

## **Keep It Simple: Liberalization Of Therapeutic Diets For Older Adults**

The American Dietetic Association has recently published the newly revised *Position of the American Dietetic Association on Liberalized diets for older adults in long term care* which can be viewed at ADA's website, [www.eatright.org](http://www.eatright.org). This article briefly explains the benefits of liberalized diets, and provides some suggestions on how to implement them in health care facilities.

Mealtime is often the highlight of the day for many older adults. Overly restrictive diets may cause dissatisfaction, which can lead to decreased food intake, weight loss, malnutrition and other potential problems. The goals for dietetics professionals and dietary managers should be to provide good nutrition and hydration and to improve quality of life and nutritional status through liberalization of diets.

Overly restrictive diets tend to be too low in calories, bland in taste, and unappealing. For residents who are extremely ill, eye appeal is essential to tempt them to take the first bite. If that first bite is bland, dry and unappetizing, the resident is not likely to finish the meal. Even if a resident eats 50-75 percent of the therapeutic diet offered in a day, it may not offer adequate calories to maintain weight. For example, 75 percent of a typical low-fat/low-cholesterol diet may yield only 1200-1300 calories.

Residents on restrictive diets tend to be unhappy and frequently do not comply with their diets. In addition, state and federal surveyors tend to scrutinize therapeutic diets very closely. In a long-term care setting, staffing frequently does not permit the time needed to prepare complicated special diets. Simplified diets help to improve tray accuracy as menus are easier to follow. For these reasons, simplification and liberalization of diets makes a lot of sense.

Chances are if you have more than ten diets on your spread sheets, you have too many. If there are more than 10 diet extensions on the menu spreadsheets, staff will have a very difficult time following them all with accuracy.

### **Suggested Simplified Diets**

Regular  
Dysphagia Level 2 and 3 (Mechanical Soft Diets)  
Dysphagia Level 1 (Puree)  
Low Concentrated Sweets (or Carbohydrate Controlled)  
Low Concentrated Sweets Puree (or Carbohydrate Controlled Puree)  
Reduced Sodium or Regular with No Salt Packet  
Calorie Restricted (1400-1600 Calories)

## Liberalized Diet Change Guide

<b>Current Diets (old terminology):</b>	<b>New Diets (order this instead):</b>
<i>Regular House Diet</i>	<b>Regular</b>
<b>Sodium Restriction</b>	
<i>Low Salt/No Salt Low Sodium/No Sodium 2 Gram Sodium 3 Gram Sodium 4 Gram Sodium</i>	<b>NAS</b> <i>(No Added Salt packet)</i>  <b>Or Reduced Sodium Diet</b> <i>(Depends on your facility's population)</i>
<b>Consistency Alterations</b>	
<i>Chopped Cut up Ground Soft</i>	<b>Level II or III Dysphagia Diet</b> <i>(Mechanical Soft)</i>
<i>Baby Food Smooth Texture Level Consistencies</i>	<b>Level I Dysphagia Diet</b> <i>(Pureed)</i>
<b>Sugar Restrictions</b>	
<i>Low Sugar / No Sugar Calorie Specific (1800, 2000, 2200) Carbohydrate Restricted</i>	<b>LCS</b> <i>(Low Concentrated Sweets) Or Controlled Carbohydrate</i>
<i>Calorie Specific (1200, 1400, 1600)</i>	<b>Calorie Restricted</b>
<b>Combination Diets</b>	
<i>Low / No Sugar + pureed consistency</i>	<b>LCS Pureed</b> <i>Or Controlled Carbohydrate Pureed</i>

**\*\*Nurses will have the authority to change the diet prescription to match diets we offer.**

1. Dorner, Becky, Diet Manual for Extended Care, Becky Dorner & Associates, Akron, Ohio, 2002.

### Combination Diet Orders

The facility should have a policy and procedure in place to allow licensed nursing professionals to reword physician diet orders to reflect approved diet terminology. This will ensure that clients receive the proper diet. Generally, the physician would order the diet listing the predominant diet order first, with less important diets following in order of priority. If the physician orders a combination diet order,

licensed nursing staff is given the authority to reword the diet order as stated in the chart of combination diet orders below. Nursing or the physician can also order a dietary consult when needed.

Dietary should review diet orders for compliance to terminology, and work with the dietetics professional and nursing personnel to maintain compliance with diet orders according to the policy.

The following chart gives examples for compliance to combination diets offered.

<b><i>Combination Diet Order:</i></b>	<b><i>Order This Instead:</i></b>
<i>Any Pureed Diet combined with any Low Salt/Sodium Diet</i>	<i>Pureed, no salt packet</i>
<i>Any Pureed diet in combination with a Diabetic Diet</i>	<i>LCS Pureed</i>
<i>(Any diet) in combination with a Bland Diet</i>	<i>(Diet order) + Decaf coffee or tea No pepper or chili (Avoid foods client cannot tolerate)</i>
<i>(Any diet) in combination with Low Salt/Sodium</i>	<i>(Diet order) + No salt packet</i>
<i>(Any diet) in combination with High Fiber</i>	<i>(Diet order) + Bran or oatmeal and prune juice q am. Encourage fluids</i>
<i>(Any diet) in combination with Low Fat/Low Cholesterol</i>	<i>(Diet order) + Low fat milk, no fried foods, limit egg yolks to 4 per week</i>
<i>(Any diet) in combination with High Protein</i>	<i>(Diet order) + Consult with dietetics professional (to individualize for increased protein needs)</i>
<i>Any other Combination Diet orders</i>	<i>Request consult with dietetics professional for appropriate diet order</i>