

Inservice: Modified Diets

Objective:

Participants will:

- Describe the differences between a regular diet and a therapeutic diet.
- Describe the significance of following a therapeutic diet.

Method:

Lecture, discussion, spreadsheets, *Diet Manual*, posttest

Inservice:

Introduction:

A modified diet is a meal plan that controls the intake of certain foods or nutrients as part of treatment of a medical condition. The planning of each modified diet is based on the regular diet. The FNS Department is responsible for the correct delivery of all diets to help provide the highest quality of life for each resident. Meals offered should follow the recipes and spreadsheets and be served in a manner that ensures they are nutritious, attractive, and palatable.

The **regular diet** is designed to provide the nutritional needs of residents who are not acutely ill and who do not need dietary modifications or restrictions. Note that the diet typically provides 2100-2400 calories and 90-105 grams of protein. However, individual preferences may necessitate the addition or exclusion of certain food items.

- **Texture Modified Diets:** The texture modified diets are based on the regular diet with varying modifications made to food consistency and size, as indicated below.
 - o **Mechanical Soft Diet:** The mechanical soft diet is designed for residents who experience chewing or swallowing limitations. The regular diet is modified by mechanically altering, either by chopping or grinding, allowable food items or cooking raw items to a soft texture. Foods that may need modification in order to be allowable include proteins, raw vegetables, and raw fruits.

- o **Dysphagia Mechanical Diet:** Dysphagia is the broad term used to define difficulties with the swallowing process. The dysphagia mechanical diet consists of foods that are moist, mechanically altered, easily mashed, or pureed. This is necessary to form a cohesive bolus requiring little chewing. Foods must not be sticky or bulky, increasing the risk of airway obstruction.
 - Aspiration is often the result of dysphagia and prevention of aspiration is the goal of the dietary modifications.
- o The Speech Pathologist or Occupational Therapist can screen or evaluate residents that display any of the symptoms of dysphagia and recommend the appropriate texture, as it is highly individualized.
- o All liquids/drinks should be thickened to meet the prescribed order.
 - *Thickened liquids* help to slow the movement of liquids/drinks, allowing residents to have better control over their swallow. Levels include:
 - 2 Mildly thick/Nectar thick liquids - Flows off spoon; pours slower than thin drinks; Sippable; thin liquids will require thickening.
 - 3 Moderately thick/Honey thick liquids - Drizzles from spoon; drunk from cup or eaten with a spoon.
 - 4 Extremely thick/Pudding thick liquids - Holds shape; not pourable; no lumps; requires spoon to eat.
 - Premade thickened liquids/drinks may be purchased at the prescribed consistency. Liquids may also be thickened with commercial thickeners or food products, such as potato flakes, gelatin, cereals, etc.
 - Residents on thickened liquids should avoid foods with mixed consistencies. These foods separate into a solid and liquid component, such as canned fruit served in syrup or juice. All juice or syrup must be drained from canned fruit prior to serving. Avoid juicy foods such as

watermelon, apples, oranges, and melons (unless pureed). Avoid foods that become liquids at room temperature e.g. ice cream, sherbet, and gelatin.

- o **Pureed Diet:** The diet is designed for residents who have difficulty chewing and/or swallowing. The texture of the food should be smooth and moist with no lumps and able to hold its shape. A blender or food processor is needed to make pureed food. Detailed procedures and recipes for pureeing foods are included within the menu system's reference Book # 1.
 - **Pureed or Liquid Pureed Diet:** consists of foods thinned with gravy, broth, milk, or margarine to a drinkable consistency served in cups. (Refer to the *Diet Manual*.)
- **Portion Modified Diets:** Note that the 3 diets below are based on the regular diet but are either modified in portion or serving sizes or include the addition of extra items to increase calories.
 - o **Small Portions:** This diet is found on the spreadsheet and provides 5 ounces of protein and 4 serving of fruits, vegetables, and grains. Provides 1600-1900 calories and 80-90 gm protein.
 - o **Large Portions:** This diet is found on spreadsheet and increases calories by adding food from dairy, protein, and grain groups. Provides 2500-2800 calories and 120-130 gm protein.
 - o **Double Entrée:** This diet is used for residents with increased protein needs. The food server gives two times the entrée listed on spreadsheet (i.e. 2 serving eggs, 2 serving Lasagna, 2 servings of chicken, 2 sandwiches).
 - o **Fortified Diet:** is a regular diet that has added margarine, gravy, cheese, and mayonnaise. The diet adds 300-400 calories a day and is designed for residents who cannot consume adequate calories to maintain weight and nutritional status.

- **Other Therapeutic Modified Diets**

- **Finger Foods Diet:** This is a regular diet that provides foods in appropriate size, texture, and shape to be eaten without utensils, but rather with the fingers, as utensils may become difficult to use for some residents depending on their medical conditions and/ or age.
- **Vegetarian and Vegan Diet:** Limits some or all meat and has become increasingly popular for philosophical, religious, cultural, or health reasons. There are four general categories of vegetarian diets:
 - *Vegans* use vegetables, salads, legumes, fruits, whole grains, nuts, and seeds. All animal foods are excluded.
 - *Lacto-Ovo Vegetarian:* Use all the above plus dairy products (milk, butter, cheese, yogurt, and eggs).
 - *Lacto-Vegetarian:* Use dairy items, but no eggs.
 - *Semi-Vegetarian:* Consume some groups of animal foods, but not all of them. Red meat is usually excluded.
 - *Pescatarians*, while not technically vegetarians, will limit their meat consumption to fish and seafood and will consume dairy and egg products
- **Low Fat/Low Cholesterol:** Limits foods high in fat (sauces, gravies, margarine). Total fat intake is between 55-65 grams, and the cholesterol is reduced to less than 300 mg/day. The diet is used with residents with gall bladder or pancreatic disorders, for the prevention and treatment of heart disease, and when cholesterol levels are high.
- **Liberal Bland Diet:** Is a regular diet that usually excludes caffeine, alcohol, peppers, spices, and foods that are thought to be irritating to the gastric mucosa or stimulate the production of gastric acid.
- **High Fiber Diet:** Provides approx. 25 grams of fiber. The term fiber refers to indigestible soluble carbohydrate found primarily in foods of plant origin including whole grain flours and products, unprocessed (raw) wheat bran unrefined breakfast cereals,

fruits, legumes, and nuts. The high fiber diet has been indicated in the treatment of constipation, diverticulitis, irritable bowel syndrome, hemorrhoids, diabetes mellitus, colon cancer and Crohn's disease. (Refer to the *Diet Manual* for a list of possible additional fiber sources.)

- o **Low Residue/Low Fiber Diet:** Provides foods low in fiber and omits foods that are difficult to digest such as raw fruits, vegetables, legumes, and whole grain breads. This diet is often ordered in the treatment of acute diarrhea, colitis, and other gastrointestinal disturbances.

- o **Sodium Restricted Diet:** Used for the control of hypertension and for prevention, control, and elimination of edema.
 - **No Added Salt:** Is a regular diet (approximately 2.6-3.5 gm NA) with no salt added to food after preparation. No salt packet or saltshaker is allowed with the resident's meal.
 - **Low Salt (2.0-2.5 Na)** Limits salt and obviously salty foods such as processed and cured meats, canned soups, and salted crackers. Renal diets observe this diet.
 - **2 gm Na:** Omits salt and salty foods. Each day is individually calculated, and foods are allowed as much as possible without going over 2 gm Na.

- o **Controlled Carbohydrate (CCHO):** is a meal plan without specific calorie levels for diabetic residents. Instead of counting calories: the carbohydrates are evenly, systematically, and consistently distributed through three meals and H.S. snacks in an effort to maintain a stable blood sugar level throughout the day. (Refer to the *Diet Manual* for carbohydrate breakdown for each meal.)

- o **Clear Liquid Diet:** is designed to provide clear liquid foods that are fluid at body temperature and leave no residue in the gastrointestinal tract. The diet is indicated for residents with acute diarrhea or nausea and as a pre- and post-operative regime. The diet is inadequate in all nutrients and should only

be used on a short-term basis, unless otherwise prescribed by the attending physician. Provides approx. 900 calories.

- o **Full Liquid Diet:** Consists of fluids and foods that become liquid at body temperature and are easily digested such as ice cream, soup, or high protein supplements. The diet is indicated for acutely ill residents and for residents experiencing extreme difficulty in chewing and swallowing. This diet can be nutritionally adequate if carefully planned with between-meal nourishments and commercial supplements.
- o **Low Potassium Diet:** Is usually ordered when a person is in renal failure. Potassium content of the diet is controlled to prevent hyperkalemia. This diet and menu either limits or excludes milk, bananas, prunes, prune juice, oranges, orange juice, and potatoes, in order to maintain a reduced Potassium level (of 2-2.5 grams/day).
- o **Protein Restricted Diet:** Limits protein foods in the diet such as meat and milk and is used for people with acute or chronic renal failure as well as for liver disease. The goal is to minimize uremic toxicity and prevent protein catabolism. A diet high in simple sugars and fat is used to spare protein and provide the resident with the necessary calories. (Refer to the *Diet Manual* for restricted protein diet plans).
- o **Lactose Restricted Diet:** the diet provides a restricted intake of lactose in the management of patients exhibiting lactose intolerance. A lack of enzyme lactase results in the inability to hydrolyze lactose to glucose and galactose. Milk and milk products are major food sources of lactose and are excluded depending on the individual tolerance of the person.
- o **Gluten-Restricted Diets:** the diet is often ordered in the treatment of celiac disease. Gluten is a general name given to the storage proteins present in wheat, rye, barley and oats. Intolerance to gluten can result in inability of the small intestine to digest and absorb nutrients.

- o **Food Allergies:** Food allergies may produce adverse, sometimes life threatening, effects and eliminating the allergy causing food is the only way for residents to avoid a reaction. The avoidance of cross contamination within the facility's kitchen is key when preparing foods for residents with food allergies. For more information on the major food allergens, refer to the *Diet Manual*.

Conclusion:

Every modified diet ordered is important and needed for that resident for a certain purpose. Every diet served should not only be made up of attractive and tasty food, but must comply with a resident's food preferences and prescribed diet order.

For further guidance on our menu system implementation, please reference and review the *How to Read and Use a Menu Spreadsheet* in-service.

Activities:

Look at this week's spreadsheets and recipes with FNS personnel, paying special attention to diets that are not commonly served, such as the 2 Gm Na, finger food, or Low Fat diet, and have employees verbalize the differences between the modified diets and a regular diet.

Show the current *Diet Manual* to alert FNS personnel to their modified diets reference book and Book #1 to reference pureed recipes.

Posttest: Modified Diets

1. True/False (circle one): Mechanical soft diets modify the texture of meats, raw fruits, and raw vegetables by grinding, chopping, or cooking to a soft texture.
2. True/False (circle one): A resident can be served fruits in juice when on a prescribed Thickened Liquid diet.
3. True/False (circle one): Vegetarian diets limit some or all meat.
4. True/False (circle one): A Low-Fat diet doesn't limit the use of sauces, gravy, and margarine.
5. True/False (circle one): An NAS diet is a regular diet with no salt packet added to the resident's tray.
6. True/False (circle one): The Clear Liquid diet is adequate in all nutrients.
7. True/False (circle one): Finger Foods Diet is a regular diet that provides foods in appropriate size, texture, and shape to be eaten without utensils, but rather with the fingers.
8. True/False (circle one): The Full Liquid diet allows only see-through liquids such as broth and gelatin.
9. True/ False (circle one): Food allergies are not a concern for the FNS Department and should only be handled by Nursing.

Answers to Posttest: Modified Diets

1. T
2. F Mixed consistencies (like fruit in juice) should not be served on a thickened liquid diet, unless juice was drained prior to serving.
3. T
4. F
5. T
6. F The clear liquid diet is inadequate in all nutrients.
7. T
8. F The full liquid diet consists of fluids and foods that become liquid at room temperature and are easily digested.
9. F Food allergies have the potential to produce adverse, sometimes life threatening, reactions. The FNS Department plays a major role in managing their resident's food allergies.