that are high in sodium, snack dips made with instant soup mixes, any seasoning made with salt including garlic salt, celery salt and onion salt. Meat tenderizers, soy sauce Worcestershire sauce, canned gravy and mixes, olives. Instant potatoes.

Low Sodium Diet, continued

Diet Order:

Diet should be ordered as: **Low Sodium Diet.**
A Physicians order is needed for Salt Substitute.

Sample Menu

BREAKFAST	Lunch	Dinner
2 sl. French toast	3 oz. grilled fish	6 oz. low-sodium soup
2 oz. scrambled eggs	½ cup rice pilaf	3 oz. roast beef on wheat bread
6 oz. hot cereal	½ cup steamed vegetables	1 slice each lettuce and tomato
	1 dinner roll	1 tsp. mayo (low-sodium if available)
1 tsp. margarine	1 tsp. margarine	½ cup tossed salad
	1 slice carrot cake	1 tbsp. low-sodium salad dressing
6 oz. assorted juice		½ cup fruit salad
8 oz. milk	4 oz. milk	4oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
	Mrs. Dash	Mrs. Dash
Pepper	Pepper	Pepper
HS Snack		
½ cup fruited yogurt		
2 vanilla wafers		

Fluid Restriction

Description and Indication

Fluid restriction can be ordered with any other diet order. A physician might order fluid restriction for residents with severe edema, electrolyte imbalance, dialysis or pre-dialysis residents and residents with Congestive Heart Failure. The restriction is usually 1200-2000 cc's a day. All fluids have to be calculated for the Diet including fluids needed by the nurse for medicine passage. Fluids are any substances that are liquid at room temperature. Also, foods like watermelon, gelatin and pudding are included because they consist of more than 50 percent water.

Examples of foods or liquids that are considered a part of fluid intake are:

- Water
- Alcohol
- Ice cubes
- Fruit and vegetable juices
- Milk and cream
- Ice cream and ice milk
- Soft drinks/soda pop
- Sherbet and frozen yogurt
- Coffee and tea
- Popsicles
- Gelatin
- Broth
- Soups, Pudding and Watermelon (count half of the total volume towards your fluid restriction. For example if you give 6 oz. of soup which is 180 cc... then count 90cc towards fluid restriction)
- Gravy, Sour Cream, Whipping cream (Count these only if consuming more than 1 serving)

Fluid restriction is usually ordered in ccs. Fluids should be converted into ounces or cups to assure that everyone is familiar with the terminology.

To help measure:

- 2 tablespoons = 1 ounce = 30cc
- 1/4 cup = 2 ounces = 60cc
- 1/3 cup = 2-2/3 ounces = 80cc
- 1/2 cup = 4 ounces = 120cc
- 2/3 cup = 5-1/3 ounces = 160cc
- 3/4 cup = 6 ounces = 180cc
- 1 cup = 8 ounces = 240cc

Fluid Restriction, continued

Type		Amount of fluid in cc's			
Breakfast					
Juice	120	120	120	240	240
Beverage	120	240	240	240	240
Noon Meal					
Beverage	120	240	240	240	240
Evening Meal					
Milk	120	120	120	240	240
Beverage	120	120	240	240	240
HS Snack					
Milk	120	120			
Juice			120	120	240
From Nursing	280	240	420	480	560
Total Fluids in 24 hours	1000	1200	1500	1800	2000

Helpful hints to help with controlling thirst:

- Chewing gum.
- Sucking on a piece of hard candy (not dementia residents due to choking concern)
- rinsing mouth with mouthwash.
- Use a generous amount of margarine with bread. The fat acts as a lubricant.
- Use breath spray.
- Breathing through nose and not mouth.
- Limiting salty foods.
- Sucking on frozen grapes (not dementia residents).

Carbohydrate-Controlled

Low Concentrated Sweets Diet (LCS)

Description and Indication

The Low Concentrated Sweets Diet is designed as a liberal diabetic diet to help limit the amount of simple sugars consumed by the resident. This Diet follows the same diet pattern as regular but only gives ½ servings of regular sugar desserts and/ or uses full servings of low sugar/sugar-free desserts (if facility prefers). The LCS Diet is indicated for residents with hyperglycemia, diabetes or residents who are experiencing continued weight gain on a regular diet.

Nutritional Adequacy

The LCS Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. This Diet is designed to meet the **Recommended Dietary Allowance**.

Approximate calorie distribution for a LCS Diet:

Calories:	1700-2100 Kcal
Carbohydrates:	50-60%
Protein:	20%
Fat:	30%

Diet Order

Diet should be ordered as: **Low Concentrated Sweets Diet or LCS.**

Low Concentrated Sweets Diet, continued

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	3 oz. Roast Beef in wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal	1 dinner roll	1 tsp. mayo
		1 cup tossed salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1/2 slice carrot cake (~1"x1")	½ cup fruit salad
HS Snack		
2 oz. cheese		
2 Club crackers		

Consistent Carbohydrate Diet (CCHO)

Description and Indication

The Consistent Carbohydrate Diet is designed to help better regulate blood glucose levels when compared to the more liberal low concentrated sweets diet. This Diet concentrates on the amount of carbohydrates provided in a whole meal and/or snack versus just limiting desserts and refined sugar. It is also important to keep meals at approximately the same time each day and distribute daily allotted carbohydrates equally amongst meals (including an HS snack that has no more than half the carbohydrates allowed at mealtime).

Nutritional Adequacy

The Consistent Carbohydrate Diet is designed to meet the **Recommended Dietary Allowance** and meets the minimum requirements of the Tufts MyPlate for Older Adults. Daily nutrient breakdown is approximately 50% calories from carbohydrates, 20% calories from protein and 30% calories from fat. Meal breakdown for carbohydrate is 60-75 grams of carbohydrate and snack breakdown for carbohydrate is 15-30 grams of carbohydrate.

Diet Order

Diet should be ordered as: Consistent Carbohydrate or CCHO

Staff at most institutional settings is unable to count carbohydrates with residents/patients and then administer insulin according to actual intake... so, a standardized consistent carbohydrate menu is an optimal diet choice for those needing better blood glucose control.

When a dietitian is writing a meal plan, sugar containing foods may be substituted for other carbohydrate containing foods as long as the total amount of carbohydrates allowed is adhered to and nutritional requirements are met. For example 1/2 c baked apples can be substituted for an apple and a slice of bread.

Consistent Carbohydrate Diet, continued

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
1 slice French toast	½ cup rice pilaf	3 oz. Roast Beef in 2 slices wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal		1 tsp. mayo
SF Syrup		1 cup tossed salad
1 tsp. margarine		1 tbsp. Salad dressing
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1/2 slice carrot cake	½ cup fruit salad
HS Snack		
2 oz. cheese		

Calorie and Carbohydrate-Controlled

Calorie and Carbohydrate-Controlled Diet

Description and Indication

The Calorie and Carbohydrate- Controlled Diet is designed as a “strict” calorie controlled diet and is based on 50% calories from carbohydrates, 20% calories from protein and 30% calories from fat. This Diet is indicated for residents with diabetes that require a certain calorie level for weight loss or gain.

Nutritional Adequacy

This Diet is planned according to the Tuft’s Food Guide Pyramid for Older Adults to provide a balanced diet that meets the required number of servings for each of the basic food groups with the exception of the bread/cereal group. Depending on calorie level, this Diet may be low in calcium. A multivitamin and or calcium supplement may be recommended with this Diet.

Diabetic Exchange

The exchange system groups foods into one of six categories: starches, meat, vegetables, fruits, milk, and fats. Serving for serving, foods in each of these categories have similar amounts of carbohydrate, protein, and fat. This means that each food in a particular category can be “exchanged” for another food in that same category. The objective of using diabetic exchange lists is to maintain the proper balance of carbohydrates, proteins, and fats throughout the day.

The following are some general rules:

- As mentioned above, the diabetic exchanges groups’ foods into one of six different categories according to similar calorie, carbohydrate, protein, and fat content; these are starch/bread, meat, vegetables, fruit, milk, and fat. A person is allowed a certain number of exchange choices from each food list per day.
- The amount and type of these exchanges are based on a number of factors, including the daily exercise program, timing of insulin injections, and whether or not an individual needs to lose weight or reduce cholesterol or blood pressure levels.

Calorie and Carbohydrate-Controlled Diet, continued

- Foods can be substituted for each other *within* an exchange list but not *between* lists even if they have the same calorie count.
- In all lists (except in the fruit list) choices can be doubled or tripled to supply a serving of certain foods. (For example 3 starch choices equal 1.5 cups of hot cereal or 3 meat choices equal a 3-ounce hamburger.)
- On the exchange lists, some foods are "free." These contain fewer than 20 calories per serving and can be eaten in any amount spread throughout the day unless a serving size is specified.

Exchange List Categories

The following are the categories on exchange lists:

Starches and Bread. Each exchange under starches and bread contains about 15 grams of carbohydrates, 3 grams of protein, and a trace of fat for a total of 80 calories. A general rule is that a half-cup of cooked cereal, grain, or pasta equals one exchange. One ounce of a bread product is 1 serving.

Meat and Cheese. The exchange groups for meat and cheese are categorized by lean meat and low-fat substitutes, medium-fat meat and substitutes, and high-fat meat and substitutes. Use high-fat exchanges a maximum of 3 times a week. Fat should be removed before cooking. Exchange sizes on the meat list are generally 1 ounce and based on cooked meats (3 ounces of cooked meat equals 4 ounces of raw meat).

Vegetables. Exchanges for vegetables are 1/2 cup cooked, 1 cup raw, and 1/2 cup juice. Each group contains 5 grams of carbohydrates, 2 grams of protein, and 2 - 3 grams of fiber. Vegetables can be fresh or frozen; canned vegetables are less desirable because they are often high in sodium. They should be steamed or cooked in a microwave without added fat.

Fruits and Sugar. Sugars are included within the total carbohydrate count in the exchange lists. Sugars should not be more than 10% of daily carbohydrates. Each exchange contains about 15 grams of carbohydrates for a total of 60 calories.

Milk and Substitutes. The milk and substitutes list is categorized by fat content similar to the meat list. A milk exchange is usually 1 cup or 8 ounces. Those who are on weight-loss or low-cholesterol diets should follow the skim and very low-fat milk lists -- while avoiding the whole milk group. Others should use the whole milk list very sparingly. All people with diabetes should avoid artificially sweetened milks.

Fats. A fat exchange is usually 1 teaspoon, but it may vary. People, of course, should avoid saturated and trans fatty acids and choose polyunsaturated or monounsaturated fats instead.

Calorie and Carbohydrate-Controlled Diet, continued

Number of Exchanges per Day for Various Calories Levels					
Calories	1,200	1,500	1,800	2,000	2,200
Starch/Bread	5	8	10	11	13
Meat	4	5	7	8	8
Vegetable	2	3	3	4	4
Fruit	3	3	3	3	3
Milk	2	2	2	2	2
Fat	3	3	3	4	5

Calorie and Carbohydrate-Controlled Diet, continued

Sample Menu for 1200 Calorie Carbohydrate-Controlled Diet

Breakfast	Lunch	Dinner
¼ cup unsweetened cereal	2 oz. turkey	2 oz. baked fish fillet
1 orange	2 slices whole grain bread	½ cup brown rice
2 oz. hard-boiled egg	1 sl. ea. lettuce and tomato	½ cup steamed vegetables
	1 packet fat-free mayo	½ cup strawberries
8 oz. skim milk	½ cup sugar-free fruited gelatin	
Coffee or tea	Coffee or tea	Coffee or tea
Nondairy creamer	Nondairy creamer	Nondairy creamer
Sugar substitute	Sugar substitute	Sugar substitute
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
6 oz. low fat yogurt		

Calorie and Carbohydrate-Controlled Diet, continued

Sample Menu for 1500 Calorie Carbohydrate-Controlled Diet

Breakfast	Lunch	Dinner
¾ cup unsweetened cereal	1 cup tossed salad	3 oz. baked fish fillet
1 slice whole grain toast	1 packet diet salad dressing	⅓ cup rice
1 packet diet jelly	2 oz. grilled chicken	½ cup steamed vegetables
1 orange	1 small bun	½ cup strawberries
	4 oz. onion rings (6 small)	
	½ cup diet gelatin	
8 oz. skim milk		8 oz. skim milk
Coffee or tea	Coffee or tea	Coffee or tea
Non-dairy creamer	Non-dairy creamer	Non-dairy creamer
Sugar substitute	Sugar substitute	Sugar substitute
	Salt	Salt
	Pepper	Pepper
HS Snack		
6 oz. low fat yogurt		

Fat-Controlled

Low Fat/Low Cholesterol Diet

Description and Indication

The Low Fat/Low Cholesterol Diet is designed to lower serum cholesterol and other lipids in residents with cardiovascular disease, acute and chronic pancreatitis, malabsorption, high cholesterol, high LDL, and is also used for weight loss purpose. This Diet will provide approximately 1900 calories and aims for less than or equal to 50 grams of fat. High fat meats, fried foods, hydrogenated pie crusts, and organ meats are omitted. Skim milk is provided and eggs are limited to 3 X/week or egg substitute is provided.

Nutritional Adequacy

This Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basics food group. The Diet is designed to meet the **Recommended Dietary Allowance**.

Low Fat/Low Cholesterol Diet, continued

Foods Allowed and Foods to Avoid on a Low Fat/Low Cholesterol Diet

Food Group	Foods Allowed	Foods to Avoid
Milk and Milk products	Skim milk, low fat cottage cheese, yogurt made with skim milk, low fat cheese, dry non-fat milk	Whole milk, cheese made with whole milk, condensed milk, evaporated milk, milk shakes, regular chocolate milk, malts
Meats	All lean meats , beef, fish, poultry, lamb, veal, egg substitute, tuna in water, egg whites	Whole eggs (limit 3 per week), poultry with skin, canned fish in oil, bacon, organ meats, fatty or fried meats, fried eggs
Vegetables	All fresh vegetables	Vegetables prepared in sauces or butter and fried vegetables
Fruits	All fresh Fruits.	None
Grains	Whole grain cereals and breads, rice, pasta, pretzels, popcorn (no fat added), graham crackers, plain dinner rolls, white, wheat and rye bread	Donuts, croissants, egg and cheese breads, coffee cakes, iced cinnamon rolls
Dessert	Sherbet, Popsicles, puddings made with skim milk, vanilla wafers, angel food cake, gelatin, ice cream made with skim milk	Frosted cakes, pies, custard desserts
Miscellaneous	Honey, sugar, syrup, vegetable oil, sunflower oil, soft margarine, spices, mustard, ketchup, jam, jelly, low fat salad dressing	Coconut oil, lard, solid shortening, gravies, butter, whipped topping, cream sour cream, creamed soups made with whole milk

Low Fat/Low Cholesterol Diet, continued

Diet Order

Diet should be ordered as: Low Fat/Low Cholesterol Diet.

Sample Menu

Breakfast	Lunch	Dinner
2 slices French toast (made with egg whites)	3 oz. baked fish	6 oz. Minestrone Soup
2 oz. Egg substitute	½ cup rice pilaf	3 oz. roast beef in wheat bread
½ cup hot cereal	½ cup steamed vegetables	1 slice each lettuce and tomato
	1 dinner roll	1 tsp. fat free or light mayo
Margarine	Margarine	1 cup tossed salad
Syrup		1.5 oz. fat-free or Light salad dressing
6 oz. assorted juice	½ cup fruit gelatin	½ cup fruit salad
8 oz. skim milk	8 oz. skim milk	8 oz. skim milk
Coffee or tea	Coffee or tea	Coffee or tea
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
8 oz. yogurt made with skim milk.		

Miscellaneous

Renal Diet

Description and Indication

The Renal Diet is designed to increase protein intake and limit foods that are high in sodium, phosphorus and potassium. Fluids are also closely monitored and a fluid restriction may be prescribed. The Renal Diet is indicated for residents on Dialysis with the goal of minimizing the amount of waste built up in the blood between dialysis sessions.

Nutritional Adequacy

The Renal Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups except for the dairy group. The Diet is designed to meet the **Recommended Dietary Allowance**. renal vitamin and mineral supplement may be recommended.

Foods High in Potassium (Omit)

APRICOTS	KIWI	POTATOES
AVOCADOS	LEGUMES	*PRUNE JUICE
ASPARAGUS	LIMA BEANS	PRUNES
*BANANAS	MANGO	PUMPKIN
BEETS / BEETS GREENS	MELON HONEYDEW	RAISINS/DRIED FRUIT
BRUSSEL SPROUTS	MILK	SARDINES
*CANTALOUPE	NECTARINES	SPINACH
CHOCOLATE	NUTS AND SEEDS	*STAR FRUIT (CARAMBOLA)
CLAMS	*ORANGE JUICE	TOMATOES (FRESH/JUICE/SAUCE) SOUP OK
DATES	*ORANGES/ NECTARINES	WINTER SQUASH
FIGS	PAPAYA	

*Very High in Potassium

*Do not use salt substitute without a doctor's order due to high potassium content (Mrs. Dash is OK)

NOTE: Watermelon and fresh peaches/pears may be eaten in minimal amounts but no more than once a day (watermelon serving equals 1 small wedge or 1 cup cubed, ½ small pear, or 1 small peach). No ham and no more than 3 oz. pork (high in K+)

Renal Diet, continued

Foods High in Phosphorus (Omit)

BEER	CREAMERS (NON-DAIRY OK)	MILK SHAKES
BISCUITS	ICE CREAM	NUTS
BRAN CEREAL	LEGUMES	PUDDING
BRAN MUFFINS	CHICK PEAS	SEEDS
BROWN RICE	LENTILS	YOGURT
COCOA	LIMA BEANS	
CHOCOLATE	NAVY BEANS	
COLA	RED KIDNEY BEANS	
CORNBREAD	SOYBEANS	
CHEESE (COTTAGE AND HARD)	LIVER	
CREAM SOUP	MILK	

*AVOID: "WHOLE GRAIN" AND "HIGH FIBER" FOODS (LIKE WHEAT BREAD, BRAN CEREAL, AND BROWN RICE) TO HELP YOU LIMIT YOUR PHOSPHORUS INTAKE

*NOTE: PHOSPHORUS IS THE SAME IN SKIM, 2%, AND WHOLE MILK. NON-DAIRY MILK LIKE RICE MILK (NOT SOYBEAN) WOULD BE AN APPROPRIATE ALTERNATIVE.

Bagged Lunch

When sending a bagged lunch with resident to dialysis, choose a sandwich, beverage, starch, and fruit from the following list and add additional items based on needs and/or preferences (i.e. egg salad sandwich, animal crackers, lemon-lime soda, and an apple). Be sure not to send bananas, oranges, cola, or high-sodium luncheon meat.

Sensible Snack Suggestions

SANDWICHES

Roast beef, meatloaf, sliced chicken, sliced turkey, chicken salad, tuna salad, seafood salad, egg salad, turkey salad, roast pork, jelly, or cream cheese.

BEVERAGES

Cranberry drink, apple juice, grape juice, Hi-C, Hawaiian Punch, Kool-Aid, Tang, clear soda.

Renal Diet, continued

DESSERTS

Rice crispy bar, 4 sugar cookies, 3 butter cookies, 3 vanilla cream cookies, angel food cake, pound cake, 4 shortbread cookies, fruit pie, 3 ginger snaps, sherbet, or 4 vanilla wafers

FRUIT

Applesauce, apple, tangerine, grapes, blueberries, cherries, strawberries, canned pears, canned pineapple, 1 small watermelon wedge

STARCHES

Bagel with cream cheese and jelly, muffin with margarine and jelly, danish, donut, tortilla chips, graham crackers, un-salted popcorn, unsalted crackers, and pretzels

CANDY

Gum drops, jelly beans, hard candy, marshmallows, lollipops, candy corn, or butter mints

Sample Menu

Breakfast	Lunch	Dinner
6 oz. cranberry juice	3 oz. grilled fish	6 oz. chicken noodle soup
2 slices French toast	½ c rice	3 oz. roast beef on 2 slices white bread or bun
2 oz. scrambled eggs	½ c steamed California vegetables	1 slice lettuce
½ cup cream of rice	1 dinner roll	1 tsp. mayo
2 oz. syrup	1 tsp. margarine	1 cup tossed salad
	1 slice carrot cake	1.5 oz. Light Salad Dressing
1 tsp. margarine		½ c fruit salad (not tropical or with cantaloupe)
4 oz. milk		
Coffee or tea	Coffee or tea	Coffee or tea
Non-Dairy Creamer	Non-Dairy Creamer	Non-Dairy Creamer
Sugar	Sugar	Sugar
Pepper	Pepper	Pepper
HS Snack		
1 med apple		
3 Graham Crackers		

Protein Restricted Diet

Description and Indication

The Protein Restricted Diet is designed to provide less protein for those residents who develop symptoms of hepatic encephalopathy secondary to cirrhosis of the liver and some whose kidneys are not working as efficiently and *are not receiving dialysis*. Fluids are also closely monitored and a fluid restriction may be prescribed. The goal of this Diet is to prevent tissue catabolism but limit exogenous sources of nitrogen in amino acids to decrease ammonia production in the intestines. For this, skim milk is only given at breakfast and meat is limited to 2 oz. portions at lunch and dinner.

Nutritional Adequacy

The Protein Restricted Diet is planned according to the Tuft's Food Guide Pyramid for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups except for the dairy group. The Diet is designed to meet the **Recommended Dietary Allowance** but may be lower in iron, riboflavin, niacin, and calcium due to protein restrictions. A vitamin and mineral supplement may be recommended.

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	2 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	2 oz. Roast Beef in wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal	1 dinner roll	1 tsp. mayo
		1 cup tossed salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
4 oz. milk		
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
HS Snack		
2 oz. cheese and 4 crackers		

High Protein Diet

Description and Indication

The High Protein Diet is designed to provide additional protein for those residents who are deficient or whose needs are increased to prevent tissue wasting (but is not excessive in calories like the fortified diet). For this Diet an additional ½ serving of meat is served or 1 scoop of protein powder is added to food at meals.

Nutritional Adequacy

The High Protein Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. The Diet is designed to meet the **Recommended Dietary Allowance**.

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	4.5 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	4.5 oz. Roast Beef in wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal	1 dinner roll	1 tsp. mayo
		1 cup tossed salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
HS Snack		
4 oz. cheese		
4 Club crackers		

Food Intolerances and Bland Diets

Description and Indication

The Bland Diet is designed to minimize gastric irritation for residents with gastrointestinal disease. A regular diet is used for the Bland Diet omitting certain known irritants such as:

- Coffee
- Tea
- Black pepper
- Chocolate
- Caffeine containing beverages
- Alcohol
- High acidity foods

It is also recommended that the HS Snack be omitted since it stimulates acid production at night time. For residents with Diverticular disease it is also necessary to omitted skins, hulls and seeds as those foods may cause discomfort.

Nutritional Adequacy

The Bland Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basics food group. The diet is designed to meet the **Recommended Dietary Allowance**.

Lactose-Restricted Diet

Description and Indication

The Lactose-Restricted Diet is indicated for residents with lactose intolerance to prevent/minimize symptoms like; abdominal cramping, gas, bloating, flatulence and diarrhea that are associated with the consumption of lactose containing foods. This Diet is designed by substituting milk and milk products with a lactose-reduced form. Most lactose intolerance residents can tolerate foods with small amounts of lactose such as hard cheese. Also, the use of commercial enzymes may be effective in improving lactose intolerance.

Nutritional Adequacy

The Lactose-Restricted Diet is planned according to the Tuft's MyPlate for Older Adult guidelines and to meet the **Recommended Dietary Allowance** with exception of calcium. A calcium supplement is necessary to meet the calcium requirements. The approximated daily nutritional composition of the Lactose-Restricted Diet is equivalent to the Regular Diet.

Lactose-Restricted Diet, continued

Foods Allowed and Foods to Avoid on a Lactose-Restricted Diet

Food Groups	Foods Allowed	Foods to Avoid
Miscellaneous	Meat and vegetable soups that do not contain cream or milk, gelatin, jelly, jam, syrup, sugar, pickles, popcorn, pure sugar candies, carbonated beverages, coffee, tea, nuts herbs and spices	Candies made with cream, milk or solid milk, caramels
Milk	Soy milk, lactose-reduced milk, cultured buttermilk, yogurt	Chocolate milk, cream, whole and skim milk, nutritional supplements containing lactose, evaporated milk
Meats	Beef, fish poultry, lamb, hot dog, lunch meats, eggs except those prepared with milk, ripened cheese as tolerated: Blue, Cheddar, Edam, Muenster, Provolone and Swiss Mozzarella, soft cheese as tolerated, peanut butter and beans	Creamed dishes
Vegetables	All	Any prepared with milk or cream
Fruits	All	None
Grains	Whole grain or enriched breads and cereals, rice, macaroni, other pasta, potato, soda crackers, barley, bulgar wheat	Any potatoes, pasta or rice prepared with milk

Lactose-Restricted Diet, continued

Diet Order

Diet should be ordered as: Lactose-Restricted Diet.

Sample Menu

Breakfast	Lunch	Dinner
2 sl. toast	3 oz. grilled fish	6 oz. Minestrone soup
2 oz. scrambled eggs	½ cup rice pilaf	2 oz. roast beef on wheat bread
½ cup hot cereal	½ cup steamed vegetables	1 slice each of lettuce and tomato
	1 dinner roll	1 tsp. Mayo
1 tsp. margarine	1 tsp. margarine	½ cup tossed salad
		1 tbsp. salad dressing
	½ cup of fruited gelatin	½ cup fruit salad
6 oz. orange juice		
8 oz. lactose-restricted milk	4 oz. lactose-restricted milk	4 oz. lactose-restricted milk
Coffee or tea	Coffee or tea	Coffee or tea
Non-dairy creamer	Non-dairy creamer	Non-dairy creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
1 cup of grapes		
4 vanilla wafers		

High-Fiber Diet

Description and Indication

The High-Fiber Diet is designed with an emphasis on high-fiber foods including vegetables, legumes, fruits and whole grain bread, cereal and other whole grain foods. A daily dietary fiber intake of 20-35 g per day is recommended as a part of a healthy diet. Fiber should be increased gradually to prevent adverse side effects such as diarrhea, bloating, flatulence and abdominal distress. Adequate fluid intake of at least eight 8oz. glasses is recommended with a high-fiber diet to prevent dehydration.

A High-Fiber Diet is indicated for residents with constipation to promote normal stool formation. It is also beneficial in decreasing serum lipid levels and improves glucose tolerance. This Diet is also used in prevention or treatment of Crohn's disease, colon cancer, irritable bowel syndrome and obesity.

Nutritional Adequacy

The High-Fiber Diet is planned according to the Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. Enriched refined breads are substituted with whole grains and breakfast includes bran cereal or oatmeal and prune juice. The Diet is designed to meet the **Recommended Dietary Allowance**.

High-Fiber Diet, continued

Dietary Fiber Contents of Common Foods

Table extracted from the ADA Diet Manual

High Fiber (5+ g)	Medium Fiber (2-4 g)	Low Fiber (<2 g)
Starchy Foods		
Breads		
Fibread [®] , 1 slice	Bran muffin, 1 small Pumpnickel bread, 1 Rye bread, 1 slice Whole wheat, 1 slice Whole-wheat bagel, ½ Whole-wheat matzo, 1 Whole-wheat pasta, ½ cup	Bagel, plain, ½ Baking powder biscuit, 1 small Bread stick, 2 English muffin, ½ Hamburger/hotdog bun, ½ Kaiser roll, ½ Matzo (6"), 1 Melba toast, 4 Plain dinner roll, 1 small White/cracked wheat bread, 1 slice
Cereals (ready-to-eat)		
All Bran [®] , ½ cup Bran Buds [®] , ½ cup Corn Bran [®] , ½ cup Fiber 1 [®] , ½ cup 100% Bran [®] , ½ cup	Bran Flakes [®] (40%), ½ cup Grapenuts Flakes [®] , ½ cup Puffed wheat, ½ cup Shredded Wheat [®] , 1 biscuit Shredded Wheat [®] (bite size), ½ cup	Cheerios [®] , ¾ cup Rice Krispies [®] , ¾ cup Special K [®] , 1 cup
Cooked cereals		
Oat Bran [®] , 1 cup Red River [®] , 1 cup	Oatmeal, 1 cup	Cream of Wheat [®] , 1 cup
Grains		
Barley, cooked, ½ cup	Bran, natural, 1 tbsp Brown rice, cooked, ½ cup Bulgur, kasha, dry, 2 tbsp cooked, moist, ½ cup cooked, ½ cup Wheat germ, 1 tbsp	White rice, cooked, ½ cup
Cookies/crackers		
Rye crackers, 1 triple	Graham wafers, 3 Oat cakes, 2 Triscuits [®] , 3	Arrowroot, 3 Social teas, 4 Soda crackers, 6
Pastas		
Whole-wheat pasta, 1 cup	-	Macaroni, noodles, spaghetti, cooked, ½ cup
Starchy vegetables		
Dried beans, peas, legumes, cooked, ½ cup Popcorn, air-popped, 3 cups	Corn, canned, whole kernel, ½ cup Corn-on-the-cob, 1 small Potato, whole, cooked, with skin, ½ Sweet potato, with skin, ½	Corn, canned, creamed, ½ cup Potato, whipped, no skin, ½ cup Potato, whole, no skin, ½

High-Fiber Diet, continued

Dietary Fiber Contents of Common Foods

High Fiber (5+ g)	Medium Fiber (2-4 g)	Low Fiber (<2 g)
Fruits		
Apple, raw with skin, 1 medium	Apple, raw, no skin, 1 medium	Applesauce, ½ cup
Blackberries, ½ cup	Mango, raw, 1 medium	Apricots, canned, 3 halves
Blueberries, 1 cup	Orange, raw, 1 small	Cantaloupe, ¼
Figs/dates, 10	Orange sections, ½ cup	Cantaloupe, pieces, 1 cup
Kiwi fruit, 2 medium	Pear, raw, 1 medium	Cherries, canned, ½ cup
Loganberries, 1 cup	Pear sections, ½ cup	Cherries, raw, 10
Mango, 1 medium	Raisins, 2 tbsp	Grapefruit, raw, ½
Pear, raw, 1 medium	Rhubarb, cooked, stewed, ½ cup	Grapes, 1 cup
Pears, canned, 1 cup	Strawberries, 1 cup	Honeydew melon, 1 cup
Prunes, dried, 5 or stewed, ½ cup	Tangerines, canned, ½ cup	Mandarin oranges, canned, ½ cup
Raspberries, ½ cup	Tangerine, raw, 1 medium	Peaches, canned, ½ cup
		Peaches, raw, 1 medium
		Pineapple, canned, ½ cup
		Pineapple, raw, 1 slice
		Watermelon, 5" triangle
		Watermelon, pieces, 1 cup
Juices		
	Prune juice, 1 cup	Grape, apple, orange, grapefruit juice, 1 cup
		Tomato, vegetable-based, 1 cup
Vegetables		
Green peas, fresh, frozen, or canned, ½ cup	Bean sprouts, ½ cup	Asparagus, cooked, 6 spears
Snowpeas, 10 pods	Beans, string, ½ cup	Cabbage, raw, 1 cup
Swiss chard, cooked, 1 cup	Broccoli, fresh, frozen or canned, ½ cup	Cauliflower, raw, ½ cup
	Brussels sprouts, ½ cup	Celery, raw, ½ cup
	Carrots, raw, ½ cup	Cucumber, raw, ½ cup
	Eggplant, ½ cup	Mushrooms, raw, ½ cup
	Parsnips, ½ cup	Onions, raw, ½ cup
	Turnip, raw, ½ cup	Pepper, raw, 1 cup
	Vegetables, mixed, ½ cup	Tomatoes, canned or raw, 1 cup
		Zucchini, ½ cup
Nuts and Seeds		
Almonds, 1 oz	Peanut butter, smooth, crunchy, 2 tbsp	Coconut, 2 tbsp
	Peanuts (15), 1 oz	Walnuts, 2 tbsp
	Sesame seeds, whole, dried, 2 tbsp	
	Sunflowers seeds, with kernels, 2 tbsp	

High-Fiber Diet, continued

Foods Recommended on a High-Fiber Diet

Food Groups	Foods Recommended
Breads and Cereals	Whole grain breads, muffins, bagels, rye bread, wholegrain or bran cereals, wheat germ, oatmeal, oat bran, whole wheat pasta and brown rice
Vegetables	All vegetables (The peeling on fruits and vegetables contribute fiber)
Fruits	All (Raw fruits and vegetables provide more fiber than cooked or canned ones. Dried fruits are also a good source of fiber)
Milk and dairy products	All
Meats and Meat Substitute	All beans and peas, all meats and poultry, fish and eggs, all nuts and seeds
Miscellaneous	Popcorn, cakes, trail mix whole wheat pretzels, cookies made with oatmeal.

Diet Order

Diet should be ordered as: High-Fiber Diet.

High-Fiber Diet, continued

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast (using whole grain bread)	½ cup rice pilaf	3 oz. Roast Beef in whole wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup hot cereal or 1/3 cup All Bran Cereal	1 whole wheat dinner roll	1 tsp. mayo
	1 tsp. margarine	1 cup tossed salad
		1 tbsp. Salad dressing
1 tsp. margarine	1 slice carrot cake	½ cup fruit salad
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
2 oz. cheese		
2 Club crackers		

Be sure to provide at least eight 8 oz. glasses of fluids with and between meals.

Fiber-Restricted Diet

Description and Indication

The Fiber-Restricted Diet is designed to limit the amount of fiber in the diet by reducing the amount of fruits, vegetables, legumes and by replacing whole grain breads and cereals with refined products. This Diet is indicated for residents with acute inflammatory disease, diverticulitis, in preparation for bowel surgery and bowel fistulas. The purpose of the Restricted Fiber Diet is to reduce the frequency and volume of fecal output and prolonging transit time. This Diet is not recommended for long term use; instead it is used as transitional; diet and progression to a regular diet is based on individual's tolerance.

Nutritional Adequacy

This Diet is planned according to Tuft's MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. The Diet is designed to meet the **Recommended Dietary Allowance**.

Fiber-Restricted Diet, continued

Foods Allowed and Foods to Avoid on a Fiber-Restricted Diet

Food Group	Foods Allowed	Foods to Avoid
Milk	Milk and milk products are limited to two servings a day, buttermilk, skim milk	Yogurt that contains high fiber fruits
Meat	All meats, poultry, fish and lamb, cheese, eggs, peanut butter	All legumes and tough fibrous meats
Vegetables	Canned or well cooked vegetables, lettuce, and tomato juice	All raw vegetables
Fruits	Canned fruits, fruit juice (no pulp) ripe bananas	Prune juice, all fresh and dried fruits
Grains and starches	Refined cooked cereals, white bread, rye bread without seeds, crackers, rolls, refined dry cereals, mashed potatoes, white potatoes no skin, pasta, rice	Oatmeal, bran, barley, whole grain breads, whole wheat, wild and brown rice
Dessert	Cookies, plain cakes, puddings, gelatin, custard, pastries, ice cream, sherbet	All containing dried fruits, nuts, coconut and seeds
Miscellaneous	Cream soups, broth, sour cream, margarine, all oils, all herbs, spices, bacon, smooth salad dressings	Poppy seed, thousand island dressing, olives, nuts, horseradish

Fiber-Restricted Diet, continued

Diet Order

Diet should be ordered as: Fiber-Restricted Diet or Low Fiber Diet.

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast (use white bread)	½ cup white rice	White bread
2 oz. scrambled eggs	½ cup steamed carrots	1 slice lettuce
¾ cup corn flakes	1 dinner roll	1 tsp. mayo
		1 cup lettuce salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
HS Snack		
2 oz. cheese		
2 Club crackers		

Low-Residue Diet

Description and Indication

The Low-Residue Diet is designed to help reduce the size and number of stools a person has to relieve abdominal pain, diarrhea or flare-ups caused by certain digestive problems such as Diverticulitis, Crohn's and/or IBS. A Low-Residue diet is similar to a Low-Fat Diet (less than 10 grams of fiber a day) but with additional restrictions (like dairy and coffee) that may increase residue and stimulate the bowel.

Nutritional Adequacy

A Low-Residue Diet does not provide all the nutrients you need to remain healthy. Therefore, you should use a Low-Residue Diet for a short period of time only. If this Diet is indicated for an extended period of time, consult a registered dietitian to make sure nutritional needs are being met and/or consult your doctor about taking a daily multiple vitamins with minerals.

Low-Residue Diet, continued

Example Foods Allowed and Foods to Avoid on a Low-Residue Diet

Food group	foods allowed	foods to avoid
Milk	Less than 2 cups of dairy a day	More than 2 cups of dairy a day
Meat/ Protein	All well cooked and tender meat and fish	Peanut butter, nuts and seeds, dry beans, peas, lentils and tough fibrous meats
Vegetables	Vegetable juice, potatoes without skin, well-cooked non-cruciferous vegetables	Raw vegetables and vegetables with seeds, cruciferous vegetables (sauerkraut, broccoli, cauliflower, brussel sprouts, and kale), winter squash and peas
Fruits	Juice other than prune. Canned or cooked fruits without seeds	Raw or dried fruits. Prune Juice
Grains and starches	Breads without seeds	Any bread or cereal product made with granola, whole-grain flour, bran, seeds, nuts, coconut, or raw or dried fruit, cornbread or graham crackers.
Dessert	Cookies, plain cakes, ½ cup pudding, gelatin, custard, pastries, ½ cup ice cream, sherbet.	All containing dried fruits, nuts and seeds (i.e. carrot cake with nuts, banana nut muffins, and blackberry cobbler) and desserts made with whole grains or fresh fruits with skin.

Low-Residue Diet, continued

Diet Order

Diet should be ordered as: Low Residue

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup white rice	3 oz. Roast Beef in white bread
2 oz. scrambled eggs	½ cup green beans	
¾ cup corn flakes	1 white dinner roll	1 tsp. mayo
		½ cup beets
1 tsp. margarine	1 tsp. margarine	
8 oz. milk	4 oz. Milk	4 oz. Milk
Decaf Tea	Decaf Tea	Decaf Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
HS Snack		
2 oz. cheese		
2 Club crackers		

No Nuts Seeds Raisins Berries or Corn (NNSRBC) Diet

Description and Indication

The No Nuts Seeds Raisins Berries or Corn (NNSRBC) Diet is designed to restrict the foods that “may” cause inflammation and/or pain in those with diverticulitis or diverticulosis. Per ADA this Diet is not evidence based.

Nutritional Adequacy

This Diet is planned according to the Tuft’s MyPlate for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups. The Diet is designed to meet the **Recommended Dietary Allowance**.

Example Foods Allowed and Foods to Avoid on a NNSRBC Diet

Food group	Foods allowed	Foods to avoid
Milk	All plain dairy products	Yogurt that contains dried fruit and nuts
Meat/ Protein	All meats, poultry, fish, lamb, cheese, eggs, “smooth” peanut butter.	Peanut butter with nuts ALL nuts and seeds
Vegetables	Carrots, lettuce, spinach, broccoli, cauliflower, green beans, wax beans, zucchini squash and peppers without seeds	Vegetables containing seeds or tough skins/hulls (i.e. lentils, peas, tomatoes, corn, cucumbers, peppers w/ seeds)
Fruits	Fresh, frozen or canned fruits with no seeds	Small dried fruits (peanut size or smaller (i.e. raisins and Craisins), fresh fruits with seeds (i.e. strawberries and blackberries), coconut
Grains and starches	Breads without seeds	Buns topped with sesame seeds, some multigrain breads and popcorn
Dessert	Cookies, plain cakes, puddings, gelatin, custard, pastries, ice cream, sherbet.	All containing dried fruits, nuts and seeds (i.e. carrot cake with nuts, banana nut muffins, blackberry cobbler)

No Nuts Seeds Raisins Berries or Corn (NNSRBC) Diet, continued

Diet Order

Diet should be ordered as: No Nuts Seeds Raisins Berries or Corn

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	3 oz. Roast Beef in wheat bread (no seeds on bread)
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice lettuce
½ cup hot cereal	1 dinner roll	1 tsp. mayo
		1 cup lettuce (carrots, radishes and onion ok)
1 tsp. margarine	1 tsp. margarine	1 tbsp. Salad dressing
	1 slice Carrot Cake (no nuts)	½ c fruit salad (no seeds or skins)
8 oz. milk	4 oz. Milk	4 oz. Milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
HS Snack		
½ cup ice cream.		

Fortified Foods Program

Description and Indication

The Fortified Foods Program was designed to provide nutritional repletion for the protein and energy malnourished individual or to prevent weight loss and tissue wasting in residents whose normal protein and calorie requirements are greatly increased (i.e. high fever, sepsis, post-surgery, burns, cancer, decubiti, acquired immune deficiency syndrome and trauma). This program helps to take “real food” and creatively enhance it with extra calories and nutrients.

Nutritional Adequacy

The Fortified Foods Program is planned according to the Tuft’s Food Guide Pyramid for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups, with the addition of protein and calories to better meet the increased needs of certain residents. The Diet is designed to meet the **Recommended Dietary Allowance**.

Sample Menu

Breakfast	Lunch	Dinner
6 oz. orange juice	3 oz. grilled fish	6 oz. Minestrone soup
2 slices French toast	½ cup rice pilaf	3 oz. Roast Beef in wheat bread
2 oz. scrambled eggs	½ cup steamed vegetables	1 slice each, lettuce and tomato
½ cup super-cereal	1 dinner roll	2 tsp. mayo
2 oz. syrup		1 cup tossed salad
1 tsp. margarine	2 tsp. margarine	1 tbsp. Salad dressing
8 oz. fortified milk	4 oz. fortified milk	4 oz. fortified milk
Coffee or tea	Coffee or tea	Coffee or Tea
Creamer	Creamer	Creamer
Sugar	Sugar	Sugar
Salt	Salt	Salt
Pepper	Pepper	Pepper
	1 slice carrot cake	½ cup fruit salad
*If resident does not like super cereal, cheese sauce could be placed on eggs	*Give extra margarine and add 1 oz. cheese on vegetables	*Give extra mayo and butter, add 1 slice cheese on sandwich or give fortified cream based soup
HS Snack		
1 med apple		
3 Graham Crackers		

NOTE: See Fortified Foods manual for in-servicing materials and creative recipes.

Supplement of Choice Program

Description and Indication

The Supplement of Choice Program was designed to provide nutritional repletion for the protein and energy malnourished individual or to prevent weight loss and tissue wasting in residents whose normal protein and calorie requirements are greatly increased (i.e. high fever, sepsis, post-surgery, burns, cancer, decubiti, acquired immune deficiency syndrome and trauma).

Nutritional Adequacy

This Program is **NOT** meant to replace meals but support meal intake. The portion should be small but nutrient dense (i.e. 4-6 oz., ½ cup, 2"x3" square). The minimum nutrient requirements for a "house supplement of choice" are:

- Protein: greater than 6 grams of protein
- Calories: greater than 200 calories

Research has shown that one of the last tastes to diminish in the elderly is "sweets". It is important to allow those residents who are able, to choose from a variety of supplements to prevent boredom and promote intake. This Program should offer both foods and fluids.

Diet Order

Diet should be ordered as: House Supplement of Choice.

NOTE: Always specify frequency.

Daily (QD) would typically would be served around 2 PM.

Twice a day (BID) typically would be served around 2 PM and HS.

Three times a day (TID) typically would be served around 10AM, 2PM and HS.

Supplement of Choice Program, continued

Implementation

Example Policy #1:

*every facility is different and delivery of supplements may need to be changed to better accommodate facility needs

The dietary department should give nursing a list of available dietary supplements for the week on Monday morning. This should include at least one home-made fortified food, should include both food and drinks, should include diabetic choices and include a variety of textures. Nursing will ask resident daily what supplement they would prefer (if resident is able) and then nursing will send their list to the dietary department. The dietary department will deliver mid-morning supplements around 10AM, mid-afternoon supplements around 2 PM, and HS around 7-8 PM.

Example Policy #2:

The dietary department would send a variety of supplements to each nursing station/wing at specified times. The nurse would present tray of supplements for resident to choose from.

- NOTE: If resident is diabetic, only show diabetic nourishments.
- NOTE: If supplement should be cold, send over ice to maintain appropriate temperature.

Sample Menu

Week One:

- Milk-based health shake (home-made or commercial)
- Dairy-free juice-based drink (home-made or commercial)
- Home-made fortified peanut butter brownies
- Super donut (serve with 8 oz. of milk if appropriate)

Week Two:

- Milk-based health shake (home-made or commercial)
- Dairy-free juice-based drink (home-made or commercial)
- Fortified ice-cream
- Peanut butter pie (1/8th pie slice)

Supplement of Choice Program, continued

Example Recipes (see appendix and Master Cook for more)

<p>Fortified Milk</p> <p>1 quart whole milk 1 cup nonfat instant dry milk</p> <p>Pour liquid milk into a deep bowl. Add dry milk and beat slowly with beater until dry milk is dissolved (usually less than five minutes). Refrigerate and serve cold. Note: If it tastes too strong, start with 1/2 cup of dry milk powder and gradually work up to 1 cup.</p>	<p>Yield: 1 quart Serving size: 1 cup Calories per serving: 211 calories Protein per serving: 14 grams</p>
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<p>Fortified Pudding</p> <p>1 4-serving package of instant pudding mix 2 cups fortified milk</p> <p>Prepare as directed on box</p>	<p>Yield: 4 servings Serving size: ½ cup Calories per serving: 195 calories Protein per serving: 7 grams ***Using sugar-free mix would provide 60 less calories per serving</p>
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<p>Fortified Banana Milkshake</p> <p>1 whole ripe banana, sliced Vanilla extract (few drops) 1 cup fortified milk</p> <p>Place all ingredients into a blender. Blend at high speed until smooth</p>	<p>Yield: 2 servings Serving size: Approximately 1 cup Calories per serving: 246 calories Protein per serving: 14 grams</p>
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*****Use fortified milk in place of regular milk in puddings, desserts and shakes for extra protein without increasing volume**

References for recipes: <http://www.cancer.gov>

Hydration Cart

Objective

The Hydration Cart Program is designed to enhance the hydration of residents by offering fluids to residents between meals (after lunch and in the evening). All residents should be offered a beverage complying with therapeutic diet (i.e. diabetic) and texture (i.e. nectar-thickened) orders. It is crucial to have good communication between dietary, nursing and the activity department to ensure that residents are receiving adequate fluids and residents on a fluid restriction are not placed on the Program (or the dietician has calculated those fluids into the daily allowance). If using Innovations Services Meal Tracker Program, diet orders will be next to name on snack record sheets.

Some tips to maximize fluid intake:

- Offer choices that are not offered during meal times.
- Encourage resident to accept drink.
- Offer ethnic choices appropriate for the resident population.
- Offer variety.
- Have days set aside (i.e. M-W-F) to provide additional beverages like smoothies, floats, and slushies.
- Deliver on carts that are decorated nicely (use themes during holiday seasons).
- Have a variety of diabetic options available of like items (i.e. if you are making floats... have diabetic ice cream and root beer/cream soda to make floats for diabetics).

Snacks

Objective

Snacks will be provided between meals and in the evening for residents who desire them. The Snack Program is designed to enhance the nutrition of residents by offering a variety of snacks between meals for those who desire them and/or need them for increased nutrients. All residents should be offered snacks/fluids complying with therapeutic diet (i.e. diabetic) and texture (i.e. nectar-thickened) orders. If using Innovations Services Meal Tracker Program, a resident's diet order is listed next to their name on the snack record sheets.

Intake of snacks should be recorded per individual facility policy.

NOTE: Diabetics are required to have a "nourishing HS snack" offered consisting of 2 different food groups (i.e. 6 vanilla wafers and milk or ½ ham and cheese sandwich). Research has shown, snacks including a protein exchange, may help control blood sugar.

Section Three: Nutrition Support

Adult Enteral Nutrition

Description and Indication

Enteral feedings are ordered for individuals who have an intact gastrointestinal tract but are unable or unwilling to consume adequate food and fluids to meet nutrient and hydration needs by oral means. Residents with conditions like cancer, neurological disorders (stroke, head, neck injuries), those with difficulty swallowing or ingesting adequate amounts of food may require tube feedings as sole source of nutrition or in combination with oral consumption to meet 100% of nutrition requirements. In cases where the gastrointestinal tract is clinically dysfunctional, specialized enteral formulas which require little or no digestion can be utilized.

Nutritional Adequacy

Recommended Dietary Allowances are well established for enteral nutrition.

Access Methods

Direct access to the G.I. tract can be achieved by non-surgical or surgical methods. Both advantages and disadvantages exist for each of these various feeding routes:

Non-Surgical: Nasogastric/Nasoduodenal Intubation Percutaneous Endoscopic Gastrostomy (PEG), Percutaneous Endoscopic Jejunostomy (PEJ)

Surgical: Esophagostomy, Gastrostomy, Jejunostomy, Needle Catheter Jejunostomy, Gastrostomy-Jejunal dual lumen tube (PEG-J)

Gastrostomy or jejunostomy tube placement is indicated for long-term support.

Consideration must be given to overall status and current G.I. function. For the individual with dysphagia, increased risk of aspiration or gastro paresis, post-pyloric placement (such as into the duodenum) is recommended. This type of placement, however, does not guarantee aspiration prevention.

Adult Enteral Nutrition, continued

Administration

Administration of feedings may be by continuous, intermittent or bolus infusion, and may be dependent upon criteria such as risk for aspiration, goals of therapy, pathology of G.I. tract, individual comfort and tube access route.

Monitoring

The dietitian and nursing staff will work together to monitor both clinical and laboratory changes to assess adequacy and tolerance of enteral feedings (see nutrition services clinical policy and procedure manual for documentation parameters).

Adult Parenteral Nutrition

Description and Indication

Parenteral nutrition is usually indicated as primary therapy for a person with a non-functional gastrointestinal tract. It may also be used as an adjunctive treatment for persons unable to consume adequate calories orally.

Nutritional Adequacy

Parenteral nutrition is the intravenous administration of carbohydrates, amino acids, lipids, vitamins, minerals, electrolytes, and trace elements utilizing either a peripheral vein or central venous access to provide partial or total nutrition support.

Types of Parenteral Nutrition

CVP (Central Venous Parenteral Nutrition)

Indicated when long-term nutrition therapy (greater than 5-7 days) is foreseen for the patient.

PPN (Peripheral Parenteral Nutrition)

Recommended as a short-term therapy (5-7 days) to maintain non-stressed, non-hypermetabolic, previously well-nourished persons when oral intake is limited or restricted.

Components of Parenteral Nutrition Solutions

Refer to the nutrition care clinical manual for components of solutions and criteria for monitoring of clinical and biochemical indices.

Appendix

High Potassium Foods

MILK

Cheese
Milk and all foods
prepared with milk

Yogurt

MEATS

Clams
Cod
Halibut

Salmon
Trout

VEGETABLES

Dark green leafy
vegetables (spinach, kale,
beet greens, etc.)
Dried beans
Potatoes, white and sweet

Tomatoes and all tomato
products

Winter Squash, all types
Artichokes, Carrot Juice
Brussels Sprouts

FRUITS

Prunes and Raisins
Apricots
Bananas

Cantaloupe, Honeydew
Cherries
Dried fruits

Grapefruit and Grapefruit juice
Fresh Oranges and OJ
(Canned mandarin oranges
OK)
Fresh Peaches
Fresh Pears

GRAINS

Bread (wheat and
pumpernickel)
Bran flakes

Hot cereal (Cream of Wheat,
farina, oatmeal)
Saltines

MISCELLANEOUS

Molasses
Trail Mix
Salt substitutes

Source: USDA Nutrient Database for Standard Reference, Release 18

High Phosphorus Foods

MILK

**Milk and products made
with milk
Cheese**

Yogurt

MEATS

**Fish: cod, haddock,
halibut, perch, swordfish
Oysters
Salmon**

Sardines

Variety meats, including liver

VEGETABLES

**Dried beans
Dried peas
Lentils**

GRAINS

**Bran cereals
Oat Bran**

Nuts

MISCELLANEOUS

**Beer, ale
Chocolate, cocoa
Colas
Seeds**

**Trail Mix
Yeast**

Source: USDA Nutrient Database for Standard Reference, Release 18

Good Sources of Vitamin C

VEGETABLES

Broccoli

Kale

Peppers, sweet green and red

Sweet potatoes

Tomatoes

Vegetable juice cocktail, canned

FRUITS

Apricot nectar with added Vitamin C

Cranberry cocktail, canned

Orange and orange juice

Grapefruit and grapefruit juice

Kiwi fruit

Mango

Melon, cantaloupe

Peaches, frozen only

Strawberries

Tangerines

GRAINS

Cereals: General Mills

TOTAL

Cereals: Kellogg's

Product 19, Complete

Source: USDA Nutrient Database for Standard Reference, Release 18

Good Sources of Calcium

MILK

Cheese

**Milk and products made
with milk**

Yogurt

MEATS

Salmon, canned

VEGETABLES

Beans, baked, navy, soy

Dark green leafy

**vegetables: beet greens,
collards, kale, spinach**

GRAINS

Cereal: General Mills

TOTAL, Ki

Cereal: Kellogg's

Cheerios, All-Bran

MISCELLANEOUS

Cream soups

Pizza with cheese

Tofu

Source: USDA Nutrient Database for Standard Reference, Release 18

Good Sources of Iron

MEATS

Liver

VEGETABLES

Kidney beans

Lima beans

Soybeans

FRUITS

Dried fruit: apricots,
prunes, raisins

GRAINS

Barley

Cereal: General Mills

TOTAL, Chex, Kix,
Wheaties, Raisin Bran,
Cheerios

Cereal: Kellogg's All-
Bran, Raisin Bran,
Frosted Flakes, Special K
Cereal: Quaker Cap'n
Crunch

Enriched breads

Enriched rice

Oat bran

MISCELLANEOUS

Blackstrap Molasses

Source: USDA Nutrient Database for Standard Reference, Release 18

Good Sources of Zinc

MILK

Milk

MEATS

Beef, Pork, Veal, Lamb

Eggs

Oysters, canned

Poultry, dark meat

VEGETABLES

Chickpeas, canned

Pinto Beans

Soybeans

GRAINS

Cereal: General Mills

TOTAL, Wheaties, Kix,

Corn Chex, Lucky

Charms, Honey Nut

Clusters

Cereal: Kellogg's, Product

19, Complete, All-Bran

Cereal: Quaker Oat Life,

Cap'n Crunch, Cinnamon

Life

Oat bran

Peanut Butter

Tofu

Trail Mix

Source: USDA Nutrient Database for Standard Reference, Release 18

High Caffeine Foods

MILK

Chocolate milk and milk products made with chocolate

MISCELLANEOUS

Chocolate

Tea, brewed or instant, hot or iced

Coffee, brewed or instant

Coffee liqueurs

Colas, regular or pepper types, diet or regular*

Sodas: Mountain Dew,

Sunkist Orange, Barq's

Root Beer, Red Bull (most

energy drinks – check

label)*

* Check label on all soft drinks and energy drinks. Caffeine is often added.

Source: USDA Nutrient Database for Standard Reference, Release 18

High Tyramine Foods

MILK

Cheese (aged or cultured)

Yogurt

MEATS

Liver

Pickled and salted fish

VEGETABLES

Dried beans and legumes

FRUITS

Bananas

Dried fruit

GRAINS

MISCELLANEOUS

Beer, ale, wine

Chocolate

Nuts

Soy sauce

Vanilla

Yeast

Source: Tyramines: www.ithyroid.com

Good Sources of Vitamin A

MEATS

Chicken and turkey
giblets
Liver

VEGETABLES

Carrots and carrot juice
Dark green leafy
vegetables: collards,
spinach, kale, turnip
Peppers, green and red
bell

Pumpkin
Squash

Sweet potatoes

FRUITS

Apricots, canned
Melon, cantaloupe
Mango
Papaya

GRAINS

Cereal: General Mills
Wheaties, Cheerios,
TOTAL, Lucky Charms,
Trix, Golden Grahams
Cereal: Kellogg's
Complete, Special K,
Product 19, Rice Krispies,
Frosted Flakes, All-Bran

Source: USDA Nutrient Database for Standard Reference, Release 18

Good Sources of Fiber

MILK

MEATS

VEGETABLES

Dried beans and peas
Lentils

FRUITS

Apple, with skin
Apricot, fresh with skin
Blueberries
Dried fruits
Oranges
Peaches, fresh with skin
Pears, fresh with skin

Raspberries
Strawberries

GRAINS

Barley, pearled
Cereal: Kellogg's All-
Bran, Mini-Wheats
Cereal: General Mills
Raisin Nut Bran, TOTAL
Cereal: Wheatena
Oat bran

Popcorn
Spaghetti, whole wheat

Wheat bran

Wheat germ

MISCELLANEOUS

Nuts
Seeds

Source: USDA Nutrient Database for Standard Reference, Release 18

Table of Weights and Measures

MEASURE EQUIVALENTS

1 tablespoon (tbsp) =	3 teaspoons (tsp)
1/16 cup =	1 tablespoon
1/8 cup =	2 tablespoons
1/6 cup =	2 tablespoons + 2 teaspoons
1/4 cup =	4 tablespoons
1/3 cup =	5 tablespoons + 1 teaspoon
3/8 cup =	6 tablespoons
1/2 cup =	8 tablespoons
2/3 cup =	10 tablespoons + 2 teaspoons
3/4 cup =	12 tablespoons
1 cup =	48 teaspoons
1 cup =	16 tablespoons
8 fluid ounces (fl oz) =	1 cup
1 pint (pt) =	2 cups
1 quart (qt) =	2 pints
4 cups =	1 quart
1 gallon (gal) =	4 quarts
16 ounces (oz) =	1 pound
1 milliliter (ml) =	1 cubic centimeter (cc)

METRIC CONVERSION FACTORS

Multiply	By	To Get
Fluid ounces	29.57	grams
Ounces (dry)	28.35	grams
Grams	0.0353	ounces
Grams	0.0022	pounds
Kilograms	2.21	pounds
Pounds	453.6	grams
Pounds	0.4536	kilograms
Quarts	0.946	liters
Liters	1.0567	quarts
Gallons	3.785	Liters

Scoop Sizes

Size	Measure	Fluid Ounces	Servings/Quart
#6	2/3 cup	5	6
#8	1/2 cup	4	8
#10	3/8 cup	3 1/4	10
#12	1/3 cup	2 3/4	12
#16	1/4 cup	2	16
# 20	3 tablespoons	1 1/2	20
#24	2 2/3 tablespoons	1 1/3	24
#30	2 tablespoons	1	30
#40	1 tablespoon + 1 1/2 tsp		40
#70	2 1/2 teaspoons		70
#100	2 teaspoons		100

Additional Resources and Readings

1. www.eatright.org Website for the American Dietetic Association
2. www.NPUAP.com Website for the National Pressure Ulcer Advisory Panel
3. www.kidney.org Website for the National Kidney foundation
4. fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=256&topic_id=1342 Food and Nutrition Information Center, US Department of Agriculture. Dietary Reference Intakes.
5. www.iom.edu/CMS/3788/4574.aspx Institute of Medicine of the National Academies. Dietary Reference Intakes.
6. <http://www.cms.hhs.gov/manuals> Website for Centers for Medicare & Medicaid Services
7. Hunter, Ann. Policies and Procedures for Long Term Care Dietetic Services. Aspen Publishers, Inc. 1990.
8. National Dysphagia Diet Task Force. National Dysphagia Diet: Standardization for Optimal Care, pp 10-12, Chicago, Ill: American Dietetic Association. 2003.
9. Neidert K. Nutrition Care of the Older Adult: A Handbook for Dietetics Professionals Working Throughout the Continuum of Care. Chicago, Ill: American Dietetic Association; 1998.
10. Manual of Clinical Dietetics, 6th Ed. Chicago, Il: American Dietetic Association; 2000.
11. Pennington, JAT. Bowes and Church's Food Values of Portions Commonly Used, 14th Ed. NYC, NY: Harper and Row, 1989.
12. <http://www.heart.org> Website for the American Heart Association
13. www.rd411.com Website with free information for registered dietitians. This is a sponsored site.
14. www.diabetes.org -- American Diabetes Association
15. www.niddk.nih.gov -- National Institute of Diabetes and Digestive and Kidney Diseases
16. www.joslin.org -- Joslin Diabetes Center
17. American Diabetes Association. Standards of medical care in diabetes -- 2009. *Diabetes Care*. 2009 Jan;32 Suppl 1:S13-61.
18. American Diabetes Association, Bantle JP, Wylie-Rosett J, Albright AL, Apovian CM, Clark NG, et al. Nutrition recommendations and interventions for diabetes: a position statement of the American Diabetes Association. *Diabetes Care*. 2008 Jan;31 Suppl 1:S61-78.

Position of the Academy of Nutrition and Dietetics on Liberalized Diets

In December, 2005, the American Dietetics Association (now known as the Academy of Nutrition and Dietetics) published a position paper on the value of using "liberalized diets"

in place of “therapeutic diets” for many elderly residents and patients in hospitals, long-term care and assisted living facilities. The paper provides extensive background on the status of elderly populations, their healthcare needs and how a resident’s life experience impacts his or her willingness to fully accept a therapeutic diet. Below is a brief summary of the article. Following that is the article abstract. It is recommended that dietary staff in a position to design dietary procedures for a facility obtain the full article for their own use. The Web site is listed following the abstract.

Article Overview

While the health care and medical needs of patients in acute and sub-acute settings differ significantly, an important common need of all patients is to enjoy a quality of life that is as high as possible.

A varied and tasty diet that meets the preferences of the resident is a vital component of "high quality of life" and grows more important as people age. Such a diet supports health by encouraging the resident to eat enough to obtain adequate nutrition and hydration.

A diet based on *Dietary Guidelines for Americans 2005*¹ promotes healthy nutrition by emphasizing fruits and vegetables, fluids, whole grains, low-fat milk, foods high in potassium, vitamins B-12 and D from fortified foods and supplements and decreasing sodium intake.

Therapeutic diets may fail to meet the resident's desire for certain foods and willingness to eat, resulting in weight loss and inadequate nutrition.

Liberalized diets are more likely to meet the resident's desires, which increases intake, thereby providing both adequate calories and balanced nutrition.

Institutional settings face an expanding elderly population whose members have an increasing number of physical problems and come from a broadening array of cultures and ethnic backgrounds. Consequently, more attention needs to be focused on designing diets to meet a diversity of limitations and tastes, while providing adequate nutrition. Liberalized diets are an important tool to meet these challenges.

Shortages of nursing staff compound the problems of feeding the elderly; but liberalized diets that include foods that a particular resident recognizes and enjoys, reduce the effort needed to help the resident to eat adequately.

Any diet program needs to reflect the medical as well as social needs of the individual resident. The diet should be adapted to address the issues that may pertain to that particular resident, such as: obesity, dental problems, diabetes, declining vision and taste, cardiac disease, limited range of motion, hypertension and chronic kidney disease as well as applicable state and federal regulations, including those that permit the resident to refuse a therapeutic diet.

An individual diet program should be based on a closed system of needs assessment, nutrition diagnosis, design of nutrition intervention, measurement of outcomes and ongoing assessment as conditions change.

¹ <http://www.health.gov/dietaryguidelines>

Abstract

It is the position of the American Dietetic Association (ADA) that the quality of life and nutritional status of older residents in long-term care facilities may be enhanced by liberalization of the diet prescription. The Association advocates the use of qualified dietetics professionals to assess and evaluate the need for medical nutrition therapy according to each person's individual medical condition, needs, desires, and rights. In 2003, ADA designated aging as its second "emerging" area. Nutrition care in long-term settings must meet two goals: maintenance of health and promotion of quality of life. The Nutrition Care Process includes assessment of nutritional status through development of an individualized nutrition intervention plan. Medical nutrition therapy must balance medical needs and individual desires and maintain quality of life. The recent paradigm shift from restrictive institutions to vibrant communities for older adults requires dietetics professionals to be open-minded when assessing risks vs. benefits of therapeutic diets, especially for frail older adults. Food is an essential component of quality of life; an unacceptable or unpalatable diet can lead to poor food and fluid intake, resulting in weight loss and under nutrition and a spiral of negative health effects. Facilities are adopting new attitudes toward providing care. "Person-centered" or "resident-centered care" involves residents in decisions about schedules, menus, and dining locations. Allowing residents to participate in diet-related decisions can provide nutrient needs, allow alterations contingent on medical conditions, and simultaneously increase the desire to eat and enjoyment of food, thus decreasing the risks of weight loss, under nutrition, and other potential negative effects of poor nutrition and hydration.

Journal of the American Dietetic Association, [Volume 105](#), [Issue 12](#), Pages 1955-1965 (December 2005)

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Information about how to obtain the complete article is available at:
<http://www.adajournal.org/content/additionalinformation>

Tufts University Nutrition Scientists Unveil MyPlate for Older Adults

New icon provides food, fluid and physical activity guidance, corresponds with federal government's 2010 Dietary Guidelines

BOSTON (November 1, 2011) -- Nutrition scientists at the Jean Mayer USDA Human Nutrition Research Center on Aging (USDA HNRCA) at Tufts University are introducing today the MyPlate for Older Adults which corresponds with MyPlate, the federal government's new food group symbol. MyPlate for Older Adults calls attention to the unique nutritional and physical activity needs associated with advancing years.

"Although calorie needs decline with age due to a slow-down in metabolism and physical activity, nutritional requirements remain the same or in some cases increase," explains Alice H. Lichtenstein, DSc, senior scientist and director of the Cardiovascular Nutrition Laboratory at the USDA HNRCA. "MyPlate for Older Adults provides examples of foods that contain high levels of vitamins and minerals per serving and are consistent with the federal government's 2010 Dietary Guidelines for Americans, which recommend limiting foods high in trans and saturated fats, salt and added sugars, and emphasize whole grains. MyPlate for Older Adults is intended to be a guide for healthy, older adults who are living independently and looking for examples of good food choices and physical activities."

MyPlate for Older Adults replaces the Modified MyPyramid for Older Adults. It is the third resource based on updated USDA food icons and created specifically for older adults created by Lichtenstein and Helen Rasmussen, PhD, RD, senior research dietician at the USDA HNRCA. The drawing features different forms of vegetables and fruits that are convenient, affordable and readily available. Unique components include icons for regular physical activity and emphasis on adequate fluid intake, both of particular concern for older adults.

The following foods, fluids and physical activities are represented on My Plate for Older Adults:

- Bright-colored vegetables such as carrots and broccoli.
- Deep-colored fruit such as berries and peaches.
- Whole, enriched and fortified grains and cereals such as brown rice and 100% whole wheat bread.
- Low and non-fat dairy products such as yogurt and low-lactose milk.
- Dry beans and nuts, fish, poultry, lean meat and eggs.
- Liquid vegetable oils, soft spreads low in saturated and trans fat, and spices to replace salt.
- Fluids such as water and fat-free milk.
- Physical activity such as walking, resistance training and light cleaning.

"Half of the MyPlate for Older Adults includes fruit and vegetable icons, which reflects the importance of eating several servings of fruits and vegetables per day in a range of colors," says Rasmussen, who is also an instructor at the Friedman School of Nutrition Science and

MyPlate for Older Adults, continued

Policy at Tufts University. “Consuming a variety of produce with deep-colored flesh, such as peaches, berries, tomatoes, kale and sweet potatoes, introduces a larger amount of plant-based chemicals, nutrients and fiber into one’s diet.

“We also include icons representing frozen, pre-peeled fresh, dried and certain low-sodium, low-sugar canned options because fruits and vegetables in those forms contain as many or more nutrients as fresh and they are easier to prepare, are more affordable and have a longer shelf life,” Lichtenstein adds.

MyPlate for Older Adults provides examples of whole, enriched and fortified grains because they are high in fiber. Suggested protein sources include plant-based options such as beans and tofu as well as fish and lean meat. Lichtenstein and Rasmussen recommend vegetable oils and soft spreads as alternatives to foods high in animal fats because those products are higher in saturated and trans fat.

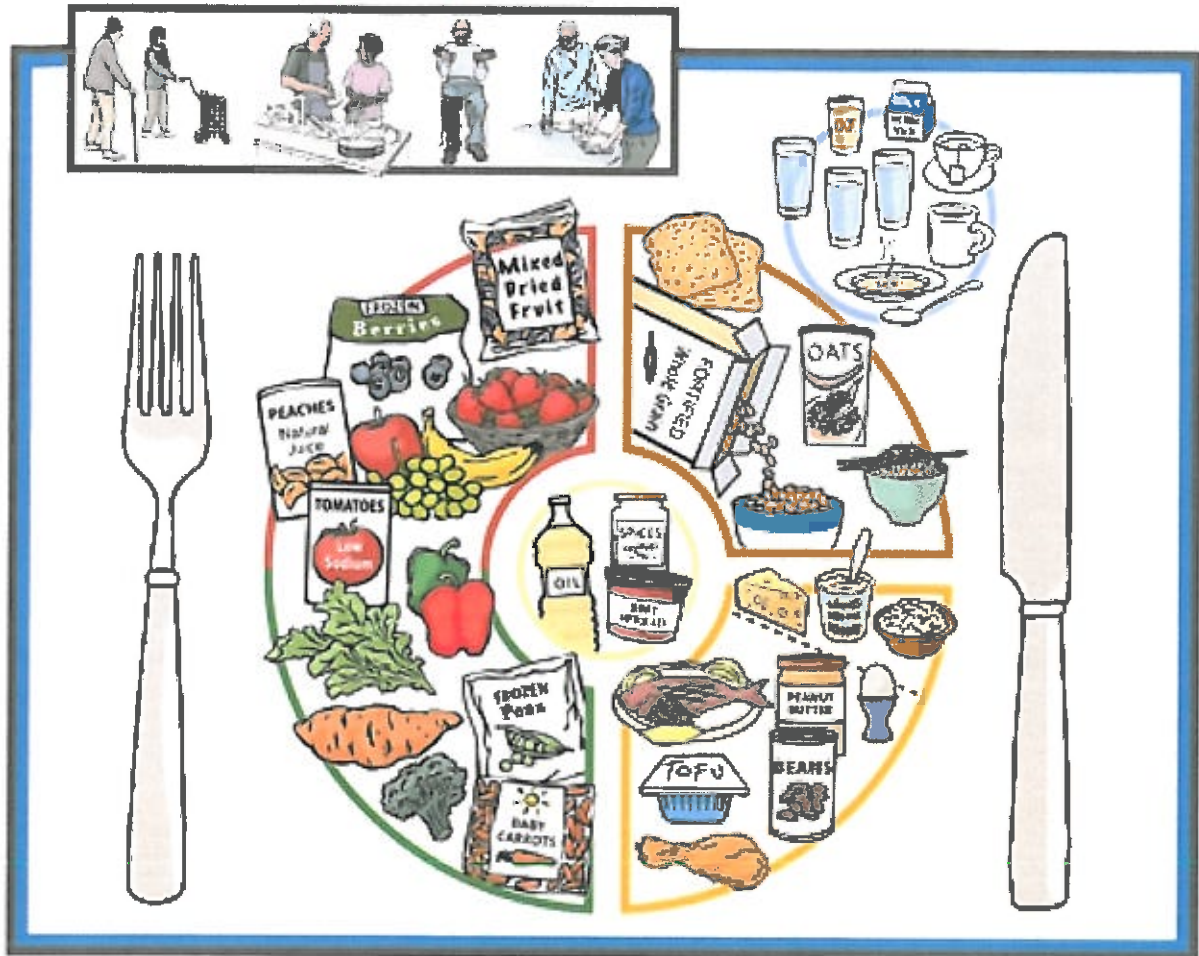
“The 2010 Dietary Guidelines for Americans emphasize limiting sodium intake to less than 1,500 milligrams per day and we echo that on the MyPlate for Older Adults by suggesting alternatives to salt such as flavoring with spices and choosing the low-sodium options of items such as canned vegetables,” says Lichtenstein, who is also the Stanley N. Gershoff professor of nutrition science and policy at the Friedman School. “Blood pressure tends to increase as we age, so it is especially important for older adults to monitor dietary salt and, for most of us, try to find ways to decrease intake.”

The inclusion of several examples of liquids such as water, tea, coffee and soup addresses the common, age-related decline in thirst that can put older adults at risk for dehydration, particularly during periods of sustained hot weather. Also intentionally represented on the MyPlate for Older Adults are a fork and knife that serve as reminders to put down remote controls and smart phones and occupy both hands with eating utensils. “The focus should be on the enjoyment of food and beverage, on the amount consumed and, whenever possible, on the opportunity for social interaction at mealtimes,” Lichtenstein says.

MyPlate for Older Adults promotes regular physical activity with icons depicting common activities that include daily errands and household chores. Although some of those chores do not take the place of more formalized exercise routines involving cardiovascular exercises, those included serve to remind older adults that there is a variety of options for regular physical activity.

“Government statistics continue to show that elderly obesity rates are on the rise, indicating there is a need to educate older adults about the importance of moving regularly and consuming a diet of nutrient rich foods with a calorie content matched to energy needs,” Lichtenstein says. “It seems particularly important that those nutrients come primarily from foods, especially in light of recent research showing disappointing results related to nutritional supplements.”

MyPlate for Older Adults



Source URL: <http://nutrition.tufts.edu/research/myplate-older-adults>
About Tufts University School of Nutrition

The Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University is the only independent school of nutrition in the United States. The school's eight degree programs, which focus on questions relating to famine, hunger, poverty, and communications, are renowned for the application of scientific research to national and international policy. For three decades, the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University has studied the relationship between good nutrition and good health in aging populations. Tufts research scientists work with federal agencies to establish the USDA Dietary Guidelines, the Dietary Reference Intakes, and other significant public policies.

Dietary Reference Intakes (DRIs) for Older Adults

Table 1: Dietary Reference Intakes for Older Adults

Elements and Macronutrients										
	Iron (mg)	Magnesium (mg) ^m	Manganese (mg)	Molybdenum (mg)	Nickel (mg)	Phosphorus (mg)	Selenium (ug)	Vanadium (mg) ⁿ	Zinc (mg)	
RDA or AI ¹										
Age 51-70 Male	8	420	2.3*	45	ND	700	55	ND	11	
Female	8	320	1.8*	45	ND	700	55	ND	8	
Age 70+ Male	8	420	2.3*	45	ND	700	55	ND	11	
Female	8	320	1.8*	45	ND	700	55	ND	8	
Tolerable Upper Intake Levels ^a										
Age 51-70 Male	45	350	11	2000	1	4000	400	1.8	40	
Female	45	350	11	2000	1	4000	400	1.8	40	
Age 70+ Male	45	350	11	2000	1	3000	400	1.8	40	
Female	45	350	11	2000	1	3000	400	1.8	40	
	Energy ² (Kcal)	Protein ³ (g)	Carbohydrates ⁴ (g)	Total Fat ^{5,6} (% Kcal)	n-6 PUFA (g)	n-3 PUFA (g)	Total Fiber (g)	Drinking water, Beverages, Water in food (L)		
RDA or AI ¹										
Age 51-70 Male	2204	56	130		14*	1.6*	30*	3.7*		
Female	1978	48	130		11*	1.1*	21*	2.7*		
Age 70+ Male	2054	56	130		14*	1.6*	30*	2.6*		
Female	1873	48	130		11*	1.1*	21*	2.1*		
AMDR ⁷		10-35%	45-65%	20-35%	5-10%	0.6-1.2%				

¹ Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).

² Values are based on Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age. Used height of 5'7", "low active" physical activity level (PAL) and calculated the median BMI and calorie level for men and women. Caloric values based on age were calculated by subtracting 10 kcal/day for males (from 2504 kcal) and 7 kcal/day for females (from 2188 kcal) for each year of age above 30. For ages 51-70, calculated for 60 years old, for 70+, calculated for 75 years old, 80 year old male calculated to require 2004 kcal, female, 1838 kcal.

³ The RDA for protein equilibrium in adults is a minimum of 0.8 gm/kg body weight for reference body weight.

⁴ The RDA for carbohydrates is the minimum adequate to maintain brain function in adults.

⁵ Because % of energy consumed as fat can vary greatly and still meet energy needs, an AMDR is provided in absence of AI, EAR, or RDA for adults.

⁶ Values for mono- and saturated fats and cholesterol not established as they have no role in preventing chronic disease, thus not required in the diet.

⁷ Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins, and fats expressed as % of total calories. The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000 and *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)* 2002.

Table 1: Dietary Reference Intakes for Older Adults

Vitamins and Elements												
	Vitamin A (ug) ^{b,c}	Vitamin C (mg)	Vitamin D (ug) ^{e,e}	Vitamin E (mg) ^{g,h}	Vitamin K (ug)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg) ^{i,j}	Vitamin B ₆ (mg)	Folate (ug) ^{k,l}		
RDA or AI ¹												
Age 51-70 Male	900	90	10*	15	120*	1.2	1.3	16	1.7	400		
Female	700	75	10*	15	90*	1.1	1.1	14	1.5	400		
Age 70+ Male	900	90	15*	15	120*	1.2	1.3	16	1.7	400		
Female	700	75	15*	15	90*	1.1	1.1	14	1.5	400		
Tolerable Upper Intake Levels ^a												
Age 51-70 Male	3000	2000	50	1000	ND	ND	ND	35	100	1000		
Female	3000	2000	50	1000	ND	ND	ND	35	100	1000		
Age 70+ Male	3000	2000	50	1000	ND	ND	ND	35	100	1000		
Female	3000	2000	50	1000	ND	ND	ND	35	100	1000		
	Vitamin B ₁₂ (ug) ^h	Pantothenic Acid (mg)	Biotin (ug)	Choline (mg) ^l	Boron (mg)	Calcium (mg)	Chromium (ug)	Copper (ug)	Fluoride (mg)	Iodine (ug)		
RDA or AI ¹												
Age 51-70 Male	2.4	5*	30*	550*	ND	1200*	30*	900	4*	150		
Female	2.4	5*	30*	425*	ND	1200*	20*	900	3*	150		
Age 70+ Male	2.4	5*	30*	550*	ND	1200*	30*	900	4*	150		
Female	2.4	5*	30*	425*	ND	1200*	20*	900	3*	150		
Tolerable Upper Intake Levels ^a												
Age 51-70 Male	ND	ND	ND	3500	20	2500	ND	10000	10	1100		
Female	ND	ND	ND	3500	20	2500	ND	10000	10	1100		
Age 70+ Male	ND	ND	ND	3500	20	2500	ND	10000	10	1100		
Female	ND	ND	ND	3500	20	2500	ND	10000	10	1100		

¹ Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).
 ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000 and *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)* 2002.

Table 1: Dietary Reference Intakes for Older Adults

Electrolytes			
	Potassium (g)	Sodium (g)	Chloride (g)
RDA or AI¹			
Age 51-70 Male	4.7	1.3*	2.0*
Female	4.7	1.3*	2.0*
Age 70+ Male	4.7	1.2*	1.8*
Female	4.7	1.2*	1.8*
Tolerable Upper Intake Levels^a			
Age 51-70 Male		2.3	3.6
Female		2.3	3.6
Age 70+ Male		2.3	3.6
Female		2.3	3.6

¹ Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).
 ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Water, Potassium, Sodium, Chloride, and Sulfate*, 2004.