





Implementation Toolkit for the Food, Nutrition and Hydration Policy For Adult Patients in Acute Hospitals

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Implementation Toolkit for the Food, Nutrition and Hydration Policy

For Adult Patients in Acute Hospitals

January 2019





Foreword

Hospital Food, Nutrition and Hydration: An integral part of the patients' treatment and experience

Hospital food, nutrition and hydration is recognised in acute hospitals as an essential priority for good quality patient care, both locally and at a national level. This is due to a number of factors:

- (1) We listened to staff An acknowledgement, by a range of stakeholders, of the importance of food, nutrition and hydration as an integral part of patients' treatment and care.
- (2) We listened to services The Health Information and Quality Authority (HIQA) report of the review of nutrition and hydration care in public acute hospitals in May 2016 assessed patient's experience of the food service. This review highlighted that nutrition and hydration practices were varied and not consistent within and/or across hospitals and key areas for improvement were identified.
- (3) We listened to patients The National Patient Experience Survey (NPES) conducted in May 2017 and 2018 asked patients 5 specific questions with respect to their food related experiences. Results from this survey demonstrate the importance of a high quality food service for patients.

Every day there are approximately 10,500 patients in acute hospitals of which approximately 70% will be dependent on oral food and drinks as their sole source of nutrition. Food provided to patients is an important factor that influences both their clinical outcome and their overall satisfaction with their hospital experience. Catering for inpatients requires food provision to a varied group with special needs including many who are already at risk of developing malnutrition. Malnutrition affects more than

one in four patients admitted to our hospitals and is directly related to increased length of stay and complications, such as pressure ulcers. Similarly, the rate of healthcareassociated infections have been found to be more than three times greater among malnourished patients. In addition to clinical consequences, there are also economic consequences; annual healthcare costs associated with disease related malnutrition were estimated to be in region of 1.5 billion euro in 2012. In addition the nutritional status of the patients can deteriorate the longer their stay in hospital. The nutritional status of the patient depends on a chain of interlinking steps and is dependent on effective communication between multiple staff. Suboptimal performance at any stage of the process leads to a reduction in the amount a patient eats and increases food waste.

The Food, Nutrition and Hydration Policy addresses all of the above and provides us with a framework to standardise and benchmark food, nutrition and hydration care for all adult patients in acute hospitals. It provides a minimum nutrition standard for all hospital diets. The policy also provides overarching principles that ensure a patient centred focused food and nutrition service is provided to all from admission to discharge. This policy is further strengthened by the supporting National Clinical Guideline: Nutrition Screening and the Use of Oral Nutrition Support (due for publication in 2019). This toolkit has been developed to provide you with guidance to help you to implement the policy recommendations and to strengthen current food, nutrition and hydration practices. We look forward to local implementation of this policy and to continually working with the Hospital Groups to achieve this.

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Contributions were also provided by:

The Nutrition Steering Committee Naas General Hospital.

The Catering Department Mater Misericordiae University Hospital.

The Guideline Development Group National Clinical Guideline: Nutrition Screening and use of Oral Nutrition Support.

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Section 1.0

Introduction to the Toolkit and Getting Started with Implementation

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Section 1.0

Introduction to the Toolkit and Getting Started with Implementation

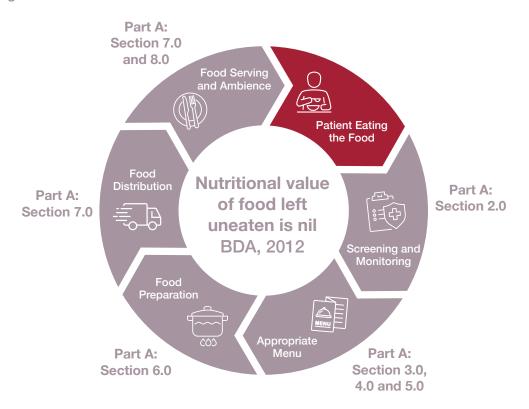




1.1 Introduction to the Toolkit

Welcome to the Implementation toolkit for the HSE Food, Nutrition and Hydration Policy (2018). The toolkit is the 'how to' guide for all members of the multidisciplinary team tasked with implementing the policy recommendations. Each section in Part A of the policy addresses a specific aspect of the food chain as demonstrated in Figure 1.

Figure 1 - The Food Chain



























The Toolkit has been aligned with the relevant sections from Part A and Part B of the policy. It will provide you with:

- The HSE vision for the hospital food environment and guidance documents to enable you to:
 - (1) Improve nutritional care for patients
 - (2) Provide healthier food options for staff and visitors
 - (3) Ensure feasible access to food for all
- Tools to enable you to undertake an analysis of the current food, nutrition and hydration practices and identify areas for improvement
- Guidance and checklists to enable development of procedures to standardise food, hydration and nutritional care
- Menu planning guidance to enable provision of the nutrition standards for macronutrients (energy, protein, fluid) and micronutrients (vitamins and minerals)
- Menu planning guidance to enable provision of therapeutic diets
- Menu planning guidance to enable provision of texture modified diets
- > Resources to support patient information
- Additional tools to support implementation planning

And much more...

1.2 Getting Started with Implementation

- Step 1 Read the policy Conduct a Gap Analysis (this should be done by the Nutrition and Hydration Step 2 Steering Committee) Step 3 Apply the gap analysis firstly to the specific recommendations outlined in the Policy Part B Section 5.0 pertaining to Nutrition and Hydration Steering Committees Step 4 Apply the gap analysis to all key recommendations outlined in the Policy Part A sections Step 5 Identify and describe the gaps Step 6 Identify areas for improvement Step 7 Prioritise areas for improvement Step 8 Set up project teams to develop implementation plans Identify solutions, with costs and benefits
 - Set timelines and key deliverables
- Use the toolkit to enable implementation of key recommendations Step 9
- Step 10 Use supporting reference documents

























1.3 Developing your Implementation Plan

Once you have completed your gap analysis, your next step will be to develop an Implementation Plan. Implementation involves the carrying out of specific planned, intentional activities undertaken with the aim of making evidence informed policies and practices work better for people. It can be described as the 'how' as well as the 'what'. The Department of Health (2018) have published an Implementation Guide and Toolkit for National Clinical Guidelines. Whilst this guide refers to 'guidelines' it can also be applied to enable and support implementation of other evidence based interventions such as the Food, Nutrition and Hydration Policy. The Implementation Guide provides the theory, steps and, tools for each stage of implementation.

Sample tools are provided below to get you started with implementing the policy:

TOOL 1: Gap analysis template (click here)

TOOL 2: The HSE Hospital Food Environment with reference documents (click here)

TOOL 3: Implementation tools

- > Logic Model, (click here)
- Hexagon Tool, (click here)
- Implementation Plan, (click here)

























Section 2.0

Nutritional Care for Adult Patients in Acute Hospitals

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Section 2.0

Nutritional Care for Adult Patients in Acute Hospitals





2.1 Introduction

Provision of nutritional care is complex and challenging due to the varied group of patient's with different medical and dietary needs.

Dietary needs can be broadly categorised into 4 groups as shown in Figure 1.

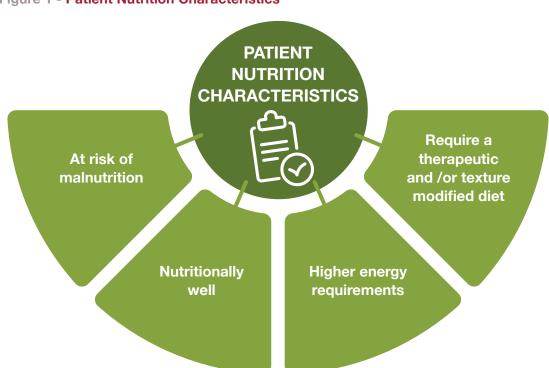


Figure 1 - Patient Nutrition Characteristics

Patient may also have cultural, ethnic or religious dietary requirements.

























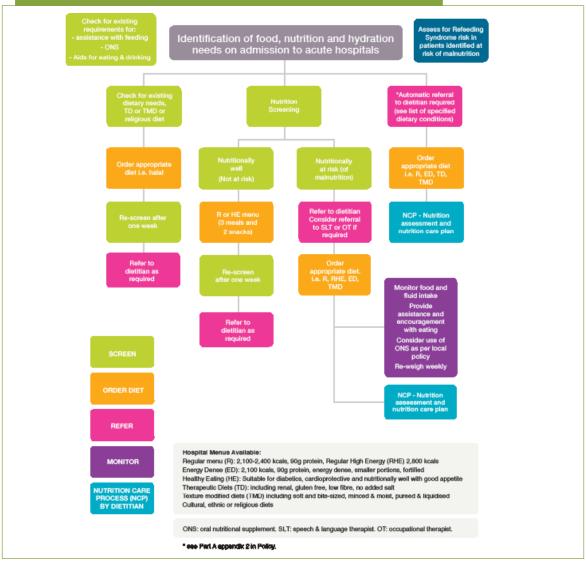
2.2 Identification of Food, Nutrition and Hydration Needs on **Admission to Hospital**

On admission to hospital all patients should have their food, nutrition and hydration needs assessed to ensure no delay in:

- optimising nutritional intake
- accessing the therapeutic or texture modified diet required as part of treatment plan for medical/clinical condition
- access to continued oral nutritional support (if already requiring pre admission).

The following tools provide guidance to develop a template to identify patients' food, nutrition and hydration needs on admission to hospital.































The following checklist is designed to support staff to identify and document the individual patient's food, nutrition and hydration requirements.



Iden	tification of Food, Nutrition and Hydration Needs on Admission to Hospital
1.	Screen all patients for risk of malnutrition using a validated screening tool
2.	Measure weight and height and calculate BMI*
3.	Ask if existing requirements:
	- for a therapeutic or textured modified diet
	- for cultural, ethnic or religious dietary requirements
	- for nutrition support (oral nutritional supplements, enteral tube feeding, parenteral nutrition)
4.	Check for presence of medically diagnosed food allergies or intolerances
5.	Ask patients to rate their appetite, for example, good, fair, poor
6.	Check for physical difficulties with eating and drinking including:
	- Swallowing difficulties
	- Requirement for adaptive cutlery
	Send referrals to Speech and Language Therapy and/or Occupational Therapy (as appropriate)
7.	Assess level of assistance required with eating and drinking
	- Not applicable
	- Partial assistance
	- Total assistance
8.	Check oral health status
9.	Check food and fluid preferences
10.	Consider conditions that require referral to the dietitian (see Part A appendix 2 in policy)

^{*}Weight, height and BMI is included in some nutrition screening tools for example the Malnutrition Universal Screening Tool (MUST).



























After you have identified the patient's food, nutrition and hydration needs, a range of hospital diet menus need to be available to order that meet the requirements of patient types outlined in Figure 1. Tool 3 details the different hospitals diets and identifies the different patient needs which can be met by the range of diets.



Tool 3: Range of Hospital Diets

Hospital Diet	Suitable for
Regular	 Post nutrition screening: Patients identified as nutritionally well who do not have any therapeutic or texture modified diet requirements Patients identified at risk of malnutrition who do not have any therapeutic or texture modified dietary requirements
Regular Higher Energy	 Age profile, for example, a young male 18-30 years old and/or Patients who as a result of acute illness/injury have increased energy requirements
Energy Dense	 Patients with a reduced appetite and/or A poor food intake Physical difficulty with eating and drinking Early satiety
Healthy Eating	 Patients with dyslipidaemia, cardiovascular risk/disease and hypertension Patients with Type 1 and Type 2 Diabetes Patients who have been identified as overweight or obese and nutritionally well Patients who have not been identified at risk of malnutrition and who choose to consume a diet which is high in fibre and low in fat, sugar and salt

























Tool 3: Range of Hospital Diets

Hospital Diet	Suitable for
No Added Salt	May be prescribed to support the medical management of patients with clinical conditions such as:
	> Chronic Kidney Disease and End Stage Kidney Disease
	> Liver Disease with ascites
	> Congestive Heart Failure
	> Hypertension
	> Acute Kidney Injury
Gluten Free	> Patients with Coeliac Disease
	> Patients with Dermatitis Herpetiformis
Renal	> Patients with Chronic Kidney Disease (CKD) Stages 3-5 who are not on dialysis
	> Patients with End Stage Kidney Disease (ESKD) who are receiving dialysis (Haemodialysis or Peritoneal Dialysis)
	> Patients with high blood potassium levels
	> Patients with high blood phosphate levels
	> Patients with CKD/ESKD who also have Diabetes
Low Fibre	A low fibre diet is part of the recommended treatment plan for patients:
	> With acute relapses in bowel diseases such as crohns, ulcerative colitis, irritable bowel disease or diverticulitis
	> Post some bowel and abdominal surgeries for a short period
Neutropenic	This diet may be required in the following patients types:
	> Some cancer patients
	> Haematology patients undergoing chemotherapy
	 Bone marrow transplant (haematopoietic stem cell transplantation) patients for example treatment of leukaemia, lymphomas, some solid tumours
	> Other haematological conditions such as severe aplastic anaemia or autoimmune or hereditary immune disorders
	> Those with Acquired Immunodeficiency Syndrome (AIDS)



























Tool 3: Range of Hospital Diets

Hospital Diet	Suitable for
Light Diet*	 This diet is typically required by the following patients: Post surgery/medical procedures When transitioning post operatively from fluids only to regular diet That cannot tolerate the regular diet and want bland, easily digested food in small quantities due to nausea
Minimal Fat Diet for a chyle leak*	A minimal fat diet will be required for patients Where a chyle leak has been diagnosed and oral nutritional therapy in the form of a minimal fat diet is required
Texture Modified Diets	 Patients with oropharyngeal dysphagia Patients at risk of aspiration A texture modified diet may also be required in the following patient cohorts on request by a member of the medical team: Patients with altered oesophageal anatomy as well as gastrointestinal strictures Post upper gastrointestinal/oral surgery, for example, post jaw wiring It may also be requested for: Patients who chose to eat a texture modified diet Patients with poor dentition/sore mouth or throat

^{*}These diets are not routinely required.



Post nutrition screening, patients will have been identified as nutritionally well or at risk of malnutrition



























2.3 Supporting Patient Discharge for those Identified at Risk of Malnutrition

Healthcare professionals are well placed to provide first-line nutrition support for people who are malnourished or at risk of malnutrition who are waiting to see the dietitian.

Here are some patient resources that could be considered for use to aid patients to get more nourishment.

Patient Information:

Making the most of every Bite



This leaflet can be downloaded from (click here).

> A 222 page cook book called *Making the most of every bite*



You can order copies of the of the cookbook free of charge for patients who might benefit at www.healthpromotion.ie, register as a Health Care Professional if you are not already registered and search 'making the most.'



- These resources are not suitable for patients who also require a therapeutic diet, for example, diabetic or renal diet
- All nutrition related patient information for use in all locations by all members of the multidisciplinary team in the hospital, for example, nutritional information on stoma leaflets, dietary advice for tests or procedures must be reviewed and approved for use by the Nutrition and Hydration Steering Committee with input from a registered dietitian



























Section 3.0

Menu Planning Guidance to Implement the Nutrition Standards for Adult Patients

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Section 3.0

Menu Planning Guidance to Implement the **Nutrition Standards** for Adult Patients



3.1 Providing the Nutrition Standards for Energy, **Protein and Fluid**

To provide the nutrition standards for energy, protein and fluid, the following is required on a daily basis:

- (1) 3 meals, 2 snacks and 8 cups of fluid
- (2) Standardised portion sizes for the 4 main food groups
- Vegetables, salad and fruit
- Cereals and breads, potatoes, pasta and rice
- Milk, yogurt and cheese
- Meat, poultry, fish, eggs and beans



























The following tools provide guidance on how to standardise portion sizes, and to meet the protein and fluid nutrition standards for all menus.

Tool 1 Standardised Portion Size Guidance

Tool 2 Sample Meal Plan for Protein Allocation from Meat, Poultry, Fish, Eggs and Beans

Tool 3 Sample Hydration Plan

To meet the nutrient standards for energy, protein, vitamins and minerals, diets should include the following recommended portions each day. Amendments to portions sizes and types of foods allowed will be required for some therapeutic and textured modified diets, see section 4.0 and 5.0.



Food Groups	Standardised Portions Use standardised utensil sizes (e.g. ladle sizes)
*Vegetables, salad and fruit Provide 5 portions per day	 1 portion is equal to 80g > 1 medium sized fruit – apple, orange, pear or banana > 2 small fruits – plums, kiwi or mandarin oranges > Small fruits – 6 strawberries, 10 grapes or 16 raspberries > ½ cup of cooked vegetables – fresh or frozen > 1 bowl of salad – lettuce, tomato, cucumber > 1 bowl of homemade vegetable soup > 150mls unsweetened fruit juice
*Cereals and breads, potatoes, pasta and rice Provide 5 portions per day	 1 portion is equal to: 2 thin slices of white or wholemeal bread 1 torilla wrap 1½ slices wholemeal soda bread or 1 pitta pocket 40g dry porridge oats 45g flaked type breakfast cereal 125g cooked rice, 100g pasta, noodles, or cous cous 2 medium potatoes (200g) or 4 small potatoes

























Tool 1: Standardised Portion Size Guidance

Food Groups	Standardised Portions Use standardised utensil sizes (e.g. ladle sizes)
*Milk, yogurt and cheese Provide 3 portions per day	1 portion is equal to:200mls milk25g cheese125g yogurt
Meat, poultry, fish, eggs and beans To meet the nutrition standard for protein (90g per day), 35-42g protein must be provided per day from meat, fish, chicken, eggs and beans Protein containing foods should be provided at 2-3 meals each day	Each of these foods provides 7g protein: > 1 egg > 25g roast chicken > 22g roast beef > 25g cooked roast pork > 30g cooked minced beef > 30g baked salmon > 30g baked cod > 100g cooked beans These foods must be weighed after cooking to ensure that specified weight is given at each meal for example to provide 28g protein from roast chicken, cooked portion should weigh 100g
Foods and drinks high in fat, salt and sugar	Portions and types of foods used will be determined by the nutrition standards for the individual therapeutic and texture modified diets, see Section 4.0 and 5.0

*DOH, HEG, 2016

Please refer to the HSE Nutrition Standards for food and beverage provision for staff and visitors in healthcare settings (pending publication) section: Guidance for Caterers. This provides advice for buying ingredients, for preparation, cooking and serving guidance to maximise nutritional content.





























Tool 2:

Sample Meal Plan for Protein Allocation from Meat, Poultry, Fish, Eggs and Beans

Meal	Meal Plan 1		Meal Plan 2		Meal Plan 3 (Vegetarian)	
	Food	Protein (g)	Food	Protein (g)	Food	Protein (g)
Breakfast	1 egg	7	No egg or meat or fish	0	1 egg	7
Lunch (Main meal)	75g roast beef	21	100g roast pork	28	200g mixed beans (chilli or bean casserole)	14
Tea (Small Meal)	50g roast chicken in a sandwich or salad	14	1 egg and 100g baked beans	7 5	60g tinned tuna (sandwich/ salad) or mixed bean salad	14
Total Protein Intake		42 g		40g		35g
Notes					Include higher protein snacks	

Approximate protein values.

Tips to include plant based protein food sources where possible and appropriate

- > Add pulses and/or lentils to stews and casseroles and reduce amount of meat used accordingly
- > Use pulses and lentils in soups
- Add pulses to salads, for example, three bean salad and reduce meat provided accordingly
- Use pulses and lentils in curries and offer as small meal option, for example vegetable curry made with chickpeas and vegetables.
- Provide pulses as side portion at main meal times.

See Section 4.0 and 5.0 for food types to avoid and allowed on different therapeutic and texture modified diets





























Tool 3:Sample Hydration Plan

Provision Times	Fluids
Water jug provided at least twice daily (if appropriate)*	The patient (if appropriate)* should have access to chilled water 24 hours of the day
Breakfast	150mls unsweetened orange juice
	Tea or coffee
	Jug of water placed on bedside table
Mid morning	Tea, coffee or milk
	Water available throughout the morning
Midday meal	Milk offered with meal
	Tea or coffee
Mid afternoon	Water jug replenished
Evening meal	Milk offered with meal
	Tea or coffee
	Water available throughout the evening
Bed time	Tea/coffee/milk based drinks offered

^{*}Patient is able to eat and drink and is not on a fluid restriction.

This provides approximately 2350-2600 ml per day:

> 5 x Tea/coffee/water with meals and snacks (3 meals, 2 snacks) 750-1000ml



- > 1 fruit juice 150 ml
- > Milk with meals 2 x 150ml
- > Milk in cereal 150 ml
- > Jug of water 1000ml.

























3.2 Regular Hospital Diet Menu Planning Guidance

Once you have standardised portion sizes for food servings at all mealtimes, your next step will be to develop a regular hospital diet that can be used for patients that have been identified as:

- Nutritionally well
- At risk of malnutrition and for those
- Identified with higher energy requirements.

The regular menu should consist of 3 meals and 2 snacks with specified portion sizes (see page 14, Tool 1) to meet the recommended nutrition standards outlined in Section 3.0 of the policy.

The following tools have been developed to get you started:

Tool 4 Food Based Standards: Foods to Include on a Regular Diet Menu

Tool 5 A Sample Regular Diet Meal Plan



Food Groups	Recommendations	Important Considerations
Vegetables, salad and fruit	Fresh and frozen fruit, fruit tinned in fruit juice or syrup 100 per cent fruit juice, (limited to one 150ml serving per day) Fresh, frozen and tinned vegetables	It is important not to exceed 5 portions of fruit and vegetables, as they may induce early satiety. These foods are low in calories and protein
Wholemeal cereals and breads, potatoes, pasta and rice	White bread, white baguette and white bread rolls, white wraps Wholemeal, granary, brown, wheaten and brown soda breads, brown pitta bread, brown wraps, and brown/wholemeal chapattis	Foods high in fibre such as wholemeal bread, cereals pasta and rice can lead to early satiety
	All types of breakfast cereal, no restriction on sugar content	
	White rice, white pasta, white pitta bread and white noodles	
	Chips, fried rice	
	Mashed potatoes/roast potatoes/ jacket potatoes	



























Tool 4: Food Based Standards: Foods to Include on a Regular Diet Menu

Food Groups	Recommendations	Important Considerations
Milk, yogurt and cheese	Full fat milk, yogurt/yogurt drinks. Full fat Cheese Milk puddings and custard made on full fat milk Cream	Avoid: Low fat milk Low fat cheese and Low fat yogurt drinks as will reduce energy intake
Meat, poultry, fish, eggs, beans and nuts	All types of meat, poultry, fish, eggs, beans and nuts All processed meat e.g. ham, bacon, salami, corned beef, burgers, sausages, chicken goujons/nuggets Fish in batter Tinned beans and peas	
Fats, spreads and oils	All types allowed	Reduced fat or light spread, mayonnaise or salad cream should not be used as will reduce energy intake
Foods and drinks high in fat, sugar and salt	Chocolate, crisps, biscuits, pastries, cakes, ice-cream, sugary soft drinks, puddings, sweets, jams, honey, sugar, salt	Foods high in fat, and sugar are not restricted as a useful source of energy































Meal/Snacks and Beverages	Foods
Breakfast	150mls orange juice
	Cornflakes with 150mls full fat milk
	2 slices of bread (white or wholemeal whichever preferred)
	Butter or full fat spread
	Jam
	Tea or coffee
Midday meal	Bowl of Soup
(Main/large meal)	Roast Pork
	Steamed carrots
	2 scoops of mashed potato with butter
	Gravy
	Jelly and Ice cream
	Glass of full fat milk
	Tea or coffee
Evening Meal	Scrambled egg
(Small/light meal)	Grilled Tomato
	2 slices of bread (white or wholemeal)
	Butter or full fat spread
	Marmalade
	Full fat yoghurt Fruit
	Glass of full fat milk
	Tea or coffee
Snacks	2 snacks
	See snack suggestions below
	Served with tea, or coffee
	Our void writer tod, or come

























Tool 5: Sample Regular Diet Meal Plan

Meal/Snacks and Beverages	Foods
Milk with meals	150mls full fat milk with midday and evening meal (300mls in total) May also be served with snacks
Milk for Tea or Coffee	100mls per day

See Appendix 1.0 for meal plan nutritional analysis.

> Main meal can be provided at midday or in the evening

To provide a regular high energy diet, higher energy containing snacks and desserts will be required, see section on snacks 3.3 and desserts 4.3.



























3.3 Snacks

To maximise the opportunities for patients to eat and drink a range of snacks must be available twice daily.

Snack success is dependent on:



Table 1: Nutrition Standard for Snacks

Snacks must be provided twice daily	Nutrition Standard	Snack Suggestions
Regular Menu	150 kcal and 2g protein per snack	Table 2
Regular Higher Energy Menu (could also be used on the energy dense diet)	≥ 300 kcal per snack	Table 3
Evening snacks for patients with decompensated liver disease (see Part A Appendix VII of the policy)	Evening snack must contain 50g carbohydrate	Table 4

Higher protein snack option could be used on Regular, Regular Higher Energy and/or Energy Dense Diet menus. Snacks with a high protein content of ≥ 7g per portion have been highlighted in Table 2 and 3.

























Table 2: Sample Snack Suggestions

(providing approximately 150kcals and 2g protein) Energy Range 115-200 Kcal, Protein Range 1.5-8 g protein

Snack	Weight (g)	Energy (kcal)	Protein (g)
Full fat yogurt	125	115-160	4-5
Custard pot	150	146-158*	4
		*flavoured versions	
Rice pudding pot	150	170	5
Crackers (2)	14 -16	197	6
1 pat of butter	7		
1 portion of cheddar cheese	20		
Crackers (2)	16	146	5
2 cheese triangle	34		
Chocolate biscuits (2)	32	160	2
Gingernut biscuits (3)	31	138	1.5
Shortbread biscuits (3)	30	147	1.8
Digestives (2)	30	162	2.2
Custard Creams (3)	34	168	1.8
1/2 lean meat sandwich (i.e. 2 triangles)	67	140	8
1 slice of bread/toast with butter	38+7	135	3
Small bowl of flaked type breakfast cereal with milk	25+110	163	5
1 wheat biscuit with milk	20+110	140	6
4 squares plain milk chocolate with cup of tea with milk	26 +35	163	3



























Table 2: Sample Snack Suggestions

Snack	Weight (g)	Energy (kcal)	Protein (g)
Croissant	50	186	4
Blueberry, apple and lemon squares*		150	4.4
Slice of fruit cake	50	167	2
Small blueberry muffin	50	190	2.5
Hot chocolate made with full fat milk	18+200	200	8
Ice-cream with tinned peaches in syrup	55+100	148	2.2

Nutritional analysis from McCance and Widdowson's The Composition of Foods Seventh Summary Edition, product specification sheets and from Making the Most of Every Bite Cookery Book (HSE/UCC).

Table 3: Aiming for ≥300kcals per snack

Sample Snacks for those requiring higher energy intakes.

Snack	Weight (g)	Energy (kcal)	Protein (g)
Carrot cake	80	300	3.4
Fruit cake	100	334	4
1 lean meat sandwich	140	280	16
2 wheat biscuits with full fat milk + banana	40+180+80	310	11
2 slices bread/toast with butter/spread and jam	76+14+20	322	6
2 slices bread with peanut butter (10g/slice)	76+20	288	10.5
4 cream crackers + spread/ butter + cheddar cheese	32+14+40	394	12



























^{*}Making the Most of Every Bite Cookery Book (HSE/UCC).

Table 3: Aiming for ≥ 300kcals per snack

Snack	Weight (g)	Energy (kcal)	Protein (g)
Fruit scone with spread/ butter & jam	50+7+20	270	4
Flavoured milk	500	320	18
Danish pastry	100	446	5
Digestive biscuits (2) and glass of full fat milk	30+200	288	9
Drinking choc (3 tsp) + 200 mls full fat milk + 2 digestive biscuits	18+200+30	362	10.2
8 squares chocolate and cup of tea with 35mls full fat milk	52+35	326	6
Chocolate muffin	100	436	5.5
Blueberry muffin	100	375	5.0
Banana bread*		321	5
Scone*		416	7.4
Flapjack*		305	4.3
Granola bars*		305	5
Treacle bread*		314	8
White chocolate strawberry mousse*		525	4.4

Nutritional analysis from McCance and Widdowson's The Composition of Foods Seventh Summary Edition, and from Making the Most of Every Bite Cookery Book (HSE/UCC).

*Making the Most of Every Bite Cookery Book (HSE/UCC).



























Table 4: Evening snacks containing approximately 50g carbohydrate

Evening Snack Options for Patients with Decompensated Liver Disease
Yogurt and two biscuits
Muffin and glass of milk
2 slices toast and jam
Rice pudding and one biscuit
200ml milk and a flapjack
200ml milk and slice of fruit cake
200ml milk and a cereal bar
Banana sandwich and a cup of tea
Large bowl of cereal with milk
Small bowl of cereal with banana and milk
Scone with butter and jam and glass of milk
300mls milk and 3 plain or chocolate biscuits
5 plain or chocolate biscuits
1 ½ slices plain or fruit cake

INDI Nutrition Support Reference Guide, 2015.



























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Section 4.0

Menu Planning Guidance to Implement the **Nutrition Standards** for Therapeutic Diets



4.1 Introduction

This section provides menu planning guidance to enable development of therapeutic diets that meet the recommended nutrition standards specified in Section 4.0 of the policy. Many therapeutic diets have similar nutrient goals to a regular diet but require different food choices and/or modified cooking techniques to achieve specific targets.

4.2 Healthy Eating Diet Menu Planning Guidance

The healthy eating menu should consist of 3 meals and 2 snacks using standardised portion sizes (see Tool 1, page 14) to meet the recommended nutrition standards specified in Section 4.0 of the policy.

The following tools have been developed to get you started:

- Tool 1 Food Based Standards: Foods to Avoid and Allowed on a Healthy Eating Diet Menu
- Tool 2 Sample Healthy Eating Diet Meal Plan
- Tool 3 Snack Suggestions for a Healthy Eating Diet Menu































Tool 1:

Food Based Standards: Foods to Avoid and Allowed on a Healthy Eating Diet Menu

Food Group	Avoid X	Allowed 🗸
Vegetables, salad and fruit	Fruit tinned in syrup Fruit juice with added sugar (sweetened) Tinned vegetables with added salt or sugar	Fresh and frozen fruit, fruit tinned in fruit juice Unsweetened 100 per cent fruit juice (limited to one 150ml serving per day) Fresh, frozen and tinned vegetables
Wholemeal cereals and breads, potatoes, pasta and rice	White bread, white baguette, white bread rolls, and white wraps White rice, white pasta, white pitta bread and white noodles Chips, fried rice Breakfast cereals with less than 6g of fibre and more than 12.3g total sugars per 100g	Wholemeal, granary, brown, wheaten and brown soda breads, brown pitta bread, brown wraps, and brown/ wholemeal chapattis, brown rice, wholemeal pasta, wholewheat noodles, potatoes (preferable with skins), sweet potatoes. Porridge, breakfast cereals must contain more than 6 g of fibre per 100g and must not exceed 12.3g of total sugars per 100g Couscous, bulgar wheat, semolina, tapioca, maize, cornmeal and quinoa
Milk, yogurt and cheese	Full fat milk, full fat yogurt, cream, full fat cheese Standard yogurt drinks. Milk pudding and custard made on full fat milk and sweetened with sugar	Low fat milk, yogurt/yogurt drinks must be low in fat (less than 3g fat per 100g) and low in sugar (contain less than 11g sugar per 100g) Low fat Cheese (less than 25g of fat per 100g) Milk puddings and custard made on low fat milk and sweetened with artificial sweetener



























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Healthy Eating Diet Menu

Food Group	Avoid X	Allowed 🗸
Meat, poultry, fish, eggs, beans and nuts	All processed meat e.g. ham, bacon, salami, corned beef, burgers, sausages, chicken goujons/nuggets	Lean meat, chicken, fish (fresh and frozen, including breaded fish/fish fingers)
	Fish in batter	Oily fish: Provide twice weekly
	Scotch eggs	Eggs: Limit to 7 per week
	Tinned beans and peas with added salt	Beans, pulses e.g. chickpeas, butter beans, kidney beans and lentils. Nuts, tofu, soya and quorn, baked beans
Fats, spreads and oils	Butter, lard, ghee, suet, palm oil, coconut oil	Cooking oils based on mono or polyunsaturated fats
	Full fat mayonnaise/salad cream	Poly or monounsaturated spread
		Mayonnaise/salad creams must be low fat, light or reduced calorie versions
Foods and drinks high in fat, sugar and salt	Chocolate, crisps, biscuits, pastries, cakes, ice-cream, sugary soft drinks, puddings, sweets, jams, honey, sugar, salt, cups of soup	Artificial sweetener, reduced sugar jam and marmalade.































Tool 2: Sample Healthy Eating Diet Meal Plan

Meal/Snacks and Beverages	Foods
Breakfast	150mls unsweetened orange juice
	2 wheat biscuits with 150mls low fat milk
	2 slices wholemeal or brown soda bread
	Poly or monounsaturated spread
	Tea or coffee
Midday Meal	Bowl of vegetable soup
(Main/large meal)	Roast chicken
	Steamed carrots
	2 scoops of mashed potato
	Gravy
	Poly or monounsaturated spread (on the side)
	Fruit cocktail tinned in natural juice
	Low fat and low sugar yogurt
	Tea or coffee
Evening Meal	Roast beef salad (with mixed salad and coleslaw)
(Small/light meal)	2 slices of wholemeal bread
	Poly or monounsaturated spread
	Fruit
	Low fat and low sugar yogurt
	Tea or coffee
Snacks	2 snacks, see Tool 3 for snack suggestions
	Served with tea or coffee
Milk with meals	150mls low fat milk served with midday and evening meal (300mls in total)
	Can also be served with snacks



























Tool 2: Sample Healthy Eating Diet Meal Plan

Meal/Snacks and Beverages	Foods
Milk for tea or coffee	100mls low fat milk

See Appendix 2.0 for nutritional analysis.



Main meal can be provided at midday or in the evening



Tool 3: Snack Suggestions for the Healthy Eating Diet Menu

Snacks	Weight (g)	Energy (kcal)	Protein (g)
2 oat cakes	26	118	2.4
2 bread sticks*	14	54	1.5
4 cream crackers and spread	28+20	230	2.4
2 rye crispbreads (2) with low fat spread and reduced sugar jam	20+10+10	122	1.7
1 slice of wholemeal toast with poly/ monounsaturated spread	38+10	135	3
1 small brown scone with poly/monounsaturated spread	40+10	191	3

























Tool 3: Snack Suggestions for the Healthy Eating Diet Menu

Snacks	Weight (g)	Energy (kcal)	Protein (g)
Small bowl of high fibre cereal (1 wheat biscuit) with low fat milk	20+110	117	6
Apple (medium 112g)	112	57	0.7
Banana (medium 100g)	100	81	1.2
Orange (small 120g)	120	43	0.9
Rice or corn cakes with no added salt (2)*	14	54	1
Digestive Biscuits (2)**	30	162	2.2

^{*}serve with low fat cream cheese or portion of fruit.

Nutritional analysis from McCance and Widdowson's The Composition of Foods Seventh Summary Edition.



- Provide 2 snacks daily
- Fruit must be offered twice daily

4.3 Energy Dense Diet Menu Planning Guidance

The Energy Dense Diet menu should consist of 3 meals and 2 snacks to meet the recommended nutrition standards specified in Section 4.0 of the policy

The following tools have been developed to get you started:

- Tool 1 Food Guide to Developing the Energy Dense Diet Menu
- Tool 2 Guide to Fortifying Food and Increasing Intakes
- Tool 3 Sample Energy Dense Diet Meal Plan
- Tool 4 Higher Energy and Protein Desserts



























^{**}once a day maximum.



~	All food types allowed on the Regular diet are suitable for the Energy Dense Diet (see Section 3.2)
~	Fortify foods (see Tool 2), provide 3 fortified reduced portion size main meals
~	Provide 2 desserts each day (at midday and evening meal); fortified or served with ice-cream, cream or custard (see Tool 4)
~	Provide 2 snacks between meals, it may be necessary to include higher energy containing snacks (>300kcal per snack, see Section 3.3, Table 3) to meet the nutrition standards for energy and protein
~	Provide high protein milk with all meals
~	Do not use low calorie products



It may not be possible to meet nutrition standards for micronutrients by diet alone and supplementation may be required.

Food Fortification

Food fortification is a strategy that is used to increase the energy and nutrient content (density) of foods and beverages without significantly affecting their volume/portion size.

The dietary intakes of some hospital patients have been found not to meet energy and nutrient requirements, particularly when poor appetite and/or early satiety is present due to inability to eat the volume of food provided on regular menus. To cater for these individuals' dietary needs, the focus needs to be on the provision of tasty, energy and nutrient-dense foods that come in smaller portion sizes.

Increasing the availability of suitable food choices and also the opportunities to eat will be critical in enabling patients to achieve their nutritional needs.

A diet higher in energy and nutrient-density can be achieved by encouraging an increase in the overall amount of food eaten and also by increasing the energy and nutrient content through food fortification.

















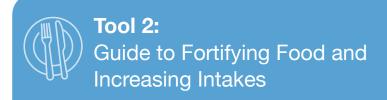












Ingredients can either be in the form of natural food stuffs or the addition of powders/ syrups to foods that have a high protein, fat or carbohydrate content such as whey protein.

Energy and nutrient-density of foods and meals can be increased by providing:

- > A wide choice of breakfast items, including a choice of higher calorie breakfast cereals, for example sweetened muesli, porridge made with fortified milk, a cooked breakfast option for example rasher, sausage and egg
- > Higher energy desserts
- A fortified main meal option that contains a smaller portion of meat, fish or chicken, potatoes or rice and vegetables presented as dinner in a bowl e.g. chicken and mushroom casserole
- A smaller main meal portion served with a fortified soup and dessert

Food Fortification

- Use high protein milk and full-fat milk products, e.g. cheese
- Use butter on sandwiches
- Add butter and milk or cream to mashed vegetables and potatoes
- Provide milk-based sauces to accompany vegetables or meats, e.g. parsley sauce, white sauce or cheese sauce
- Add cream or protein powder to milk puddings and soups
- Provide cream or ice-cream to accompany dessert, for example apple tart with cream
- Make cream-based sauces for use with pasta or rice
- Add gravy and sauce enriched with a protein powder to meat dishes
- Add glucose polymers or protein powders to dishes as appropriate
- Enrich milk with milk powder
- Add sugar to stewed fruit
- Offer higher calorie-containing fluids such as fruit juice, milk and flavoured milk, hot chocolate, coffee made on milk
- Provide small, energy and nutrient-dense easy to eat snacks as appropriate for patient group for example:
 - cakes and biscuits
 - small sandwiches
 - full fat custard pot or rice pudding pot.





























Meal/Snacks and Beverages	Foods
Breakfast	Small bowl of porridge made with high protein milk
	150mls orange juice
	Boiled egg
	1 slice white bread with butter and jam
	Tea or coffee
Midday Meal	Fortified dinner, for example chicken and mushroom casserole
~600 kcals and ~25g protein	Dessert
377	Tea or coffee
	or
	Small portion of main course served with high energy and high protein dessert
	> 50-60g meat or equivalent high biological value protein (HBV) source
	> 40g (½ standard portion for vegetables)
	> 1 small scoop of fortified potatoes (½ regular diet portion)
	If a composite dish is served the HBV protein content (i.e. meat, chicken or fish) must provide a minimum of 50g cooked weight
	> Dessert
	Tea or coffee
Evening Meal	As per midday meal
	Swap bread, rice or pasta for potatoes
Snacks*	2 snacks per day
	Served with tea or coffee
Milk with meals	150mls high protein milk served with midday and evening meal (300mls in total)

























Tool 3: Sample Energy Dense Diet Meal

Meal/Snacks and Beverages	Foods
Milk for tea or coffee	100mls high protein milk

^{*}See Section 3.0 for snack suggestions for this menu.

See Appendix 3 for nutritional analysis.































4.4 No added Salt Diet Menu Planning Guidance

The no added salt menu should consist of 3 meals and 2 snacks using standardised portion sizes (see Tool 1, page 14) to meet the recommended nutrition standards specified in Section 4.0 of the policy.

The following tools have been developed to get you started:

- Tool 1 Food Guide to Developing a No Added Salt Diet
- Tool 2 Food Based Standards: Foods to Avoid and Allowed on a No Added Salt Diet Menu
- **Tool 3** Tips to Improve Taste and Flavour of Meals
- Tool 4 Guide to Label Reading



~	Salt should not be used during the preparation or cooking of meals
~	Use fresh food instead of processed or canned foods
~	Herbs, spices and pepper are all suitable alternatives to salt
~	Avoid use of salt substitutes such as Lo Salt and So-Low, as they are very high in potassium. (Refer to Renal section 4.8)
~	Salt sachets should not be placed on the patient's food trays
~	Within recipes try to limit the amount of bouillon or gravy mixes that is used































Tool 2:

Food Based Standards: Foods to Avoid and Allowed on a No Added Salt Diet Menu

Food Group	Avoid X	Allowed ✓
Meat, poultry, fish, eggs, beans and nuts	Salted meats such as ham, bacon, rashers, sausages, black and white pudding, salami, corned beef, pâté, meat pies, frankfurters Fish tinned in brine Tinned beans/pulses with added salt	Fresh cuts of lean meat, such as beef, pork, lamb, chicken, turkey Fresh or frozen fish, plain or in breadcrumbs Fish tinned in oil (drained) or water All types of eggs Unsalted tinned and dried beans/pulses Baked beans
Vegetables, salad and fruit	Tinned vegetables, tinned or packet soups, olives	Fresh or frozen vegetables Unsalted tinned vegetables All types of fruit, fresh, frozen or tinned
Wholemeal cereals and breads, potatoes, pasta and rice	Should have <1.5g salt per sandwich including any fillings used	Sandwiches made with unprocessed meat or chicken, fish or egg All types of white and brown bread, pasta and cereal All types of potatoes
Food and drinks high in fat, sugar and salt		
- Stocks and sauces	Stock cubes, bottled and packet sauces, soy sauce, oyster sauce, casserole mixes	Choose lower salt stock cubes/ bouillon
- Snacks	Salty snacks such as crisps, salted popcorn, salted nuts, pretzels, salted and cheese, flavoured biscuits, tortilla chips	Homemade popcorn with no added salt, plain crackers or biscuits
	Tomato juice, Bovril	Tea, coffee, water, milk, fruit juice



























There are lots of ways to add flavour to foods without using salt. Use herbs and spices to flavour your food.



Tool 3: Tips to Improve Taste and Flavour

Food	Suggested Flavouring
Beef	Allspice, dry mustard rubbed into the meat before cooking, oregano, bay leaf, chilli powder, cayenne pepper
Fish	Vinegar, lemon, mint, thyme, lime, garlic, chilli, dill
Pork	Cloves, apple, garlic, onion, sage, curry powder
Lamb	Rosemary, mint, basil, curry powder
Chicken	Tarragon, dill, basil, paprika, rosemary, sage, thyme, chilli powder, cayenne pepper
Grilled Meat	Lemon juice, sprinkle with ground ginger before grilling
Stews and casseroles	Basil, bay leaf, dill, bouquet garni, oregano, sage, thyme, garlic



Conversions

Sodium gram (g) to Salt (g) multiply by 2.5

Salt (g) to sodium divide by 2.5

Sodium (mg) to sodium (mmoles) divide by 23

Sodium (mmoles) to sodium (mg) multiply by 23

1g salt = 17mmoles sodium



Main meal can be provided at midday or in the evening























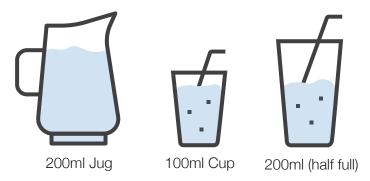




4.5 How to Support a Patient on a Fluid Restriction?

Restricting fluid is one of the most difficult dietary restrictions for patients. To help patients adhere to the fluid restriction prescribed it is essential to provide the following:

Tools required: A small jug, cup and glass.



> A Fluid Plan: Any fluids that are liquid at room temperature must be counted as part of the daily fluid intake.

The following sample fluid plans for different clinical scenarios provide a template to help patients to:

- Distribute their fluid allowance throughout the day, helping to alleviate thirst
- Include more nourishing drinks where required (for example, if identified at risk of malnutrition) within the fluid allowance.

4.5.1 Sample Fluid Plans

Table 1: Suggested Fluid Plan for 1 litre fluid restriction using 100ml drink exchanges.

Meal	100ml exchange	Suggested Amount
Breakfast	2	Beverage 100ml
		Beverage 100ml
Midmorning	1	Beverage 100ml
Midday meal	2	Beverage 100ml
		Beverage 100ml
Evening meal	2	Beverage 100ml
		Beverage 100ml
Supper	1	Beverage 100ml
Medications	2	Water 200mls

























Sample Fluid Restriction Plans for patients requiring a 1 Litre fluid restriction and also identified at risk of malnutrition.

Case Example 1: Patient with renal disease identified at risk of malnutrition and prescribed 1 litre fluid restriction.

Meal	100ml exchange	Suggested Amount
Breakfast	2	Beverage 100ml
		Beverage 100ml
Midmorning	1	Beverage 100ml
Midday meal	2	Milk 100ml
		Beverage 100ml
Evening meal	1	Milk 100ml
Supper	2	Beverage 200ml
Medications	2	Water 200mls

Assumption: Patient is having one dairy exchange in milk and tea; therefore allowing one additional exchange as a beverage suggestion as 2x100mls glasses of milk (see renal section).

Case Example 2: Patient with liver disease identified at risk of malnutrition and prescribed 1 litre fluid restriction.

Meal	100ml exchange	Suggested Amount
Breakfast	2	Beverage 100ml
		Beverage 100ml
Midmorning	1	Beverage 100ml
Midday meal	2	Milk 100ml
		Beverage 100ml
Evening meal	1	Milk 100ml
Supper	2	Milk 200ml
Medications	2	Water 200mls

Assumption: Use full daily milk allocation to maximise energy and protein intake (400mls full fat milk).

200ml of milk allocated at suppertime to incorporate requirement for 50g CHO snack e.g. glass of milk and a flapjack/slice of fruit cake/cereal bar. (See Section 3.3, Table 4).

Suggestion: Consider using high protein milk.

























Case Example 3: Patient with Congestive Cardiac Failure identified at risk of malnutrition and prescribed 1 litre fluid restriction.

Meal	100ml exchange	Suggested Amount
Breakfast	2	Beverage 100ml
		Beverage 100ml
Midmorning	1	Beverage 100ml
Midday meal	2	Milk 100ml
		Beverage 100ml
Evening meal	1	Milk 100ml
Supper	2	Milk 200ml
Medications	2	Water 200mls

Assumption: Use full daily milk allocation to maximise energy and protein intake (400mls full fat milk).

Suggestion: Consider using high protein milk.

4.6 Gluten Free Diet Menu Planning Guidance

The gluten free menu should consist of 3 meals and 2 snacks using standardised portions (see Tool 1, Page 14) to meet the recommended nutrition standards specified in Section 4 of the Policy. Gluten free products should be used.

The following tools have been developed to get you started:

Tool 1 Food Based Standards: Foods to Avoid and Allowed on a Gluten Free Diet Menu

Tool 2 Specific Food Types to Avoid and Allowed on a Gluten Free Diet Menu





























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Gluten Free Diet Menu

Food Group	Avoid X	Allowed 🗸	NOTE: Need to check these foods with specification sheets to confirm if gluten free
Wholemeal cereals and breads, potatoes, pasta and rice	Wheat, ordinary flour, ordinary breadmix, bulgar wheat, durum wheat, wheat germ, wheat bran, wheat starch, semolina, couscous, barley, malt, malted barley, rye, oats, triticale, kamut, spelt, farina Ordinary bread (including naan, ciabatta & chapatti) breadcrumbs, croutons, scones, pizza bases, Ordinary fresh or dried Pasta including spaghetti, macaroni, lasagne & egg noodles Wheat based breakfast cereals, cereals that contain malt extract flavouring e.g. cornflakes, porridge oatmeal, wheatgerm, muesli (most ordinary breakfast cereals) Potatoes in batter, breadcrumbs or dusted with flour, potato croquettes & waffles	Corn, maize, buckwheat, millet, teff, quinoa, soya potato flour, gram flour, polenta are all naturally gluten-free but maybe cross contaminated if they are milled in a factory that handles gluten containing flours Sago, rice, ground rice, tapioca, arrowroot are gluten-free Special gluten-free dietary flours & mixes Special gluten-free dietary breads, rolls, pizza bases Special gluten-free dietary pasta Special dietary cereals that do not contain malt extract flavouring, e.g. gluten-free labelled cornflakes/porridge/muesli	Cornflour, savoury rice Rice cakes Rice noodles, poppadoms, soba noodles (buckwheat) Rice bran, soya bran Oven, microwave & frozen chips, instant mash, potato waffles, potato salad

























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Gluten Free Diet Menu

Food Group	Avoid X	Allowed ✓	NOTE: Need to check these foods with specification sheets to confirm if gluten free
Meat, poultry, fish, eggs, beans and nuts	Meat & poultry cooked in batter or breadcrumbs, breaded or crumbed ham, ordinary sausages & puddings, meat with stuffing, meatloaf, burgers with cereal or breadcrumbs, Cornish pasties Fish fingers, fish in batter or breadcrumbs, fish cakes, fish in pastry Scotch eggs	All fresh natural meats & poultry, smoked hams, cured pure meats, unprocessed corned beef e.g. silverside/brisket joints, rashers, gluten-free sausages as listed in Coeliac Society Food List All fresh natural fish & shellfish, smoked fish, kippered & dried fish, canned fish in oil or brine Eggs All pulses, and lentils	Meat pâtés, canned or prepacked meats in own juices, burgers, prepacked cooked meats, meat/poultry in sauce, stuffing mix Fish in sauce, fish pate, chowder, prawn cocktail Seed mixes, dry roasted nuts, Bombay mix Baked beans Tofu, Quorn Nuts and seeds
Milk, yogurt and cheese	Cheese fillers, breaded cheese Oat milk, yogurt and fromage frais containing muesli or biscuit, Rice Dream	Plain cheese, cottage cheese, low-fat cheese Fresh, dried, condensed, evaporated milk, buttermilk, goats milk, soured cream, natural crème fraiche, natural yogurt	Cream cheeses, processed cheese, cheese spreads, ready-grated cheese, cheese strings Coffee & tea whiteners, milkshakes, fromage frais, yogurt, custard



























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Gluten Free Diet Menu

Food Group	Avoid X	Allowed ✓	NOTE: Need to check these foods with specification sheets to confirm if gluten free
Vegetables, salad and fruit	Vegetables in batter, breadcrumbs, or dusted with flour, onion rings	All natural, fresh, frozen, canned and dried pure fruit and vegetables, all plain salads without dressings	Coleslaw, baked beans
Fats, spreads and oils	Processed suet	Butter, margarine, lard, cooking oils, ghee	Egg mayonnaise Low-fat spreads
Foods and drinks high in fat, sugar and salt	Snacks made from wheat, rye, oats, barley and flavored with malt extract flavoring Mincemeat which includes suet dusted in flour Semolina, sponge puddings, tarts, pies, Pick 'n' Mix Biscuits, cakes, pastries, muffins, buns	Homemade natural popcorn Sugar, brown sugar, glucose, molasses, jams and marmalades, honey, golden syrup, treacle, maple syrup Plain jelly, milk puddings made with gluten-free ingredients Special gluten-free dietary cakes and biscuits	Crisps, processed nuts Mincemeat using rice flour, lemon curd, peanut butter Custard, dessert mixes, instant whips, ice-cream & frozen desserts, tinned puddings, sweets, chocolates, chewing gum, mousses Fruit pie fillings, waffles Meringues, meringue mixes, macaroons, aerosol creams, artificial creams, ice-cream, liquorice





























Tool 2: Specific Food Types to Avoid and Allowed on a Gluten Free Diet Menu

Food Group	Avoid X	Allowed 🗸	NOTE: Need to check these foods with specification sheets to confirm if gluten free
Soups and sauces	Soups made with barley, broth mix, noodles & croutons, soup made with ordinary flour, spice blends where wheat flour is used as a carrier	Tomato puree, pure herbs and individual spices, vinegar, malt vinegar, garlic bulbs	Gravy granules, stock cubes, canned and dried soups, fresh soups in cartons, dried sauces & mixes, table sauces, cooking sauces, stir-fry sauces, mustard, mayonnaise, salad cream, salad dressings, pickles, chutneys, spice blends, curry powder, tomato ketchup, soy sauce
Beverages	Malted drinks, barley waters, squashes which contain barley	Tea, tea bags, coffee, pure fruit juice, squash, mineral water, minerals, plain, Complan, Bovril, Marmite, Cadbury's cocoa	Drinking chocolate, economy blends of coffee, milkshake powders, squashes & cordials



























Tool 2: Specific Food Types to Avoid and Allowed on a Gluten Free Diet Menu

Food Group	Avoid X	Allowed 🗸	NOTE: Need to check these foods with specification sheets to confirm if gluten free
Baking Ingredients	Ice-cream cones and wafers	Gelatine, bread soda, dried and fresh yeast, bextartar, dried fruit, glace cherries, vanilla essences, food colouring, ground almonds, desiccated coconut	Marzipan, icing sugar, cake decorations, baking powder
Miscellaneous		Low calorie sweeteners	

Guidance for preparing a gluten free meal for people with coeliac disease: Additional information on gluten free menu planning can be got from the coeliac society of Ireland; Caterers and Restauranteur Guide - "preparing a gluten free meal for a person with coeliac disease" https://www.coeliac.ie/join-now/professional/caterers-and-restauranteurs/



Main meal can be provided at midday or in the evening



























4.7 Low Fibre Diet Menu Planning Guidance

The Low Fibre Diet Menu should consist of 3 meals and 2 snacks using standardised portions (see Tool 1, page 14) and meet the recommended nutrition standards specified in Section 4.0 of the policy.

The following tools have been developed to help get you started:

Tool 1 Food Based Standards: Foods to Avoid and Allowed on a Low Fibre Diet Menu

Tool 2 Sample Low Fibre Diet Meal Plan



Tool 1:

Food Based Standards: Foods to Avoid and Allowed on a Low Fibre Diet Menu

Food Group	Avoid X	Allowed 🗸
Vegetables, salad and fruit *limit to one portion of fruit and one portion of vegetables per day	Sweet corn, pips, tough skins of vegetables (skins of baked potatoes, tomato, cucumber, bell peppers) Tough stalks (e.g. celery), broccoli, brussel sprouts, curly kale, cabbage, okra, leeks, spring greens, pak choi, onions, mushrooms Fruit with seeds, pips, pith, hard skins and fibre (e.g. berries, kiwi, citrus fruits, grapes, rhubarb, plantain) Unpeeled fruit (e.g. apples, pears, peaches, nectarines) Raw or dried fruit (e.g. figs, prunes, dates and apricots) Fruit juice with bits Mixed dried fruit Jams or fruit spreads containing seeds, pips or tough skins	Peeled and deseeded vegetables (e.g. carrots, parsnips, cauliflower and turnips) Must be cooked until soft and easily mashed or pureed Peeled and soft fruit without pips or pith Cooked or tinned fruits Avocado (smooth guacamole) Smooth fruit juice



























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Low Fibre Diet Menu

Food Group	Avoid X	Allowed 🗸
Wholemeal cereals and breads, potatoes, pasta and rice	Wholemeal, granary, brown, wheaten and brown soda breads, brown pitta bread, brown wraps, and brown/ wholemeal chapattis, rye bread, crispbreads, malted fruit bread	White flour and products (e.g. white bread, toast, white scones (without dried fruit), crackers, crumpets, bagels, muffins, pancakes, yorkshire puddings, pizza bases)
	Brown rice, wholemeal pasta, whole wheat noodles, jacket potatoes	White rice, white pasta. couscous, bulgar wheat, semolina, tapioca, maize,
	Whole wheat cereals e.g. Weetabix, shredded wheat, bran flakes or any cereal with added fruit and nuts Cereal crunchy bars	cornmeal and quinoa. Rice kripsies, cornflakes, and sugar coated cereals
Milk, yogurt and cheese	Yogurts with large pieces of fruit, cereal or nuts Cheese with large pieces of fruits or nuts	Milk – all types Cheese Smooth or natural yogurt Cream
Meat, poultry, fish, eggs, beans and	Meat, chicken or fish made with wholemeal pastry or wholemeal breadcrumbs	All types of meat, fish, chicken and eggs
nuts	Whole beans	
	Tinned baked beans	
	Kidney beans, soya beans, green beans	
	All whole nuts and seeds	
Fats, spreads and oils	No restrictions	All allowed



























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Low Fibre Diet Menu

Food Group	Avoid X	Allowed ✓
Foods and drinks high in fat, sugar and salt	Fruit cake or biscuits containing hard pieces of dried fruit or fruit peel, nuts and seeds, Bombay mix, chocolate with dried fruits or nuts, wholegrain mustard, jams or fruit spreads containing pips, seeds or tough skins	Plain flour sponges, biscuits (chocolate, shortbread, gingernut etc), cakes (Madeira, swiss roll, teacakes etc) Danish pastries without dried fruit, honey, jellies, boiled sweets, seedless spreads, sugar and salt Jam (no seeds)



Tool 2: Sample Low Fibre Diet Meal Plan

Meal/Snacks and Beverages	Foods
Breakfast	150mls orange juice Rice based cereal with 150mls full fat milk 2 slices white bread Poly or monounsaturated spread or butter Jam (no seeds) Tea or coffee
Midday meal (Main/large meal)	Roast Chicken Steamed carrots 2 scoops of mashed potato Butter Gravy Ice cream and jelly Tea or coffee

























Tool 2: Sample Low Fibre Diet Meal Plan

Meal/Snacks and Beverages	Foods
Evening Meal (Small/light meal)	Scrambled egg and waffle 2 slices of white bread Poly or monounsaturated spread or butter Smooth or natural yogurt Tea or coffee
Snacks	2 snacks low in fibre per day Served with tea or coffee
Milk with meals	150mls full fat milk served with midday and evening meal (300mls in total) May also be served with snacks
Milk for tea or coffee	100mls full fat milk

See Appendix 4.0 for nutritional analysis.



- Main meal can be provided at midday or in the evening
- Choose one low fibre containing snack (<0.5g Fibre) and one snack that is fibre free
- Low fibre containing snacks include:
 - Cream Crackers with Cream Cheese
 - Slice of white toast with butter and jam
 - Custard creams, ginger nut or rich tea biscuits
- Fibre free snacks include:
 - Custard pot
 - Rice pudding pot
 - Yogurt



























4.8 Renal Diet Menu Planning Guidance

The Renal Diet Menu is one of the most challenging and complex diets to cater for due to the number of dietary restrictions required whilst still achieving an adequate energy and protein intake.

The following tools have been developed to get you started:

- Tool 1 Checklist for Renal Diet Menu Development
- Tool 2 Guide to Reading Labels for Phosphate Additives
- Tool 3 Checklist for Producing a Renal Diet Menu
- Tool 4 Guidance for Nutrient Targets for Meals and Desserts
- **Tool 5** Recommended Cooking Methods
- Tool 6 Portion Control for Potatoes, Vegetables, Fruit and Dairy Products
- Tool 7 Foods Based Standards: Food to Avoid and Allowed on a Renal Diet Menu
- Tool 8 Sample 90g and 70g Protein Renal Meal Plans
- Tool 9 Snack Recommendations



Tool 1: Checklist for Renal Diet Menu Development

~	Input from a renal dietitian who has a good understanding of this patient group dietary requirements is essential when planning this menu
~	The menu should include 3 meals (breakfast, midday and evening meal) and 2 snacks per day
~	The menu in its totality should meet both the lower target for protein (70g) and the upper target for protein (90g) utilising the snack menu
~	A variety of snacks should be available with higher and moderate protein options to allow flexibility of protein intake
~	The carbohydrate (starchy) component of foods and at meals should be a consistent portion size (as per standardised portions guide see Tool 1, Page 14)
V	The carbohydrate content of foods/meals should be visible on the menu or available to patients, to facilitate patients with CKD and diabetes who are carbohydrate counting
~	Whole (full fat) unfortified milk should be used

















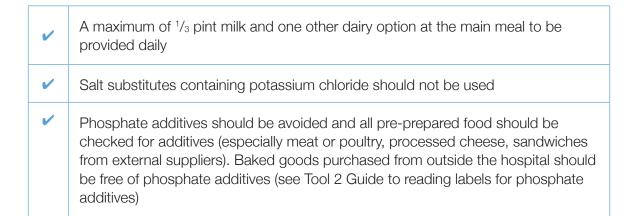














Tool 2:

Guide to Reading Labels for **Phosphate Additives**

Avoiding Phosphate Additives

- 1. Check for "phos" such as diphosphate sodium poly**phos**phate, calcium tri**phos**phate.
- 2. Check for phosphate E numbers: E338, E339, E340, E341, E343, E450, E451, E452, E541.























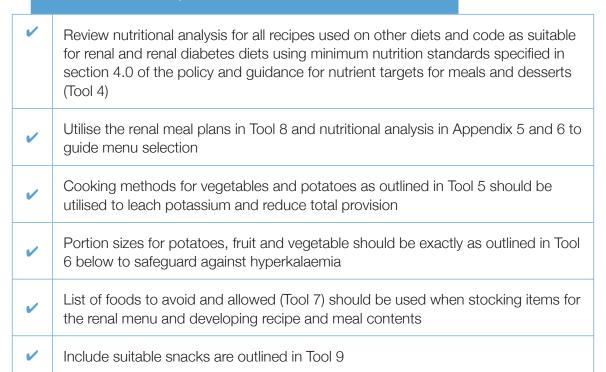






Tool 3:

Checklist for Renal Diet Menu Development































The following guidance should be utilised for planning purposes at individual meals so that daily nutrition standards recommended in section 4.0 of the policy can be achieved. This meal guidance is recommended by the British Dietetic Association (BDA) 2017.



	Food Types	Protein*	Potassium	Phosphate
Nutrient Targets at meal	Meat, chicken, fish	See appendix 5 and 6	≤12 mmol potassium	≤300mg
	Potatoes, Vegetables and side dishes	See appendix 5 and 6	<12 – 14 mmol	

Salt content for the TOTAL meal should be <1.5g.

*Portion sizes of meat, fish and chicken should be provided as per standardised portions guide, see Tool 1 Page 14. See tool 6 for guidance on portions for potatoes and vegetables.

Dessert

Food Types	Protein	Potassium	Phosphate
At least one option to provide ≥200kcal	At least 1 option to provide ≥5g protein	≤8 mmol potassium	≤220mg

Nutrient guidance for desserts as recommended by the BDA, 2017.

Desserts and snacks for patients with CKD and Diabetes should contain <16g sugar per portion (Expert Opinion and INDI Renal Interest Group Renal Diabetes Diet Sheet).



























To reduce the potassium content of potatoes and vegetables, the following cooking methods should be utilised.

Potatoes

To prepare low potassium potatoes either method one or method 2 should be utilised.



Tool 5: Recommended Cooking Methods

Method 1 'Double boiled' Potatoes	Method 2	
Peel the potatoes and cut into thin slices	Peel and dice the potatoes into 1cm cubes	
2. Bring to the boil, using four times as much water as potatoes	2. Bring to the boil in 10 times as much water as potatoes	
3. Throw water away, and replace with the same volume of fresh boiling water4. When cooked, drain and measure as per portions outlined below	3. Cook until potatoes are soft4. When cooked, drain and measure as per portions outlined below	
Note: After cooking (using either method), you can mash, fry or roast the potatoes		

Vegetables

To prepare low potassium vegetables utilise the method outlined below

- 1. Cut the vegetable into small pieces
- 2. Boil in four times as much water as vegetables
- 3. When cooked, drain and measure as per portions outlined below.



























The following recommendations regarding portion size control of lower potassium potatoes, vegetables and dairy products on the renal menu should be adhered to. This is necessary to control daily dietary potassium and phosphate provision.



Tool 6: Portion Control for Potatoes, Vegetables, Fruit and Dairy Products

Potatoes	A maximum of 200g cooked lower potassium potatoes per day
	Daily provision of rice, pasta, plain noodles or bread as an alternative is recommended
Vegetables	Maximum of 2 portions of suitably* cooked lower potassium vegetables per day or a maximum of 1 suitably cooked lower potassium vegetable portion and 1 x salad portion per day as outlined in Tool 7. Cooking method and portion control are key components
	Salad vegetables contained in a sandwich or a side dressing do not need to be counted within the total menu so long as the portion contains <2 mmol of potassium and the salad vegetables included are detailed in the vegetables to choose as outlined in tool 7 below
	Higher potassium vegetables should be avoided*
	*Utilise tool 7 below to determine suitable vegetable options and specifics regarding portion size
Fruit	Maximum of 2 portions of suitable* fruit per day
	Fruit may be included as part of a dessert
	Fruit smoothies should be avoided
	Higher potassium fruit options should be avoided*
	*Utilise Tool 7 below to determine suitable fruit options and specifics regarding portion size
Dairy	Keep to a maximum of 2 portions per day
	- 200ml milk divided between milk in tea and milk in cereal and a
	- Second dairy portion from yoghurt, cheese or milk based desserts
	Whole, unfortified milk should be provided
	Do not offer milk at mealtimes
	Do not offer milk based food items as snack items





























Tool 7:

Food Based Standards: Foods to Avoid and Allowed on a Renal Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Grains/ Potatoes Max 200g cooked low potassium potato per day Vegetables	Chips (including oven chips) Potato croquettes Crisps Jacket potatoes Instant mashed potatoes Potato waffles Aduki beans Avocado Baked beans Beans (all types except green or runner beans) Black eyed peas Broad beans Butter beans Tinned vegetables Carrot juice Lentils Peas (all types) Mushrooms Sweetcorn Tomato based sauces - unless 'homemade' as part of a composite meal, that has been counted as part of vegetable provision Tomato puree	White rice Basmati rice Pasta Cous cous Plain noodles Lower potassium potatoes (cooked as per cooking method in Tool 5) Prepared using lower potassium cooking method and served in portion outlined: Celery: 2 dessert spoons 50g Turnip: 2 dessert spoons 50g Parsnip: 2 dessert spoons 50g Parsnip: 2 dessert spoons 50g Brussel Sprouts: 5 50g Carrots: 4 dessert spoons 100g Broccoli: 4 dessert spoons 100g Green Beans: 4 dessert spoons 100g Caeks: 4 dessert spoons 150g Cauliflower: 6 dessert spoons 150g Cabbage: 6 dessert spoons 150g 1 salad portion: > 1 small tomato OR > 4 dessert spoons of coleslaw OR
	Tomato puree Tomato juice	 4 dessert spoons of coleslaw OR A small side salad: 4 leaves of lettuce, ½ tomato, 3 rings of onion, cucumber or pepper, 1 dessert spoon of grated carrot



























Tool 7: Food Based Standards: Foods to Avoid and Allowed on a Renal Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Fruit	Prune juice	Apple
Maximum 2 portions per	Apricots (fresh & dried)	Pear
	Bananas	Small orange
day	Dried fruit (e.g. currants, raisins,	2 small plums
DO NOT offer fruit	dates, prunes)	2 thin slices of mango
smoothies	Figs	100g raw blackcurrants (40g)
1 fruit	Mince pie	5 passion fruit
containing	·	20 small raw blackberries (100g)
dessert =	Rhubarb	18 raw cherries
1 portion	Christmas cake, Christmas pudding	1 large slice of pineapple without skin
		8 small strawberries
		2 small mandarins
		16 grapes
		1 thin slice of melon
		1 kiwi
		1 peach
		25 raspberries
		Tinned Fruit: Small bowl of fruit cocktail, mandarins, strawberries, pears, peaches or pineapple (with the juice drained) as per portions below:
		Fruit cocktail 170g
		Pears 200g
		Peaches 100g
		Mandarins 200g
		Strawberries 200g
		Pineapple 200g
		Fruit Juice (one small glass, no more than 100mls of unsweetened fruit juice)



























Tool 7: Food Based Standards: Foods to Avoid and Allowed on a Renal Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Dairy Maximum 2	Angel Delight Complan/Horlicks/Ovaltine	Milk (medium glass 200ml) for cereal and tea
emall ontions	Cornetto Ice Cream	Yoghurt (125g pot)
per day	Cornetto loc Gream	Fromage Frais (2 small pots)
DO NOT		Cheese (1oz/25g)
offer milk at mealtimes.		Grated mozzarella cheese (2oz/50g)
DO NOT offer a milk based		1 bowl of milk pudding (sugar/sweetener)
snack.		Cottage cheese (2oz/50g)
		Plain Ice-cream (3 small scoops)
Meat/	Anchovies	Fresh beef, pork, lamb
Chicken/ Fish/Egg	Bacon	Fresh chicken, turkey
FISH/Egg	Black and white pudding	Fresh Cod, Whiting, Plaice, Tuna,
	Cockles	Salmon, Lemon Sole, Mackerel
	Cornbeef	Breaded Cod or Whiting
	Crab	Fish Fingers
	Fish paste Game meat	Tinned Tuna, Tinned Salmon, Tinned Mackerel in water or oil (drain off)
	(e.g. venison, pheasant)	Boiled Egg/Poached Egg/Scrambled
	Gammon	Egg/Fried Egg
	Offal meats (e.g. heart, kidney, liver)	
	Kippers	
	Liver pate	
	Lobster	
	Meat paste	
	Mussels	
	Pepperoni	
	Pilchards	
	Processed meat (e.g. sausages, rashers, packet ham, salami)	
	Prawns	
	Ready made meals	
	Smoked fish	

























Tool 7: Food Based Standards: Foods to Avoid and Allowed on a Renal Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Seasoning	Salt	Gravy browning
	LoSalt 50mls gravy per day is allowed	Pepper, mixed herbs, mustard powder, garlic powder, onion powder,
		Curry powder, ginger, paprika,
		Thyme, basil
Misc	Ale, cider, beer Bovril All nuts	Biscuits: Digestives, Rich Tea, Marietta, Lincoln, Shortcake, Madeira Cake
	Build up Casserole mixes	Desserts: Crumbles, tarts, pancakes, jelly/sugar free jelly
	Cereal bars Chocolate – ALL products: Chocolate buns, cake, drinks,	Sweets: Mints/sugar free mints (beware of sorbitol, taken in large quantities this sweetener can cause diarrhoea), marshmallows
	sweets, ice cream, mousse, chocolate spread, chocolate nut	Garlic bread
	spread, chocolate sundae, Cocoa, coconut	Jam/reduced sugar jam, marmalade/reduced sugar
	Coffee	Marmalade
	Currant bread, currant buns	Popcorn without salt
	Fruit cake and fruit brack	Cream
	Fig Rolls	Olive oil/vegetable oil
	Drinking chocolate	Very low salt stock cubes/boullion
	Fudge	Rice milk (original) unfortified
	Fruit Gums	Cooking cream/crème fraiche
	Liqueurs	Butter/spread
	Liquorice	
	LoSalt Marmite	
	Marzipan	
	Stock cubes (e.g. Oxo)	
	Packet sauces (e.g. parsley)	
	Port	
	Salted butter	
	Sherry	
	Soda water	
	Soup	



























Tool 7: Food Based Standards: Foods to Avoid and Allowed on a Renal Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Misc	Soy sauce	
	Stout	
	Toffee	
	Tortilla chips	
	Wheatgerm	
	Wine (especially red wine)	
	Boullion	

2 sample renal diet meal plans are outlined below containing 90g and 70g of protein respectively.

Sample Renal Diet Meal Plans



Tool 8: Sample Renal Diet Meal Plan (90g)

Meal/Snacks and Beverages	Foods
Breakfast	2 wheat biscuits with 100mls full fat milk 2 slices of white bread Butter or spread Jam or marmalade Orange
Midday meal (main/large meal)	Tea Roast chicken Boiled carrots and parsnips* 2 scoops of mashed potato* Gravy Butter for potatoes (on the side) Milk pudding (rice) Tea



























Tool 8: Sample Renal Diet Meal Plan (90g)

Meal/Snacks and Beverages	Foods
Evening meal (small/light meal)	Egg mayonnaise sandwich Apple Tea
Snacks	2 snacks per day for example Iced bun ½ beef sandwich Served with tea
Milk for tea	100mls full fat milk per day

See Appendix 5.0 for nutritional analysis.



- > Main meal can be provided at midday or in the evening
- Beverage amounts provided will be determined by fluid restriction and will need to be individualised
- *See Tool 5 for guidance on preparing and cooking potatoes and vegetables
- > See Tool 9 for snack suggestions



























Renal Diet Meal Plan (70g protein)

Meal/Snacks and Beverages	Foods
Breakfast	Cornflakes with 100mls full fat milk 2 slices of white bread Butter or spread Jam or marmalade Orange Tea
Midday meal (main/large meal)	Baked salmon Boiled broccoli* 2 scoops of mashed potato* Gravy Butter for potatoes (on the side) Full fat yogurt Tea
Evening Meal (small/light meal)	Roast beef salad (coleslaw and sliced tomato) 2 slices white bread Butter or spread Pear Tea
Snacks	2 snacks per day for example - Iced bun - 3 gingernut biscuits Served with tea
Milk for tea	100mls per day

See Appendix 6.0 for nutritional analysis.



- Main meal can be provided at midday or in the evening
- Beverage amounts provided will be determined by fluid restriction and will need to be individualised
- *See Tool 5 for guidance on preparing and cooking potatoes and vegetables
- See Tool 9 for snack suggestions





























Tool 9:

Snack Recommendations for the Renal Diet Menu

Lower protein Snacks (1 - 2g protein)	Higher Protein Snacks (>4g protein)
Fruit (1 portion)	Slice of Jam Swiss Roll – 56g
Plain biscuits (2-4 biscuits)	1/2 meat sandwich (i.e. 1 slice bread and 1oz meat)
Pancakes with jam	Apple tart and cream
Iced bun	
Plain fairy cake with cream	
Croissant	

4.9 Guidance on Food Provision for Renal Day Patients

A protein containing snack (for example a sandwich) should be provided for renal patients attending haemodialysis and should provide the recommended minimum nutrition standard for protein.

The following guidance on sandwich composition will enable you to provide the recommended amount of protein.

Sandwich Composition

Sandwiches should contain meat, fish, chicken or egg. Suitable filling types and amounts are included in table below:

Sandwich Type (2 slices of bread)*	Amount of Meat/Chicken/Fish or Eggs
Chicken or turkey sandwich	50g cooked poultry
Beef sandwich	50g cooked meat
Tuna sandwich	50g drained tinned tuna
Egg sandwich	2 hard boiled eggs

^{*}Suitable bread types include sliced white, brown or granary bread.



























4.9 Guidance on Food Provision for Renal Day Patients (cont.)

- Fresh cooked meats should be used and should contain no phosphate additives
- Use tuna tinned in spring water or oil only
- Suitable spread and or condiments include: Butter or spread, mayonnaise, bread stuffing, chutney, relish, mint, mustard or cranberry sauce
- A small amount of salad may also be added to the sandwich
- Recommended salad options are included below to ensure that potassium content of the salad portion is within acceptable limits.

Choose any ONE of the following options:

- 25g iceberg lettuce
- 12g rocket
- 12g butterhead lettuce
- > 1 cherry tomato or 1/4 tomato (15g)
- 5 thin slices (25g) of cucumber
- 2 rings (25g) of red pepper
- > ½ small (25g) onion
- > 15g raw carrot (grated)
- > 2 average radishes (16g)
- 15g watercress.

For further information refer to the INDI Renal Interest Group Eating on Haemodialysis information for patients and dialysis providers (2016).

See section 7.0 of the toolkit for a patient information leaflet, "Eating well on your haemodialysis days".

4.10 Neutropenic Diet Menu Planning Guidance

The neutropenic diet menu should consist of 3 meals and 2 snacks using standardised portions (see Tool 1, Page 14) to meet the recommended nutrition standards specified in Section 4.0 of the policy.

The development of a menu for patients who have low neutrophils should be discussed and agreed with the relevant Consultants. The tools developed below are based on guidance from the British Dietetic Association Oncology Policy Statement 2016: Neutropenic dietary advice for Haematology patients.

The following tools have been developed to get you started:

- Tool 1 Food Safety Advice where Neutrophil Counts <2.0 x 109/litre
- Tool 2 Additional Food Safety Advice where Neutrophil Counts < 0.5 x 109/litre
- Tool 3 Further Considerations if Neutrophil Counts <2.0 x 10⁹/litre
- Tool 4 Further Considerations if Neutrophil Counts < 0.5 x 109/litre





























Tool 1:

Food Safety Advice where Neutrophil Counts <2.0 x 109/litre

Foods to AVOID X	Alternatives ✓
All unpasteurised dairy products e.g. milk sold on local farms	Any pasteurised milk, soya milk, Jersey milk or UHT milk
Soft cheeses made with unpasteurised milk e.g. feta, parmesan Homemade/deli paneer and labnah Mould-ripened cheeses e.g. Camembert, Brie, goat's cheese Blue veined cheeses e.g. Danish Blue and Stilton	Cheeses made with pasteurised milk, processed cheese e.g. Dairylea, Kraft, Philadelphia, mesh and halloumi Pasteurised parmesan, pasteurised mozzarella. Paneer made with pasteurised milk Vacuum-packed pasteurised and hard cheeses e.g. Cheddar and Edam
Raw or lightly cooked shellfish	Well-cooked shellfish e.g. prawn curry
Raw/undercooked meat, poultry or fish e.g. meat which is still pink, sushi, caviar and oysters Smoked meats e.g. salami Avoid smoked salmon unless eaten directly from a freshly opened packet, provided it is eaten within 24 hours of opening	Well cooked meat, poultry and fish; tinned meat and fish Vacuum-packed cold meats such as turkey and ham stored below 3°C and eaten following the manufacturer's instructions Vacuum packed fish eaten straight from a new packet, provided it is eaten within 24 hours of opening (this includes smoked salmon)
Raw eggs or undercooked eggs e.g. homemade mayonnaise, homemade ice cream, mousse, meringue, hollandaise sauce and béarnaise Any dressing containing raw eggs e.g. home/restaurant-made Caesar salad dressing	Hard boiled eggs; shop-bought mayonnaise and other products made with pasteurised egg
Probiotic or "bio" foods, drinks or supplements e.g. Yakult, Actimel, ProViva Yogurt which is described on the label as bio or probiotic	Any yogurt that does not describe itself as bio or probiotic including live, plain, Greek and fruit yogurts
Meat paté, vegetable paté	Pasteurised paté and paste in tins or jars that do not need to be refrigerated

Note bottled water or cooled boiled tap water may be advised for some patient cohorts whilst inpatients, in place of tap water, refer to local guidance.



























Tool 2:

Additional Food Safety Advice where Neutrophil Counts < 0.5 x 109/litre

Foods to AVOID X	Alternatives 🗸
Raw unpeeled fruit or vegetables including salad items, stuffed vine leaves, fatoosh and taboulleh, raw dried fruit, products containing these e.g. muesli, Bombay Mix, confectionary	Good quality fruit and vegetables that are well cooked or peeled
	UHT or long-life fruit juices – in cartons or jars
Damaged or over-ripe fruit or vegetables	Pasteurised smoothies
Unpasteurised or freshly squeezed fruit or	Tinned fruit
vegetable juice or smoothies	Cooked dried fruit e.g. in fruitcake, flapjacks or cereal bars
Fresh nuts, nuts in shells	Cooked nuts, nuts in cans
	Peanut butter, roasted nuts
Uncooked herbs, spices and pepper	Cooked herbs, spices and pepper
Cold smoked salmon	Cooked dishes containing smoked salmon
Non-drinking water, water from wells, water from coolers, domestic water filters and water fountains	Please check with your local hospital for guidance
Ice when away from home e.g. in a restaurant and slush puppies	Ice made from appropriate water sources (see above)
Ice cream from ice cream vans and soft serve ice cream/dispensers	Ice cream from reputable sources, individual portions, wrapped, small pots
Unpasteurised or 'farm fresh' honey and	Pasteurised or heat-treated honey
honeycomb	Ideally try to use individual sachets or portions
Unnecessarily large packets of food items from pick and mix, universal jars	Ideally, packets should be individual portions e.g. butter, sweets, pickles
Deli counter foods e.g. olives, hummus, shawarma and baklava	





























Tool 3:

Further Considerations if Neutrophil Counts <2.0 x 10⁹/litre

Reheating meals	Follow risk reduction guidelines and consume within 24 hours of cooking
Reheating rice	Avoid
Smoked fish	Allow if eaten directly from a freshly opened packet



Tool 4:

Further Considerations if Neutrophil Counts < 0.5 x 10⁹/litre

Ice	Allow where made from suitable water source; check local guidance
Nuts	Avoid fresh nuts
Smoothies	Allow where pasteurised or appropriately homemade



Main meal can be provided at midday or in the evening

4.11 Light Diet Menu Planning Guidance

This diet should only be required for short periods of time as will not meet the nutrition standards for macronutrients (energy and protein) and micronutrients (vitamins and minerals). Foods to include on this menu need to be discussed and agreed with the surgical team.

The following tools have been developed to help you get started:

Tool 1 Food Based Standards: Foods to Avoid and Allowed on a Light Diet Menu

Tool 2 Sample Light Diet Menu Plan































Tool 1:

Food Based Standards: Foods to Avoid and Allowed on a Light Diet Menu

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Vegetables, salad and fruit	May have to avoid some types	If allowed, small portions of lower containing fibre fruit and vegetables may be allowed (see 4.7 low fibre diet)
Wholemeal cereals and breads, potatoes, pasta and rice	Wholemeal bread, brown rice or pasta, jacket potatoes	White bread, corn or rice based cereals Sandwiches on white bread
Milk, yogurt and cheese	No restriction	All types allowed but amounts may be restricted
Meat, poultry, fish, eggs, beans and nuts	Beans, nuts, bacon, sausages	All other types allowed but amounts may be restricted
Fats, spreads and oils	Fried foods	Amounts may be restricted
Foods and drinks high in fat, sugar and salt	No restriction	Amounts may be restricted





























Tool 2: Sample Light Diet Meal Plan

Meal/snacks and beverages	Foods
Breakfast	Small bowl of corn or rice based cereal
	1 -2 slices of white bread
	Spread/butter
	Jam (no seeds)
	Tea
Midday meal	Meat based soup
	1-2 slices bread
	Spread/butter
	or
	Ham or tuna sandwich on white bread
	Jelly and Ice cream/milk pudding/smooth yogurt
	Tea
Evening Meal	Scrambled egg/omelette
	1-2 slices bread
	Low fat spread/butter
	or
	Ham or tuna sandwich on white bread
	Jelly and ice cream/milk pudding/smooth yogurt
	Tea
Snacks	Plain biscuits
	Smooth yogurt
	Cream crackers with spread/jam
	Small white scone (no fruit)



























4.12 Menu Planning Guidance for Minimal Fat Diet for a **Chyle Leak**

This is diet is not required routinely. However it is important that if prescribed as part of the management plan for a chyle leak, that fat content of the diet provided is minimised.

The following tools have been provided to aid you provide this diet:

Tool 1 Food Based Standards: Foods to Avoid and Allowed on a Minimal Fat Diet Menu for a Chyle Leak

Tool 2 Sample Minimal Fat Diet Meal Plan



Tool 1:

Food Based Standards: Foods to Avoid and Allowed on a Minimal Fat Diet Menu for a Chyle Leak

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Dairy/oils/fats	Regular or low fat milk, cream, ice-cream, full fat yoghurt. Creamy desserts, fromage frais, petit filous, butter margarine, low fat spread, cheese, oil, lard, dripping, fries, cream sauce, drinking chocolate, cocoa, milky drinks	Skimmed milk, diet low fat yoghurt, diet/low fat cottage cheese
Meat/fish/ chicken	Oily fish e.g. sardines, salmon, kippers, mackerel, fish in breadcrumbs and batter, fish pies, fish tinned in oil, dark poultry, meat, duck, nuggets, bacon, pork, mince, sausages including low fat. Salami, burgers, meat paste, pastry dishes	White fish, white chicken or very lean beef or lamb (no skin no fat)
Drinks		Water, fruit squash, fruit juice, minerals, tea, coffee
Eggs	Egg yolk	Egg white
Fruit and veg	Avocado, olives, chips including oven chips, roast potato, potato salad	All fruit and vegetables, fresh tinned or frozen, except avocado and olives



























Tool 1: Food Based Standards: Foods to Avoid and Allowed on a Minimal Fat Diet Menu for a Chyle Leak

Food Group	Foods to AVOID X	Foods ALLOWED 🗸
Cereals	Ready brek, muesli, cereals containing nuts, all bran, soda bread, crackers, biscuits, cakes, pastries, crumble, mousse, cheesecake, milk pudding, semolina, oats, bran, french bread, ciabatta, naan bread, croissants	Cornflakes, porridge, sugar coated cereals, pasta, rice noodles, white and wheat flour, rye, sliced bread, crumpets, custard powder, sago tapioca made with skimmed milk, porridge made on water
Other	Salad dressing, mayonnaise, coleslaw and dressed ready prepared salads, pesto, vinaigrette, crisps including low fat crisps, savoury snacks, pizza, lemon curd, chocolate spread, peanut butter, popcorn, chocolate, toffee fudge, butter mints, nut seeds	Sugar, jam, marmalade, honey, golden syrup, treacle, ketchup, brown sauce, soya sauce, marmite, oxo, Bovril, fat free salad dressing, stock cubes, jellies, boiled sweets, marshmallows, chewing gum, water ices, cool pops, meringue, sorbet, jelly, salt, pepper, vinegar and herbs





























Tool 2: Sample Minimal Fat Diet Meal Plan

Meal/snacks and beverages	Foods
Breakfast	Cereal with skimmed milk and sugar 2 slices of bread with jam or marmalade Egg white (if available) Glass of fruit juice or piece of fruit Tea/coffee with skimmed milk and sugar
Midday meal	Lean meat/white fish/chicken/beans Vegetables (no butter or spread added) Potatoes (no butter or spread added)/rice/pasta Gravy made with gravy granules Jelly or milk pudding made on skimmed milk or meringue with fruit or a diet yoghurt Glass of skimmed milk Tea/coffee with skimmed milk
Evening meal	Lean meat/white fish/chicken/beans/low fat cottage cheese Vegetables/salad no dressing or sauce 2 slices of bread or pasta or rice Jam or marmalade Low fat yogurt Fruit Tea
Snacks and milk Provide 2 snacks daily Provide 3 glasses of skimmed milk daily	Low fat yogurt Cream crackers with jam Skimmed milk Fruit/fruit juice Jellies/boiled sweets/marshmallows Toast with jam or marmalade



























4.13 Finger Food Menu Planning Guidance

Finger food options can be a useful way of presenting meals in an easier way to enhance ability to eat for some patients, for example, some patients with dementia.

The following tools have been developed to help you get started:

Tool 1 Guide to Developing a Finger Food Menu

Tool 2 Suitable Finger Food Options for Meals and Snacks



Tool 1: Guide to Developing a Finger Food

	IVICITU
•	All meal items on the regular and energy dense menus should be coded for suitability for a finger food menu
•	Cold items can be useful for between meal snacks and include sandwiches, cakes, sausages rolls and chopped prepared fruit
~	Drained roast meats are best served rolled, and some other items are better cut into smaller pieces e.g. bacon, chicken or fish goujons, omelette strips, fish cakes, jacket and boiled potatoes
~	Dry foods (e.g. toast and biscuits) can be obvious choices at mealtimes however they may lack the moistness and flavour of products cooked and served in gravy or sauce. Moist products need to be served carefully, e.g. fruit cocktail drained of juice, meatballs drained of sauce
~	Finger foods can be left out on the route the person may take when they wander, or they can be put in a pouch that the person can carry around with them. Good food hygiene is paramount, particularly for perishable foods
~	Further ideas for finger foods and a sample finger food menu can be found from the Caroline Walker Trust 'Eating well Supporting Older People and Older People with Dementia, Practical Guide (2011)





























Tool 2: Suitable Finger Food Options for Meals and Snacks

Meal	Sample Finger Food Breakfast/Snack Options:
Breakfast	 Soft cereal bar (no hard pieces) Hard-boiled egg (shell removed) Buttered toast cut into fingers Banana Orange wedges Soft peeled and chopped fruit Larger dried fruit (e.g. prunes) Cheese cubes Crackers
Sample finger food main/light meal options	 Mini burgers Mini salmon Meat balls Kebabs Fish fingers Chicken goujons Thick cut chips Roast potato Toast/crisp bread/rice cakes Bread sticks Broccoli florets Carrot/parsnip/turnip sticks (thick cut, raw or cooked) Celery Soup served in a cup with toast cut into fingers Sandwich or wrap
Sample finger food snack/dessert options	> Ice-cream in a cone> Mini muffin, bun or scone> Biscuits
Sample finger foods snack suggestions	 > Buttered toast cut into fingers > Banana > Orange wedges > Larger dried fruit (e.g. prunes) > Cheese cubes > Crackers



























Section 5.0

Menu Planning Guidance for Texture Modified Diets

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Section 5.0

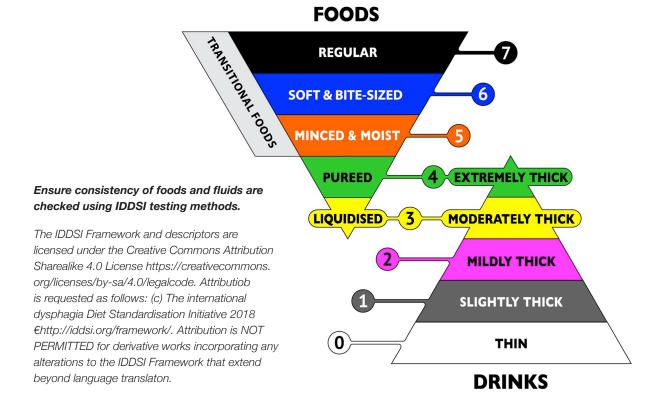
Menu Planning Guidance for Texture Modified Diets



5.1 Introduction

Texture modified diets should consist of 3 meals and 2 snacks with specified portion sizes (see Tool 1, Page 14) to meet the nutrition standards outlined in Section 3.0 of the policy. Foods included on the different levels of texture modified diets must be provided in accordance with the International Dysphagia Diet Standardisation Initiative as shown in Figure 1.

Figure 1: International Dysphagia Diet Standardisation Initiative (IDDSI)



























5.2 Food Based Menu Planning Guidance for Texture **Modified Diets**

The IDDSI framework provides examples of suggested foods to allow and those to avoid.

Within each texture modified food descriptor, ensure that the consistency is compliant using the IDDSI testing methods detailed on http://iddsi.org/framework/food-testing-methods/

Level 7: Regular Diet

Food Suggestions ✓	Avoid X
All consistencies of foods	No texture restrictions at this level

Transitional Foods - May be considered for use within Regular diet (Level 7), Soft (Level 6) and Minced & Moist (Level 5)

Food Specific	This texture may include and is not limited to:	
	> Ice chips	
	> Ice cream if assessed as suitable by a speech & language therapist	
	> Wafers (also includes Religious Communion wafer)	
	> Waffle cones used to hold ice cream	
	> Some biscuits. Cookies and crackers	
	> Shortbread	
	> Prawn crisps	
Commercially available foods that are transitional food textures include but are not limited to	> KP Skips crisps, Chickatee crisps, Snax crisps, Cabury's Milk Chocolate buttons - small discs	

Level 6: Soft & Bite Sized Diet

	Suggestions 🗸	Avoid X
Meat	> Cooked, tender meat no bigger than 1.5cm x 1.5cm	> Dry, tough or crispy meats> Meat with gristle
Fish	> Soft enough cooked fish to break into small pieces with a fork/spoon	> No bones
Casserole/ Stew/Curry	 Liquid portion must be thick Can contain meat, fish or vegetables if final cooked pieces are no larger than 1.5cm x 1.5cm and are soft and tender 	> Dry, tough or crispy meats> Meat with gristle> No hard lumps

























Level 6: Soft & Bite Sized Diet

	Suggestions 🗸	Avoid X
Fruit	 > Serve mashed > Fresh fruit piece that are naturally soft, for example, banana > Stewed and canned fruits in small pieces (1.5cm). Drain excess juice > Assess individual ability to manage fruit with high water content (e.g. watermelon) where juice separates from solid in the mouth during chewing > Pureed fruit 	 > Fibrous parts of fruit are not suitable > Large or round fruit pieces that pose a choking risk for example grapes, cherries > Dried fruits (such as raisins), seeds and fruit peel > Dried tropical fruits, for example, pineapple
Vegetables	 > Streamed or boiled vegetables with final cooked size of 1.5 cm x 1.5 cm > Soft, canned vegetables, for example, peas > Well cooked legumes (the outer skin must be soft), for example, baked beans > Soft roast potatoes and chips that have no hard edges and can be mashed with a fork 	 Stir fried vegetables are often too firm and not soft or tender All raw vegetables Hard, fibrous or stringy vegetables and legumes, for example, sweet corn, broccoli stalks
Cereal	 Smooth with soft tender lumps no bigger than 1.5cm acceptable Texture fully softened 	 Any excess milk or fluid must be drained Coarse or hard breakfast cereals that do not moisten easily for example toasted muesli, bran flakes Cereals with nuts, seeds and dried fruit
Bread	 No bread unless assessed as suitable by speech and language therapist/dysphagia specialist, on individual basis 	Consider removing crustsAvoid breads with seeds and grains
Rice	> Rice - well cooked	> Not particulate/grainy, sticky or glutinous



























Level 6: Soft & Bite Sized Diet

	Suggestions 🗸	Avoid X
Snacks/ Desserts	 > Puddings, dairy desserts, custards, yoghurt and ice cream, mousse, jelly* > Creamed rice, moist bread and butter pudding > Moist cakes (extra moisture may be needed, e.g. custard) > Soft stewed fruit based desserts (e.g. apple crumble with soft crumble) 	 > Dry cakes > Hard biscuits > Hard or flaky pastry > Nuts and seeds > Dried fruit > Crackers
Miscellaneous	> Soup - may contain lumps*	> Soups with large pieces of meat, vegetables, corn or rice

^{*} These foods may need modification for individuals requiring thickened fluids

Level 5: Minced & Moist Diet

	Suggestions 🗸	Avoid X
Meat	 > Finely minced or chopped, tender mince (pieces 2-4mm) > Remove all skin, bones and gristle before mincing 	> Casseroles or mince dishes with hard or fibrous particles, for example, peas/ onions
Fish	> Finely mashed in extremely thick smooth, non - pouring sauce or gravy	> No bones
Casserole/ Stew/Curry	 Casserole dishes may be blended to reduce particle size Serve in extremely thick, smooth non pouring sauce or gravy 	> Casseroles or mince dishes with hard or fibrous particles, for example, peas/ onions
Fruit	 Mashed soft fresh fruits, for example mango, banana Mashed pieces of canned or stewed fruit (peel and remove all pips before stewing fresh fruit such as apples and pears) Drain excess fluid 	 > Fruit pieces larger than 4mm > Fruit that is too hard to be mashed with a fork



























Level 5: Minced & Moist Diet

	Suggestions 🗸	Avoid X
Vegetables	 Tender cooked vegetables that are easily mashed with a fork Well cooked legumes (mashed or blended) 	 All raw vegetables Vegetable pieces larger than 4mm or too hard to be mashed with a fork Fibrous/stringy vegetables that require chewing, for example, peas, celery
Cereal	Very thick and smooth with small (2-4 mm) soft lumpsTexture fully softened	Any milk/fluid must not separate away from cereal. Drain any excess fluid before serving
Bread	> Bread in a soaking solution that is very moist and gelled through the entire thickness	 No regular, dry bread unless recommended by a speech & language therapist/ dysphagia specialist All breads, sandwiches, pastries, crackers and dry biscuits
Rice	> Not sticky or glutinous (particularly short grain rice) and should not be particulate or separate into individual grains when cooked and served (particularly long grain rice)	> Rice that does not hold together, for example, parboiled, long-grain or basmati
Snacks/ Desserts	 > Smooth puddings, dairy desserts, custard, yoghurt, and ice cream* > Soft moist sponge cake desserts with lots of custard and ice cream* for example, trifle, tiramisu > Stewed fruit based desserts without hard bases, crumbly or flaky pastry, for example, apple crumble with custard > Creamed rice, tapioca 	> Desserts with sultanas, seeds or coconut> Pastry and hard crumble



























Level 5: Minced & Moist Diet

	Suggestions 🗸	Avoid X
Miscellaneous	Soup - may contain small lumps	 Soups with large pieces of meats, vegetables, corn or rice
		> Sweets such as jellies/ marshmallows

^{*} These foods may need modification for individuals requiring thickened fluids

Level 4: Pureed Diet

	Suggestions ✓	Avoid X	
Meat	> Pureed meat> Serve in extremely thick, smooth non pouring sauce or gravy	> Minced or partially pureed meats	
Fish	> Pureed fish> Serve in extremely thick, smooth non pouring sauce or gravy	> All other types	
Fruit	> Pureed fruits (remove skin and seeds before cooking)> Well mashed banana	> Pureed fruit with visible lumps	
Vegetables	 > Pureed vegetables > Pureed potatoes > Pureed legumes, for example, baked beans or peas (ensuring no husks in final puree) 	 All raw vegetables Coarsely mashed vegetables Avoid pureed vegetables with fibre or hard skins e.g. cabbage, celery 	
Cereal	> Smooth, lump free breakfast cereals. For example semolina, pureed porridge, Ready Brek, Weetabix (mashed and mixed with milk)* - smooth and lump free	 Cereals with coarse lumps or fibrous particles, for example, all dry cereals, porridge that has not been pureed All dry cereals 	
Rice	> Pureed rice		
Snacks/ Desserts	> Smooth puddings, dairy desserts for example pureed rice pudding, custards, yoghurts, and ice-cream*	> Desserts with fruit pieces, seeds, nuts, crumble, pastry or non-pureed garnishes	
	> Yoghurt must be lump free	> Cakes, biscuits, pastries	



























Level 4: Pureed Diet

	Suggestions 🗸	Avoid X
Miscellaneous	> Soup - blended or strained to	> Soups with lumps
	remove lumps*	> Crisps and sweets

^{*} These foods may need modification for individuals requiring thickened fluids.

Level 3: Liquidised Diet

	Suggestions ✓	Avoid X
Meat	 Liquidised meat (pureed with sauce/gravy to achieve a runny moist texture). Remove all bones, gristle and skin prior to liquidising 	> Minced or partially pureed meats
Fish	 Liquidised fish (pureed with sauce/gravy to achieve a runny moist texture). Remove all bones, skin prior to liquidising 	> Minced or partially pureed fish
Fruit	> Liquidised fruits (remove skin and seeds before cooking)> Liquidised tinned pears or peaches	> Pureed fruit with visible lumps
Vegetables	 > Liquidised vegetables > Liquidised baked beans/peas (sieved and strained to ensure no husks) > Vegetable soup that has been blended or strained to remove lumps 	 All raw vegetables Coarsely mashed vegetables Avoid liquidising vegetables with fibre or hard skin e.g. cabbage, celery
Cereal	 Smooth, lump free breakfast for example semolina, liquidised porridge, Ready Brek, Weetabix 	 Cereals with coarse lumps or fibrous particles, for example all dry cereals
Snacks/ Desserts	 Smooth runny puddings, dairy desserts for example liquidised rice pudding, custards, melted ice cream* 	 Desserts with fruit pieces, seeds, nuts, crumble, pastry or non-pureed garnishes Cakes, biscuits, pastries
Miscellaneous	 Soup - blended or strained to remove lumps 	Soup with lumpsCrisps, sweets

^{*} These foods may need modification for individuals requiring thickened fluids.

























Section 6.0

Food Production

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Use section 6. of the policy with this section to aid implementation

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Section 6.0

Food Production

6.1 Introduction

Suboptimal performance at any stage of food production and service leads to a reduction in the patient experience, amount eaten and increases food waste.

The priorities for the catering department are to produce and provide hospital food:

- using ingredients from the HSE food tenders
- that is safe (compliant with all relevant food safety and allergen legislation), nutritious and supports management of clinical conditions (meets the nutrition standards)
- that tastes and looks appetising
- > that provides a choice of meal options, desserts and snacks
- > within allocated budget
- > using a specific food production and food service system
- that minimises waste.

The following tools have been developed to support the development of hospital menus that provide the recommended nutrition standards as specified in Sections 3.0, 4.0 and 5.0 of the policy. In addition guidance is provided on measures that can be put in place to reduce food waste.

6.2 Menu Development for Hospital Diets

The following steps are required to plan and produce all hospital diet menus:

Standardise Portion Sizes Step 1

Develop standardised recipes Step 2

Analyse the nutritional content Step 3

Code all foods and recipes for diet suitability Step 4

Develop new recipes where gaps arise on hospital menus for example, only one Step 5 meal choice available for patients requiring a gluten free diet at evening meal

Step 6 Code snacks for example cream crackers, for inclusion on hospital diet menus





























6.2.1 Standardised Portion Size

To meet the nutrient standards for energy, protein, vitamins and minerals, diets should include the following recommended portions each day for patients. Amendments to portion sizes will be required for some therapeutic diets and textured modified diets, see section 4.0 and 5.0. Click here to download Standarised Portion Size Guide.



Tool 1: Standardised Portion Size Guidance

Food Groups	Standardised Portions Use standardised utensil sizes (e.g. ladle sizes)
*Vegetables, salad and fruit Provide 5 portions per day	 1 portion is equal to 80g > 1 medium sized fruit – apple, orange, pear or banana > 2 small fruits – plums, kiwi or mandarin oranges > Small fruits – 6 strawberries, 10 grapes or 16 raspberries > ½ cup of cooked vegetables – fresh or frozen > 1 bowl of salad – lettuce, tomato, cucumber > 1 bowl of homemade vegetable soup > 150mls unsweetened fruit juice
*Cereals and breads, potatoes, pasta and rice Provide 5 portions per day	 1 portion is equal to: 2 thin slices of white or wholemeal bread 1 torilla wrap 1½ slices wholemeal soda bread or 1 pitta pocket 40g dry porridge oats 45g flaked type breakfast cereal 125g cooked rice, 100g pasta, noodles, or cous cous 2 medium potatoes (200g) or 4 small potatoes
*Milk, yogurt and cheese Provide 3 portions per day	1 portion is equal to:200mls milk25g cheese125g yogurt



























Tool 1: Standardised Portion Size Guidance

Food Groups	Standardised Portions Use standardised utensil sizes (e.g. ladle sizes)
Meat, poultry, fish, eggs and beans To meet the nutrition standard for protein (90g per day), 35-42g protein must be provided per day from meat, fish, chicken, eggs and beans Protein containing foods should be provided at 2-3 meals each day	Each of these foods provides 7g protein: > 1 egg > 25g roast chicken > 22g roast beef > 25g cooked roast pork > 30g cooked minced beef > 30g baked salmon > 30g baked cod > 100g cooked beans These foods must be weighed after cooking to ensure that specified weight is given at each meal for example to provide 28g protein from roast chicken, cooked portion should weigh 100g
Foods and drinks high in fat, salt and sugar	Portions and types of foods used will be determined by the nutrition standards for the individual therapeutic and texture modified diets, see Section 4.0 and 5.0

*DOH, HEG, 2016.

Please refer to the HSE Nutrition Standards for food and beverage provision for staff and visitors in healthcare settings (pending publication) Section: Guidance for Caterers. This provides advice for buying ingredients, for preparation, cooking and serving guidance to maximise nutritional content.





























6.2.2 Guide to Standardised Recipes

Tool 1 provides a checklist for developing standardised recipes. A sample standardised recipe is provided in Tool 2.

Standardised recipes and portion control must be used to ensure consistent nutritional quality and cost.



A st	A standardised recipe must include the following:	
~	A title that describes the meal content	
~	Exact description of the ingredients, for example brand types	
~	Portions used will be determined by the nutrition standard for the individual diets, see Section 3.0, 4.0 and 5.0	
~	Weight of raw ingredients	
~	Preparation and cooking method	
~	Cooking temperatures and approximate times	
~	Recipe yield	
~	Weight or volume of a single cooked portion	
~	Equipment used to serve a single cooked portion	
~	Food allergens	

Specific information on holding and serving temperatures can also be included.





























Tool 2: Sample Standardised Recipe

Batch Recipe (Raw Ingredients)

Shepherds Pie

33kg Minced Beef

5kg Diced Carrots

5kg Diced Turnips

0.9kg Tomato Puree

19.5litres Knorr Beef Bouillon (22g paste per litre)

13.5kg Mashed Potatoes

1.4kg Plain Flour

1½oz Dried Mixed Herbs

70mls Worcestershire Sauce

Yield: 230 portions (13 Trays)

Portion Control Measure: Cooked Weight 1 Portion = 204g (18 portions per tray)

Method

- 1. Boil mince in the bratt pan until at least 75°C and strain
- 2. Add carrots, turnips, herbs, Worcestershire sauce and tomato puree and simmer
- 3. Add beef bouillon and bring to the boil
- 4. Add flour to thicken, mix well and allow to cook out
- **5.** Place in 1½ gastronorm trays and place in the chiller for 45 minutes
- 6. Spread the potato evenly among all of the dishes and chill for a further 45 minutes until 3°C or below
- 7. Store in the holding fridge



- Fish, Cereals containing gluten (Wheat Barley Rye) Celery, Milk, Sulphites
- NOT SUITABLE FOR GLUTEN FREE DIETS



























6.2.3 Guide to Nutritional Analysis

All recipe and menus should have a full nutritional analysis undertaken. Recipe nutritional analysis should only be undertaken and/or supervised by an experienced registered dietitian, who can appropriately interpret both the input data and the results, are aware of food regulations and limitations of software programs. Inaccurate nutritional analysis can potentially pose a clinical risk to patients requiring therapeutic diets and provide misleading information to the general population.

Recipe nutritional analysis calculation is a legally accepted alternative to food analysis. Nevertheless it is only a model and cannot account for all processes occurring in foods during their preparation. Results obtained by calculation should be always be regarded as approximations.

For nutrient analysis purposes, recipes must include only the edible portion of the food, i.e. the ingredient information in recipes must be adjusted or converted to reflect what is actually consumed. Standardised recipes and portion control must be available before nutritional analysis is commenced.

Examples of nutritional analysis software packages available for calculating the nutritional content of recipes are listed in alphabetical order, Dietplan 7, MenuCal, Microdiet, Nutmeg, Nutrimen, Nutritics, Saffron, Starchef.

Key Considerations for using Nutritional Analysis Software Packages

Databases 1. Ensure your choice of data is up to date i.e. your software package contains the composition of foods integrated dataset (CoFID 2015). 2. Addition of new foods from product specification sheets to the database should be performed or supervised by a dietitian. 3. Food composition data should be used with caution and with an understanding of the inherent differences in the datasets, such as how and when data was obtained, the analytical method used, different fortification policies in different countries and mode of expression. Be aware of "new" foods entered with incomplete entries. 4. 5. Foods are constantly being re-formulated, these changes may not be reflected in the nutrient composition databases, so it is important to update your own database and keep abreast of significant recipe changes in popular foods. 6. Consider the on-going technical support each software company can provide in terms of a system's guide or training, software updates and development and/or maintenance of the software system. 7. Training on how to do nutritional analysis as well as how to use the nutritional analysis software packages is required.



























Further information on nutritional analysis training available can be obtained from the Irish Nutrition and Dietetic Institute www.indi.ie Detailed guidance on menu analysis can be found in the British Dietetic Association Nutrition and Hydration Digest Improving Outcomes through Food and Beverage Service 2nd edition, 2017.

The following tools have been developed to get you started:



Prep	Preparation	
1.	Obtain written standardised recipe from Catering Department. Ensure the recipe has been produced and tested for taste, appearance and yield (portion size). See section 6.2	
2.	Check that the form of the ingredients is accurately described in the recipe, for example, onions, peeled	
3.	Check that the ingredients are properly and accurately described, for example, mayonnaise, reduced fat	
4.	Check that the method and the ingredients agree and that there is no ingredients omitted, for example, water	
5.	Ensure cooking methods are clearly specified, for example, boiled, baked or steamed	
6.	Ensure the raw weights of all ingredients are provided	
7.	Consider specific gravity of food if not already calculated by the database you are using for nutritional analysis. The composition of foods Integrated dataset (CoFID) entries are by weight (per 100g), therefore food ingredients that are consumed as liquid must be converted from volume into weight using specific gravity. The Food Standard Agency Food Portion Sizes Book Second edition lists the specific gravity for most commonly consumed foods	
8.	Check that the database you are using has the exact ingredients that you require	
9.	Consider preparation waste; the edible portion weight, for example, the drained weight of tinned tomatoes	
10.	Decide if you are using raw or cooked weights for each ingredient	
11.	Ensure yield for the recipe or serving size per portion is provided	



























Tool 1: Guide to Recipe Nutritional Analysis

Performing the Nutritional Analysis	
1.	Give the recipe a name that is easy to re-locate in the nutritional analysis database e.g. Lasagne, Hospital X, June 2018
2.	Pick the specific corresponding ingredient from the nutritional analysis software, for example, semi-skimmed milk
3.	Enter the ingredients in grams or kilograms
4.	Consider edible conversion factors e.g. bananas weighed with skin, meat with bone and fat, fruit with core and skin, drained weight for canned foods
5.	Ensure ingredients are providing data for all nutrients
6.	Check total weight
7.	Is there a weight change in ingredients? Changes on cooking may be either: > Weight gain as in dried pasta and grains, or > Weight loss as in baked recipes and protein foods e.g. roast meats*
8.	Is the weight loss or gain figure available from the nutritional analysis software?
9.	Is the vitamin retention managed using the software?*
10.	The nutrient composition should be given per 100g and also per portion served
11.	Do the results make sense? Would you expect portion size to provide this nutritional content?
12.	Save to hard drive, as software system may be live

^{*} Mc Cance and Widdowson's The Composition of Foods, Seventh Summary Edition (2015) Appendix 4.3 Cooked foods and dishes, gives % weight change, mean and range for individual foods. See Tool 2 and 3 below vitamin losses, cooking gains and losses.



























Simple Recipe

Analyse recipe from given ingredients (to include water) using data for EITHER raw or cooked ingredients depending on the known weights in the recipe (BDA 2017).

Assess cooking losses or gains, either by test weighing the finished product before and after cooking or by using data as supplied by CoFIDS 2015.

Example: Beef Stew.



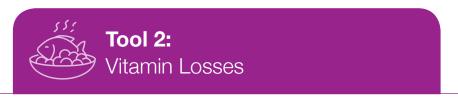
Composite Recipes

These are multi-layered dishes composed of more than one recipe combined, to form a composite recipe. Calculate each part of the recipe (described as above) for simple recipes, and then create a recipe, which is the final make up of the dish.

Example: Spaghetti Bolognaise with Parmesan cheese.

- 1. Analyse meat sauce with a weight loss factor
- 2. Analyse the spaghetti with a weight gain factor
- 3. Create a final recipe, i.e. combine step 1 and 2 and add the parmesan cheese.

Further guidance on recipe nutritional analysis can be found the European Food Information Resource www.eurofir.org.



Lengthy cooking, chilling, storage, transporting or reheating time increases losses of both heat labile and water soluble vitamins. Losses may be significant for vitamin C, folate and thiamine. It is recommended to limit the holding time post cooking to less than 90 minutes to ensure maximal vitamin retention.

An estimation of vitamin losses in cooked recipe dishes can be performed by assigning a set of factors for percentage vitamin losses to each ingredient in the recipe, according to its food group and the method of cooking. Vitamin losses do not need to be applied to minor ingredients such as herbs, spices and salt. Section 4.3.4 in McCance and Widdowson Seventh Edition details percentage vitamin losses according to cooking method. The values in the tables should be treated as guidelines only, and for more accurate information the foods or composite dish should be analysed.

There is a lack of information regarding chilled and frozen food preparation and this lack of information makes it difficult to make any comparisons with conventional methods.

























Tool 2: Vitamin Losses

Some vitamins are lost on heating but the vitamins that leach into the liquid during cooking will not be lost if the sauce or gravy is eaten as part of the dish.

In published nutritional databases, the vitamin content of foods described as 'cooked' have been adjusted for the nutrient changes that occur with cooking.

Calculating the 'edible portion' or post cooking portion (i.e. what is consumed) and utilising the nutritional analysis data for the cooked food is a second method to determine vitamin content within the portion consumed.



Some foods will gain weight on cooking (e.g. steamed sponge, pasta) and others will loose weight (e.g. grilled meat). In order to calculate the nutrient composition of cooked dishes correctly, it is essential to take weight (i.e. water and fat) loss or gain on cooking into account.

Fat uptake during frying is very difficult to estimate e.g. fried potatoes. Fried values from nutritional data bases should be used where necessary. An estimation of the cooked weight/edible portion should be determined, if only the raw weight is known.

Fat losses in cooking methods such as grilling should also be considered. See example 1 below for estimating the edible portion of a grilled meat.

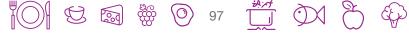
Fat uptake for ingredients fried before incorporation into recipes needs to be included in the calculation of the final dish.

Dry foods such as cereal, pasta, rice and pulses will absorb water. This presents a difficult situation for nutrient analysis because the pasta does not absorb the total amount of either the boiling water or any salt that may be added. Cooked values can be used if cooked weight is known. If the cooked weight is unknown, the weight of the dried pasta must be converted to the appropriate amount of cooked pasta, using the edible portion or Yield Factor Method.

An exception to the Yield Factor Method occurs when the pasta is cooked in a liquid that it absorbs fully and/or the liquid is consumed as a sauce. The dry pasta nutritional analysis would be appropriate item to select from a nutritional database and the dry pasta weight used.

























Example 1: Applying a weight loss factor to recipes within main recipe

Recipe:

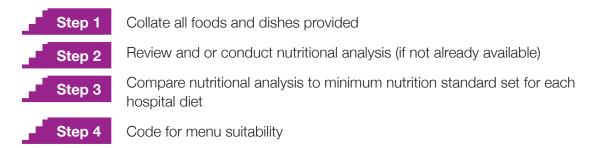
Beef Burger in bap with onions

- > 80% beef burger raw weight 100g, grilled
- Peeled and sliced onions 30g
- > White floured bap 60g

The weight loss factor normally used for a beef burger is 30%. However, the onions and bap will not have 30% weight loss and so if this is applied to the whole recipe, the portion size would be inaccurate. A way to solve this issue is to calculate manually the weight loss of the burger and use a cooked code with the cooked weight, in this case 67g of 80% beef burger, grilled. The bap and onions can then be added without any weight loss factor being used.

6.2.4 Sample Food and Recipe Menu Coding

To code foods and dishes for inclusion on hospital diet menus you will need to utilise tools from sections 3.0, 4.0 and 5.0 which detail food allowed and to avoid for the different diets. In addition the nutritional analysis (either from product specification sheets or from calculated analysis of a recipe) will be required. Coding of food and dishes for menu inclusion should be done by a dietitian with expertise in nutritional analysis, therapeutic diets management and hospital menu planning.































Tool 1: Sample Menu Coding

	Regular Hospital Diet	Energy Dense Diet	Healthy Eating Diet (for diabetes and cardiovascular disease)	No added Salt Diet	Gluten Free	Renal Diet	Low Fibre diet
White sliced pan bread	~	~	×	~	Gluten Free Required	~	~
Carrots	~	✓	~	~	~	Need to be boiled	~
Roast beef	~	~	/	~	~	~	~
Rashers	V	~	×	×	~	×	~
Full fat milk	~	Needs to be fortified	×	~	~	~	~
Rice pudding	~	Ideally Fortified	No added sugar Made with low fat milk	~	Confirm that it is gluten free	From allocated dairy portions	V
Cream Crackers	~	~	~	~	Gluten free crackers	~	~
Shepherds Pie	V	•	~	V	×	Double boil potatoes and count as part of daily portions	Include vegetables in allowance

Tips for Analysing Menu Capacity

- > Use a qualitative menu assessment checklist for the different diets to ensure that correct number of portions and food types have been included (see Appendix 7)
- Collate all menu options nutritional analysis for each meal and snack each day
- Refer to the British Dietetic Association Nutrition and Hydration Digest Improving Outcomes through Food and Beverage Service, 2017 Chapters 9 and 10 for specific guidance on demonstrating menu capacity.

6.2.5 Process for New Recipe Development

New recipes should be developed

- > where there is insufficient choice on a hospital diet menu
- > poor uptake of a particular dish, increased food waste
- > reduced patient satisfaction
- > to update menu cycles to reflect patient feedback
- > to incorporate new food products.





























Tool 1:

Sample Process for New Recipe Development (click here to download)

PROCESS FOR NEW RECIPE DEVELOPMENT

Recipe development depending on the type and cooking methods required can take a considerable amount of time. A number of attempts and revisions may be required.

- > Chef creates a bulk recipe
- Dietitian does nutritional analysis and creates individual recipe that meets specified minimum nutrition standards
- Dietitian checks ingredients for therapeutic diet suitability



- > Chef cooks recipe for small number of portions and it is reviewed in kitchen for taste, smell, food aesthetics on plating post holding time (cook fresh) and on regeneration (cook chill)
- > Cooked portion weight checked
- > Not always achieved on first try! Often needs to be made a couple of times with changes built into "working recipe"
- > Bulk recipe and yield created



- > Chef cooks bulk recipe
- > Taste, smell, aesthetics and final service product quality checked by chef, catering management and dietitian
- > Recipe yield and portion contol measure rechecked and agreed
- Nutritional analysis completed by dietitian
- Not always achieved on first try! Often needs to be made a couple of times with changes to "working recipe" tried



- > Consultation with speech and language therapy to see if recipe suitable for Textured Modified Diets and Thickened Fluids
- > Added to appropriate menus for a trial period
- > Allergen information updated



Update of:

- Ward pantry dietary information
- Requisition/Food ordering system
- Recipe and method book in kitchen > Combination diet menu cycles
- > Ingredient orders
- > Update for chefs
- > Nutritional analysis and menu coding



- > Feedback from patients and ward staff in relation to uptake of dish
- > Review of feedback by catering management, chef, dietitian
- > Added as standardised recipe to prodution cycle





























6.3 Food Waste

Food waste can be defined as:

Food that is purchased, prepared, delivered and intended to be eaten by patients, (also applies to staff and visitors) but that remains un-served or uneaten at the end of the meal service. Food waste can be subdivided and further defined as:

- Un-served food waste (in main kitchen and at ward level): This is the food provided in bulk or plated that is not served and is left in containers or in the trolley at the end of service. This food waste is usually disposed of from the containers or plates at ward level. Un- served food waste may also be generated in the main kitchen
- Untouched Food Waste (at ward level): This is plated food that was never touched or consumed in any part. This food waste is usually disposed of from the plates at ward level
- Uneaten Food Waste (at ward level): This is the food remaining on plates after a meal is finished.







It is recommended that all hospitals review and reduce their food waste by:

- Setting up a food waste prevention and improvement programme to measure and monitor food waste
- Assessing food waste by recording brown bin waste weights from waste contractor bills on a monthly basis
- Benchmarking waste locally; waste generated per patient or inpatient bed day
- Comparing their benchmark with the current GHCP benchmark (0.73kg food waste per in-patient bed day)
- If the benchmark is higher than the GHCP benchmark, a review should be undertaken to identify where food waste is occurring
- Identifying areas with waste reduction issues and developing solutions to reduce waste if the benchmark is higher than the GHCP benchmark.



























To get started with reviewing and reducing food waste

The Green Healthcare Programme (GHCP) is co funded by the HSE National Health Sustainability Office (NHSO) and the Environmental Protection Agency (EPA) and aims to help healthcare facilities to become more efficient with resources and prevent/reduce waste and overall costs (Green Healthcare programme, HSE, National Health Sustainability Office). Reference documentation on food waste can be found on the NHSO website www.hse. ie/sustainability. Hospitals are encouraged to initiate a food waste reduction programme through the GHCP.

An excellent resource has been published by the Environment Protection Agency Green Healthcare, "Reducing Food Waste in Irish Healthcare Facilities. Results, guidance and tips from a 3 year programme". It includes how to guides, fact sheets and case studies of waste reduction initiatives. It can be downloaded from https://www.epa.ie/pubs/advice/green%20 business/Reducing-food-waste-in-Irish-healthcare-Facilities-foodwaste-guidance-bookletreduced-size.pdf





It is imperative that all food waste reduction measures that affect portion control, taste or flavour of food are undertaken in consultation with the nutrition and dietetic department as may affect nutritional intakes of patients.



























Section 7.0

Food Service

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Section 7.0

Food Service

7.1 Introduction

It is important that a food service system is in place that is capable of providing for the nutritional needs of all patients served. Food and drink provision for patients is an essential part of their treatment contributing to patient well-being and aiding recovery. Food provision should be seen as integral component of care rather than a separate "hotel service" provided by the hospital.

Access to a choice of meals, snacks and hydration is essential for all patients that are able to eat and drink. The hospital should provide written information on food services in the patient admission handbook, patient information leaflets and on the hospital website. Monitoring of intake is essential to ensure that suboptimal intakes are identified early and that alternative strategies are put in place to improve intake as required.

For food service to be effective it is essential that all ward staff contribute to "making meal times matter" (see section 8.0) by ensuring the patient receives:

- The correct meal
- High quality food that is nutritious, looks appealing and tastes good
- Adequate level of assistance to ensure that food can be consumed
- Food in an environment that is conducive to eating.



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7.2 Communication

Close communication between catering, catering support services, nursing and the dietitian is crucial to ensure an effective and efficient food service is delivered. The HIQA Report of the review of nutrition and hydration care in public hospitals 2016, recommended that there should be a safe and consistent process of communication between all ward staff to ensure that the patients always receive the correct diet, nutritional care and adequate hydration. The National Clinical Guideline No: 11 Communication (Clinical Handover) in Acute and Children's Hospitals (2015) outlines the requirements for clear and focused communication of information relating to the patient's condition, both urgent and routine. The results of the National Patient Experiences Surveys have highlighted the need to provide support, training and guidance in relation to interactive engagement of patients at the bedside. In response to this need a National Healthcare Communication Programme is been developed to improve communication skills of all staff in hospitals. The overall aim of this programme is to



























improve the experience of patients and their relatives by supporting staff to take a sensitive and person - centred approach in all conversations with patients and their families. The programme is building a framework for the learning, development and ongoing maintenance of core communication skills in healthcare. This programme is recommended for all staff, clinical and non clinical. It is recommended that non clinical staff attend Module 1 and that all clinical staff attend all modules (1-4). This programme will provide the necessary training on good communication skills which is an essential component of food service. It also underpins the key elements of an efficient and effective team approach to delivery of food, nutrition and hydration care for patients.

Look out for this training in your hospital, for further information on this programme see https://www.hse.ie/eng/about/our-health-service/healthcare-communication/

7.3 Tools to Strengthen and Improve Food Service Practices

- Tool 1 Communicating Food, Nutrition and Hydration Requirements at the Bedside
- Tool 2 Sample Food Record Chart
- **Tool 3** Patient Information Leaflet "Food Nutrition and Hydration Care"
- **Tool 4** Patient Information Leaflet "Eating Well on your Haemodialysis Days"



7.3.1 Communicating Food, Nutrition and Hydration Requirements at the **Bedside**

Following identification of food, nutrition and hydration needs on admission, it is necessary to have a process in place for communication with ward catering staff and other members of the multidisciplinary team. This will support the right patient receiving the right meal all of the time. It should also aid identification of:

- Requirements for fluid restriction
- Necessity to fast
- Level of assistance with feeding (eating and drinking) required
- If oral intake is not permitted, i.e. Nil orally

A suggested method of communication is signage over the bed. Click here for a sample bed sign. Tool 1 outlines a sample procedure for bed signage.































Tool 1:

Sample Procedure for Bed Signage

- 1. Set up a multidisciplinary working group to agree content of the bed signage using sample template provided
- 2. Bed signs should be aligned with diet ordering procedure/ward diet list
- 3. Install signs over all beds in durable holders
- 4. Bed signs should be laminated and be easy to wipe clean
- 5. Signs should only be completed by named nurse or clinical nurse manager
- 6. Signs must be updated when new patient admitted and or when food, nutrition and hydration plan changes

DIET

- 7. All relevant ward staff should be educated on the bed signage system
- 8. Key codes for sample bed sign are:

Diet:

Grey = Regular Diet

Green = Healthy Eating

Red = Energy Dense

Pink = Renal

Blue = Gluten Free

Orange = Low Fibre

Yellow = Light

White = Ethnic, religious or cultural diet, check with CNM

V = Vegetarian

Allergy - for clarity check with Nurse in charge

Texture:

Letter colours are specified by IDDSI

S = Soft Bite Sized Level 6

M = Minced and Moist Level 5

P = Pureed Level 4

L = Liquidised Level 3



























FLUID

NPO

☐ FR

FASTING

TEXTURE

V ____

Allergy



Tool 1: Sample Procedure for Bed Signage

8. Meal assistance:

Partial = requires some assistance with feeding (eating and drinking) for example cut up food, buttering bread

Total = totally dependent on nursing assistance with nutritional activities - spoon feeding by nurse

Fluid:

Number colours are specified by IDDSI

1 = slightly thick

2 = mildly thick

3 = moderately thick

4 = extremely thick

NPO = Nil Orally

Fasting = No food or drink allowed for a defined period of time for a test or a procedure

FR = Fluid Restriction

7.3.2 Monitoring Patients Food and Fluid Intakes

Malnutrition can develop quickly in hospital, so it is important that there is on-going monitoring of food intake. Poor food and fluid intake, even in a nutritionally well patient, can extend their length of stay. Inadequate fluid intake can cause serious consequences such as delirium. Nutritional needs can change depending on medical condition and therefore monitoring is required. The food intake of all patients identified at risk of malnutrition and/ or receiving oral nutrition support should be recorded by means of a semi-quantitative food record chart as demonstrated in Tool 2.

Click here to download.





























FOOD RECORD CHART

2 slid	75% 50% ces 1 slice 75% 50% 75% 50%	½ slice 25%	none none	Comments/Action
2 slid ars) All All	75% 50%	½ slice 25%	none	
ars) All	75% 50%	25%		
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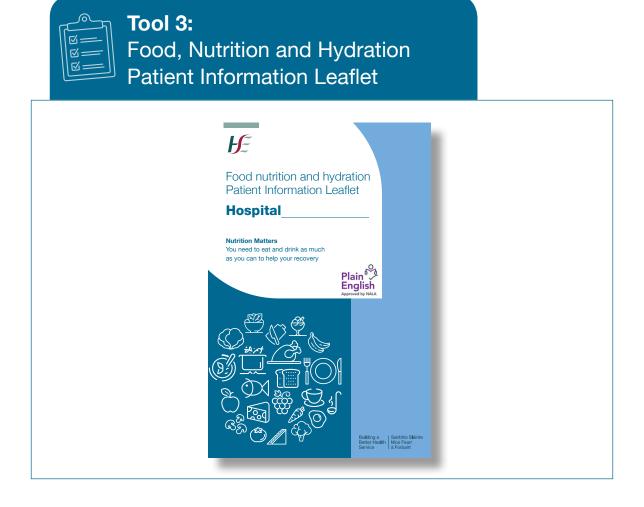


7.3.3 Patient Information Leaflets

The Hospital should provide written information on food and hydration (food services information) to the patient. In addition, information should be provided to patients on nutrition screening in a format that is patient centred and in plain English so that it can be understood by all. Two patient information leaflets have been developed for use nationally as shown in **Tool 3** and **4**.

Tool 3 contains four versions of the Food, Nutrition and Hydration Patient Information Leaflet. This leaflet provides the patient with information on nutrition screening and food services which can be made hospital specific e.g. meal times. Each leaflet has been adapted to describe the different food production and service models used in the majority of acute hospitals:

- Cook fresh and centrally plated. Click here to download
- Cook fresh and buffet trolley service. Click here to download
- Cook chill and centrally plated. Click here to download
- Cook chill and buffet trolley service. Click here to download





















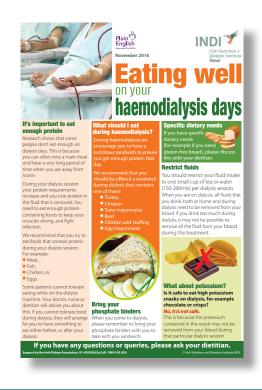






Tool 4 contains a patient information leaflet which provides information on food provision during haemodialysis.





(Click <u>here</u> to download)



All nutrition related patient information for use in all locations by all members of the multidisciplinary team in the hospital, for example, nutritional information on stoma leaflets, dietary advice for tests or procedures must be reviewed and approved for use by the Nutrition and Hydration Steering Committee with input from a registered dietitian



























Section 8.0

Making Mealtimes Matter

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Section 8.0

Making Mealtimes Matter

8.1 Introduction

The following tools are designed to support staff to make patient mealtimes matter. The aim is that patients have the best possible experience at mealtimes and that nutrition & hydration are optimised in line with patient care and treatment.

Use Section 8.0 of the policy with this section to aid implementation Æ For Adult Patients in Acute Hospitals

8.2 Mealtimes Matter Tools

The tools are not written in order of priority, each component is considered of equal importance. If a patient has an individual nutrition care plan, reflect on same prior to each meal service and after the meal to assess if further changes and or referrals to health care professionals are required.

Tool 1: Before Mealtimes (Assess and Plan)

- 1. Is there a communication plan that prepares for mealtimes up to 10 minutes in advance of meals arriving to the ward - e.g. is an announcement made? Is there verbal communication with patients, staff and visitors?
- 2. Is there a plan in place to ensure the right numbers of staff are available to support making mealtimes matter? For example how are breaks for staff organised?
- 3. Have patients placed an order for food and is the correct order available?
- 4. Is there a system in place that highlights patient's dietary requirements inclusive of specific nutritional, therapeutic and cultural need?
- 5. Has the level of assistance required been assessed so that patients have the right level of support to eat their meal, that is, *Partial Assistance, Total Assistance?

























Tool 1: Before Mealtimes (Assess and Plan)

6.	Is there a procedure in place to alert staff as to the level of assistance required by the patient, for example "red tray system" alerting those that need total assistance with feeding?
7.	Is the environment set up to allow every patient to have their meal comfortably? (refer to Tool 4), for example, is the bed space de-cluttered including table or dining area?
8.	Is each patient prepared so they can enjoy their meal comfortably? For example hand hygiene, toileting needs, seating, positioning. Ensure patients glasses, dentures and/or hearing aids are worn (as all senses are required to enjoy, taste and smell food)
9.	Is there a plan in place to ensure patients get help on time to have their meal, for example, Staff, Family, Volunteer?**
10.	Are all patients present on the ward for this mealtime?
11.	What provisions are made if patients are not on the ward at this mealtime? For example, is there a meal put aside, is there a meal replacement available if food service has ended?
12.	Is there a plan to stop non urgent activity for example, cleaning?
13.	Is there a plan to limit ward rounds or non urgent interventions? e.g. Physiotherapy, Diagnostics
14.	Have visitors not involved in assisting with mealtimes been requested to leave the ward?
15.	Provide stimulation to the Patient prior to the meal time. Ensure that Patients are awake and/or alert. Inform them that it is mealtime



*Partial Assistance = requires some assistance with feeding, for example, opening packages, cutting up food, buttering bread, repositioning.

Total Assistance = fully dependent on assistance to eat, for example patient requires staff, family member or a volunteer to feed them.

**All staff, family members and or volunteers involved with providing assistance with feeding should be aware of importance of hand hygiene (wash hands before and after assistance provided) and should comply with specific patient infection control precautions required, for example, requirement to wear an apron).





























1.	Are food, drinks, condiments and utensils within easy reach and available for the Patient?
2.	Is food at the right temperature, that is, not too hot or cold?
3.	Is there timely help for the Patient to open packaging if required?
4.	Is there timely help for the Patient to cut up food if required?
5.	Is there timely help to feed patients unable to feed themselves if required?
6.	Did the Patient get the meal they ordered? Be available to answer and assist with any Patient queries on food received, for example, how was my meat cooked?
7.	Is there appropriate assistance for patients with specific needs for example, swallowing impairment and/or cognitive impairment?
8.	Has non urgent activity stopped, for example, ward cleaning?
9.	Have ward rounds or non urgent interventions been limited, for example, Physiotherapy, Diagnostics?
10.	Have visitors that are not involved in assisting with mealtimes left the ward?
11.	Have patient's sufficient time to eat their meal?































1.	Have you checked that the patient enjoyed their meal?
2.	Has the patient had enough to eat and enough time to eat their meal?
3.	If meals are unfinished have you checked the reason, for example, poor appetite, dissatisfied with food quality, inadequate assistance?
4.	Is food intake documented in the relevant notes, that is, in nursing notes or food record chart?
5.	If a patient has missed a meal, is there a robust plan in place to replace this meal as a priority?
6.	In partnership with the Patient is there a revised plan of care to take account of poor nutritional intake, for example, dietitan referral, help with ordering, initiation of oral nutritional supplements
7.	If the Patient is having physical and or cognitive difficulties, consider referral to the occupational therapist. If the Patient has a feeding, eating, drinking and swallowing disorder (FEDS), consider referral to the speech and language therapist



























Tool 4 contains some tips which may be considered by ward staff in conjunction with occupational therapists to facilitate feeding when patients function is compromised. The table below is intended as a checklist which is not exhaustive. An occupational therapy assessment of the patients function is recommended for detailed advice which is specific to patient's individual needs.



Tool 4: Special Assistance at Mealtimes Checklist

Seating	Upright and centred Feet supported on floor or footplate Back and thighs supported by chair Reclining chair should be put in upright position where possible for feeding
Upper Limb Function	Table and Tray should be within reach Consider utensils such as: Lightweight/padded handles on cutlery Angled cutlery Plate guard Slip resistant mat under plate One handed knife & fork Cups may have two handles/spout/insulation/angled Orthotics/splints may help stabilise joints to increase independence when self-feeding e.g. wrist brace Feeding systems may be recommended for longer term use in some cases
Cognitive Impairment	Alertness/Arousal/Attention/Memory will impact on patient's ability to initiate and continue feeding (either independently or with assistance) Reduce clutter on table/tray A quiet environment may minimise distractions where possible Simple presentation Contrasting colours between crockery and tray/table Avoid patterned tablecloth/plates Allow plenty of time - food may need to be kept warm Consider providing finger food A non-spill cup with a lid may be useful Patient may need prompting to recognise previously familiar objects





























Tool 4: Special Assistance at Mealtimes Checklist

Environmental considerations	A dining room may promote social aspect which can promote feeding
	Table position and height may need to be adjusted to suit individual patients
	Apron/bib may be used - consider patient dignity, types of fasteners, material and length depending on patient need
	An individual's culture, values and rituals should be respected at mealtimes and when promoting independent feeding
Visual Impairment	Bright colours are easier to see
impairment	Contrasting colours e.g. between liquid and cup
	Textures/patterns to help locate items

Raising Awareness for Making Meal Times Matter 8.3

Tool 5 contains a sample poster which has been devised to help you raise awareness for Making Mealtime Matter. This sample poster can be adapted for local requirements. Click here to download.































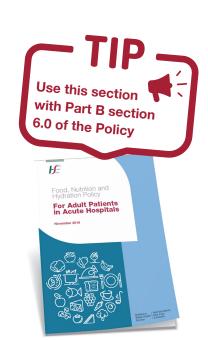
Section 9.0

Getting Started with Monitoring and Evaluation

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Section 9.0

Getting Started with Monitoring and Evaluation



9.1 Introduction

Audits and quality improvement projects are vital aspects of clinical governance and continued service improvements for delivery of food, nutrition and hydration care.

An audit assesses if a certain aspect of care is attaining a recognised standard, for example meeting the key recommendations listed in the food, nutrition and hydration policy. It provides information for all staff involved in the provision of nutritional care in relation to:

1. what is working well and

2. where improvements are required.

The overall aim of audit is to monitor and evaluate practice in order to improve outcomes for patients.

9.2 Food, Nutrition and Hydration Care Audits



Examples of Food, Nutrition and Hydration Care Audits

9.2.1 Admission Practices

> Did all patients have a food, nutrition and hydration needs assessment completed on admission to hospital?



- > Were all components of the food, nutrition and hydration needs assessment completed and documented on admission?
- > Was refeeding syndrome risk assessed in all patients identified at risk of malnutrition?
- Were all patients provided with a leaflet/online information on food, nutrition and hydration care pre or on admission to hospital?

























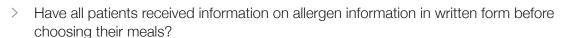




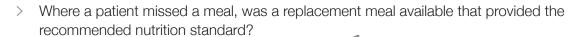
Examples of Food, Nutrition and Hydration care audits

9.2.2 During Admission

- > Have all patients been given the opportunity to select food and fluids from a menu?
- > Is there a procedure in place to help patients understand and choose menu options (for example, picture menu)?



- > Where oral intake is allowed, did all patients receive three meals and two snacks each day?
- Are snacks available that provide the nutrition standard?
- Do all patients have access to an evening snack service?
- Is there a four hour gap between meals?



- Are water jugs replenished twice daily?
- Are all patients weighed weekly?
- > Where dietary intake monitoring is recommended, is there documented evidence of monitoring in the last 48 hours?
- Are there systems in place to provide assistance with meals for those identified with this requirement?
- Is there a ward process in place to make mealtimes matter?
- > Are relatives/visitors allowed to visit during mealtimes to assist with eating and drinking at meals?

9.2.3 Discharge Practices

- > Is a discharge plan, including all relevant food, nutrition and hydration information, being provided as appropriate to all patients?
- > Is the patient's malnutrition screening result included in all medical discharge letters to the GP?
- > Is the patient's BMI (as appropriate) included in all medical discharge letters to the GP?































Examples of Food, Nutrition and Hydration care audits

9.2.4 Provision of Food and Hydration

Is there a choice of food for all mealtimes?



- Are standardised recipes used and is there documented evidence of portion control?
- Do all menus provide the nutrition standards for energy and protein?
- > Has the nutritional content of all menus been analysed or supervised by a dietitian with expertise in nutritional analysis?



- Is there up to date information available on the nutritional composition of all foods and recipes?
- Have patients been involved in the menu planning process?
- Do all snacks meet the nutrition standard set?
- Is there documented evidence that all therapeutic diets provided meet the nutrition standards set?
- Do all texture modified diets meet the nutrition standards set?
- Have you benchmarked your food waste against the current Green Healthcare benchmark? (0.73kg food waste per in-patient bed day)
- > Have you conducted a survey of patient satisfaction and or experience at least annually?

9.2.5 Training

>	Have all staff involved in the provision of food, nutrition and hydration care access to
	regular specific nutrition training?

Catering Managers
Kitchen staff
Chefs
Dietitians
Health Care Assistants
Medical
Nursing
Occupational Therapist
Speech and Language Therapists
Ward Catering Staff

Useful Resource for Monitoring and Evaluation: Guide to the Health Information and Quality Authority's review of nutrition and hydration in public acute hospitals, HIQA 2016.



























Section 10.0

References

Section 10.0

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Section 11.0

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Section 11.0

Appendices

Appendix 1: Nutritional Analysis for Regular Hospital Meal

	Quantity (g)	Kcal	Protein (g)	Ca (mg)	Fe (mg)	Vitamin D (μg)	Folic acid (µg)	Vitamin C (mg)
Breakfast								
Cornflakes	30	113	2.1	0.9	3.5	1.4	51*	0
Milk with cereal	150	95	5.1	180	0.03	0	12	3
White bread	76	166	6.0	134	1.2	0	19	0
Butter	14	104	0.08	2.5	0	0.13	0	0
Jam	10	26	0.06	1.2	0.02	0	0	0
Orange juice	150	51	0.9	18	0.15	0	48	63
		555	14.2	337	4.9	1.53	130	66
Main/large Meal								
Vegetable soup	150	83	2.1	21	0.5	0	9	3
Roast Pork	90	164	29.7	9	0.99	0.63	3.6	0
Gravy	45	14	0.14	0.9	0	0	0	0
Carrots	80	27	0.4	21	0.16	0	6.4	1.6
Potatoes (mashed with milk and butter)	200+20+7	213	4.44	41	0.6	0.06	37.6	18.4
Butter on the side	7	52	0.04	1.25	0	0.065	0	0
Ice cream	55	93	1.8	52	0.03	0.28	3.3	0.55
Jelly	100	61	1.2	7	0.4	0	0	0
		707	40	153	2.68	1.03	60	23.5
Small/light Meal								
Grilled Tomato	80	13.6	0.48	8	0.24	0	11.2	24



























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	Quantity (g)	Kcal	Protein (g)	Ca (mg)	Fe (mg)	Vitamin D (µg)	Folic acid (µg)	Vitamin C (mg)
Scrambled egg (full fat milk and butter added)	120+15+7	218	16	77	2.0	3.8	57	0.3
White bread	76	166	6.0	134	1.2	0	19	0
Butter	14	104	0.08	2.5	0.15	0.13	0	0
Marmalade/jam	10	26	0.06	1.2	0.02	0	0	0
Full fat yogurt	125	136	5	153	0.15	0.13	12.5	1.3
Apple	120	61	0.72	6	0.12	0	0	7.2
		724	28	382	3.88	4.06	99.7	32.8
Snacks x 2		300	4					
Milk								
Full fat milk with meals (2 glasses)	300	190	10.2	360	0.06	0	24	6
Full fat milk with tea/coffee	100	63	3.4	120	0.02	0	8	2
Meal Plan Total		2539	100	1352	11.5	6.6	322	130

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition.

The nutrition standard (energy and protein) for snacks is used in meal plan analysis. See section 3.3 for snack suggestions.



























^{*}Nutritional analysis from product labels.

Appendix 2: Nutritional Analysis for Sample Healthy Eating Diet Meal Plan

	Quantity	Kcal	Protein	Fat	SFA	Sugars	Na (mg)	Ca (mg)	Fe (mg)	Vit D	Folic acid	Vit C	Fibre
			(g)	(g)	(g)	(g)	(mg)	(mg)	(mg)	(µg)	μg)	(mg)	(g)*
Breakfast													
Weetabix	40	133	4.2	0.76	0.1	1.56	104	12	4.8	0	68	0	2.9
Low fat milk	150	69	5.3	2.6	1.6	7.0	65	180	0.03	0	13.5	3	0
Wholemeal bread	76	165	7	1.9	0.3	2.1	304	81	1.82	0	30	0	3.8
Spread	20	68	0	7.4	1.7	0.26	96	0.8	0	1.7	0	0	0
Orange Juice	150	51	0.9	0	0	12.8	25	18	0.15	0	48	47	0.3
		486	17.4	12.7	3.7	23.7	594	292	6.8	1.7	160	50	7.0
Main/large ı	neal			1	ı								
Vegetable Soup	100	55	1.0	4.2	2.4	1.8	315**	14	0.33	0	6	2	0.93
Roast Chicken	100	153	30.2	3.6	1.0	0	60	7	0.4	0.3	10	0	0
Carrots	80	27	0.4	0.32	0.08	5.76	22	21	0.16	0	6.4	2.4	1.68
Mashed Potatoes	200	148	3.6	0.2	0	1.6	2	12	0.6	0	36	18	2.0
Gravy	20	6.2	0.09	0.24	0.13	0.08	77	0.4	0	0	0	0	0
Spread (on the side)	20	68	0	7.4	1.7	0.26	96	0.8	0	1.7	0	0	0
Fruit cocktail in natural juice	113	51	0.45	0	0	13.2	3.4	10	0.45	0	6.8	16	1.1
Low fat and low sugar yogurt	125	74	6	0.25	0.1	11.8	78	175	0.13	0	10	1.3	0.5***
		582	42	16	5.4	34.5	653	240	2.07	2	75.2	40	6.2
Small/light i	meal												
Roast Beef	50	87.5	16.1	2.55	1.0	0	33	2.5	1.25	0.2	7	0	0
Coleslaw	50	87	0.4	8.2	0.8	3.0	148	18	0.15	0	28	0.5	0.85
Lettuce	30	3.3	0.36	0	0	0.42	2.7	7.2	0	0	18	0	0.39
Tomato	40	5.6	0.2	0	0	1.2	0.8	3.2	0	0	9.2	9	0.4
Cucumber	10	1.4	0	0	0	0.1	0.4	2.1	0	0	1.4	0	5.32





























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	Quantity	Kcal	Protein (g)	Fat (g)	SFA (g)	Sugars (g)	Na (mg)	Ca (mg)	Fe (mg)	Vit D (µg)	Folic acid (µg)	Vit C (mg)	Fibre (g)*
Wholemeal Bread	76	165	7	1.9	0.3	2.1	304	81	1.82	0	30	0	3.8
Spread	20	68	0	7.4	1.7	0.26	96	0.8	0	1.7	0	0	0
Banana	100	81	1.2	0.1	0	18.1	0	6	0.3	0	14	9	0.8
Low fat low sugar yogurt	125	74	6	0.25	0.1	11.8	78	175	0.13	0	10	1.3	0.5
		573	31	20	3.9	37	663	296	3.65	1.9	118	20	6.8
Snacks x 2		300	4										
Milk													
Low fat milk with meals (2 glasses)	300	138	10.6	5.2	3.2	14.0	130	360	0.06	0	27	6	0
Low fat milk with tea/ coffee	100												
		46	3.5	1.7	1.0	4.7	43	120	0.02	0	9	2	0
Meal Plan Total		2,125	109	56	17.2	114	2083	1308	12.6	5.6	389	118	20

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition.

*Fibre (g) = Different methods give different estimates of the total fibre content of food. Values presented above are for total non starch polysaccharides (NSP).

AOAC Fibre (g) = 27g.

The nutrition standard (energy and protein) for snacks is used in meal plan analysis. See section 4.2 for snack suggestions.

























^{**}Na content of soup could be reduced by using a lower Na containing salt stock cube.

^{***}Nutrient data from product labels and therefore are for total dietary fibre (AOAC). AOAC determinations include resistant starch and lignin in addition to NSP in the estimation of total fibre content.

Appendix 3: Nutritional Analysis for Sample Energy Dense Diet Meal Plan

	Quantity (g)	Kcal	Protein (g)
Breakfast			
Porridge (rolled oats)	15	57	1.6
High protein milk* for porridge	150	74	7.7
Boiled egg	50	71	7.7
White bread	36	83	3.0
Butter	7	52	0.04
Jam	10	26	0.06
Orange juice	150	51	0.9
		414	21
Midday meal			
Beef mince stewed	60	82	15
Fried onions	40	38	0.48
Gravy	45	14	0.14
Carrots	40	14	0.2
Potatoes (mashed with milk and butter)	100+10+4	107	2.2
Butter on the side	7	52	0.04
Fortified Dessert**		300	5
		607	23
Evening meal			
Baked beans	40	32.4	2
Baked salmon fishcake	100	245	11.4
White bread	36	83	3.0
Butter	7	52	0.04
Marmalade/jam	10	26	0.06
Dessert			
Apple tart*	130	271	3.2
Custard	80	78	2.2
Snacks x 2		787	22 4



























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	Quantity (g)	Kcal	Protein (g)
Milk			
High protein milk with meals (2 glasses)	300	148	15.4
High protein milk with tea/coffee	100	49	5.1
Meal Plan Total		2305	90.5

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition. *Nutritional analysis from product labels.

The nutrition standard (energy and protein) for snacks is used in meal plan analysis. See section 3.3 for snack suggestions.



























^{**}For example fortified mousse or milk pudding.

Appendix 4: Nutritional Analysis for Sample Low Fibre Diet Meal Plan

	Quantity (g)	Kcal	Protein (g)	Fibre (g)
Breakfast				
Rice Krispies	30	112	1.7	0.27
Full fat milk with cereal	150	95	5.1	0
White bread	76	166	6.0	1.44
Butter	14	104	0.08	0
Jam (no seeds)	10	26	0.06	0.12
Orange juice	150	51	0.9	0.3
		554	13.8	2.13
Main/large Meal		·		
Roast Chicken	100	153	30.2	0
Gravy	45	14	0.14	0.01
Carrots	80	27	0.4	1.7
Potatoes (mashed with milk and butter)	200+20+7	213	4.4	2.0
Butter on the side	7	52	0.04	0
Ice cream	55	93	1.7	0
Jelly	100	61	1.2	0
		613	38	3.71
Small/light Meal				
Baked Potato Waffle*	58	106	1.4	1
Scrambled egg (full fat milk and butter added)	120+15+7	218	16	0
White bread	76	166	6.0	1.44
Butter	14	104	0.08	0
Jam	10	26	0.06	0.12*
Smooth Yogurt	125	136	5	0.1
		732	28.5	2.66
Snacks x 2		300	4	
Milk				



























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	Quantity (g)	Kcal	Protein (g)	Fibre (g)
Full fat milk with meals (2 glasses)	300	190	10.2	0
Full fat milk with tea/coffee	100	63	3.4	0
Meal Plan Total		2452	98	8.5**

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition.

The nutrition standard (energy and protein) for snacks is used in meal plan analysis.

Note snacks must contain minimal fibre, see section 4.7 for snack suggestions.

























^{*}Nutritional analysis from product labels.

^{**}Fibre (g) = Different methods give different estimates of the total fibre content of food. Values presented above are for total non starch polysaccharides (NSP).

Appendix 5: Nutritional Analysis for Sample Renal Diet Meal Plan (90g protein)

	Quantity (g)	Kcal	Protein (g)	Na (mg)	K (mg)	Phosphate (mg)
Breakfast						
Weetabix	40	133	4.2	104	159	104
Full fat milk with cereal	100	63	3.4	42	157	96
White bread	76	166	6.0	304	104	72
Butter	14	104	0.08	102	3.8	3.22
Jam	20	52	0.12	5.8	8.6	2
Orange (small)	120	43.2	0.96	1.2	146	19.2
		561	14.8	559	578	296
Main/large Meal						
Roast Chicken	90	138	27	54	324	225
Gravy	45	14	0.14	173	5	2.3
Boiled Carrots	100	22	0.6	23	160	15
Boiled Parsnips	50	33	0.8	2	175	38
Double Boiled Potatoes	200	148	3.6	2	183	62
Butter on the side	7	52	0.04	51.1	1.9	1.61
Milk pudding	110	159.5	4.62	69.3	192.5	124.3
		566	37	374	1041	468
Small/light Meal						
Boiled eggs	100	143	14.1	150	141	205
White bread	76	166	6.0	304	104	72
Butter*	14	104	0.08	102	3.8	3.22
Low fat Mayonnaise	30	86.4	0.3	39.3	2.1	3
Apple	120	61	0.7	0	120	8.4
		560	21	595	371	292
Snacks x 2						
Iced Bun	65	209	3.9	148	85	62.4
Beef Sandwich 1 slice of white bread Butter Roast Beef	36 7 25	83 52 44	3.0 0.04 8	152 51.1 16.5	52 1.9 98	36 1.6 57



























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	Quantity (g)	Kcal	Protein (g)	Na (mg)	K (mg)	Phosphate (mg)
Milk						
Full fat milk with Tea	100	63	3.4	42	157	96
Meal Plan Total		2138	91	1938	2384	1309

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition.

Phosphate/protein ratio = 14.4.



























Appendix 6: Nutritional Analysis for Sample Renal Diet Meal Plan (70g protein)

	Quantity (g)	kcal	Protein (g)	Na (mg)	K (mg)	Phosphate (mg)
Breakfast						
Cornflakes	45	169	3.1	202	40	21
Full fat milk with cereal	100	63	3.4	42	157	96
White bread	76	166	6.0	304	104	72
Butter*	14	104	0.08	102	3.8	3.22
Jam	20	52	0.12	5.8	8.6	2
Orange (small)	120	43.2	0.96	1.2	146	19.2
		597	14	657	459	213
Main/large Meal						
Baked Salmon	100	232	25.2	49	412	262
Gravy	45	14	0.14	173	5	2.3
Boiled Broccoli	100	28	3.3	6	212	59
Double Boiled Potatoes	200	148	3.6	2	183	62
Butter on the side	7	52	0.04	51.1	1.9	1.61
Full fat yogurt	110	136	5	72.5	213	120
		610	37.3	354	1027	507
Small/light Meal						
Roast Beef	50	70	12.8	26	156	92
Coleslaw	50	87	0.4	148	78	11
Sliced Tomato	40	5.6	0.2	0.8	89	0.08
White bread	76	166	6.0	304	104	72
Butter	14	104	0.08	102	3.8	3.22
Pear	150	65	0.45	1.5	158	14
		498	20	582	588	192
Snacks x 2						
Iced Bun	65	209	3.9	148	85	62.4
3 gingernut biscuits	30	133	1.44	129	46	21
Milk						





























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	Quantity (g)	kcal	Protein (g)	Na (mg)	K (mg)	Phosphate (mg)
Full fat milk with Tea	100	63	3.4	42	157	96
Meal Plan Total		2110	80	1912	2362	1091

Nutritional Analysis: McCance and Widdowson's The Composition of Foods Seventh Summary Edition.

Phosphate/protein ratio = 13.6.



























Appendix 7: Sample Menu Assessment Checklist

Regular Hospital Diet (can be adapted for other hospital diets)

1.	Meals, snacks and beverages (drinks)	Yes/No/N/a	Comments
a.	Are 3 meals and 2 snacks provided daily?		
b.	Is there a choice of meals at each meal time?		
C.	Are all foods to avoid excluded?		
d.	Is a minimum of 8 cups of fluid provided daily?		
e.	Are beverages (drinks) provided with and between meals?		
2.	Vegetables, salad and fruit		
a.	Is the total food offering including all meals and snacks capable of providing 5 portions of vegetables, salad and fruit throughout the day?		
b.	Is the recommended portion size provided?		
C.	Is there a variety of vegetables, salad and fruit used throughout the week?		
d.	Is the cooking method used minimising the vitamin and mineral losses?		
e.	Is a glass of fruit juice provided every morning?		
3.	Cereals and Breads, potatoes, pasta and rice		
a.	Is the total food offering including all meals and snacks capable of providing 5 portions of cereals and breads, potatoes, pasta and rice throughout the day?		
b.	Is the recommended portion size provided?		
C.	Is there a choice of white and wholemeal bread at meal times?		
d.	Is there a choice of higher and lower fibre containing cereals at breakfast?		
e.	Is there a variety of potato types, rice and pasta provided throughout the week?		
4.	Milk, yogurt and cheese		
a.	Is the total food offering including all meals and snacks capable of providing 3 portions of milk, yogurt and cheese throughout the day?		
b.	Is the recommended portion size provided?		
C.	Are full fat dairy products provided?		
d.	Is milk provided with midday and evening meal?		



























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5.	Meat, poultry, fish, eggs and beans	Yes/No/N/a	Comments
a.	Is the total food offering including all meals and snacks capable of providing 2 portions of meat, poultry, fish, eggs and beans throughout the day?		
b.	Is the recommended portion size provided?		
C.	Is there a variety of meat, poultry, fish, and egg types provided throughout the week?		
d.	Is the menu capable of providing fish twice weekly including oily fish once a week?		
e.	Are pulses and lentils provided where possible?		
6.	Foods high in fat, salt and sugar		
a.	Is butter or full fat poly/monounsaturated spread available with all meals?		
b.	Is sugar provided as required?		
C.	Are salt sachets provided?		
d.	Is jam, marmalade available at breakfast and small meal service?		
d.	Are condiments available to complement meals e.g. parsley sauce, mint sauce, gravy, red sauce, brown sauce, mayonnaise, salad cream?		



























