

**INNOVATIONS SERVICES**  
**NUTRITIONAL CONSULTING PROGRAM**  
**DIET MANUAL**

Third 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 statutes (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 Food Guide Pyramid 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 facilities 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 (B) of rule 3701-17-18 of the Administrative Code for 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". Then paragraph (F) of rule 3701-17-18 of the Administrative Code for Ohio specifies, "Each nursing home shall provide nourishing, palatable and attractive meals that provide the recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences. Food shall vary in texture, color and seasonal items. The 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, dietary manager, dietary 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 professional right to deviate from standards and steps when warranted.**

## **Copyright**

**Copyright 2007, 2008 Innovations Services, Inc. All rights reserved. No part of this manual may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the permission of the publisher.**

# 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 Food Service Director.**

Approved for Use In:

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Facility

---

Location

---

Administrator

---

Date

---

Medical Director

---

Date

---

Director of Nursing

---

Date

---

Registered Dietitian

---

Date

---

Food Service Director

---

Date

## **Philosophy of Diet and Nutrition Therapy For Skilled Nursing Homes**

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 safety of the individual.

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 (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 CMS, Centers for Medicare & Medicaid Services) 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, 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: 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
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, small portions of low sugar desserts, and/or fruit in juice {no heavy syrup}
1500 calorie	Provides between 1400-1600 calories, consistent amount of carbohydrates are provided each meal, LCS desserts are provided
1200 calorie	Provides between 1100-1300 calories, consistent amount of carbohydrates are provided each meal, LCS desserts are provided
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
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, Ensure Plus, Ensure Pudding, 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. Milk and dairy products are not served)
- High Fiber
- Fortified Foods
- Fiber Restricted

## III. STAFF APPROACHES

(No physician order needed)

- Special Foods at meals (e.g. finger foods)
- 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" (next 2 pages) 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 facilities' 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...verbal orders must be confirmed with a written order in the resident's medical record. The nursing staff will send a completed diet order form to the dietary manager.
  2. The dietary manager will review form and if not completed properly, will return to the nursing staff for further review. Diet order must state all restrictions when any of the diet order is modified.
  3. The dietary manager 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 dietary manager is not present and a diet order is received... the cook in charge will follow steps 1-4

### Diet Order Form

The screenshot shows the 'Resident Ticket Manager' software interface. At the top, there is a menu bar with 'File', 'Edit', 'Insert', 'Records', 'Window', and 'Help'. Below the menu bar, the title 'Resident Ticket Manager' is displayed in blue, with 'Version 2.2' underneath. There are two buttons: 'New Resident' (green) and 'Delete Resident' (red). A 'Resident Search' dropdown menu is present. Below this, there are input fields for 'First Name', 'Last Name', 'Room #', 'Active' (checkbox), and 'Comments'. There are also dropdown menus for 'Therapeutic Diet' and 'Liquid Consistency', and a 'Last Pref. Update' field. A series of tabs are visible: 'Breakfast', 'Lunch', 'Dinner', 'Snack', 'Adaptive Equipment/Utility', 'Weight History', and 'Reports'. The 'Breakfast' tab is selected. Underneath, 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 and an 'Add' button. Below each column, there is a large empty box for listing items, with a '(Double-Click to Delete)' instruction at the bottom. At the very bottom, there is a 'Record: 81 of 81' indicator and a 'Form View' label.

# **Food Brought in from Outside the Facility**

## **POLICY**

This facility does allow family members to bring food in from outside the facility and give 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 dietary 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 dietary department. The food service manager may, at any time, choose not to store an item in the dietary department.

## **PROCEDURE**

“Guidelines for Families Bringing Food from Home” brochure should be given to families in admission packet

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.

Dietary 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, 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 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 if possible.
  - When microwaving a pre-prepared item, the item should be covered and heated until piping hot 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 RAW MEATS).
  - After the meal, please take leftovers home or discard them in trash receptacle outside of room.
- ❖ If facility 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 should be at 40 degrees or less. Refrigerator must be cleaned at a minimum of monthly. Any outdated food should be discarded immediately.
- ❖ Please let the dietary 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 within 48 hours of admission by the dietary manager or the lead cook. 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. resident's who refuse roast beef should be offered another protein-based food).

Likes or 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 in place of dislikes noted. The Food Preferences Form (dated and signed) is then placed in the dietary section of the medical record. If resident has numerous likes or 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 dietary department's job to work with the resident to assure proper nutrition is met.

# Food Preference Form

Resident name \_\_\_\_\_

Today's date \_\_\_\_\_

Admission \_\_\_\_\_

Six month review \_\_\_\_\_

Special request \_\_\_\_\_




**MARK ONLY IF IT IS A DISLIKE OR FOOD ALLERGY**

**Meats / Entrees**

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

**Soups / Sauces**

Alfredo sauce	<input type="checkbox"/>
BBQ sauce	<input type="checkbox"/>
Beef noodle	<input type="checkbox"/>
Beef Stew	<input type="checkbox"/>
Brown gravy	<input type="checkbox"/>
Cheese sauce	<input type="checkbox"/>
Chicken Gravy	<input type="checkbox"/>
Chicken noodle	<input type="checkbox"/>
Chili	<input type="checkbox"/>
Clam chowder	<input type="checkbox"/>
Cream of Celery	<input type="checkbox"/>
Cream of chicken	<input type="checkbox"/>
Cream sauce	<input type="checkbox"/>

**Soups / Sauces**

Mushroom	<input type="checkbox"/>
Seafood Chowder	<input type="checkbox"/>
Sweet & sour sauce	<input type="checkbox"/>
Mayo	<input type="checkbox"/>
Tomato sauce	<input type="checkbox"/>

**Starches**

Bake potatoes	<input type="checkbox"/>
Baked beans	<input type="checkbox"/>
Boiled potatoes	<input type="checkbox"/>
Brown rice	<input type="checkbox"/>
French fries	<input type="checkbox"/>
Fried potatoes	<input type="checkbox"/>
Mashed potatoes	<input type="checkbox"/>
Red potatoes	<input type="checkbox"/>
Rice	<input type="checkbox"/>
Scalped Potatoes	<input type="checkbox"/>
Tator tots	<input type="checkbox"/>

**Vegetables/Starches**

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

Peas	<input type="checkbox"/>
Peppers ,green	<input type="checkbox"/>
Red cabbage	<input type="checkbox"/>
Red onion	<input type="checkbox"/>
Sauerkraut	<input type="checkbox"/>
Spinach	<input type="checkbox"/>
Squash	<input type="checkbox"/>
Stew tomatoes	<input type="checkbox"/>
Sweet potatoes	<input type="checkbox"/>
Tomato	<input type="checkbox"/>
Zucchini	<input type="checkbox"/>
Combination Veg list	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**Fruits**

Apples	<input type="checkbox"/>
Cantaloupe	<input type="checkbox"/>
cherries	<input type="checkbox"/>
Grapes	<input type="checkbox"/>
Honey Dew	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>
Lemons	<input type="checkbox"/>
Oranges	<input type="checkbox"/>
Peaches	<input type="checkbox"/>
Pears	<input type="checkbox"/>
Pineapple	<input type="checkbox"/>
Plums	<input type="checkbox"/>
Prunes	<input type="checkbox"/>
Raisins	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>

**Breakfast items**

Bacon	<input type="checkbox"/>
boiled eggs	<input type="checkbox"/>
Cold cereal	<input type="checkbox"/>
Cream beef	<input type="checkbox"/>
Crepes	<input type="checkbox"/>
Fr Toast	<input type="checkbox"/>
Hash browns	<input type="checkbox"/>
Hot cereal	<input type="checkbox"/>
Omelets	<input type="checkbox"/>

Pancakes	<input type="checkbox"/>
Sausage links	<input type="checkbox"/>
Sausage patties	<input type="checkbox"/>
Scrambled	<input type="checkbox"/>
Waffles	<input type="checkbox"/>
Juices	<input type="checkbox"/>
Apple	<input type="checkbox"/>
Combinations	<input type="checkbox"/>
Cranberry	<input type="checkbox"/>
Grape	<input type="checkbox"/>
Orange	<input type="checkbox"/>
Pineapple	<input type="checkbox"/>
Prune	<input type="checkbox"/>
Tomato	<input type="checkbox"/>
V-8	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>

**Breads**

White	<input type="checkbox"/>
Wheat	<input type="checkbox"/>
Rye	<input type="checkbox"/>
Sour dough	<input type="checkbox"/>

**Desserts**

Chocolate Cake	<input type="checkbox"/>
Chocolate Chip ck	<input type="checkbox"/>
Oatmeal	<input type="checkbox"/>
Sugar	<input type="checkbox"/>
Peanut butter	<input type="checkbox"/>
White cake	<input type="checkbox"/>
Jell-O	<input type="checkbox"/>
Pudding	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>
other	<input type="checkbox"/>

**COMMENTS**

---

Do you have any ethnic or religious preferences?

Do you have any food allergies?

# 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 request 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; increase risk for falls; increase 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 dietary 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 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 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 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 (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	<b>Regular Diet</b>
1800 ADA, No added Sugar, No sugar, House Diabetic, Liberalized Diabetic	<b>Low Concentrated Sweets (LCS)</b>
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...i.e. 1/2 turkey sand)
Bland, Ulcer Diet	Bland (Kitchen will give decaf tea and coffee, no pepper, no chili powder, no caffeinated soda, and no citrus)
Low Sodium, Low NAS, Salt Free, 3 or 4 Gram, Salt or Sodium Restricted	<b>NAS (Kitchen will give Mrs. Dash and Salt Substitute will only be provided with a MDs Order)</b>
2 Gram, 1 Gram	Low Salt (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	<b>Low Fat/Low Cholesterol (Kitchen will give regular diet with no fatty meats (i.e.sausage/bacon), fried foods, limit egg yolks to 3xs a week, and provide lower fat condiments as available)</b>
Cardiac Diet	NAS and Low Fat/Cholesterol diet provided (if order states Cardiac/2 gram...then order Low Salt and Low Fat/Cholesterol)
Renal Diet, 4, 3 or 2 Gram Potassium, Low potassium, Low Phosphorus, Low K+, Low PHOS.	<b>Renal (No Added Salt diet w/ high K+ foods omitted or restricted... provides approx. 3 grams K+ daily, and Phosphorus is limited)</b>
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	<b>Mechanical Soft (Meats are ground...softer side items substituted for menu items on occasion)</b>
Blended, Blenderized, Level I	<b>Pureed</b>
Low Residue, Low Roughage, Low Fiber	Fiber Restricted (Kitchen will not give bran, fresh fruits, whole grain breads, corn, nuts or beans/lentils...green and wax beans OK)
Diverticulitis	Diet order with No Nuts, Seeds, Raisins, or Corn
High Calorie, Fortified	Fortified Foods (Diet given as ordered with fortified juice milk and starch)
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

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 “The Tufts Food Guide Pyramid 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

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

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

## *Other guidelines continued*

### 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

### 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*

# Regular Diet

## Description and Indications

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

## Nutritional adequacy

The Regular Diet is planned according to the food guide pyramid 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

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

## Diet Order

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

Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. orange juice	3 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
		½ 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
<b><u>HS Snack</u></b>		
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 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, 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 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 vegetable group for small portions). A multivitamin supplement 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 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. Nutritional composition is the same as regular, unless additional therapeutic interventions are in place (i.e. LCS/ 6 small feedings).

### Sample Menu

<b>Breakfast</b>	<b>10:00 AM</b>	<b>Lunch</b>	<b>2:00 PM</b>	<b>Dinner</b>	<b>HS Snack</b>
2 oz. Scrambled egg	1 oz. Raisin Bran	2 oz. Grilled Chicken on roll	6 oz. Beef barley soup	3 oz. Pot roast w/ gravy	6 Vanilla Wafers
6 oz. Orange Juice		½ cup Tossed salad	1 pkg of Crackers	½ cup Potatoes	
1 slice Toast		1 Tbsp. Oil and Vinegar		½ cup Carrots	
1 tsp. margarine		2 Peach halves	4 oz. Juice	1 slice Angel food cake	4 oz. Juice
4 oz. Milk	8 oz. Milk		4 oz. Milk		
Coffee		Coffee		Coffee	
Creamer		Creamer		Creamer	
Sugar/Salt/Pepper		Sugar/Salt/Pepper		Sugar/Salt/Pepper	

*OR*



<b>Breakfast</b>	<b>10:00 AM</b>	<b>Lunch</b>	<b>2:00 PM</b>	<b>Dinner</b>	<b>HS Snack</b>
2 oz. Scrambled egg	1 oz. String Cheese	½ 4 oz. Grilled Chicken Sandwich	½ Tuna salad sandwich	2 oz. Pot roast w/ gravy	6 Vanilla Wafers
2/3 oz. Raisin Bran		4 oz. Beef barley soup w/ crackers		1/3 c Potatoes	
1 slice Toast		2/3 cup Tossed salad		1/3 cup Carrots	
1 tsp. Margarine		1 Tbsp. Oil and Vinegar		1 slice Angel food cake	
4 oz. Juice	Beverage of Choice	2 Peach halves			
8 oz. Milk		4 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	

# 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 on residents that are resistant of staff assistance.

The finger foods menu provides foods that can be hand-held though 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 food guide pyramid 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**.

Foods Allowed and Foods to Avoid on a Finger Food Diet

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Milk and Milk Products</b>	Ice cream in cones, cheese sauce in a cup, milk, yogurt in cup	Cottage cheese.
<b>Meats and Meat Substitute</b>	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.
<b>Fruits</b>	All fruits that can be hand-held, sliced or cubed.	Crushed fruits, fruits in heavy sauce and applesauce.
<b>Vegetables</b>	All vegetables that can be hand-held, sliced, cubed or wedged.	Creamed corn, whole kernel corn, tossed salad, coleslaw, spinach, sauerkraut
<b>Grains</b>	Soft granola and cereal bars, dry cereals, buttered breads, rolled pancakes, waffles, muffins, noodles.	Rice, cooked cereal, noodles in heavy sauce.
<b>Miscellaneous</b>	Soups and broth served in cups, jelly served in bread, 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...**

Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. assorted juice	4 oz. Chicken nuggets	6 oz. tomato soup in mug
1 oz. dried Cheerios	½ cup steak fries	3 oz. Roast Beef
1 hard boiled egg	½ cup carrots stick	2 sl. white bread
1 sl. white toast	1 dinner roll buttered	1 oz. potato chips
2 sausage links	2 home baked cookies	1 med. apple sliced
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
<b><u>HS Snack</u></b>		
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 “The Tufts Food Guide Pyramid 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

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Fats</b>	Salad dressings, butter, oils, shortening. All fats and oils	None
<b>Miscellaneous</b>	All beverages, all soups, cakes, brownies, custard, ice cream, spices and condiments	Items that contain dried fruits, nuts or coconut
<b>Milk</b>	All	None
<b>Meats</b>	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).
<b>Vegetables</b>	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).
<b>Fruits</b>	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.
<b>Starches</b>	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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
2 sl. French toast	3 oz. grilled fish (boneless)	6 oz. Minestrone soup
2 oz. scrambled eggs	½ cup rice pilaf	2 oz. chopped roast beef in wheat bread, no seeds
½ cup hot cereal	½ cup 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 salad
1 tsp. margarine	1 tsp. margarine	1 tbsp. salad dressing
6 oz. orange juice		1 med banana
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
<b><u>HS Snack</u></b>		
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

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Fats</b>	Salad dressings, butter, oils, shortening. All fats and oils	None
<b>Miscellaneous</b>	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
<b>Milk</b>	All	None
<b>Meats</b>	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, soft cheese, eggs and eggs substitute.	<b>All</b> whole meats and poultry, whole hamburger patties, hard cheese or any difficult to chew meats.
<b>Vegetables</b>	All cooked vegetables (stringy vegetables should be chopped i.e. spinach, broccoli cauliflower and asparagus), vegetable juice, finely chopped <b>softer</b> raw vegetable salads (i.e. salad with tomatoes) or puree crisp vegetable salads (i.e. cole-slaw and broccoli salad)	<b>All</b> raw vegetables unless <b>finely</b> diced or pureed. Whole cooked stringy vegetables (i.e. asparagus, broccoli, cauliflower).
<b>Fruits</b>	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.
<b>Starches</b>	Pancakes, French toast, bread, rolls, buns, crackers, muffins (no seeds, nuts or dried fruits), cooked and dry cereal, soft potatoes without skin, pasta.	Any items that contains nuts, dried fruits or coconut flakes, rice, croissants, French fries, 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. Nectar Thick Minestrone soup
2 oz. scrambled eggs	½ cup buttered noodles	2 oz. chopped roast beef on wheat bread, no seeds
½ cup hot cereal	½ cup finely chopped steamed broccoli	¼ cup finely chopped lettuce and chopped tomato
	1 slice carrot cake no nuts	1 tsp. Mayo
	1 dinner roll	½ cup finely chopped salad (with no hard vegetables like celery or radishes)
1 tsp. margarine	1 tsp. margarine	1 tbsp. salad dressing
6 oz. orange juice		1 med banana
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
<b><u>HS Snack</u></b>		
2 oz. soft cheese		
2 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 consistency using commercial food thickeners or food items like mashed potato flake. 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.

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

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Fats</b>	All	None
<b>Miscellaneous</b>	Gravy, strained soups, jelly, condiments, herbs	Foods that contain nuts, dried fruits or require any chewing
<b>Milk</b>	All	None
<b>Meats</b>	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.
<b>Vegetables</b>	Pureed vegetables, vegetable juice	All others
<b>Fruits</b>	Pureed fruits, apple sauce, mashed bananas, fruit juices	All others
<b>Starches</b>	Pureed pasta, rice, mashed potatoes, purred breads, baked goods, pancakes, French toast, hot cereal	Corn, any whole items
<b>Dessert</b>	Gelatin, plain yogurt, pureed fruited yogurt, custard, ice cream, sherbet, plain pudding	Anything not pureed

## Diet Order

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

## Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. orange juice	3 oz. pureed fish	6 oz. pureed Minestrone soup
2 sl. pureed French toast	½ cup pureed rice	2 oz. pureed roast beef with 2 sl. pureed white bread
2 oz. pureed scrambled eggs	½ cup pureed vegetables	6 oz. tomato juice
½ cup hot cereal	1 slice pureed carrot cake, no nuts	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

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

## Diet Order

Diet should be ordered as: **Clear Liquid Diet**

## Sample Menu

<b>Meal</b>	<b>Suggested Meal Pattern</b>	<b>Sample Menu</b>
<b>Breakfast</b>	Fruit juice Broth Gelatin dessert Sweetened beverage Sugar	Apple juice Beef broth Strawberry gelatin Coffee Sugar
<b>Mid-Morning</b>	Carbonated beverage	Ginger ale Cherry Popsicle
<b>Lunch</b>	Fruit Juice Broth Gelatin dessert Sweetened beverage Sugar-sweetened juice	Cranberry juice Chicken broth Cherry gelatin Hot tea Sugar
<b>Mid-Afternoon</b>	Fruit juice	Grape juice Plain hard candy
<b>Evening Meal</b>	Fruit juice Broth Gelatin dessert Sweetened beverage Sugar	Strained orange juice Beef broth Raspberry gelatin Iced tea Sugar
<b>Bedtime</b>	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 resident's who are being transitioned from a clear liquid diet to solid foods diet or for resident's 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

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

## Diet Order

Diet should be ordered as **Full Liquid Diet**

## Sample Menu

<b>Meal</b>	<b>Suggested Meal Pattern</b>	<b>Sample Menu</b>
<b>Breakfast</b>	Fruit juice Cereal Fat Milk Beverage Sugar	Apple juice Custard Margarine Whole milk Coffee with creamer Sugar
<b>Mid-Morning</b>	Beverage	Milkshake
<b>Lunch</b>	Soup Fruit juice Gelatin dessert Dessert Sweetened beverage Sugar	Strained cream of celery Apricot nectar Cherry gelatin Ice Cream Coffee with creamer Sugar
<b>Mid-Afternoon</b>	Dessert Fruit juice	Custard Grape juice
<b>Evening Meal</b>	Soup Juice Dessert Beverage Milk Beverage Sugar	Strained orange juice Beef broth Raspberry gelatin Iced tea Sugar
<b>Bedtime</b>	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 not available use the following guideline:

<b>Nectar Thick</b>	<b>Honey Thick</b>	<b>Pudding Thick</b>
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.

## Comments

- When thickening liquids, add the thickener to the liquid, 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 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.

## **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 eliminates salt packets at the table and high Sodium food is limited on the menu. Each facility should use low-sodium broth bases for soups and gravies and limit the amount of sodium in recipes as able. A NAS diet is indicated for residents with Hypertension, Congestive Heart Failure, Acute and Chronic Renal Disease.

### Nutritional Adequacy

The NAS 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. This diet is designed to meet the **Recommended Dietary Allowance** and provide approximately 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

<b>Food Groups</b>	<b>Foods Allowed</b>	<b>Foods to LIMIT</b>
<b>Milk</b>	All milk and dairy products are allowed on this diet.	High Sodium cheese.
<b>Meats</b>	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.
<b>Vegetables</b>	All fresh or frozen vegetables canned and drained vegetables.	Pickles, sauerkraut, and others prepared in brine.
<b>Fruits</b>	ALL	NONE
<b>Grains</b>	Unsalted breadsticks and crackers, white bread, wheat bread, rye bread, muffins, pancakes, biscuits, dinner rolls, cornbread, and waffles.	Salted crackers, salted pretzels, and any bread with salted tops.
<b>Miscellaneous</b>	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.

### Diet Order

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

Sample Menu

<b>BREAKFAST</b>	<b>Lunch</b>	<b>Dinner</b>
2 sl. French toast	3 oz. grilled fish	6 oz. Homemade soup
2 oz. scrambled eggs	½ cup rice pilaf	2 oz. roast beef in wheat bread
6 oz. 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
<b><u>HS Snack</u></b>		
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 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 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. 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).**



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

<b>Food Groups</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Milk</b>	All milk and dairy products are allowed on this diet. Limit to 16 oz. daily.	High Sodium cheese.
<b>Meats</b>	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.
<b>Vegetables</b>	All fresh or frozen vegetables, canned and drained vegetables.	Pickles, sauerkraut, and others prepared in brine.
<b>Fruits</b>	All fresh or frozen	Some dried fruits
<b>Grains</b>	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
<b>Miscellaneous</b>	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.

Diet Order:

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

Sample Menu

<b>BREAKFAST</b>	<b>Lunch</b>	<b>Dinner</b>
2 sl. French toast	3 oz. grilled fish	2 oz. hamburger
2 oz. scrambled eggs	½ cup rice pilaf	Bun
6 oz. hot cereal	½ cup steamed vegetables	1 slice each lettuce and tomato
	1 dinner roll	1 tsp. mayo
1 tsp. margarine	1 tsp. margarine	½ cup tossed salad
	1 slice carrot cake	1 tbsp. salad dressing
6 oz. assorted juice		½ cup fruit salad
8 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
<b><u>HS Snack</u></b>		
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 1000-2000 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 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 cc's. 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

<b>Type</b>		<b>Amount of fluid in cc's</b>			
<b>Breakfast</b>					
Juice	120	120	120	240	240
Beverage	120	240	240	240	240
<b>Noon Meal</b>					
Beverage	120	240	240	240	240
<b>Evening Meal</b>					
Milk	120	120	120	240	240
Beverage	120	120	240	240	240
<b>HS Snack</b>					
Milk	120	120			
Juice			120	120	240
<b>From Nursing</b>	280	240	420	480	560
<b>Total Fluids in 24 hours</b>	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 bread with a generous amount of margarine. 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 limits low sugar desserts and substitutes high sugar desserts for low sugar/sugar-free desserts. 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 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. 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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
4 oz. orange juice	3 oz. Roast beef	6 oz. vegetable soup
4 oz. hot cereal	2 oz. gravy	4 oz. tuna salad
2 oz. scrambled eggs	½ cup mashed potatoes	2 slice whole grain bread
1 slice toast	½ cup steamed vegetables	1 sl. ea lettuce and tomatoes
1 pat margarine	1/12 <sup>th</sup> angle food cake (no icing)	½ cup baby carrots
1 packet sugar-free jelly	4 oz. milk	½ cup fruit salad (not in heavy syrup)
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Creamer	Creamer
Sugar substitute	Sugar substitute	Sugar Substitute
Salt	Salt	Salt
Pepper	Pepper	Pepper
<b><u>HS Snack</u></b>		
4 oz. milk		
3 vanilla wafers		

# 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 Food Guide Pyramid. 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*

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
¾ cup unsweetened cereal	1 cup tossed salad	3 oz. baked fish fillet
1 slice whole grain toast	1 pkt diet salad dressing	⅓ cup rice
1 pkt diet jelly	3 oz. grilled chicken	½ cup steamed vegetables
¼ c scrambled Eggs	1 small bun	½ cup strawberries
1 orange or 4 oz. juice	4 oz. Onion rings (6 small)	2 oz. slice of pound cake
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	½ cup diet gelatin	Coffee or tea
Non dairy creamer	Coffee or tea	Non dairy creamer
Sugar substitute	Pepper	Salt
	Sugar substitute	Pepper
	Salt	Sugar substitute
	Non dairy creamer	
<b>HS Snack</b>		
6 oz. low fat yogurt		



## Calorie and Carbohydrate-Controlled

### 1200 Calorie Diet

#### Description and Indication

The 1200 calorie diet is designed as a “strict” calorie control diet and is based on 50% calories from carbohydrates, 20% calories from protein and 30% calories from fat. Because this diet is so limited in options the diet is planned with the resident taking in consideration foods that the resident is willing to give up. Two common methods to achieve the 1200 calorie are: The Diabetic Exchange System and Carbohydrate Counting. This diet is indicated for residents with Diabetes, continued weight gain with other diets or in a planned weight loss program.

#### Nutritional Adequacy

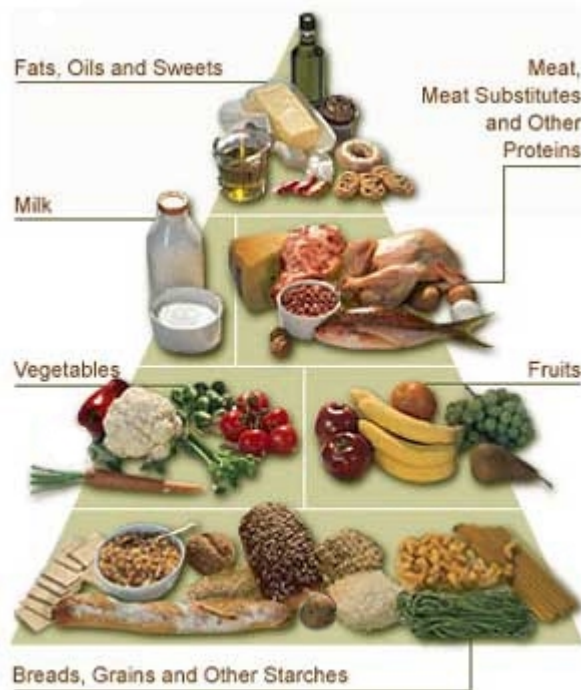
This Diet is planned according to the Tuft’s Food Guide Pyramid for older adults to provide a balanced diet that meets the required number of servings for each of the basic food groups with the exception of the bread/cereal group. This diet is also low on calcium. A multivitamin and or calcium supplement is 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.

	Starches	Lean Meats	Vegetables	Fruits	Low Fat (1%) Milk	Fats
Breakfast	1	0	0	1	1	1
Lunch	2	2	1	0	0	1
Snack 1	0	0	0	1	0	0
Dinner	2	2	1	1	0	1
Snack 2	0	0	0	0	1	0
<b>TOTAL</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>

Diabetic Food Guide Pyramid



\*\* From The American Diabetic Association Website

The Diabetes Food Pyramid is a little different than the USDA Food Guide Pyramid because it groups foods based on their carbohydrate and protein content instead of their classification as a food. To have about the same carbohydrate content in each serving, the portion sizes are a little different too. For example: you will find potatoes and other starchy vegetables in the grains, beans and starchy vegetables group instead of the vegetables group. Cheese is in the meat group instead of the milk group. A serving of pasta or rice is 1/3 cup in the Diabetes Food Pyramid and 1/2 cup in the USDA pyramid. Fruit juice is 1/2 cup in the Diabetes Food Pyramid and 3/4 cup in the USDA pyramid. This difference is to make the carbohydrate about the same in all the servings listed.

*Carbohydrate Counting*

Carbohydrate counting is particularly useful for people who take insulin shots, since it allows to balance food intake with insulin—the more carbohydrates consumed, the higher the blood sugar will be, and the more insulin is needed.

Carbohydrate counting allows for more flexibility than the exchange system since it focuses only on the carbohydrates in different foods. The foods listed in the starch, fruit, and milk exchange lists contain the same amount of carbohydrates per serving, 15 grams. Since they have similar effects on blood sugar, they can be “exchanged” since they are generally considered “carbohydrate servings.” For example, one starch serving may be exchanged for one fruit or milk serving. On a 1200-calorie diet a total of 10 servings of carbohydrate per day are allowed.

Breakfast	3	2	2	2	3	2	0
AM Snack	0	0	1	0	0	2	3
Lunch	3	4	2	3	2	2	2
PM Snack	0	0	1	1	0	2	1
Dinner	4	4	2	3	3	2	3
Evening Snack	0	0	2	1	2	0	1
<b>TOTAL CARBS</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

*Diet Order*

Diet should be ordered as **1200 Calorie Diet or 1200 Calorie Diabetic Diet.**

Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
¾ cup unsweetened cereal	2 oz. turkey	2 oz. baked fish fillet
1 orange	2 slices whole grain bread	⅓ 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
Non dairy creamer	Non dairy creamer	Non dairy creamer
Sugar substitute	Sugar substitute	Sugar substitute
Salt	Salt	Salt
Pepper	Pepper	Pepper
<b>HS Snack</b>		
6 oz. low fat yogurt		

# 1500 Calorie Diet

## Description and Indication

The 1500 calorie diet is designed as a strict calorie control diet and is based on 50% calories from carbohydrates, 20% calories from protein and 30% calories from fat. Two common methods to achieve the 1500 calorie are: The Diabetic Exchange System and Carbohydrate Counting. This diet is used on residents with Diabetes, and in weight loss.

## Nutritional Adequacy

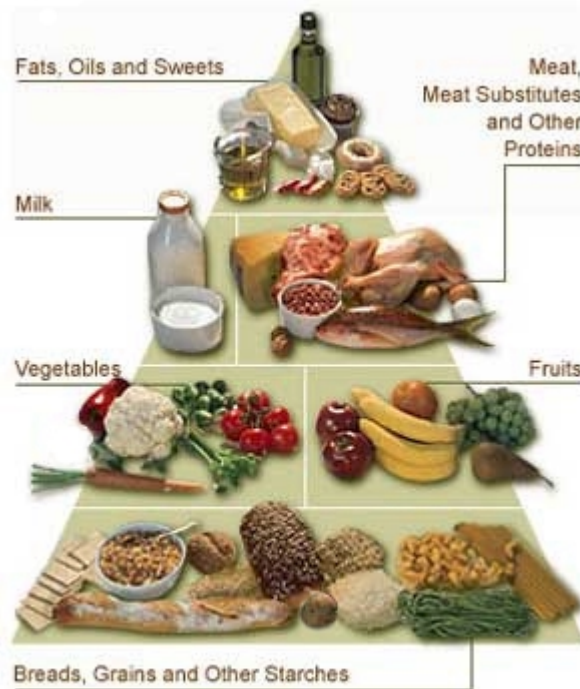
This Diet is planned according to the Tuft's Food Guide Pyramid for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic food groups with the exception of the bread/cereal group. The diet is designed to meet the **Recommended Dietary Allowance**.

## 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.

	<b>Starches</b>	<b>Lean Meats</b>	<b>Vegetables</b>	<b>Fruits</b>	<b>Low Fat (1%) Milk</b>	<b>Fats</b>
Breakfast	2	0	0	1	1	0
Lunch	2	2	2	0	0	2
Snack 1	0	0	0	1	0	0
Dinner	3	3	1	1	0	1
Snack 2	0	0	0	0	1	0
<b>TOTAL</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>

Diabetic Food Guide Pyramid



\*\* From The American Diabetic Association Website

The Diabetes Food Pyramid is a little different than the USDA Food Guide Pyramid because it groups foods based on their carbohydrate and protein content instead of their classification as a food. To have about the same carbohydrate content in each serving, the portion sizes are a little different too. For example: you will find potatoes and other starchy vegetables in the grains, beans and starchy vegetables group instead of the vegetables group. Cheese is in the meat group instead of the milk group. A serving of pasta or rice is 1/3 cup in the Diabetes Food Pyramid and 1/2 cup in the USDA pyramid. Fruit juice is 1/2 cup in the Diabetes Food Pyramid and 3/4 cup in the USDA pyramid. This difference is to make the carbohydrate about the same in all the servings listed.

Carbohydrate Counting

Carbohydrate counting is particularly useful for people who take insulin shots, since it allows to balance food intake with insulin—the more carbohydrates consumed, the higher the blood sugar will be, and the more insulin is needed.

Carbohydrate counting allows for more flexibility than the exchange system since it focuses only on the carbohydrates in different foods. The foods listed in the starch, fruit, and milk exchange lists contain the same amount of carbohydrates per serving, 15 grams. Since they have similar effects on blood sugar, they can be “exchanged” since they are generally considered “carbohydrate servings.” For example, one starch serving may be exchanged for one fruit or milk serving. On a 1500-calorie diet a total of 12 servings of carbohydrate per day are allowed.

Breakfast	4	3	4	2	3	3	0
AM Snack	0	0	0	2	2	1	3
Lunch	4	4	5	2	3	3	3
PM Snack	0	0	0	2	1	1	0
Dinner	4	5	3	4	3	4	4
Evening Snack	0	0	0	0	0	0	2
<b>TOTAL CARBS</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>

Diet Order

Diet should be ordered as **1500 Calorie Diet or 1500 Calorie Diabetic Diet.**

*Sample Menu*

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
¾ cup unsweetened cereal	1 cup tossed salad	3 oz. baked fish fillet
1 slice whole grain toast	1 packet diet salad dressing	⅔ 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
<b><u>HS Snack</u></b>		
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 Food Guide Pyramid for Older Adults to provide a balanced diet that meets the required number of servings of each of the basic 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*

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Milk and Milk products</b>	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
<b>Meats</b>	<b>All lean meats</b> , 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
<b>Vegetables</b>	All fresh vegetables	Vegetables prepared in sauces or butter and fried vegetables
<b>Fruits</b>	All fresh Fruits.	None
<b>Grains</b>	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
<b>Dessert</b>	Sherbet, Popsicles, puddings made with skim milk, vanilla wafers, angel food cake, gelatin, ice cream made with skim milk	Frosted cakes, pies, custard desserts
<b>Miscellaneous</b>	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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
2 med. pancakes	3 oz. baked fish	6 oz. Homemade soup( no cream soup)
2 oz. Egg substitute	½ cup rice pilaf	2 oz. roast beef in wheat bread
6 oz. hot cereal	½ cup steamed vegetables	1 slice each lettuce and tomato
8 oz. skim milk	1 dinner roll	1 tsp. fat free mayo
Margarine	Margarine	½ cup tossed salad
Syrup		1.5 oz. fat-free salad dressing
	½ cup fruit gelatin	½ cup fruit salad
6 oz. assorted juice	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
<b><u>HS Snack</u></b>		
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 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**. A 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	YOGURT

\*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+)

*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

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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. cranberry juice	6 oz. beef barley soup	4 oz. grilled fish
6 oz. cream of rice	4 oz. chicken breast	½ cup white rice
2 med. pancakes	1 Bun (not whole wheat)	½ cup buttered carrots
2 oz. scrambled eggs	1 tbsp. Mayo	1 sour dough dinner roll
2 oz. syrup	1 slice lettuce	
	Coleslaw	
1tsp. margarine	Gelatin	1 tsp. margarine
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
<b>HS Snack</b>		
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 diet 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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. cranberry juice	6 oz. vegetable soup	2 oz. grilled fish
6 oz. cream of rice	2 oz. chicken breast	½ cup white rice
2 med. pancakes	1 Bun	½ cup buttered carrots
2 oz. scrambled eggs	1 tbsp. Mayo	1 sour dough dinner roll
2 oz. syrup	1 slice lettuce	
1 tsp. margarine	Coleslaw	1 tsp. margarine
	Gelatin	Key Lime Pie
8 oz. milk		
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Non-Dairy Creamer	Non-Dairy Creamer
Sugar	Sugar	Sugar
Pepper	Pepper	Pepper
<b>HS Snack</b>		
1 med. apple		
3 Graham 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 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. The diet is designed to meet the **Recommended Dietary Allowance**.

### Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. cranberry juice	6 oz. beef barley soup	4.5 oz. grilled fish
6 oz. cream of rice	4.5 oz. chicken breast	½ cup white rice
2 med. pancakes	1 Bun (not whole wheat)	½ cup buttered carrots
2 oz. scrambled eggs	1 tbsp. mayo	1 sour dough dinner roll
2 oz. syrup	1 slice lettuce	
1 tsp. margarine	Coleslaw	1 tsp. margarine
	Gelatin	1 slice key lime Pie
8 oz. milk	8 oz. milk	8 oz. milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Non-Dairy Creamer	Non-Dairy Creamer
Sugar	Sugar	Sugar
Pepper	Pepper	Pepper
	* If larger portion of meat is not desired, 1 scoop protein powder could be added to coleslaw or soup	
<b><u>HS Snack</u></b>		
1 med apple		
3 Graham 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 omit skins, hulls and seeds as those foods may cause discomfort.

## Nutritional Adequacy

The Bland 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 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 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.

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

<b>Food Groups</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Miscellaneous</b>	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
<b>Milk</b>	Soy milk, lactose-reduced milk, cultured buttermilk, yogurt	Chocolate milk, cream, whole and skim milk, nutritional supplements containing lactose, evaporated milk
<b>Meats</b>	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
<b>Vegetables</b>	All	Any prepared with milk or cream
<b>Fruits</b>	All	None
<b>Grains</b>	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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
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	8 oz. lactose-restricted milk	8 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
<b><u>HS Snack</u></b>		
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 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. 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.**

## 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)
<b>Starchy Foods</b>		
<b>Breads</b>		
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
<b>Cereals (ready-to-eat)</b>		
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®, ⅔ cup Special K®, 1 cup
<b>Cooked cereals</b>		
Oat Bran®, 1 cup Red River®, 1 cup	Oatmeal, 1 cup	Cream of Wheat®, 1 cup
<b>Grains</b>		
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
<b>Cookies/crackers</b>		
Rye crackers, 1 triple	Graham wafers, 3 Oat cakes, 2 Triscuits®, 3	Arrowroot, 3 Social teas, 4 Soda crackers, 6
<b>Pastas</b>		
Whole-wheat pasta, 1 cup		Macaroni, noodles, spaghetti, cooked, ½ cup
<b>Starchy vegetables</b>		
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

Dietary Fiber Contents of Common Foods

High Fiber (5+ g)	Medium Fiber (2-4 g)	Low Fiber (<2 g)
<b>Fruits</b>		
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
<b>Juices</b>		
	Prune juice, 1 cup	Grape, apple, orange, grapefruit juice, 1 cup
		Tomato, vegetable-based, 1 cup
<b>Vegetables</b>		
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
<b>Nuts and Seeds</b>		
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	

Foods Recommended on a High-Fiber Diet

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

Diet Order

Diet should be ordered as: **High-Fiber Diet.**



Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
1 fresh orange	6 oz. beef barley soup	3 oz. grilled fish
1/3 cup All Bran® cereal	3 oz. chicken breast	½ cup brown rice
2 med. pancakes	2 sl. Whole grain bread	½ cup buttered carrots
2 oz. scrambled eggs	1 tbsp. mayo	1 whole wheat dinner roll
2 oz. syrup	1 sl. ea. lettuce and tomato	
	½ cup three beans salad	
	2 oatmeal cookies	
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
<b><u>HS Snack</u></b>		
1 med. apple		
3 Graham 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 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. The diet is designed to meet the **Recommended Dietary Allowance**.

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

<b>Food Group</b>	<b>Foods Allowed</b>	<b>Foods to Avoid</b>
<b>Milk</b>	Milk and milk products are limited to two servings a day, buttermilk, skim milk	Yogurt that contains high fiber fruits
<b>Meat</b>	All meats, poultry, fish and lamb, cheese, eggs, peanut butter	All legumes and tough fibrous meats
<b>Vegetables</b>	Canned or well cooked vegetables, lettuce, and tomato juice	All raw vegetables
<b>Fruits</b>	Canned fruits, fruit juice (no pulp) ripe bananas	Prune juice, all fresh and dried fruits
<b>Grains and starches</b>	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
<b>Dessert</b>	Cookies, plain cakes, puddings, gelatin, custard, pastries, ice cream, sherbet	All containing dried fruits, nuts, coconut and seeds
<b>Miscellaneous</b>	Cream soups, broth, sour cream, margarine, all oils, all herbs, spices, bacon, smooth salad dressings	Poppy seed, thousand island dressing, olives, nuts, horseradish

## Diet Order

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

## Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
1 hard boiled egg	3 oz. grilled chicken	4 oz. tuna salad
2 oz. sausage	½ cup mashed potatoes	1 croissant
¾ cup cornflakes	½ cup green beans	
1 sl. white toast	1 dinner roll	1 oz. potato chips
	1 tsp. margarine	½ cup cooked carrots
	½ cup vanilla pudding	1 sl. angel food cake
6 oz. assorted juice		
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
<b><u>HS Snack</u></b>		
½ cup ice cream.		

# 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, Crohns 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 doesn't 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.

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

<b>Food group</b>	<b>foods allowed</b>	<b>foods to avoid</b>
<b>Milk</b>	Less than 2 cups of dairy a day	More than 2 cups of dairy a day
<b>Meat/ Protein</b>	All well cooked and tender meat and fish	Peanut butter, nuts and seeds, dry beans, peas, lentils and tough fibrous meats
<b>Vegetables</b>	Vegetable juice, potatoes without skin, well cooked non-cruciferous vegetables	Raw vegetables and vegetables with seeds, cruciferous vegetables (sauerkraut, broccoli, cauliflower, brussels sprouts, and kale), winter squash and peas
<b>Fruits</b>	Juice other than prune. Canned or cooked fruits without seeds	Raw or dried fruits. Prune Juice
<b>Grains and starches</b>	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.
<b>Dessert</b>	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.

Diet Order

Diet should be ordered as: **Low Residue**

Sample Menu

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. assorted juice (not prune)	3 oz. grilled chicken	4 oz. tuna salad
1 hard boiled egg	½ cup mashed potatoes	1 croissant
2 oz. sausage patty	½ cup carrots	
¾ cup cornflakes	1 white dinner roll	1 oz. potato chips
1 sl. white toast	1 tsp. margarine	½ cup beets
	½ cup canned pears	1 sl. angel Food Cake
4 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
<b><u>HS Snack</u></b>		
1 oz. cheese cubes		
6 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 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. The diet is designed to meet the **Recommended Dietary Allowance**.

## Example Foods Allowed and Foods to Avoid on a NNSRBC Diet

<b>Food group</b>	<b>Foods allowed</b>	<b>Foods to avoid</b>
<b>Milk</b>	All plain dairy products	Yogurt that contains dried fruit and nuts
<b>Meat/ Protein</b>	All meats, poultry, fish, lamb, cheese, eggs, “smooth” peanut butter.	Peanut butter with nuts ALL nuts and seeds
<b>Vegetables</b>	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)
<b>Fruits</b>	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
<b>Grains and starches</b>	Breads without seeds	Buns topped with sesame seeds, some multigrain breads and popcorn
<b>Dessert</b>	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

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
6 oz. assorted juice	3 oz. grilled chicken	4 oz. tuna salad
1 hard boiled egg	½ cup mashed potatoes	1 croissant
2 oz. sausage	½ cup asparagus	
¾ cup cornflakes	1 dinner roll	1 oz. potato chips
1 sl. white toast	1 tsp. margarine	½ cup cooked carrots
8 oz. milk	½ cu vanilla pudding	1 sl. angel Food Cake
Coffee or tea	8 oz. milk	8 oz. milk
Creamer	Coffee or tea	Coffee or tea
Sugar	Creamer	Creamer
Salt	Sugar	Sugar
Pepper	Salt	Salt
	Pepper	Pepper
<b><u>HS Snack</u></b>		
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. <b>super cereal</b>	6 oz. beef barley soup	3 oz. grilled fish
2 med. pancakes	3 oz. chicken breast	½ cup white rice
2 oz. scrambled eggs	1 bun	½ cup buttered carrots
2 oz. syrup	2 tbsp. mayo	1 sour dough dinner roll
1 tsp. margarine	1 slice lettuce	2 tsp. margarine
	Coleslaw	2 tbsp. tarter sauce
	Gelatin	Pudding
6 oz. cranberry juice		
8 oz. Fortified milk	8 oz. Fortified milk	8 oz. Fortified milk
Coffee or tea	Coffee or tea	Coffee or tea
Creamer	Non-Dairy Creamer	Non-Dairy Creamer
Sugar	Sugar	Sugar
Pepper	Pepper	Pepper
<b>*If resident does not like super cereal, cheese sauce could be placed on eggs</b>	<b>*Add one slice of cheese or give fortified cream based soup</b>	<b>*Give extra tarter sauce and butter and/or give fortified pudding instead of regular</b>
<b><u>HS Snack</u></b>		
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.

## 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 (1/8<sup>th</sup> pie slice)

Supplement of Choice Program, continued

Example Recipes (see appendix and Master Cook for more)

<p><b>Fortified Milk</b></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>
--	--

<p><b>Fortified Pudding</b></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>
---	---

<p><b>Fortified Banana Milkshake</b></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</p> <p>Calories per serving: 246 calories Protein per serving: 14 grams</p>
--	--

**\*\*\*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 residents' 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.



## 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: Kellog'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, Kix**  
**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](http://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

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

### METRIC CONVERSION FACTORS

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

## 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](http://www.eatright.org) Website for the American Dietetic Association
2. [www.NPUAP.com](http://www.NPUAP.com) Website for the National Pressure Ulcer Advisory Panel
3. [www.kidney.org](http://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](http://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](http://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, 6<sup>th</sup> Ed. Chicago, Il: American Dietetic Association; 2000.
11. Pennington, JAT. Bowes and Church's Food Values of Portions Commonly Used, 14<sup>th</sup> Ed. NYC, NY: Harper and Row, 1989.
12. <http://www.heart.org> Website for the American Heart Association
13. [www.rd411.com](http://www.rd411.com) Website with free information for registered dietitians. This is a sponsored site.

## Position of the American Dietetic Association on Liberalized Diets

In December, 2005, the American Dietetics Association published a position paper on the value of using “liberalized diets” to be used 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 subacute 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*<sup>1</sup> 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.

<sup>1</sup> <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 undernutrition 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, undernutrition, 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)

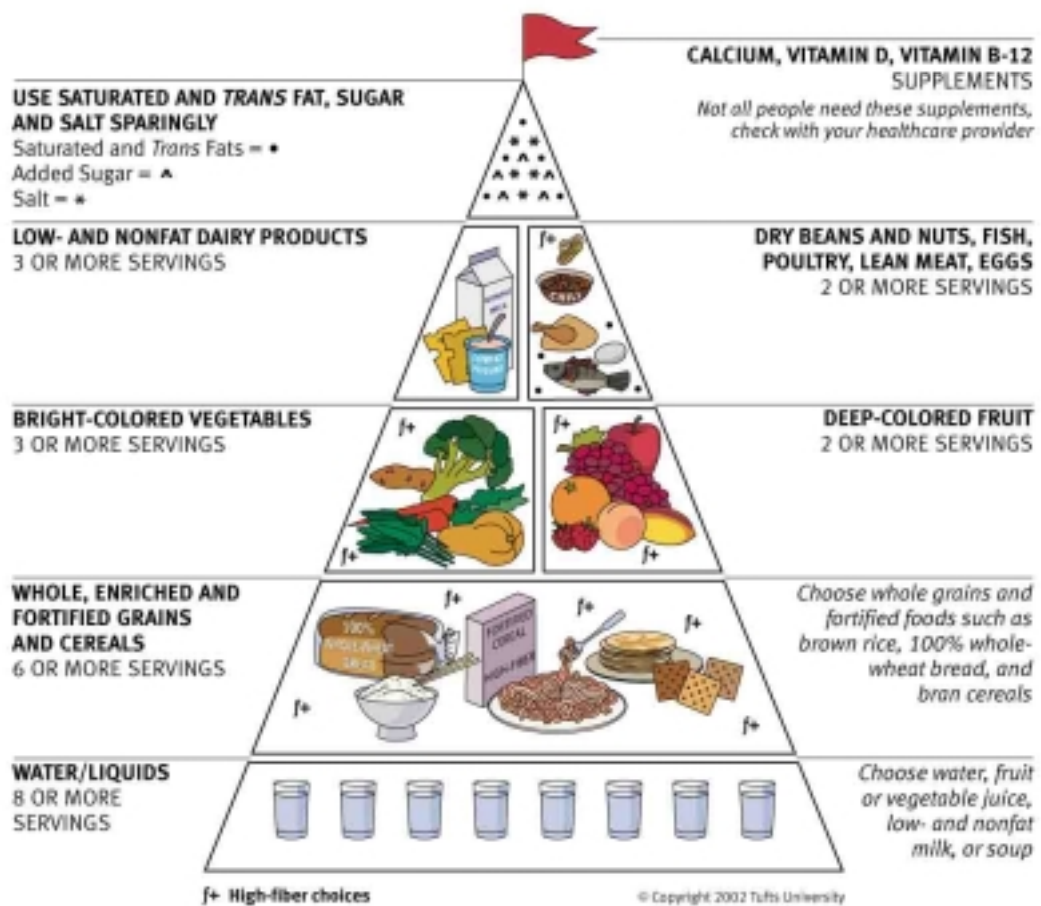
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# TUFTS

## Food Guide Pyramid for Older Adults



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# Dietary Reference Intakes (DRIs) for Older Adults

**Table 1: Dietary Reference Intakes for Older Adults**

Elements and Macronutrients										
	Iron (mg)	Magnesium (mg) <sup>m</sup>	Manganese (mg)	Molybdenum (mg)	Nickel (mg)	Phosphorus (mg)	Selenium (ug)	Vanadium (mg) <sup>n</sup>	Zinc (mg)	
<b>RDA or AI<sup>1</sup></b>										
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 <sup>a</sup>										
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 <sup>2</sup> (Kcal)	Protein <sup>3</sup> (g)	Carbohydrates <sup>4</sup> (g)	Total Fat <sup>5,6</sup> (% Kcal)	n-6 PUFA (g)	n-3 PUFA (g)	Total Fiber (g)	Drinking water, Beverages, Water in food (L)		
<b>RDA or AI<sup>1</sup></b>										
Age 51-70 Male	2204	56	130		14*	1.6*	30*	3.7*		
Female	1978	46	130		11*	1.1*	21*	2.7*		
Age 70+ Male	2054	56	130		14*	1.6*	30*	2.6*		
Female	1873	46	130		11*	1.1*	21*	2.1*		
AMDR <sup>7</sup>		10-35%	45-65%	20-35%	5-10%	0.6-1.2%				

<sup>1</sup> Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (\*).  
<sup>2</sup> 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.  
<sup>3</sup> The RDA for protein equilibrium in adults is a minimum of 0.8 gm/kg body weight for reference body weight.  
<sup>4</sup> The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.  
<sup>5</sup> 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.  
<sup>6</sup> 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."  
<sup>7</sup> 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) <sup>b,c</sup>	Vitamin C (mg)	Vitamin D (ug) <sup>d,e</sup>	Vitamin E (mg) <sup>g,h</sup>	Vitamin K (ug)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg) <sup>i,l</sup>	Vitamin B <sub>6</sub> (mg)	Folate (ug) <sup>j,k</sup>	
<b>RDA or AI</b> <sup>1</sup>											
Age 51-70 Male	<b>900</b>	<b>90</b>	10*	<b>15</b>	120*	<b>1.2</b>	<b>1.3</b>	<b>16</b>	<b>1.7</b>	<b>400</b>	
Female	<b>700</b>	<b>75</b>	10*	<b>15</b>	90*	<b>1.1</b>	<b>1.1</b>	<b>14</b>	<b>1.5</b>	<b>400</b>	
Age 70+ Male	<b>900</b>	<b>90</b>	15*	<b>15</b>	120*	<b>1.2</b>	<b>1.3</b>	<b>16</b>	<b>1.7</b>	<b>400</b>	
Female	<b>700</b>	<b>75</b>	15*	<b>15</b>	90*	<b>1.1</b>	<b>1.1</b>	<b>14</b>	<b>1.5</b>	<b>400</b>	
Tolerable Upper Intake Levels <sup>a</sup>											
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 <sub>12</sub> (ug) <sup>k</sup>	Pantothenic Acid (mg)	Biotin (ug)	Choline (mg) <sup>l</sup>	Boron (mg)	Calcium (mg)	Chromium (ug)	Copper (ug)	Fluoride (mg)	Iodine (ug)	
<b>RDA or AI</b> <sup>1</sup>											
Age 51-70 Male	<b>2.4</b>	5*	30*	550*	ND	1200*	30*	<b>900</b>	<b>4*</b>	<b>150</b>	
Female	<b>2.4</b>	5*	30*	425*	ND	1200*	20*	<b>900</b>	<b>3*</b>	<b>150</b>	
Age 70+ Male	<b>2.4</b>	5*	30*	550*	ND	1200*	30*	<b>900</b>	<b>4*</b>	<b>150</b>	
Female	<b>2.4</b>	5*	30*	425*	ND	1200*	20*	<b>900</b>	<b>3*</b>	<b>150</b>	
Tolerable Upper Intake Levels <sup>a</sup>											
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	

<sup>1</sup> 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**

<b>Electrolytes</b>			
	Potassium (g)	Sodium (g)	Chloride (g)
<b>RDA or AI</b> <sup>1</sup>			
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*
<b>Tolerable Upper Intake Levels<sup>a</sup></b>			
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

<sup>1</sup> 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.