

Diet and Nutrition Care Manual A Comprehensive Nutrition Care Guide



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Diet and Nutrition Care Manual

A Message to our Readers

Thank you for using the 2019 edition of this manual which has been revised to reflect the most current evidence based research and national/international guidelines for nutrition including new guidelines for cardiovascular disease, diabetes, pressure injuries and other diseases and conditions.

This manual includes information from the *2015-2020 Dietary Guidelines for Americans* which called for many changes to eating and activity habits. These changes will take place over time, but we felt that it was extremely important to provide you with the most up to date information available.

Since so many settings serve older adults in health care communities such as nursing facilities and assisted living facilities, acute, sub-acute, transitional care and rehabilitative settings, we have incorporated notes on each diet regarding the need to individualize and provide the least restrictive diet appropriate for each older adult. Recommendations for individualization are based on a comprehensive nutrition assessment by a registered dietitian nutritionist (RDN) with assistance as appropriate from the nutrition and dietetics technician, registered (NDTR), and orders from the physician.

Food can have a major impact on quality of life for older adults especially for those with acute, severe chronic or end stage conditions. Each individual has their own special relationship with food, including social, psychological, cultural and religious associations. Overly restrictive diets have the potential to cause decreased satisfaction which may in turn lead to decreased food consumption, unintended weight loss, and other complications. For older adults in health care communities, the goal should be to increase quality of life and enjoyment, while still providing excellent nutrition care. This can be accomplished by providing the least restrictive diet possible with a focus on person centered dining including choice of foods, dining times, dining partners, and assistance at meal time.

Every health care provider is unique, and the population each provider serves is also unique. In order to meet the varied needs of practitioners, we offer many diet choices and additional helpful nutrition care information. This manual was designed to assist the practitioner to:

1. Provide appropriate medical nutrition therapy (MNT) while enhancing quality of life.
2. Interpret diet prescriptions and implement appropriate nutrition care.
3. Understand the role of MNT in treating various diseases and conditions.
4. Determine the best approach for MNT based on individualized assessment of nutritional and other needs.

We hope that the suggestions in this manual will help satisfy individual patients/residents, clients, families, physicians and regulators, while providing excellent resources for professional staff.

This manual is dedicated to the many individuals we have had the opportunity to serve through our nursing facilities, hospitals, assisted living facilities, hospices, home health agencies, group homes and other settings. Our mission has always been to improve the quality of life of the people we serve through excellence in nutrition care. Our hope is that this manual will help its users achieve a similar goal.

We Welcome Your Comments!

In our constant effort to serve your needs and improve this manual, your comments are always appreciated. Please send them to:

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Acknowledgements



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Becky Dorner, RDN, LD, FAND is widely-known as one of the nation's leading experts on nutrition, aging, and long-term care. An extensively published author and experienced speaker, Becky is Founder/President of Nutrition Consulting Services, Inc., whose dedicated team of RDs/NDTRs have served health care facilities in Ohio since 1983; and Becky Dorner & Associates, Inc., which provides a broad library of credible continuing education (CE) programs and nutrition resources.

Becky has published more than 300 health care articles, manuals and CE programs; presented more than 500 programs for national, international and state professional meetings in 5 countries and 50 states; and hosted more than 140 national professional CE webinars. Her free email magazine keeps 35,000 health care professionals up to date on the latest news in the field.

An active leader since 1984, national leadership positions have included: Academy of Nutrition and Dietetics Board of Directors, Speaker-elect/Speaker/Past Speaker of the House of Delegates, Chair of the Council on Future Practice, Academy Research Committee, Evidence Analysis Library, Academy Delegate, Chair, Consultant Dietitians in Health Care Facilities (now Dietetics in Health Care Communities or DHCC) Dietetic Practice Group (DPG), and Board of Directors National Pressure Ulcer Advisory Panel.

Honors include: Fellow of the Academy of Nutrition and Dietetics (Academy), Academy Award of Excellence in Business and Consultation, NE Outstanding Nutrition Entrepreneur, Academy Recognized Young Dietitian of the Year and DHCC Distinguished Member Award.



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Liz has served as the Delegate for the Nutrition Entrepreneurs dietetic practice group to the Academy of Nutrition and Dietetics House of Delegates, and as a volunteer for the North Carolina Dietetic Association (NCDA) and the Nutrition Entrepreneurs Dietetic Practice Group (NE DPG) in many different board positions. She is the recipient of two North Carolina Dietetic Association awards, the Recognized Young Dietitian of the Year (1991) and the Member of the Year (2000).

Diet and Nutrition Care Manual

Review and Approval

This manual has been reviewed and approved for use in the following facility:

Facility Name

Address

The diet and nutrition care manual should be reviewed and approved annually by the registered dietitian nutritionist, director of nursing, speech language pathologist, medical director, and the administrator. The therapeutic diet prescriptions generally utilized are described in this manual.

The diet and nutrition care manual should be revised at least every three to five years, and should be accessible to both the food service and nursing staff. Copies of the manual should be available in the foodservice and nutrition departments, as well as the nursing office and nurses' stations as appropriate.

<p>_____ Medical Director Date</p> <p>_____ Administrator Date</p> <p>_____ Registered Dietitian Nutritionist Date</p> <p>_____ Director of Nursing Date</p> <p>_____ Speech Language Pathologist Date</p> <p>_____ Food Service Director Date</p>	<p>_____ Medical Director Date</p> <p>_____ Administrator Date</p> <p>_____ Registered Dietitian Nutritionist Date</p> <p>_____ Director of Nursing Date</p> <p>_____ Speech Language Pathologist Date</p> <p>_____ Food Service Director Date</p>
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Appendix

The following pages include some helpful information from the appendices of the *2015-2020 Dietary Guidelines for Americans* that may be useful in practice.

For more information, please refer to the full document:

U.S. Department of Agriculture, U.S. Department of Health and Human Services. *Dietary Guidelines for Americans* (pdf). Refer to the appendix in the document available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

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Consistent Carbohydrate Diet

Individuals with diabetes or difficulty controlling blood glucose (BG) levels may be placed on a consistent carbohydrate diet. This diet provides meals of consistent carbohydrate amounts at consistent times throughout the day. These guidelines are intended for use with adults. Provide adequate nutrients as recommended by the Dietary Guidelines and National Research Council by using these guidelines to provide three balanced meals and up to three snacks daily:

Food	Amount Each Day*
Vegetables (include more dark green, leafy, red/orange vegetables; dry beans/peas/lentils)	≥2 ½ cups or equivalent
Fruits (include a variety; with more whole fruit than juice as appropriate) Fresh, frozen or canned in natural juice or water pack.	≥2 cups or equivalent
Grains (include as much whole grain/enriched as possible; at least half of grains should be whole)	≥6 oz or equivalent
Dairy (fortified with vitamins A and D) Encourage fat free or low fat as appropriate.	3 cups or equivalent
Protein Foods (i.e. fish, seafood, lean meat, poultry, eggs, dry beans/peas/lentils, soy products, nuts)	5-6 oz or equivalent Encourage 8 oz of cooked seafood per week.
Sodium, Saturated Fat, Added Sugars, Alcohol Limit added sugars/saturated fats, reduce sodium. Less than 10% of calories from sugar daily. Most fat should come from healthy oils. Sucrose or sugar-containing foods must be counted into the total carbohydrate for the day.	Use in limited quantities to round out the menu for pleasing appearance and satisfying meals. Alcohol in moderation as appropriate (Women: up to 1 drink/day, Men: up to 2 drinks/day) and as approved by physician.
Fluids (especially water) low in simple sugars, sugar-free flavored waters, carbonated beverages	Fluids based on individual needs.

*These amounts are recommended based on a 2000 calorie meal plan by ChooseMyPlate.gov. See pages 5-30 to 5-40 for specific food amounts. Follow menus/recipes approved by RDN.

Recommended Nutritional Composition	
Calories ¹ ~2000, adjust based on individual need	Fiber 25-35 gm
Carbohydrates 225-300 gms 45-55% of calories	Sodium ³ 2300 mg
Protein ² 10-35% of calories	Calcium ⁴ ≥1000-1200 mg Vitamin D ⁵ 600-800 IU
Fat 20-35% of calories <10% of calories from saturated fat	Vitamin A F 700/M 900 mg RAE Vitamin C 90 mg Potassium 4700 mg
Nutrients may vary day to day, but should average to the above estimates. Added sodium, saturated fats, sugars and alcohol will alter nutritional composition.	

- ◆ Adjust diet as needed based on individual goals.
- ◆ Carbohydrates should be spread evenly throughout the day.
- ◆ Use a wide variety of nutrient dense foods (fruits, vegetables, whole grains, dairy products, cooked dry beans/peas/lentils) rich in vitamins, minerals and dietary fiber.
- ◆ Supplement based on individual need: multivitamin or multivitamin with minerals, calcium, vitamin D, and B₁₂ in older adults.
- ◆ Older adults may need individualized/less restrictive diets especially if intake is poor. Honor food preferences and cultural norms within reason.

¹Depending on activity level, based on reference heights/weights adults aged 61+: Males (5'10", 154#) need 2000-2400 calories; Females (5'4", 126#) need 1600–2200 calories (47). For specific calorie level patterns, see *Appendix*.

²Based on individual needs.

³Sodium intake will be higher with processed foods/added salt. For individuals with prehypertension and hypertension further reduction to 1,500 mg sodium per day can result in even greater blood pressure reduction.

⁴Calcium: 1200 mg for females 51+, 1000 mg for males 51+ and 1200 mg for males 71+.

⁵Vitamin D: 600 IU for 51+ and 800 IU for 71+.

Note: Nutritional composition will change with diet liberalization.

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Consistent Carbohydrate Diet

Foods Allowed	Serving Size	CHO, grams	Foods to Limit
Protein Foods (Fat free or low fat as appropriate.) Meat and Meat Alternates Fish, chicken, turkey, lean beef, pork or veal Cheese, low fat Cottage cheese, low fat Eggs	2-3 oz 2 oz ½ - ¾ cup 2-3	0	High fat meats Fried foods
Dairy Milk (Fat free or low fat - skim, 1%, 2%) Yogurt (low fat, sugar free) Yogurt (light)	1 cup 1 cup 1 cup	12	Whole milk High sugar or fat yogurt
Fruits, fresh Apple, nectarine, orange, peach, small Banana or mango, small Cherries Grapefruit, large Grapes, small Kiwi, large Pineapple Tangerines, small Berries, fresh Blueberries, blackberries Raspberries Strawberries Canned, fruits packed in water or juice Dried Apricot halves Dates or prunes, medium Raisins Melons Cantaloupe or honeydew, cubes Watermelon Juice (100% juice) Apple, grapefruit, orange, pineapple, Cranberry juice cocktail, 100% juice blends, Grape, prune	1 ½ 12 ½ 12-15 (½ c) 1 ¾ cup 2 ¾ cup 1 cup 1 cup ½ cup 8 (1 oz) 3 1 Tbsp 1 cup 1 ¼ cup ½ cup ½ cup	15	Juice with added sugars (note serving size for 100% juice is only 1/3 to 1/2 cup) Fruits packed in heavy syrup (frozen or canned).
Vegetables, cooked or juice (prepared without added fat or carbohydrates) Raw	½ cup 1 cup	5	Fried vegetables

Sample

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Consistent Carbohydrate Diet (continued)

Foods Allowed	Serving	CHO, grams	Foods to Limit
Grains/Starch (Fat free, low fat and/or low sugar as appropriate.) Bread (white, wheat, rye, oatmeal, etc.) Bun or English muffin Bagel Pita or tortilla (6 inch), plain roll (small) Baked beans Pasta, rice cooked Corn, peas, potatoes, yams, lentils, garbanzo, or black eyed peas. Winter squash or mixed vegetables Bran cereals, shredded wheat or cooked cereals. Other ready to eat, unsweetened cereals Grains/Starch– Snack Options Graham crackers (2½" square) Soda crackers Pretzels Popcorn, popped, no fat added Vanilla wafers Frozen yogurt Ice cream, ice milk, light OR sugar-free pudding with low fat milk. Cookie	1 slice ½ ¼ 1 ¼ cup ⅓ cup ½ cup 1 cup ½ cup ¾ cup 3 6 ¾ oz 3 cups 5 ⅓ cup ½ cup 4 small or 1 large	15	Any with additional sugars, glazes, frostings, syrups, sauces.
Fats Butter, margarine, oil or mayonnaise. Salad dressing or cream cheese. Cream, sour cream	1 tsp 1 Tbsp 2 Tbsp	0	Limit amount of trans fat in diet. High fat, high sugar foods (cake, cookies, candy, sugar, regular soda pop).
"Free Foods" Sugar free soda pop, soft drinks, gelatin, club soda, coffee, or tea. Fat free bouillon, consommé Sugar Free gum Vinegar, herbs/spices, mustard, horseradish, or nonstick pan spray.	As desired As desired As desired As desired		
Free Foods in Limited Amounts Catsup or taco sauce Whipped topping, sugar free pancake syrup, or low calorie dressing. Sugar free jam or jelly Sugar free pickles Sugar free hard candy	1 Tbsp 2 Tbsp 2 tsp 1 serving 1 piece	Minimal in the amounts allowed.	

Also see *Food Choice Values Charts* for Combination Foods in this chapter.

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Sample Daily Meal Plan for a Well Balanced Consistent Carbohydrate Diet**

Meal Pattern		Carbohydrate Controlled Diet	CHO	Carb Count
Breakfast	1 Fruit	½ c Orange Juice	15	1
	2 Grain/Starch	½ c Oatmeal	15	1
		1 Slice Whole Wheat Toast	15	1
	1 Meat/Alternative	¼ c Scrambled Eggs	0	0
	Free Food	Sugar Free Jelly	0	0
	1 Fat	1 tsp Margarine*	0	0
	1 Low Fat Milk	1 c Light Yogurt (no sugar added)	12	1
	Salt, Pepper, Sugar Substitute	Pepper, Sugar Substitute+	0	0
	Free Beverage	Sugar Free Beverage	0	0
		67	4	
Lunch	2 oz Meat or Equivalent	2 oz Baked Chicken	0	0
	2 Grain/Starch	⅓ c Seasoned Rice	15	1
		½ c Seasoned Peas w/Mushrooms	15	1
	1 Free Food/1 Fat	1 c Green Salad w/1 Tbsp. Dressing	5	0
	1 Grain/Starch	1 small roll	15	1
	1 Low Fat Milk or 1 Fruit	½ c Ice Milk	15	1
	Salt, Pepper, Sugar Substitute	1 c Low Fat Milk	12	1
	Free Beverage	Pepper, Sugar Substitute+	0	0
		Sugar Free Beverage	0	0
		77	5	
Dinner	1 Grain/Starch	6 oz Vegetable Soup	5	0
	3 oz Meat or Equivalent	3 oz Baked Fish	0	0
	1 Grain/Starch	½ c Mashed Potatoes	15	1
	1 Vegetable	½ c Green Beans Almondine	5	0
	1 Grain/Starch	6 crackers	15	1
	1 Fruit	1 Small Baked Apple (sugar substitute)	15	1
	1 Low Fat Milk	1 c Low Fat Milk	12	1
	Salt, Pepper, Sugar Substitute	Pepper, Sugar Substitute	0	0
	Free Beverage	Sugar Free Beverage	0	0
		67	4	
P.M. Snack	1 Grain/Starch	3 (2 ½") Squares Graham Crackers	15	1
	1 Meat Alternative	2 Tbsp peanut butter	0	0
		15	1	
	Total CHO, gms	226	15	

Bold/italicized food items and/or portions indicate differences from Regular Diet menu

*Low in saturated fats and trans fats

+Condiments may include pepper or other spices, sugar substitute, salt, coffee creamer, etc. based on nutrition goals. Additional condiments and garnishes (i.e. margarine, gravy, sauces, ketchup, etc.) may round out the menu and make it more appealing and palatable. These add additional calories, added sugars, micro- and macronutrients and may not be appropriate for some individuals.

**When planning a consistent carbohydrate diet, it can be difficult to meet the Dietary Guidelines for Americans (DGA) (see page 1-1 in *Chapter 1: Regular Diet and Alterations*) recommendations while controlling carbohydrate intake. In the menu above, fruit servings are lower than recommended by the DGA to provide 3 to 4 carbohydrates per meal. This can be adjusted (for example, decrease grain servings and increase fruit servings) as appropriate to meet individual and/or facility preferences as long as the carbohydrate content remains consistent.

(References for Consistent Carbohydrate Diet: 5,44-50)