

SVMC INTERPRETATION OF DIET ORDERS

SVMC menu plans are developed using best evidenced based practice guidelines. The ***Clinical Diet Manual*** is the basis for our menu planning and patient education materials. Listed below is a brief summary of the menu plans provided by SVMC and any specifics that may differ from the ***Clinical Diet Manual***. Our regular menu serves as the basis for all our menu plans and follows the Dietary Reference Intake (DRI's/RDA's) for our population of male 51-70 years old. Menus are designed to meet nutritional requirements specified by the 2011 update of the DRI's from the Food and Nutrition Board, Institute of Medicine, National Academies of Science's guidelines. This menu is then further modified to meet the specific needs of each patient based on diet order, nutritional status, food allergies, age, cultural preferences and food likes and dislikes. Current Dietary Reference Intakes recommend that Sodium intake remain less than 2300 mg per day. In order to meet their preferences and maintain intake, most diets that do not indicate a Sodium restriction will exceed this value. A sodium restriction should be ordered if needed.

Due to limitations within our nutrient database (CBORD) we do not have values available to us for all nutrients. Currently our database is incomplete for: biotin, choline, chromium, molybdenum, fluoride, iodine, chloride, linoleic acid and alpha-linolenic acid and sometimes other micronutrients.

Thin liquids are a default for all diets. Nectar, honey, pudding fluid consistency or fluid restriction needs to be ordered. When oral supplements are ordered BID with meals, i.e. Ensure, they will be given at breakfast and lunch. Call Dietitian Office at 788-6110 or Clinical Nutrition Manager 788-6112 for questions.

Diets that are not promoted by *Clinical Diet Manual*:

- A) Diverticular conditions: avoidance of nuts, seeds, and hulls.
- B) "ADA diet." no longer be used because neither the *AND* (Academy of Nutrition and Dietetics) or *American Diabetes Association* endorse any single meal plan or specified percentages of macronutrients
- C) Bland
- E) Full Liquid for pancreatitis
- f) Neutropenic diet

1. Advanced Diet as Tolerated/Diet of Choice *This is for communication only. It does not place the patient on a starting diet. Place an order for a starting diet and a goal diet in addition to this communication.*

2. Calorie Controlled Diet Intended for the patient with adequate po intake but requires calorie restriction. The diet will be available using consistent CHO menus. Calories available are: 1200, 1500-1600, 1800 (standard), 2000-2200, 2400.

3. Cardiac Diet is used for those with heart disease. It is a combination of low fat, low sodium, and caffeine restriction. The standard cardiac diet provides less than 3 g of sodium, and limits fat to 50 g per day and 200 mg of cholesterol.

Foods to limit or avoid: most café entrees, decaf sodas, low sodium/fat cheese, whole milk.

4. Clear Liquid Diet A clear liquid diet is nutritionally inadequate and should be advanced within 3-5 days. Foods allowed include: coffee, tea, carbonated beverages, broth, bouillon, strained fruit juices, gelatin, sugar, sugar candies, and popsicle. Hi protein clear liquid supplement (i.e. Ensure Clear 6.7 oz -35g CHO,9 g protein) can be added to increase nutrition.

REGULAR: *1 juice (15 g CHO), 1 can regular 7-up, broth, regular sugar, and regular jello= 81 g/tray

DIABETIC: * 1 juice (15g CHO), 1 can regular 7-up (39g CHO), broth, sugar substitute, and diet jello=54g

*Approximately 60 g Carb/4 CHO servings per tray and 200 g daily. (2007 American Dietetic Assoc g per day.)

LOW SODIUM: Receives 1 juice, 1 can regular 7-up, low sodium broth, regular sugar, and regular jello

*Provides < 2 g sodium per day

5. Consistent Carbohydrate Diet: Are used as dietary management and treatment of diabetes and blood sugar control. Adequacy is based on a weekly average. **Limit/Avoid foods that:** are high in sugar, and avoid eating too many high carbohydrates or starchy foods at one time. **Snacks are not routinely included as part of this diet. Snacks need to be ordered if patient is experiencing low blood sugars. Standard diet consists of average 1800-1900 calories or 4 servings of CHO/tray or 60-80 g CHO/tray and 45-50% of calories coming from carbs. Hi-fiber grains are used for glycemic control. American Diabetes Assoc is used as a reference. A CALORIE CONTROL DIET (1500-1600cal) can be ordered if 4 servings of CHO per meal is considered too much.

6. Pediatric Diets:

BREASTFED INFANT: No tray is sent.

FORMULA-FED INFANT: No tray is sent; Enfamil formula in bottles is stocked on the floors. If a special formula is needed, formula will be bought on an as needed basis.

INFANT BABY FOOD: Baby food in jars will be sent; one meat, one vegetables and one fruit.

TODDLER (AGE 1-2): Foods appropriate for the age will be sent.

PEDIATRIC 2-12: Foods on the adult menu are sent, but juice is offered instead of tea. Amounts will vary dependent on age.

7. Dysphagia Diets: Uses foods off regular diet menu. High fiber products are included and are used for those who have difficulty chewing and/or swallowing (dysphagia) and are at high risk for aspiration. This could be due to missing or no teeth to a person who has had a stroke and lost the ability of the nervous system. The diet may have an order for thickened liquids as well (nectar, honey, and pudding thick). Use liquids other than water to puree the food (broth, juices) to improve flavor; includes most foods from regular diet, thickened liquids, sauces and gravies, and any items that can be pureed.

Level 1 Dysphagia Pureed -smooth pureed, formed, homogenous, cohesive, pudding like foods that require little chewing,

Level 2 Dysphagia Mechanically Altered (Ground)- most semi-solid foods that require some chewing ability, fork-mashable fruits and vegetables- excluded are most bread products, fried potatoes, peanut butter hard cheese, seeds, nuts, crackers and other dry foods,

Level 3 Dysphagia Advanced (Chopped)-soft solid which require more chewing ability, nearly regular texture, easy to cut whole meats, fruits and vegetables. Excluded are hard, crunchy fruits and vegetables, sticky foods and very dry foods.

8. Full Liquid Diet: is usually transitional post-op diet. It is composed of foods that are liquid at room temperature and does not allow whole fruits and vegetables. Foods allowed include: all beverages, broth, bouillon, strained cream soups, cream of wheat, strained oatmeal, farina, fruit juices, ice cream, sherbet, gelatin, custards, puddings, tapioca, yogurt without fruit, margarine, butter, cream, all spices. Tend to be poorly tolerated secondary to high fat and dairy content. *Contraindications:* lactose intolerance, low fat diet, pancreatitis. For patients with chewing or swallowing difficulties that may benefit from a liquid diet, dysphagia diets are recommended.

DIABETIC FULL LIQUID: the same texture as the Full Liquid diet but with sugar-free ice cream and sugar-free pudding.

9. Gastroenteritis- BRATT/GASTRO To initiate oral feeding subsequent to gastrointestinal dysfunction. The diet is inadequate and does not meet recommended daily allowances for any nutrients. The diet is only temporary and may not benefit every person. Only the following foods are used: (B) Banana (R) Rice - steamed or boiled, or rice cereal (A) Applesauce (T) Toast (T) Tea
For pediatric patients rice cereal is to be used. **GASTRO (PEDIATRIC):** The same is served as the adult diet, but in smaller portions.

10. Gestational Diabetes: Intended for patients with diabetes during pregnancy. The diet consists of 3 meals and 3 snacks per day. Standard GDM diet is 30-45 g CHO/mls (2-3 CHO servings), 15-30 g CHO (1-2 CHO servings) at snack and provides 2000-2200 calories per day. Each exchange is 15 g CHO. No fruit or fruit juice in AM and only ½ c milk in AM due to risk of hyperglycemia. Order a MISC diet and specify grams per meal and snacks in comments for a specialized meal pattern.

11. Gluten Free Diet: intended for patients who needs to eliminate wheat, rye, oats, barley or its derivatives such as malt from barley from their diet, i.e. patients with Celiac Disease. Foods which contain these grains as a base, stabilizer, emulsifier or thickening agent are also eliminated.

12. Hepatic: 2 g sodium, 50 g protein. Less than 40 g protein per day will not meet DRI's. Used when patient has hepatic encephalopathy, reduce fluid retention. Ammonia levels are high and patient may be confused. These restrictions **are not** for patients with cirrhosis. ESLD/Cirrhosis pts may require more nutrients. Fluid restriction may be considered if ascites is present

13. High Calorie/ High Protein (Fortified) Diet: Is used for those who need more calories and protein with their meals. Intended for patients that require additional protein for stage III/IV wounds or suspected protein calorie malnutrition. **Additions to the regular diet include:** 8 oz. of Ensure Enlive, or Glucerna Shake, Boost Plus or Nepro will be added BID with meals (brk and lunch), Orange juice (vitamin C), extra egg at breakfast and meat at lunch and dinner, whole milk (1% for cardiac, diabetic) ProPass (protein powder) will be added to soups, puddings, and hot cereals.

14. High Iron: provides 18-27 mg of iron daily for the anemia. Limits caffeine (interacts with iron absorption). Increase amounts of meats, vitamin C foods and fortified cereals.

15. Hyperemesis Gravidarum: is usually given to expecting mothers who are experiencing nausea and vomiting. Eating high carbohydrate foods (simple starches), such as crackers, bread, or dry cereal, rice may help. Drinking liquids between meals should be encouraged. Six small meals should be provided each day. **Foods to avoid:** high fat, fried, highly seasoned, and strong smelling foods. Avoid eating large meals.

16. Kosher Diet: intended for patients who observe Jewish Dietary laws. Unfortunately, we do not have a Kosher kitchen, but we do offer TV dinners that are Kosher and individual items that are considered Kosher.

17. Low Fat: is used for those with difficulty digesting fats (gall bladder removal, bowel resection, pancreatitis). Provides less than 50 g of fat per day and 200 g of cholesterol. **Foods allowed include:** broiled, baked, or boiled trimmed meats/fish, chicken/turkey without skin, nonfat and low fat milk products, fruits and vegetables, most breads, pastas, rice, caffeine and salt is allowed. **Foods not allowed:** butter, cream sauces/soups, gravies, desserts, and baked goods such as cakes, cookies, muffins, biscuits.

18. Low Fiber/Low Residue Diet: Provides < 10 g fiber per day. This is used for those who are unable to tolerate a general or regular diet. It is usually ordered as a progressive diet after lower bowel surgery, Crohn's disease, ulcerative colitis, irritable bowel disease, diverticulitis, colostomy/ileostomy to reduce the frequency and volume of fecal output while prolonging intestinal transit time. This diet is soft in texture and may be appropriate for people needing soft foods but not chopped or pureed. **Foods allowed include:** most beverages (no alcohol), most breads and cereals (except those containing coarse whole grains, bran, nuts or seeds), most desserts (except those with dried fruit, nut, seeds, etc.), most fruits (no dried, or any with skins or seeds), lightly seasoned salad dressing, all fruit juices, cooked vegetables, all vegetable juices, lettuce (as tolerated), soups made with allowed foods, lean and tender meats, poultry, fish, and shellfish, eggs, mild cheeses, creamy peanut butter, plain or flavored yogurt (without seeds), potatoes, spaghetti, macaroni, and other pastas. **Foods NOT allowed include:** chili pepper, fatty foods, prune juice, lactose. These may aggravate bowel problems by increasing the number of bowel movements or by exacerbating malabsorption.

19. Low Protein Diet: intended for patients who needs to control protein intake. This diet contains 50 grams protein daily. Maybe appropriate for the pre-renal or hepatic patient who does not require a sodium restriction.

20. Low Sodium Diet (2 g Sodium): is used for those with congestive heart failure, liver and kidney failure, high blood pressure, and edema or ascites. Limiting the amount of sodium or salt in a diet may ease or eliminate the problems. **Foods allowed** include: all foods cooked with little or no salt, fruits, vegetables, breads, and cereals. Lemon juice, onion, red pepper, and garlic are excellent substitute seasonings. No salt should be added to the meal and processed foods should be avoided. Mrs. Dash is encouraged for flavorings. A salt substitute (Nu salt) is not allowed without the discretion of the physician and Dietitian.

21. Low Potassium: Contains less than 2 g of potassium a day. High potassium containing foods are omitted. This diet is commonly ordered along with protein, sodium and fluid restrictions in acute or chronic renal failure.

22. Low Lactose: Less than 8-10 g daily. Milk and foods containing milk are omitted.

23. Low Microbial (aka Neutropenic): Is used when a patient's immune system is compromised. There is limited evidence supporting this diet in the hospital setting. **Foods not allowed:** raw and fresh fruit/vegetables and undercooked meats. Wrapped fruits that need to be peeled (orange and bananas) can be offered to patient, as long as staff can peel for the patient with gloves or the patient can peel it themselves.

24. PUD/GERD/Bland Diet (Peptic Ulcer Disease/Gastro-esophageal Reflux Disease): Also known as a bland diet. Used for those who suffer from hiatal hernia, reflux, esophageal ulcers or strictures, or increased abdominal pressure caused by obesity or ascites. **Foods to avoid:** alcohol, citrus, chocolate, mint, fatty or fried foods, high caffeine and decaffeinated drinks, and spices that may cause discomfort. This diet is very individual. Patient should maintain upright posture during and 1 hour after eating, and elevate head of bed to help prevent reflux.

25. Regular: This diet is unrestricted and is expected to meet the needs of adult patients using the DRI (Dietary Reference Intake) for SVMC population. Goal to provide ~ 2200-2400 calories, 3-4 g sodium, **25 g** dietary fiber. Sodium content exceeds DRI's for 2300 mg/d and a 2gm sodium diet restriction may be warranted. The 2015-2020 Dietary Guidelines for Americans are referenced.

26. Renal Diet Is used for patients on hemodialysis. Has protein ranges available from 60-120 g per day; 2 g Sodium, 2 g potassium, < 1000 mg phosphorous, and liquids may be limited by physician. The Standard Renal diet without specification of protein amount provides 80 g protein, 2 g sodium and 2 g potassium.

27. Renal High Protein: Can provide 90-120 g protein daily with 2 g Na and 2.5 g potassium limits.

28. Renal Low Protein: Provides 50-60 g protein daily with 2 g Na and 2.5 g potassium limits. This may be used for patients with chronic kidney disease that are not on dialysis.

29. Blenderized Puree Diet (Tonsil and Adenoidectomy): Should be very thin in consistency and homogenous, so that it could be sipped through a straw; this is usually seen with patients who have a wired jaw fracture. It is often a patient preference or recommendation per Speech Language Pathologist.

30. Vegetarian Diet: Does not include meat, fish, or poultry, but will include eggs, milk, cheese, and other dairy products. If alternative vegetarian options are requested, a miscellaneous diet can be ordered with specifications.

31. Vegan Diet: Does not include meat, fish, poultry, eggs, milk, cheese, or other dairy products.