

# **Diet and Nutrition Care Manual Simplified Edition**



**Becky Dorner & Associates, Inc.**

[www.beckydorner.com](http://www.beckydorner.com)

[info@beckydorner.com](mailto:info@beckydorner.com)

# Diet and Nutrition Care Manual

## A Message to our Readers

Thank you for using the 2024 edition of this manual, which has been revised to reflect the most current evidence based research and national/international guidelines for nutrition. Updates include (but are not limited to) the *Dietary Guidelines for Americans (DGA), 2020-2025*, current guidance for cardiovascular disease/prevention, diabetes/prevention, kidney disease, pressure injury prevention and treatment and the International Dysphagia Diet Standardisation Initiative (IDDSI) and a new chapter on cancer prevention and treatment.

Since most users of this manual serve older adults in various health care settings such as continuing care retirement communities, nursing facilities, assisted living facilities and group home 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 severe chronic or end stage conditions. Each individual has their own special relationship with food, including social, psychological, cultural and religious associations. *The DGA, 2020-2025* recommends that individuals customize food and beverage choices to reflect personal preferences, cultural traditions and budgetary considerations. This message reflects the unique diversity of our nation (and our patients) and is repeated throughout the text. For older adults in health care communities, the goal should be to increase quality of life and enjoyment of food, while still providing excellent nutrition care. This can be accomplished by providing the least restrictive diet possible with a focus on person centered dining that includes food choice as well as choice of dining times, dining partners and assistance at mealtimes.

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 nutritional 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 an excellent resource 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 for almost 40 years. 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 future editions of this manual (including incorporating more emphasis on meeting the needs of our increasingly diverse population), your comments are always appreciated. Please send them to:

**Becky Dorner & Associates, Inc.** Email: [info@beckydorner.com](mailto:info@beckydorner.com)

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# Diet and Nutrition Care Manual

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# Diet and Nutrition Care Manual

## Acknowledgements

### Author/Editor:



**Becky Dorner, RDN, LD, FAND** is widely known as one of the nation's leading experts on nutrition, aging and long-term health care. An extensively published author and experienced speaker, Becky is Founder/President of Becky Dorner & Associates, Inc., which provides a broad library of credible continuing education (CE) programs and nutrition resources. She was also Founder/President of Nutrition Consulting Services, Inc., whose dedicated team of RDNs/NDTRs served health care facilities in Ohio from 1983-2020.

Becky has published more than 300 health care articles, manuals and CE programs; presented and/or hosted more than 700 CE programs for national, international and state professional meetings in 5 countries and 50 states. Her free email magazine keeps 30,000 health care professionals up to date on the latest news in the field. An active leader, she has held more than 20

board positions on national and state professional associations including the Academy of Nutrition and Dietetics (Academy), Academy Foundation and the National Pressure Injury Advisory Panel. Honors include Academy Medallion Award, Fellow of the Academy of Nutrition and Dietetics and the Academy Award of Excellence in Business and Consultation.

### Contributing Editor:



**Liz Friedrich, MPH, RD, CSG, LDN, FAND, NWCC** is a registered dietitian and president of Friedrich Nutrition Consulting in Salisbury, NC. The company provides a variety of nutrition consulting services with a focus on gerontological nutrition.

Liz is Board Certified as a Specialist in Gerontological Nutrition and is Nutrition Wound Care Certified. She has authored and co-authored numerous articles in journals and magazines and textbook chapters and has served as an evidence analyst for the Academy of Nutrition and Dietetics (Academy) Evidence Analysis Library. She is an accomplished speaker on topics related to both older adults and wound healing. Liz has held numerous national and state positions for the Academy, Nutrition Entrepreneurs Dietetic Practice Group and the North

Carolina Academy of Nutrition and Dietetics. She is the recipient of two NCDA awards, the Recognized Young Dietitian of the Year and the Member of the Year.

### Reviewers/Contributors:

We would like to thank the following professionals for their time, effort and dedication to current and past editions of this manual. We hope that the individual residents, patients and /or clients that you work with will benefit as a result of their hard work.

Mary Abshire, RD, LD

Katy Adams, MDA, RD, CSG, LD

Melanie Betz, MS, RD, CSR, CSG, LDN

Lisa Brown, RD, LD, CDCES

Pam Brummit, MA, RD, LD

Edna M. Cox, RD, LDN

Suzanne Cryst, RDN, CSG, LD

Suzanne Dorner, MSN, RN, CCRN

Debbie Funk, BS, LNHA

Anna Henry, MPH, RD, LD, CDCES

# Diet and Nutrition Care Manual

Perri Kushan, RD, LD

Anna de Jesus, MBA, RDN

Lynn Carpenter Moore, RDN, LD

Kathleen C. Niedert, PhD, MBA, RD, CSG, LD, FADA

Mary Ellen Posthauer, RDN, CD, LD, FAND

Brenda Richardson, MA, RDN, LD, CD, FAND

Marolyn Steffen, RD, CD, President, Steffen & Associates, Inc.

Kim Fox, RD, LD, CDCES

Janet S. McKee, MS, RD, LD

Stacey C. Phillips, MS, RD

Vicki Redovian, MA, RD, LD

Gretchen Robinson, MS, RDN, LD, FADA

Aimee M. Shea, MPH, RDN, LD

Janet Skates, MS, RDN, LDN, FADA

Elise Smith, MA, RD, LD, FAND

Jamie Smith, MS, RD, CSG, LDN

Sue Stillman-Linja, RDN, LD

Kamie Stoner, MS, RDN, LD

Susan Tassanari, MS, RD, CSG, LD/N

Jonathan Valdez, MBA, RDN, CSG, CDN, CCM, CDCES, ACE-CPT

Elizabeth Wall, MS, RDN, LDN, CNSC

Kathy Warwick, RD, CDCES

Karen Wiesen, MS, RD, LDN, FNKE

## **Data Processing/Formatting/Editing:**

Becky Dorner, RDN, LD, FAND

Suzie Dorner, MSN, RN, CCRN

Caryn Heller, RDN, LD

# 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, nutrition and dietetics technician, registered, director of food and nutrition services, director of nursing, speech language pathologist, medical director and the administrator (as applicable). 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.

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<div>Registered Dietitian Nutritionist</div> <div>Date</div>	<div>Registered Dietitian Nutritionist</div> <div>Date</div>
<div>Director of Nursing</div> <div>Date</div>	<div>Director of Nursing</div> <div>Date</div>
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<div>Speech Language Pathologist</div> <div>Date</div>	<div>Speech Language Pathologist</div> <div>Date</div>
<div>Food Service Director</div> <div>Date</div>	<div>Food Service Director</div> <div>Date</div>

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Sample

# Diet and Nutrition Care Manual

## Consistent Carbohydrate Diet

Individuals with diabetes or difficulty controlling blood glucose (BG) levels might be placed on a consistent carbohydrate diet. Particularly for those on fixed insulin doses, carbohydrate intake should be consistent (2). 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 for Americans* and National Research Council by using these guidelines to provide three balanced meals and up to three snacks daily:

Food	Amount Each Day*
<b>Vegetables</b> (include more dark green/leafy, red/ orange non-starchy vegetables; dry beans/peas/lentils)	≥2 ½ cups or equivalent
<b>Fruits</b> (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
<b>Grains</b> (include as much whole grain/enriched as possible; at least half of grains should be whole)	≥6 oz or equivalent
<b>Dairy</b> (fortified with vitamins A and D) Encourage fat free or low fat as appropriate.	3 cups or equivalent
<b>Protein Foods</b> (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.
<b>Sodium, Saturated Fat, Added Sugars, Alcohol</b> 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.
<b>Fluids</b> (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 MyPlate.gov.  
See pages 5-22 to 5-31 for specific food amounts. Follow menus/recipes approved by RDN.**

Recommended Nutritional Composition	
<b>Calories<sup>1</sup></b> ~2000, adjust based on individual need	<b>Fiber</b> 25-35 g
<b>Carbohydrates</b> 225-300 gms 45-55% of calories	<b>Sodium<sup>3</sup></b> 2300 mg
<b>Protein<sup>2</sup></b> 10-35% of calories	<b>Calcium<sup>4</sup></b> ≥1000-1200 mg <b>Vitamin D<sup>5</sup></b> 600-800 IU
<b>Fat</b> 20-35% of calories <10% of calories from saturated fat	<b>Vitamin A</b> F 700/M 900 mg RAE <b>Vitamin C</b> 90 mg <b>Potassium</b> 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 B<sub>12</sub> in older adults.
- ◆ Older adults may need individualized/less restrictive diets especially if intake is poor. Honor food preferences and cultural norms within reason.

<sup>1</sup>Depends on activity level and other factors. For a link to specific calorie level patterns, see *Appendix page 12-1*.

<sup>2</sup>Based on individual needs.

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

<sup>4</sup>Calcium: 1200 mg for females 51+, 1000 mg for males 51+ and 1200 mg for males 71+.

<sup>5</sup>Vitamin D: 600 IU for 51+ and 800 IU for 71+.



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## Consistent Carbohydrate Diet

Foods Allowed	Serving Size	CHO, grams	Foods to Limit/Avoid
<b>Protein Foods</b> (Fat free or low fat as appropriate.) <b>Meat and Meat Alternates</b> 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
<b>Dairy</b> Milk (Fat free, low fat, skim, 1%, 2%) Yogurt (low fat, sugar free) Yogurt (light)	1 cup 1 cup 1 cup	12	Whole milk High fat yogurt or yogurt with added sugar.
<b>Fruits</b> , fresh Apple, nectarine orange, peach, small Banana or mango, small Cherries Grapefruit, large Grapes, small Kiwi, large Pineapple Tangerines, small <b>Berries</b> , fresh Blueberries, blackberries Raspberries Strawberries <b>Canned</b> , fruits packed in water or juice <b>Dried</b> Apricot halves Dates or prunes, medium Raisins <b>Melons</b> Cantaloupe or honeydew, cubes Watermelon <b>Juice</b> (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 ⅓ cup	15	Juice with added sugars (Note: serving size for 100% juice is only 1/3 to ½ cup). Fruits packed in heavy syrup (frozen or canned).
<b>Vegetables</b> , cooked or juice (prepared without added fat or carbohydrates) Raw	½ cup 1 cup	5	Fried vegetables

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## Consistent Carbohydrate Diet (continued)

Foods Allowed	Serving	CHO, grams	Foods to Limit/Avoid
<b>Grains/Starch</b> (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. <b>Grains/Starch– Snack Options</b> 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.
<b>Fats and Sugars</b> 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).
<b>"Free Foods"</b> 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		
<b>Free Foods in Limited Amounts</b> 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* at the end of this chapter for *Combination Foods*.

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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	<b>Sugar Free</b> 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, <b>Sugar Substitute</b> +	0	0
	Free Beverage	<b>Sugar Free</b> Beverage	0	0
			<b>67</b>	<b>4</b>
Lunch	2 oz Meat or Equivalent	2 oz Baked Chicken	0	0
	2 Grain/Starch	½ 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 <b>Ice Milk</b>	15	1
	Salt, Pepper, Sugar Substitute	1 c Low Fat Milk	12	1
	Free Beverage	Pepper, <b>Sugar Substitute</b> +	0	0
		<b>Sugar Free</b> Beverage	0	0
			<b>77</b>	<b>5</b>
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	<b>1 Small Baked Apple (sugar substitute)</b>	15	1
	1 Low Fat Milk		12	1
	Salt, Pepper, Sugar Substitute	1 c Low Fat Milk	0	0
	Free Beverage	Pepper, <b>Sugar Substitute</b>	0	0
			<b>67</b>	<b>4</b>
P.M. Snack	1 Grain/Starch	<b>3 (2 ½")</b> Squares Graham Crackers	15	1
	1 Meat Alternative	2 Tbsp peanut butter	0	0
			<b>15</b>	<b>1</b>
<b>Total CHO, g</b>			<b>226</b>	<b>15</b>

**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) 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: 12,16,35,38,39)