

# Mental Health Nutrition Folder



Building a  
Better Health  
Service

Seirbhís Sláinte  
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á Forbairt



## Foreword

Diet and good nutrition are important at all stages of life and they are an integral part of ensuring a balanced mood and promoting a feeling of wellbeing amongst service users in mental health. By providing advice on a wide range of nutrition issues, the Dietitian has an essential role in the care of service users who live in long stay residential units. Implementation of this dietary advice is dependent on the support of catering staff, care staff and nursing staff who work in these units. This nutrition resource has been developed to provide information and support for those staff. It combines basic nutrition information on a range of common nutrition topics with concise practical advice that will be useful for all involved in the care of the service user.

The development of the resource has been a team effort throughout and it has been adapted for use within a mental health setting. I would like to acknowledge the work of Clíodhna Kirwan and the adult mental health Dietitians who were involved in the adaptation of this resource. Their work will ensure that this nutrition resource will be a valuable ward based resource of practical information and a training tool for all staff working in mental health.

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## Nutrition Resource Folder

This nutrition resource folder has been kindly adapted for use within a mental health setting with permission from the Dietetics team at Broomhill Road Tallaght.

The aim of the folder is to provide concise evidence based dietetic information for all ward based staff including nursing staff and care assistants.

It can be used as a reference tool to give guidance on basic information for medical conditions requiring specific dietary interventions such as:

- Modified consistencies
- Diabetic
- Coeliac
- Food fortification
- Weight management
- Fibre

Its functions will be to support the role of the Nutrition Link Nurse. It will enable Dietetic Services to be more effective and result in improved nutritional care for all service users.

This resource folder will guide nursing staff on the appropriate use of nutrition support in the approved centres and it will also be used as the basis for onsite nutrition training.

It will therefore include:

- Nutrition assessment tools
- Local Nutrition policy
- Local Hydration policy
- Local Policy on Oral Nutrition Supplements
- Referral criteria and protocols to the Dietetics Service
- Dietary information on topics listed above

**Note:** While the aim of this resource is to provide nutrition information for staff at ward level, it is not a substitute for referral to the Dietitian.

## Nutrients of Special Consideration

Nutrient	Function Role	Effect on Mood	Main Sources
Omega 3	Brain function, growth and development.	May reduce symptoms of depression in those on antidepressants. Aim for a balance of omega 3 and omega 6 fatty acids.	<ul style="list-style-type: none"> <li>• Salmon, mackerel, herring, kippers, fresh tuna</li> </ul>
Iron	Healthy Red Blood Cells General Health Tissue Repair	Low levels can result in feeling weak, tired and lethargic all the time.	<ul style="list-style-type: none"> <li>• Red Meat</li> <li>• Fortified Breakfast Cereals</li> <li>• Green Leafy Vegetables</li> </ul>
All B vitamins (Thiamin B1, Niacin B3, Cobalamin B12)	Prevention of anaemia	Low levels can lead to tiredness and feeling depressed or irritable.	<ul style="list-style-type: none"> <li>• Fortified Breakfast cereals</li> <li>• Red Meat</li> <li>• Dairy</li> <li>• Fortified Milk</li> <li>• Fish</li> </ul>
Folic Acid	Prevention of anaemia	Low levels can result in an increased chance of feeling depressed.	<ul style="list-style-type: none"> <li>• Liver</li> <li>• Green Leafy Vegetables</li> <li>• Beans and fortified foods</li> <li>• Fortified Breakfast Cereals</li> </ul>
Selenium	Antioxidant and transport functions.	Low levels may increase the incidence of feeling depressed and other negative mood states.	<ul style="list-style-type: none"> <li>• Brazil Nuts</li> <li>• Meat</li> <li>• Fish</li> <li>• Seeds</li> <li>• Wholemeal Bread</li> </ul>
Vitamin D	Bone Health	Vitamin D is involved in ensuring healthy bones, muscles and teeth. Vitamin D is involved in the absorption of calcium. Most of our vitamin D comes through sunlight.	<ul style="list-style-type: none"> <li>• Sunlight is the main natural source</li> <li>• Oily Fish</li> <li>• Fortified Foods including milk, margarines/spreads</li> </ul>
Calcium	Bone Health	Calcium is involved in ensuring healthy teeth and bones and work with vitamin D.	<ul style="list-style-type: none"> <li>• Dairy products: milk, cheese, yoghurt</li> <li>• Tinned Fish with bones</li> <li>• Green Leafy Vegetables</li> </ul>
Protein	General Health Wound Healing	Lack of sufficient protein in the diet can affect the body's ability to make the hormone serotonin which is involved in influencing how we feel.	<ul style="list-style-type: none"> <li>• Meat</li> <li>• Fish</li> <li>• Eggs</li> <li>• Dairy products</li> </ul>



## Diets of Modified Consistency

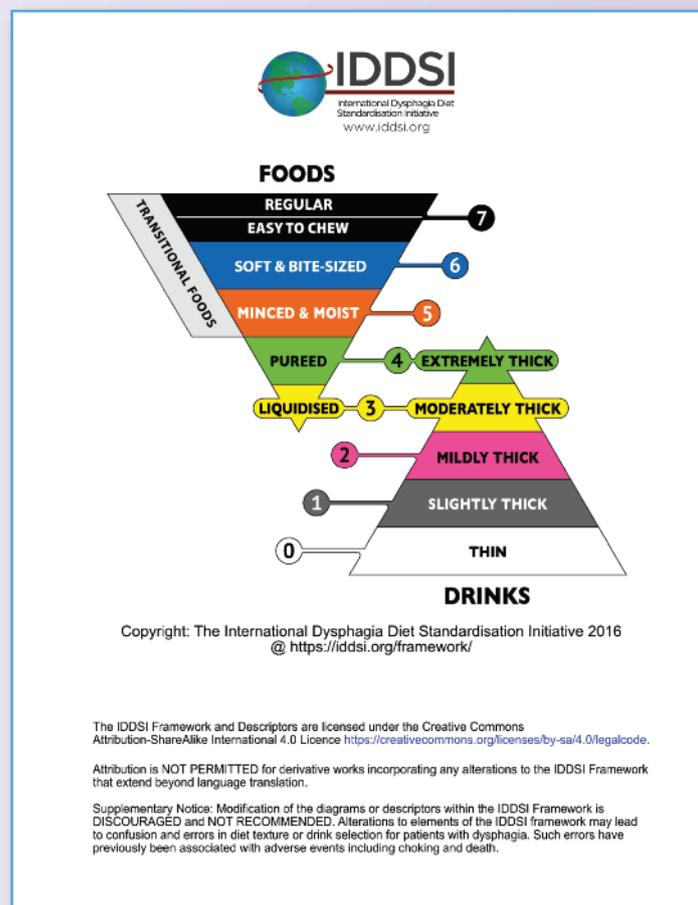
Diets of modified consistency are used for service users who have difficulty swallowing food and fluids.

Someone with a swallowing difficulty may show one or more of the following signs:

- ❶ Food dribbles from the corner of the mouth
- ❷ Food residue sticks in the mouth
- ❸ Swallowing looks difficult
- ❹ Coughing or choking when eating or drinking
- ❺ Voice sounds bubbly or croaky during or after meals or drinks
- ❻ Repeated chest infections
- ❼ No overt signs – this is known as silent aspiration

**If a service user has difficulty swallowing they need to be assessed by a Speech and Language Therapist (SLT).**

There are modified consistencies of both food and fluids which may be recommended by the SLT. The International Dysphagia Diet Standardisation Initiative (IDDSI) has been developed to standardise the terminology and definitions to describe texture modified foods and thickened liquids for use for individuals of all ages, in all care settings, and in all cultures. Please see below the IDDSI framework.



## All diets of modified consistency should:

- Include a variety of foods
- Be presented in an appetising manner
- Be served at the correct temperature
- Be nutritional adequate

The following pages in this resource contain information and guidance on modified consistencies and thickened fluids. The guidance is based on the IDDSI framework. Please see the IDDSI framework for full food and fluid descriptions/characteristics at: The International Dysphagia Diet Standardisation Initiative 2017 (<http://iddsi.org/resources/framework/>.)

The information may be used for nutritional reference for modified consistencies of both food and fluid; however, the clinical management of dysphagia is that as outlined for a service user by a Speech and Language Therapist. The management of clinical risk or compliance with the clinical management of dysphagia rests within local policy.

# DRINKS



## THIN



### Use of Level 0 Thin Liquids for Adults

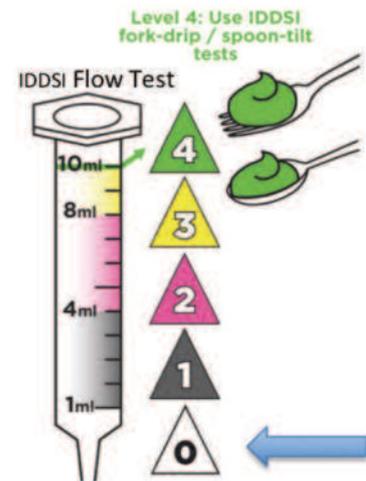
#### What is this thickness level?

Level 0 - Thin drinks:

- ✓ Flow like water
- ✓ Can flow through a straw or teat/nipple

#### Why is this thickness level used for adults?

Level 0 – Thin liquids are most often used if you do not have a swallowing problem with liquids. Water, milk, tea, coffee, and juice are all examples of the Level 0 Thin thickness level. Thin liquids can be taken through a straw or standard cup.



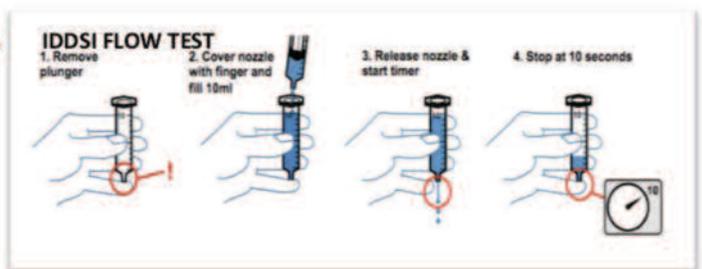
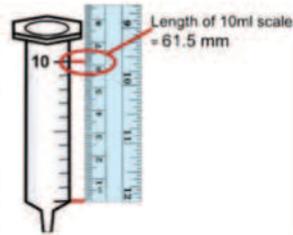
### How do I measure my liquid or drink to make sure it is Level 0 Thin?

It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10mL syringe in 10 seconds.

IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 0 Thin thickness liquids, there should be **less than 1 mL remaining** in the syringe after 10 seconds of flow.

See videos of the IDDSI Flow Test at [www.IDDSI.org/framework/drink-testing-methods/](http://www.IDDSI.org/framework/drink-testing-methods/)

**Before you test...**  
You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



Intended for general information only. Please consult with your health care professional for specific advice for your needs



# 1 SLIGHTLY THICK



## Use of Level 1 Slightly Thick Liquids for Adults

### What is this thickness level?

Level 1 - Slightly Thick drinks:

- ✓ Are thicker than water
- ✓ Can flow through a straw

### Why is this thickness level used for adults?

Level 1 – Slightly Thick is most often used if you have swallowing problems with thin liquids. Slightly Thick liquids are thicker than water, but still thin enough to flow through a straw.

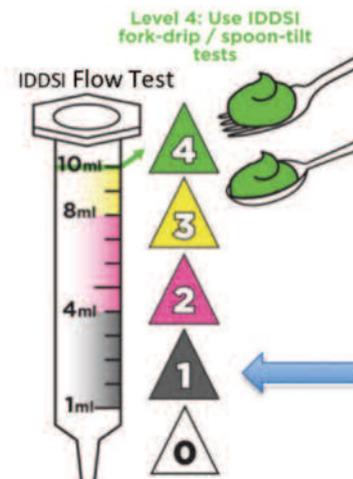
Some drinks may naturally be slightly thick (like some fruit nectars or milks). Thin liquids like water, milk, tea, coffee, juice and others may need to be thickened to the Slightly Thick level.

Your clinician will help you find a thickener to help thicken your drinks, or help you find some pre-thickened drinks. Slightly Thick drinks can be taken using a straw or from a standard cup.

### How do I measure my liquid or drink to make sure it is Level 1 Slightly Thick?

It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below.

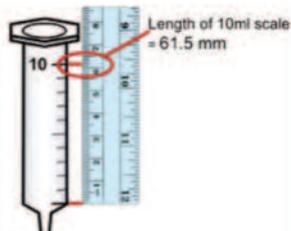
For Level 1- Slightly Thick liquids, there should be **1-4 mL remaining** in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 1-4 mL to aim for.



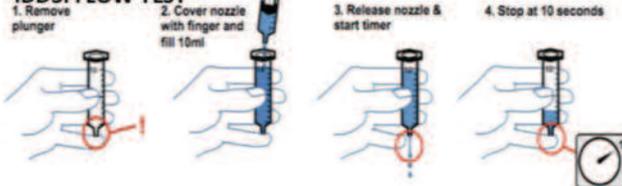
See videos of the IDDSI Flow Test at  
[www.IDDSI.org/framework/drink-testing-methods/](http://www.IDDSI.org/framework/drink-testing-methods/)

### Before you test...

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



### IDDSI FLOW TEST



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## 2 MILDLY THICK



### Use of Level 2 Mildly Thick Liquids for Adults

#### What is this thickness level?

Level 2 - Mildly Thick liquids:

- ✓ Are 'sippable'
- ✓ Pour quickly from a spoon but slower than Thin drinks and Slightly Thick drinks
- ✓ Need some effort to drink this thickness using a standard straw

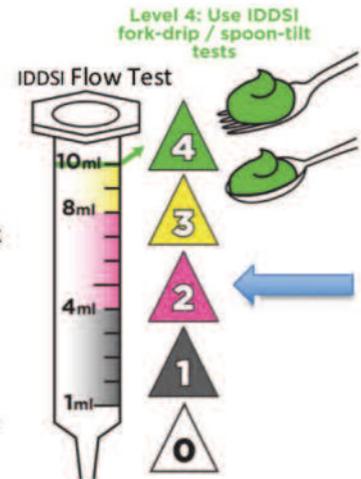
#### Why is this thickness level used for adults?

Level 2 – Mildly Thick drinks may be used if Thin drinks (water, milk, and others) and Level 1 Slightly Thick liquids flow too quickly for you to swallow them safely. Some milk shakes and thick shakes may be this thickness level already, but other drinks may need thickener added to reach the correct thickness level. Use the IDDSI testing methods below to check.

Mildly Thick drinks flow at a slower rate. Your clinician will help you find a thickener to thicken your drinks or help you find some pre-thickened drinks. Mildly Thick can be taken using a straw or from a standard cup.

#### How do I measure my liquid or drink to make sure it is Level 2 Mildly Thick?

It is safest to measure the thickness using the IDDSI Flow Test. The IDDSI Flow Test measures how thick a liquid is by how much goes through a 10 mL syringe in 10 seconds. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 2- Mildly Thick liquids, there should be **4-8 mL remaining** in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 4-8 mL to aim for.

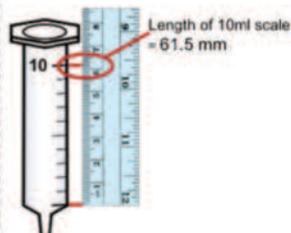


See videos of the IDDSI Flow Test at

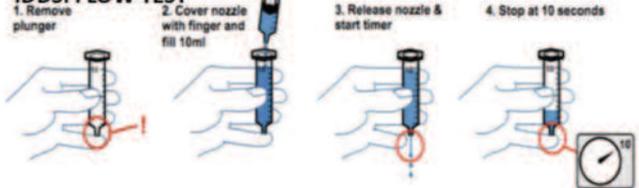
[www.IDDSI.org/framework/drink-testing-methods/](http://www.IDDSI.org/framework/drink-testing-methods/)

#### Before you test...

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



#### IDDSI FLOW TEST



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## MODERATELY THICK



### Level 3 Moderately Thick Liquids for Adults

#### What is this thickness level?

Level 3 - Moderately Thick drinks:

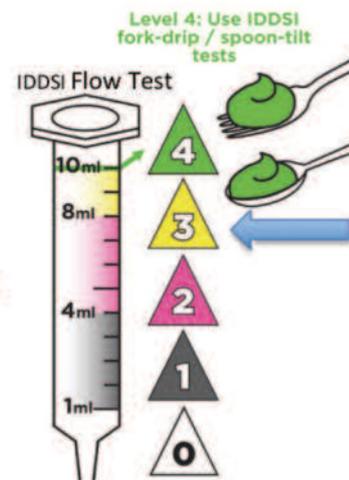
- ✓ Can be drunk from a cup or taken with a spoon
- ✓ Need some effort to drink them through a *wide* diameter straw
- ✓ Have a smooth texture with no lumps, fibers or seeds

#### Why is this thickness level used for adults?

Level 3 – Moderately Thick drinks may be used if your tongue control is not good enough to manage Mildly Thick, Slightly Thick or Thin drinks. Moderately Thick drinks allows more time for the tongue to “hold and move” the drink. These drinks are best taken from a cup or using a spoon.

#### How do I measure my liquid or drink to make sure it is Level 3 Moderately thick?

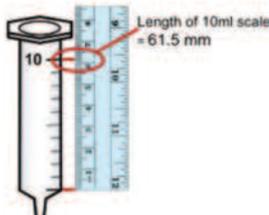
It is safest to measure Moderately Thick drinks using the IDDSI Flow Test *and* the IDDSI Fork Drip Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3- Moderately Thick liquids there should be *no less than 8 mL remaining* in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid should drip slowly in dollops through the prongs of a fork.



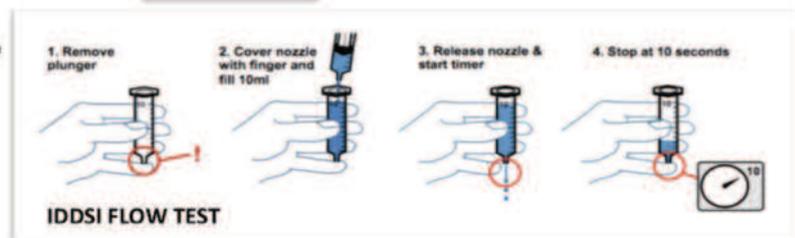
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See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at  
[www.IDDSI.org/framework/drink-testing-methods/](http://www.IDDSI.org/framework/drink-testing-methods/)

**Before you test...**  
You *must* **check** your syringe because there are differences in syringe lengths. Your syringe should look like this



**IDDSI Fork Drip Test**  
Drips slowly in dollops through the prongs of a fork



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# 4

# EXTREMELY THICK

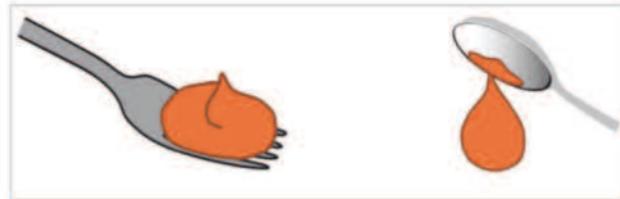


## Level 4 Extremely Thick Liquids for Adults

### What is this thickness level?

Level 4 – Extremely Thick drinks:

- ✓ Are usually eaten with a spoon
- ✓ Cannot be drunk from a cup or sucked through a straw
- ✓ Do **not** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are **not** sticky



### Why is this thickness level used for adults?

Level 4 - Extremely Thick drinks may be used if your tongue control is not good enough to manage Moderately Thick, Mildly Thick, Slightly Thick or Thin drinks. Extremely Thick drinks allows more time for the tongue to “hold and move” the liquid. It’s important that Extremely Thick drinks are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Extremely Thick drinks are best taken using a spoon.

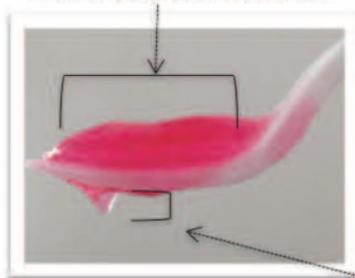
### How do I measure my liquid or drink to make sure it is Level 4 Extremely thick?

It is safest to measure Extremely Thick drinks using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at

[www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

Extremely thick liquids sit in a mound or pile above the fork



#### IDDSI Fork Drip Test

Liquid does **not** dollop, or drip continuously through the fork prongs

A small amount may flow through and form a tail below the fork



#### IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky

**Extremely Thick drink or liquid must pass both tests!**

Intended for general information only. Please consult with your health care professional for specific advice for your needs

# FOOD



## 3 LIQUIDISED



### Use of Level 3 Liquidised Food for Adults

#### What is this thickness level?

Level 3 – Liquidised Food:

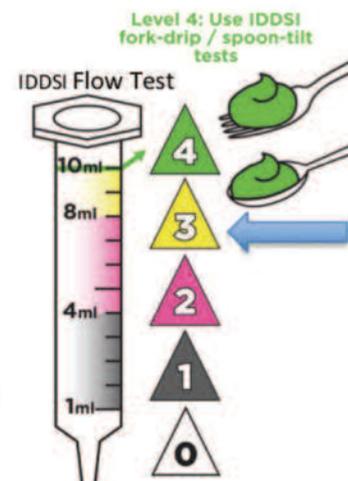
- ✓ Can be eaten with a spoon or drunk from a cup
- ✓ **Cannot** be eaten with a fork because it drips through the fork prongs
- ✓ Has a smooth texture with no 'bits' (lumps, fibers, husk, bits of shell or skin, particles of gristle or bone)

#### Why is this thickness level used for adults?

Level 3- Liquidised foods may be used if you have trouble moving your tongue. The thicker consistency gives more time for the tongue to "hold and move" the liquidised food. It is easiest to eat liquidised food with a spoon. Seek help about nutrition when using this texture to be sure you are getting the right amount of nutrition to meet your needs.

#### How do I measure my liquid or drink to make sure it is Level 3 Liquidised?

It is safest to measure the thickness of Liquidised food using the IDDSI Flow Test *and* the IDDSI Fork Test. These tests measure how thick a liquid is by how fast it flows through a 10 mL syringe in 10 seconds and how quickly it flows through the prongs of a dinner fork. IDDSI recommends that you use a 10 mL syringe to check to make sure you have the correct thickness level using the instructions below. For Level 3 – Liquidised foods there should be **no less than 8 mL remaining** in the syringe after 10 seconds of flow. Your clinician may give you a specific number between 8-10 mL to aim for. Using the IDDSI Fork Test the liquid drips slowly in dollops through the prongs of a fork.

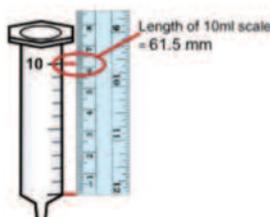


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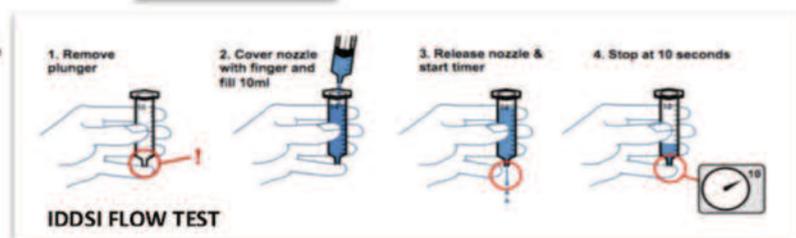
See videos of the IDDSI Flow Test and IDDSI Fork Drip Test at  
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#### Before you test...

You **must check** your syringe because there are differences in syringe lengths. Your syringe should look like this



**IDDSI Fork Drip Test**  
Drips slowly in dollops through the prongs of a fork





# 4 PUREED



## Level 4 Pureed Food for Adults

### What is this food texture level?

Level 4 – Pureed Foods:

- ✓ Are usually eaten with a spoon
- ✓ Do **not** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are **not** sticky
- ✓ Liquid (like sauces) must not separate from solids



### Why is this food texture level used for adults?

Level 4 – Pureed Food may be used if you are not able to bite or chew food or if your tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

It's important that puree foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Pureed foods are best eaten using a spoon.

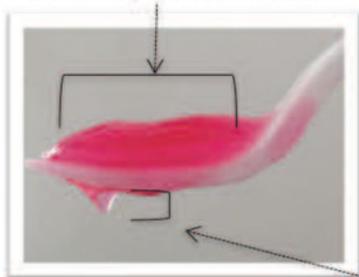
### How do I test my food to make sure it is Level 4 Pureed?

It is safest to test Pureed Food using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at

[www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

Extremely thick liquids sit in a mound or pile above the fork



**IDDSI Fork Drip Test**  
Liquid does **not** dollop, or drip continuously through the fork prongs

A small amount may flow through and form a tail below the fork



### IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky

**Pureed food must pass both tests!**

Intended for general information only

Please consult with your health care professional for specific advice for your needs



## 4 PUREED



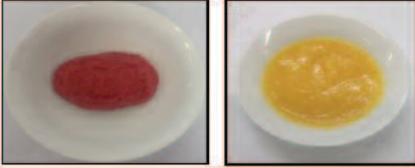
For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 4 Pureed food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of an orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter; overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Visible lumps	Lumps in pureed food or yoghurt
<b>Extra Clinician notes</b>	

Intended for general information only. Please consult with your health care professional for specific advice for your needs

## Level 4 Pureed

These foods should be **smooth** and **without lumps or pieces**.

<b>Fruit</b>	<ul style="list-style-type: none"> <li>✓ Puréed Fruit</li> </ul>	
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>✓ Puréed Vegetables</li> <li>✓ Pureed Salad</li> </ul>	
<b>Cereals</b> <b>Potatoes</b>  <b>Pasta</b> <b>Bread</b>	<ul style="list-style-type: none"> <li>✓ Ready Brek</li> <li>✓ Potato puréed with butter or milk* or cream*</li> <li>✓ Pureed Pasta</li> <li>✓ Gelled bread in soaking (See nutilis recipe booklet for preparation guidelines)</li> </ul>	  
<b>Dairy Products &amp; Desserts</b>	<ul style="list-style-type: none"> <li>✓ Puréed Milk Pudding</li> <li>✓ Pureed Fruit &amp; Custard</li> <li>✓ Puréed Fruit/Chocolate Mousse</li> <li>✓ Spreadable Cheese</li> <li>✓ Petit Filous &amp; Custard</li> <li>✓ Ice cream (not suitable for people on thickened fluids)</li> </ul>	 
<b>Meat and alternatives</b>	<ul style="list-style-type: none"> <li>✓ Puréed Meat &amp; Poultry</li> <li>✓ Pureed Fish</li> <li>✓ Puréed Egg</li> <li>✓ Puréed Baked Beans</li> <li>✓ Salmon / Chicken Mousse</li> </ul>	

**IMPORTANT:** Avoid any food or drink with lumps. The foods or drinks with red stars\* may need to be thickened if you have been recommended to take thickened fluids.



5

## MINCED & MOIST



### Level 5 Minced & Moist Food for Adults

#### What is this food texture level?

Level 5 – Minced & Moist Foods:

- ✓ Soft and moist, but with no liquid leaking/dripping from the food
- ✓ Biting is **not** required
- ✓ Minimal chewing required
- ✓ Lumps of 4mm in size
- ✓ Lumps can be mashed with the tongue
- ✓ Food can be easily mashed with just a little pressure from a fork
- ✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork



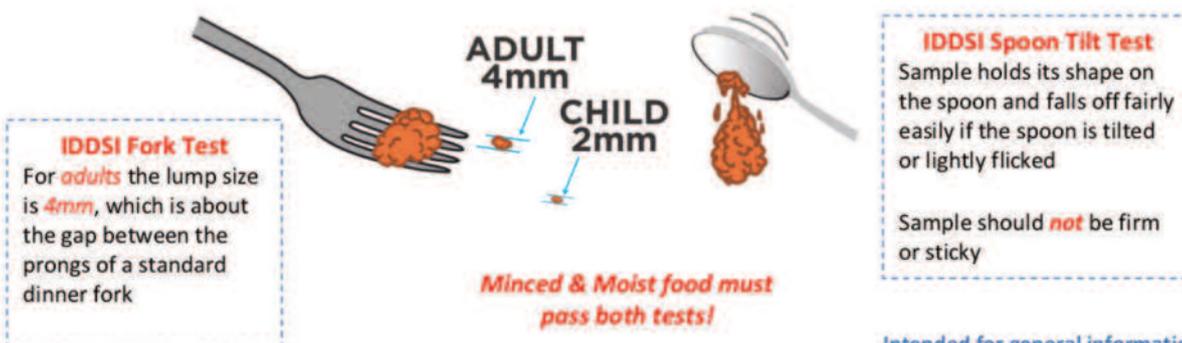
#### Why is this food texture level used for adults?

Level 5 – Minced & Moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food, but are not able to chew it down into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. It's important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.

#### How do I test my food to make sure it is Level 5 Minced & Moist?

It is safest to test Minced & Moist food using the IDDSI Fork Drip Test **and** the IDDSI Spoon Tilt Test.

See videos of the IDDSI Fork Test and IDDSI Spoon Tilt Test at  
[www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)



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Please consult with your health care professional for specific advice for your needs



## 5 MINCED & MOIST



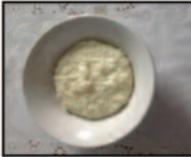
For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 5 Minced & Moist Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling; crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example cheese topping, mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 4mmx4mmx15mm; fruit, vegetable, meat or other food pieces larger than 4mmx4mmx15mm
<b>Extra Clinician notes</b>	

Intended for general information only. Please consult with your health care professional for specific advice for your needs

## Level 5 Minced & Moist

These foods should be **easy to mash and chew** with the **tongue or fork**. Lumps should be **4mm** in size. **Smooth Puréed options** are also permitted.

<b>Fruit</b>	<ul style="list-style-type: none"> <li>✓ <b>Mashed Banana</b></li> <li>✓ <b>Stewed Fruits</b> and finely diced pieces of <b>canned Fruit</b></li> </ul>	
<b>Vegetables &amp; Salads</b>	<ul style="list-style-type: none"> <li>✓ <b>Mashed Vegetables</b></li> <li>✓ <b>Minced Salads</b></li> </ul>	
<b>Bread Cereals Potatoes Rice, Pasta</b>	<ul style="list-style-type: none"> <li>✓ <b>Gelled Bread in soaking solution</b> (please see Nutilis recipe booklet for preparation guidelines.)</li> <li>✓ <b>Porridge or Weetabix</b> soaked in milk*</li> <li>✓ <b>Mashed Potato</b></li> <li>✓ Small <b>mashed and moist pieces of Pasta</b>, well cooked <b>Rice</b></li> </ul>	   
<b>Dairy Products</b>	<ul style="list-style-type: none"> <li>✓ <b>Yoghurt</b> (may contain small pieces of <b>soft fruits</b>)</li> <li>✓ <b>Milk Puddings</b></li> </ul>	 
<b>Meat and alternatives</b>	<ul style="list-style-type: none"> <li>✓ <b>Minced Meat &amp; Poultry</b></li> <li>✓ <b>Minced Fish</b></li> <li>✓ <b>Scrambled Egg</b></li> <li>✓ Well cooked <b>mashed Pulse</b> <b>Vegetables</b> such as <b>beans, peas &amp; lentils</b></li> </ul>	  
<b>Desserts</b>	<ul style="list-style-type: none"> <li>✓ <b>Milk Puddings</b> and <b>Yoghurts</b></li> <li>✓ <b>Soft Fruit based desserts &amp; Custard</b> e.g. <b>stewed mashed apples</b></li> <li>✓ <b>Jelly and ice-cream</b> (not suitable for people on thickened fluids)</li> </ul>	 

**IMPORTANT:** The foods or drinks with **red stars\*** may need to be **thickened** if you have been recommended thickened fluids.



# 6

## SOFT & BITE-SIZED



### Level 6 Soft & Bite-Sized for Adults

#### What is this food texture level?

Level 6 – Soft & Bite-Sized Foods:

- ✓ Soft, tender and moist, but with no thin liquid leaking/dripping from the food
- ✓ Ability to 'bite off' a piece of food is *not* required
- ✓ Ability to chew 'bite-sized' pieces so that they are safe to swallow *is required*
- ✓ 'Bite-sized' pieces no bigger than 1.5cm x 1.5cm in size
- ✓ Food can be mashed/broken down with pressure from fork
- ✓ A knife is *not* required to cut this food



#### Why is this food texture level used for adults?

Level 6 – Soft & Bite-Sized food may be used if you are not able to bite off pieces of food safely but are able to chew bite-sized pieces down into little pieces that are safe to swallow. Soft & Bite-Sized foods need a moderate amount of chewing, for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. The pieces are 'bite-sized' to reduce choking risk. If you notice the food pieces are not being chewed well though, please contact your clinician to make sure you are on the correct food texture to reduce choking risk. Soft & Bite-Sized foods are eaten using a fork, spoon or chopsticks.

#### How do I test my food to make sure it is Level 6 Soft & Bite-Sized?

It is safest to test Soft & Bite-Sized food using the IDDSI Fork Pressure test.

See videos of the IDDSI Fork Pressure Test at [www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

#### IDDSI Fork Pressure Test

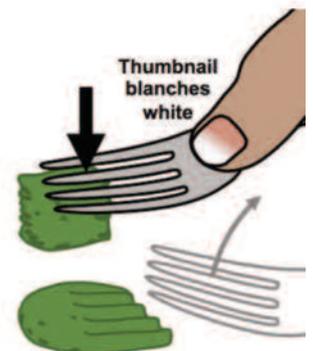
For **adults** the lump size is **no bigger than 1.5cm x 1.5cm**, which is about the **width** of a standard dinner fork.

**To make sure the food is soft enough**, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

No bigger than  
1.5cm x 1.5cm bite size  
for adults



**Soft & Bite-Sized food  
must pass both  
size and softness tests!**





## 6 SOFT & BITE-SIZED



For safety, **AVOID** these food textures that pose a choking risk for adults who need Level 6 Soft & Bite-Sized Food

Food characteristic to AVOID	Examples of foods to AVOID
Mixed thin + thick textures	Soup with pieces of food, cereal with milk
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli); dry cakes, bread, dry cereal
Tough or fibrous foods	Steak; pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips and crisps
Crumbly bits	Dry cake crumble, dry biscuits (add sauce to make these suitable)
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Food with skins or outer shell	Peas, grapes, chicken skin, salmon skin, sausage skin
Foods with husks	Corn, shredded wheat, bran
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Round, long shaped food	Sausage, grape
Sticky or gummy food	Nut butter, overcooked oatmeal/porridge, edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Floppy foods	Lettuce, cucumber, uncooked baby spinach leaves
Crust formed during cooking or heating	Crust or skin that forms on food during cooking or after heating, for example, cheese topping; mashed potato
'Floppy' food	Lettuce, cucumber, baby spinach leaves
'Juicy' food	Where juice separates from the food piece in the mouth, for example watermelon
Large or hard lumps of food	Casserole pieces larger than 1.5cmx1.5cm, fruit, vegetable, meat, pasta or other food pieces larger than 1.5cmx1.5cm
Extra Clinician notes	

Intended for general information only. Please consult with your health care professional for specific advice for your needs

## Soft & Bitesize

These foods should be **soft** and cut into **bitesize pieces (1.5cm x 1.5cm)**, easy to **chew and cut easily** with a fork. **Minced-moist** and **smooth puréed** options are also permitted.

<b>Fruit</b>	<ul style="list-style-type: none"> <li>✓ Naturally soft fruit chopped</li> <li>✓ Stewed/canned fruit</li> </ul>				
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>✓ Soft well cooked vegetables chopped</li> <li>✓ Well cooked peas or beans</li> </ul>				
<b>Bread, Cereals, Rice, Pasta, Potatoes</b>	<ul style="list-style-type: none"> <li>✓ Gelled bread in soaking solution (please see Nutills recipe book)</li> <li>✓ Softened breakfast cereals with no liquid run-off</li> <li>✓ Soft bitesize pasta pieces</li> </ul>				
<b>Dairy Products</b>	<ul style="list-style-type: none"> <li>✓ Soft cheese eg: laughing cow</li> <li>✓ Yogurts &amp; Petits Filous</li> <li>✓ Milk Puddings</li> <li>✗ Ambrosia Rice Pots</li> </ul>				
<b>Meat and alternatives</b>	<ul style="list-style-type: none"> <li>✓ Soft Meat , Poultry &amp; Fish (chopped)</li> <li>✓ Eggs (sliced, scrambled, NOT FRIED)</li> <li>✓ Well cooked Beans &amp; Lentils</li> </ul>				
<b>Desserts</b>	<ul style="list-style-type: none"> <li>✓ Soft moist desserts with custard/cream</li> </ul>				



## 7 REGULAR EASY TO CHEW



### Level 7 Regular *Easy to Chew* for Adults

#### What is this food texture level?

Level 7 – Regular *Easy to Chew* Foods:

- ✓ Normal, everyday foods\* of soft/tender texture
- ✓ Any method may be used to eat these foods (e.g. fingers, fork, spoon, chopsticks etc.)
- ✓ Food piece size is not restricted in Level 7, therefore foods may be a range of sizes. Food pieces can be smaller or bigger than 1.5cm x 1.5cm
- ✓ **Do not use foods that are:** hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle
- ✓ You should be able to 'bite off' pieces of soft and tender food and choose bite-sizes that are safe to chew and swallow
- ✓ You should be able to chew pieces of soft and tender food, so they are safe to swallow without tiring easily
- ✓ Your tongue should be able to move food for chewing and apply pressure until the food is soft and moist enough to be easily swallowed
- ✓ You should be able to remove bone, gristle or other hard pieces that cannot be swallowed safely from your mouth without help or direction from others

\*May include 'mixed thin and thick texture' food and liquids together – ask your clinician for direction on this.



#### Why is this food texture level used for adults?

Level 7 – Regular Easy to Chew food may be used if you have strong enough chewing ability to break down soft/tender foods into pieces without help, you have no increased risk of choking and do not have swallowing problems. This texture may be right for you if you usually choose to eat soft food, have weaker chewing muscles for hard/firm textures, but can chew soft and tender food without tiring easily. It may also be a good choice if you have been sick and are recovering strength. Your clinician might recommend this texture if they are teaching you advanced chewing skills.

#### Who should not have this texture level?

This level is not intended for people where there is an identified increased risk of choking. **People who are unsafe to eat without supervision are not considered suitable for this texture level.** People can be unsafe to eat without supervision because of chewing and swallowing problems and/or unsafe mealtime behaviours. Examples of unsafe mealtime behaviours include: not chewing very much, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food. Always consult with your health professional for specific advice for your needs, requests and requirements for supervision. \*Where mealtime supervision is needed, this level should only be used under the strict recommendation and written guidance of a qualified health professional.

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## 7 REGULAR EASY TO CHEW



### EXAMPLES of Level 7 Regular *Easy to Chew* food for Adults

- \* **Meat** cooked until tender. If you cannot serve soft and tender, serve as Minced and Moist
- \* **Fish** cooked soft enough to break apart easily with the side of a fork or spoon
- \* **Fruit** are soft enough to break apart into smaller pieces with the side of a fork or spoon (drain any excess liquid). Do not use the fibrous parts of fruit (for example, the white parts of an orange). Be careful when eating fruit with a high water content, where the juice separates from the solid in the mouth during chewing (for example, fruits like watermelon or other melons)
- \* **Vegetables** are steamed or boiled until tender. Stir fried vegetables may be too firm for this level
- \* **Cereal** is served with texture softened. Drain excess liquid before serving
- \* **Check with your clinician for direction about bread and sandwiches (and appropriate sandwich fillings)**
- \* **Rice** does not have any special cooking requirements at this level



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See videos of the IDDSI Fork Pressure Test at [www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

**Thumbnail blanches white**

*Must be able to break food apart easily with the side of a fork or spoon*

*Easy to Chew foods must break apart easily and pass Fork Pressure Test!*

**IDDSI Fork Pressure Test**

*To make sure the food is soft enough, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape*



## **7** REGULAR *EASY TO CHEW*



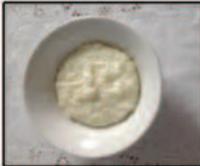
Avoid these food textures for adults who choose  
Level 7 Regular *Easy to Chew*

Food characteristic to AVOID	Examples of foods to AVOID
Hard or dry food	Nuts, raw vegetables (e.g. carrot, cauliflower, broccoli), dry cakes, bread, dry cereal
Tough or fibrous foods	Steak, pineapple
Chewy	Lollies/candies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato, dried fruits, sticky foods
Crispy	Crackling, crisp bacon, cornflakes
Crunchy food	Raw carrot, raw apple, popcorn
Sharp or spiky	Corn chips/crisps
Pips, seeds	Apple seeds, pumpkin seeds, white of orange
Bone or gristle	Chicken bones, fish bones, other bones, meat with gristle
Sticky or gummy food	Edible gelatin, konjac containing jelly, sticky rice cakes
Stringy food	Beans, rhubarb
Extra Clinician notes	

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## Level 7 Easy to Chew

These foods should be **naturally soft** with no size restriction. **Avoid foods which are hard, chewy or stringy.**

<b>Fruit</b>	<ul style="list-style-type: none"> <li>✓ Naturally soft fruit e.g. banana</li> <li>✓ Stewed/canned fruit</li> </ul>			
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>✓ Soft well cooked vegetables</li> <li>✓ Soft well cooked Peas and Corn</li> <li>✓ Soft Salads</li> </ul>			
<b>Bread, Cereals, Rice, Pasta, Potatoes</b>	<ul style="list-style-type: none"> <li>✓ Soft sandwiches</li> <li>✓ Softened breakfast cereals</li> <li>✓ Pasta</li> <li>✓ Soft Boiled and Mashed Potatoes</li> </ul>			
<b>Dairy Products</b>	<ul style="list-style-type: none"> <li>✓ Cheese</li> <li>✓ Yogurts</li> <li>✓ Milk Puddings</li> </ul>			
<b>Meat and alternatives</b>	<ul style="list-style-type: none"> <li>✓ Soft Meat, Poultry and Fish</li> <li>✓ Casseroles &amp; Stews</li> <li>✓ Soft Cooked Beans &amp; Lentils</li> <li>✓ Eggs (except fried)</li> <li>✓ Omelette</li> <li>✓ Quiche</li> </ul>			
<b>Desserts</b>	<ul style="list-style-type: none"> <li>✓ Soft moist cakes with custard/cream</li> <li>✓ Soft fruit based desserts</li> </ul>			



# 7 REGULAR



## Level 7 Regular for Adults

### What is this food texture level?

Level 7 – Regular Foods:

- ✓ Normal, everyday foods of various textures that are developmentally and age appropriate
- ✓ Ability to 'bite off' pieces of food is required
- ✓ Chewing ability is required for hard *and* soft food
- ✓ Ability to chew all types of food textures without tiring easily
- ✓ May include 'mixed consistency' foods (for example, cereal with milk or soup with vegetables pieces)
- ✓ Includes sandwiches



### Why is this food texture level used for adults?

Level 7 – Regular food may be used if you **do not** have problems with chewing or swallowing that would increase your risk for choking. Serve food as normal without restriction on the size of the pieces or the texture of the food.

### How do I test my food to make sure it is Level 7 Regular?

There are no specific tests for Level 7 Regular



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# TRANSITIONAL FOODS

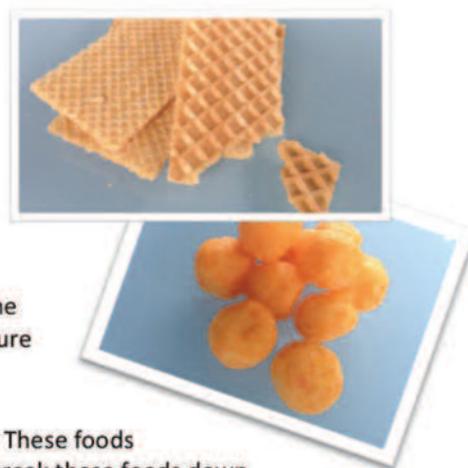


## Transitional Foods for Adults

### What is this food texture level?

Transitional Foods:

- ✓ Foods that start as one texture but change into another texture when moisture like water or saliva is added or when a change in temperature occurs (for instance, when the food is heated)
- ✓ Biting is not required
- ✓ Minimal chewing is required
- ✓ Tongue pressure can be used to break these foods once the texture has been changed by moisture/saliva or temperature
- ✓ May be used to teach chewing skills



### Why is this food texture level used for adults?

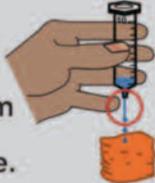
Transitional food may be used to help re-teach chewing skills. These foods require very little chewing. Tongue strength alone is able to break these foods down when they are softened. Transitional foods often do not have much nutrition so they cannot be relied on for a full diet. Your clinician might suggest they be used together with Level 5 Minced & Moist, Level 6 Soft & Bite-Sized or Level 7 Regular Foods.

### How do I test my food to make sure it is Transitional food?

To test transitional food, use a piece of food 1.5x1.5cm. Add 1 mL of water to the food and wait for one minute for the food to soften, then test using the IDDSI Fork Pressure Test. Serve food pieces in the size recommended by your clinician.

See videos of the IDDSI Fork Pressure Test at [www.IDDSI.org/framework/food-testing-methods/](http://www.IDDSI.org/framework/food-testing-methods/)

1. Add 1mL of water to 1.5cm x 1.5cm sample and wait 1 minute.



2. Then complete the IDDSI Fork Pressure Test.

Thumbnail blanches white



**IDDSI Fork Pressure Test for Transitional Food**

Take a piece 1.5cmx1.5cm, which is about the width of a standard dinner fork. Add 1 mL of water to the sample and wait 1 minute. *To make sure the food is soft enough*, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed, broken apart, and does not regain its shape

**Some examples of Transitional foods include:** Wafers, shortbread, Veggie Stix™, potato crisps, Cheeto Puffs™, Rice Puffs™, ice chips, ice cream

Intended for general information only  
Please consult with your health care professional for specific advice for your needs

## Characteristics of food that pose a choking risk

Stringy	Rhubarb
Crunchy	Popcorn, toast, dry biscuits, chips/crisps
Crumbly	Dry cakes or biscuits
Hard or dry foods	Nuts, raw broccoli, raw cauliflower, apple, crackling, hard crusted rolls/bread, seeds
Floppy textures	Lettuce, cucumber, uncooked baby spinach leave (adheres to mucosa when moist – conforming material)
Fibrous or “tough” foods	Steak, pineapple
Skins and outer shells	Corn, peas, apple with peel, grapes
Round or long shaped	Whole grapes, whole cherries, raisins, hot dogs, sausages
Chewy or sticky	Sweets (adhere to mucosa), cheese chunks, fruit roll-ups, gummy sweets, marshmallows, chewing gum, sticky mashed potato, dried fruits
Husks	Corn, bread with grains, shredded wheat, bran
“Mixed” or “dual” consistencies	Foods that retain solids with a liquid base (e.g. minestrone soup, breakfast cereal, e.g. cornflakes with milk), watermelon

## Food First

When a service user's food intake is less than their requirements, their health is at risk. Unwanted weight-loss can lead to muscle-loss, poor wound healing, higher risk of falls and higher risk of infections.

Simply eating more can be hard, especially when appetite has deteriorated.

Besides calories, it is also important to offer foods that are high in vitamins and minerals.

The tips below can help:

- ❶ Offer small and frequent meals and snacks (little and often)
- ❷ Make eating as easy as possible (correct cutlery, assistance)
- ❸ Allow plenty of time to eat
- ❹ Aim to provide familiar foods
- ❺ Obtain a list of likes and dislikes and offer when possible
- ❻ Avoid filling up on drinks or soup just before meals
- ❼ If a resident is unable for a full meal, offer a snack instead e.g. a sandwich, slice of cake, nourishing drink or supplement drink



### Encourage three meals and three snacks daily to maximise nutritional intake and prevent further weight loss.

- ❶ Remember that extra snacks such as crackers & cheese, yogurts, fresh sandwiches or bread & jam are useful as high protein high calorie snacks between main meals
- ❷ Encouragement and support can be vital, especially to help with any feeding difficulties. This can help to get the most amount of food from bowl to mouth and avoid stressful eating experiences

## High Protein High Calorie Advice

The following advice is designed to maximise nutritional intake with nourishing meals and snacks, and can help reduce weight loss. It aims to provide a high energy and protein intake in small portions and can help if appetite is poor.

### Suitable Foods:

- 🍷 Chicken or turkey breast
- 🍷 2/3 slices roast meat e.g. beef/ham/pork
- 🍷 Large pork or lamb chop
- 🍷 Fillet of fish or small tin of salmon/sardines
- 🍷 Egg scrambled/poached/boiled/fried
- 🍷 Small tin/5 tbsps baked beans
- 🍷 Cheese grated/sliced (1oz = 'matchbox size')

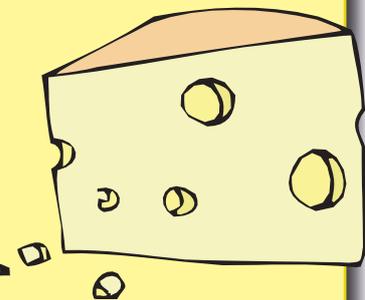
### Suitable Snacks/Drinks:

- 🍷 Glass of milk
- 🍷 Cup of Hot Chocolate/Cocoa
- 🍷 Yogurt
- 🍷 Milk pudding e.g. rice pudding/custard
- 🍷 Jelly & ice cream
- 🍷 Bread & jam
- 🍷 Crackers & cheese



### Choosing nourishing foods and drinks:

- 🍷 Meat
- 🍷 Fish (e.g. tinned fish like sardines)
- 🍷 Cheese
- 🍷 Eggs
- 🍷 Full fat yogurt
- 🍷 Cream (added to porridge, semolina, soup)
- 🍷 Butter and full fat spreads (added to main meal)
- 🍷 Jams, honey, peanut butter, chocolate spread
- 🍷 Milky drinks such as cocoa, drinking chocolate, ovaltine, coffee made on milk, yogurts
- 🍷 Soup (add cream and/or milk powder)
- 🍷 Fruit juices (or drinks enriched with vitamin C)
- 🍷 Regular fizzy or soft drinks e.g. regular 7-up, orange squash



Snack foods like cakes, biscuits and chocolate can provide significant calories, but can also 'spoil' the appetite if eaten shortly before meal times.



**Snack Ideas**

- Fruit and cream
- Trifle
- Scone
- Small sandwich
- Soup with milk or cream
- Rice pudding (cream and sugar)
- Custard (cream)
- Ice-cream
- Chocolate
- Cake
- Cheese (and crackers)
- Sausage roll/quiche

**Dessert Ideas**

- Trifle
- Custard
- Rice pudding
- Cheesecake
- Full fat mousse
- Full fat yogurt
- Cake/doughnut/cream cake
- Milk jelly (made with evaporated milk)
- Instant desserts made on cream and enriched milk

## Food Fortification

**Food Fortification** is useful in adding extra calories and protein to meals and snacks by increasing the energy content without the need to increase portion sizes. Useful tips on how to fortify foods include:

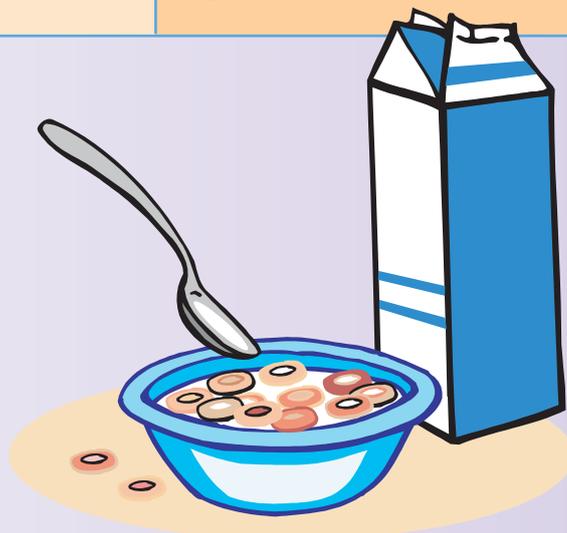
- 🍷 Stir 1-2 tablespoons of cream into porridge or milky puddings
- 🍷 Add extra sugar to tea, cereals or desserts
- 🍷 Add grated/soft cheese or stir extra cream into soups
- 🍷 Add whipped or pouring cream to desserts
- 🍷 Add extra butter to vegetables, potatoes and mash
- 🍷 Sprinkle grated cheese over vegetables or potatoes
- 🍷 Spread plenty of butter on crackers, sandwiches and add extra mayonnaise or cheese to sandwich fillings
- 🍷 Encourage a glass of milk with meals or snacks

## Ingredients commonly used to fortify foods

<b>Milk</b>	Use at least one pint of full fat milk per day.
<b>Milk powder</b>	Enriched Milk: Add 4 tablespoons of dried milk powder to 1 pint full fat milk. Use this for milky drinks, on cereals, making porridge, puddings, and sauces.
<b>Evaporated or condensed milk</b>	Can be used instead of usual milk to prepare porridge and milk puddings. Or 2 tablespoons of evaporated or condensed milk can be added to individual portions when ordinary porridge/milk puddings offered.
<b>Cream</b>	Add 2 tablespoons cream to each serving of porridge, soup, and desserts or fruit.
<b>Cheese</b>	Sprinkle 2 tablespoons grated cheese onto soups/stew/ sauces/potatoes/vegetables/scrambled eggs.
<b>Margarine/butter</b>	Use 1 teaspoon extra butter/margarine on bread/toast/crackers Add 2 teaspoons to potatoes and vegetables.
<b>Oil</b>	Offer fried foods frequently: bread, eggs, fish, chips, roast potatoes.
<b>Jam, honey</b>	Spread 2 teaspoons thickly on toast/bread. Serve milk puddings with 2 teaspoons jam. Serve porridge with 2 teaspoons honey.
<b>Yogurt</b>	Serve full fat/cream based yogurts.
<b>Soup</b>	Make instant soups with enriched milks.
<b>Alcohol</b>	Small amounts of alcohol can stimulate appetite but should not be administered without medical advice.

## The Increase in Energy Content after foods have been fortified

Food	1 portion	Additional ingredients	Energy (kcal)	
			Before	After
Milk	1 pint	Add 4 heaped tablespoons milk powder to whole milk	375	550
Custard	125mls	Add 1 heaped tablespoon milk powder and 2 tablespoons cream to custard made on whole milk	140	290
Soup	125mls	Add 1 heaped tablespoon milk powder and 2 tablespoons cream to soup	80	230
Porridge	125mls	Add 1 heaped tablespoon milk powder and 2 tablespoons cream to porridge made with whole milk	85	235
Mashed potato	1 scoop	Add extra 1 teaspoon margarine/butter and 1 tablespoon cream	70	160
Vegetables	3tbsp	Add extra 1 teaspoon margarine/butter and allow to melt	20	60
Ice cream	1 scoop	Pour 2 tablespoons cream over ice cream	115	225
Rice pudding	180ml	Place extra 2 teaspoons jam on pudding and serve. Then serve with high calorie custard or ice cream	260	300
Breakfast Cereal	25g	Use enriched milk, add 2 teaspoons sugar/honey	195	300



## The Increase in Energy Content after foods have been fortified using Commercial Supplements

Food	Energy content (kcal)	Supplement added	Total energy (kcal)
Porridge	75	30 mls calogen or 1 procal sachet	210 175
Soup	80	1 procal sachet	180
Stew/casserole	250	1 procal sachet	350
Sauce/gravy	80	1 procal sachet	180
Rice pudding	260	30 mls calogen or 1 procal sachet	395 360
Custard	140	30 mls calogen or 1 procal sachet	275 240



## Diet and Diabetes

### What is Diabetes?

In Diabetes, the level of glucose (sugar) in the blood is too high.

This is because the body is not producing enough of the hormone called insulin or the insulin produced by the body is not working properly.

Diabetes can be more difficult to manage if the person with diabetes is overweight. Where necessary, a diabetic diet should be used in conjunction with weight management guidelines. (See p42).

The following dietary guidelines are appropriate for those with type I and type II diabetes.

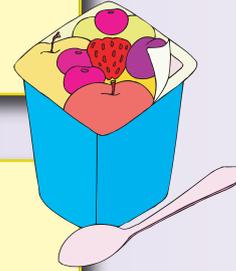
#### Diet and Diabetes: Main Points

- ☉ Regular meals should be provided
- ☉ Include a starchy carbohydrate food at each meal
- ☉ High fibre options should be available where possible
- ☉ A diabetic diet should be low in fat especially saturated fat
- ☉ Offer low fat dairy products
- ☉ Offer low fat spreads
- ☉ Avoid fried foods
- ☉ 5 portions of fruit and vegetables should be eaten daily
- ☉ Salt should not be offered at meal times
- ☉ Oily fish should be consumed twice per week



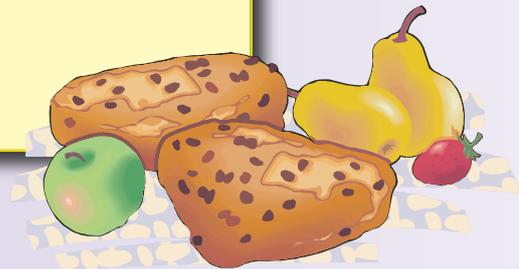
## Snacks

- ❶ Snacks may not always be necessary
- ❷ Those prescribed sulphonylureas may require an evening snack
- ❸ Newer insulins such as novo rapid, no longer require regular snacking
- ❹ Residents on older insulins such as insulatard may require snacks between meals



## Suitable Snacks:

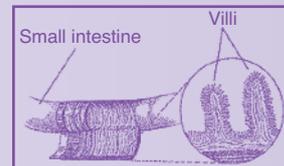
- ❶ Fruit (fresh or tinned in juice)
- ❷ Diet yogurt
- ❸ Wholemeal/wholegrain bread
- ❹ Crackers
- ❺ Plain biscuits
- ❻ Low fat milk
- ❼ Scones



## Coeliac – Gluten Free Diet Advice

Coeliac condition is a common autoimmune disorder, possibly affecting 1 in 100 people. It is caused by an intolerance to gluten. Gluten is a protein found in **WHEAT, BARLEY, RYE & OATS**. Gluten is found in foods made with or containing these cereals. Eating foods that contain gluten has a damaging effect on the lining of the small intestine.

In the small intestine there are folds called **villi** which help to absorb food. In coeliac disease these villi are damaged by gluten resulting in malabsorption of nutrients these can lead to various symptoms and complications if the disease remains untreated.



### The Gluten-free Diet

The treatment for coeliac condition is a strict life long gluten-free diet. The diet allows the gut lining to heal, absorb nutrients and improve symptoms.

**Note: GF = Gluten Free**

Food	Foods to avoid	Foods allowed
<b>Breakfast cereals</b>	All ordinary breakfast cereals including cornflakes, rice crispies and porridge	GF labelled cereal; GF muesli, GF cornflakes, GF porridge
<b>Bread</b>	All ordinary bread, crispbreads, crackers	GF bread only
<b>Meat, fish, chicken</b>	Sausages, processed meats like corned beef, fish fingers, meat/fish chicken in batter or bread crumbs	All prepared without flour, breadcrumbs or batter; beef/lamb/pork/ham, GF sausages, GF pizza bases, bacon
<b>Eggs</b>	Scotch eggs	Boiled, scrambled, fried
<b>Dairy products</b>	Muesli yogurt	Milk, butter, yogurt
<b>Desserts</b>	Semolina, any pastry/flour, cakes, crumble, sponge	Rice, tapioca, custard, jelly, ice-cream, fruit, tinned, stewed
<b>Potatoes and vegetables</b>	Check waffles, potato croquettes, instant mash, chips, coleslaw and pasta	All fresh and frozen vegetables, boiled, mashed potato, home made roast potato, rice, GF pasta
<b>Fruit</b>	Fritters, fruit crumble, fruit pie	All fresh and frozen fruit
<b>Soups and sauces</b>	Packet soups and sauces	Gluten free sauces
<b>Seasonings</b>		Salt, pepper, herbs, spices, lemon juice on fish
<b>Sugar and fats</b>		Sugar, jam, marmalade, butter, low low, flora
<b>Drinks</b>	Vending machine drinks, barley water, Horlicks, Ovaltine	Tea, coffee, fruit juice, minerals
<b>Miscellaneous</b>	Baking soda, flour	
<b>Pasta and noodles</b>	Fresh, dried or canned pasta and noodles	Manufactured gluten free pasta, corn pasta, rice pasta

### Preparation of gluten free meals

- ❶ Check all ingredients are gluten free
- ❷ Be especially vigilant that sauces and processed foods are gluten free
- ❸ It is not suitable to just remove batter or bread crumbs from food as there may be traces left. Food must be already prepared without coating
- ❹ Be careful to avoid cross contamination. Use a separate knife and toaster

### Cooking

- ❶ Take care to avoid cross contamination with gluten e.g. breadcrumbs in a deep-fat-fryer
- ❷ Do not cook roast potatoes or chips in oil which had been used to cook breaded foods or sausages

### Service of gluten free meals

- ❶ Only gluten free bread, breakfast cereals and biscuits
- ❷ Ensure that meals are gluten free
- ❸ Take care to avoid cross contamination with gluten e.g. breadcrumbs on toaster or bread knife

### Gluten-Free or Very Low Gluten

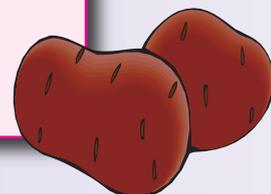
Newly-diagnosed coeliacs should start on a strict gluten-free diet i.e. <20ppm.

Once established on the diet and symptom-free, foods that are labelled “very low gluten” can be included in the diet.

The Coeliac Society’s Food List gives a list of foods that are;

- a) gluten-free, i.e. contain <20 parts per million (ppm) gluten;
- b) a list of foods that are very low gluten i.e. 20-100ppm gluten.

- ❶ All those with coeliac disease are encouraged to join the Coeliac Society of Ireland to get the most up to date information. [www.coeliac.ie](http://www.coeliac.ie) . The Coeliac Society produces a food list that provides information about the suitability of manufactured products for the gluten free diet.
- ❷ They also provide information for catering for people with coeliac disease.



## Dietary Fibre

### What is Dietary Fibre?

Fibre is the part of foods such as cereals, fruits and vegetables which the body is unable to digest. As it passes through the bowel fibre absorbs moisture and, as a result, helps food move steadily through the bowel and prevents constipation.

A high fibre diet is recommended for everybody to help prevent constipation, conditions like diverticulitis improve digestive health. Constipation can be a common problem in people who are inactive, bed bound, or on certain medication and it is especially important that these people have adequate fibre in their diet.

### What foods contain Fibre?

Fibre is found in wholegrain and wholemeal breads and cereals. It is also found in fruit, vegetables, nuts, seeds and pulses (such as peas and beans).

### *Suggestions to Increase the Amount of Fibre in the Diet*



- ☉ Offer high fibre breakfast cereals like Weetabix, Bran Flakes, Porridge, Shredded Wheat or Muesli
- ☉ Offer wholegrain, wholemeal or granary style breads instead of white
- ☉ Encourage two to three pieces of fruit everyday. Drink a glass of fruit juice with breakfast or as a snack
- ☉ Offer plenty of vegetables with dinner especially peas, beans and corn
- ☉ Wholegrain or wholewheat biscuits can be offered as a snack with a cup of tea. These can include Hob-Nobs, Goldgrain, Digestives and Ryvita
- ☉ Fill ½ plate with vegetables
- ☉ Try to add beans and pulses to meals

### Remember:

- ☉ It is essential to drink plenty of fluid when eating a diet high in fibre because fibre absorbs moisture as it passes through the bowel. Drinking two to three mouthfuls of water or juice every 30 to 40 minutes throughout the day will provide adequate fluid intake and help prevent constipation

## Fluids

### Why is adequate fluid intake important?

- Helps keep us hydrated, dehydration is a common cause of/contributor to confusion
- Helps regulate body temperature
- Helps transport nutrients and compounds in your blood
- Reduces constipation, risk of pressure areas and urine tract infections
- Dehydration is a common cause of/contributor to confusion

### What are the symptoms of dehydration?

- Dry mouth,
- Headaches/Light headedness
- Reduced urine output,
- Dark urine output,
- Tiredness,
- Poor concentration

### Who are particularly at risk of dehydration?

Older people due to the following;

- Lack of access to drinks due to lack of mobility, lack of availability or dependence on others to provide something to drink
- Fear of incontinence
- Reduced thirst sensation
- Reduced ability to concentrate urine



## How much is needed?

Adults need to drink at least 1500mls of fluid a day (approximately 8 -10 cups of fluid) to replace losses by breathing, urine, faeces and sweating. This is of high importance in the often warm care environment. Be mindful of service users on prescribed fluid thickeners to ensure they receive adequate fluid intake.

## Common Household Measures

1 medium glass	200mls
1 drink can	330mls
1 Mug	250mls
1 Cup	200mls

**Exceptions:** in certain situations e.g. congestive heart failure, kidney failure, different fluid recommendations may apply. Fluid restrictions are seldom lower than 1500 ml. Any prescribed fluid restriction will be noted in the clinical notes.

## Weight Reducing Diet

A weight reducing diet may be introduced to improve the quality of life or the medical health of a service user.

### To achieve weight loss:

**The amount of energy from food eaten must be less than the amount of energy the body uses in functioning.**

### Tips for Weight Reduction for Service Users:

- Starchy foods such as bread/cereal/potatoes should form the basis of all main meals
- Low fat dairy foods such as low fat or fortified milk (super milk) should be available
- Use a low fat spread or use butter sparingly
- Rich gravy/creamy sauces and mayonnaise should be used in small amounts. Opt for pepper, mustard, ketchup or low fat/ light salad dressings as an alternative for flavour
- Use sugar replacement products where appropriate
- Offer lower calorie dessert options.
- Try sugar-free jelly and tinned fruit in juice, sugar free custard and stewed fruit or rice pudding made on low fat milk
- Fresh fruit or yogurt could be given
- Alternatives to fried foods and chips should be available for evening meals eg. sandwich with cheese or cold meat with salad, scrambled egg or beans on toast
- Cut down on foods such as chocolate, crisps, sweets or cakes. These items should not be available from the service users locker, other residents or staff
- Encourage relatives/visitors to bring non food gifts
- Any opportunity to mobilise such as raising hands or legs gently if confined to a chair or walking with or without assistance where feasible should be encouraged. The advice of a Physiotherapist should be sought if mobility is in doubt

## Low Fat Diet

### Who may require a low fat diet?

Service Users may require a low fat diet if they;

- Had a blood test and their cholesterol level is high,
- Have high blood pressure
- Had a heart attack or stroke
- Are trying to lose weight
- Have diabetes

### Different type of fats in our diet

#### Saturated Fat

Main sources include; butter, lard, coconut oil, dripping, dairy products and the fat on meat. If taken in excess, it can lead to an increase in your cholesterol levels which would increase your risk of developing cardiovascular disease.

#### Monounsaturated Fat

Main sources include; olive oil, rapeseed oil, spreads made with olive oil and rapeseed oil, avocado, almonds, brazil nuts and peanuts. These fats can help maintain a healthy cholesterol level.

#### Polyunsaturated Fat

This group is made up of Omega 6 (n-6) and Omega 3 (n-3), these are essential fats needed in our diet as our body is unable to produce them. Main sources of Omega 6 include; corn, sunflower, safflower and soya beans and their spreads. Omega 3 is found in oily fish such as salmon, herring, mackerel, sardines, fresh tuna and trout.

#### Trans Fat

This fat occurs naturally in certain foods but the industrially produced trans fats can increase cholesterol levels. Main sources include; manufactured cakes, biscuits, pastries and fried foods from restaurants and take aways.

## So what should we do to lower the fat in our diet?

- Swap saturated products like butter, lard or coconut oil for mono/poly unsaturated fats like olive, rapeseed, sunflower oils and spreads.
- Choose lean cuts of meat and remove fat and skin off meat prior to cooking.
- Have 2 portions of oily fish a week.
- Measure the oil used in cooking instead of pouring.
- Grill, bake, steam or poach your food.
- Choose low fat or skimmed milk instead of full cream milk.
- Choose a lower fat cheese like edam, cottage cheese, low fat soft cheese but watch your portion size as cheese is high in saturated fat.
- Reduce intake of products like cakes and biscuits that are high in trans fats.
- Increase intake of fruit and vegetables to 5 portions a day.

### REMEMBER

**All Fats and oils are high in calories. If you are trying to reduce or monitor your weight, it is important to monitor your portions of fat containing foods.**

## Food Cravings

Medications aimed at improving a service user's mental health can have unwanted side effects. One of the common side effects associated with taking these medications is food cravings. These cravings can be difficult to resist and can lead to fast weight gain. The following guidelines are appropriate for those experiencing food cravings.

### Coping with Food Cravings: Main Guidelines

- Do not skip meals: aim to have three healthy balanced meals a day
- Have a breakfast that is high in fibre and low in sugar; examples are a bowl of porridge, branflakes or a sugar free muesli or two slices of wholegrain toast with low fat spread and a banana
- Delay the urge to "give in" to a craving by: having a drink of water, use distraction techniques such as phoning a friend, watching TV, going for a walk
- Learn to understand your cravings: being aware of the craving can help the service user resist it
- Keep a cravings diary to monitor patterns in the cravings
- Serve all snacks on a plate: you are less likely to eat the food if you see it on the plate

## Takeaway Foods

Takeaway foods are considered higher in fat, sugar and salt in comparison to those foods that are prepared at home. Takeaway foods tend to be high in trans and saturated fatty acids which can lead to raised blood cholesterol levels which may increase your risk of developing cardiovascular disease.

The following guidelines are appropriate when considering takeaway foods:

### Take away foods: Main Guidelines

- Takeaways should be limited to once a month
- When ordering a takeaway be aware of portion sizes – perhaps sharing a meal with a friend
- Request no added salt during the cooking process
- Add some vegetables to your dish to ensure you are having at least one of your five portion of fruit and vegetables daily

## Iron Rich Diet

Service users can be at risk of iron deficiency anaemia if they have low intake of foods with iron or if they have overall poor food intake.



Anaemia can have a number of causes including: peptic ulcer, stomach ulcers, piles, bowel cancer, kidney disease, chronic diarrhoea and poorly controlled coeliac disease.

Symptoms of anaemia can include tiredness, shortness of breath, dizziness and lack of appetite.

Tea can inhibit the absorption of iron. Try to have tea in between your meals rather than directly before, during or after your meal.

### Sources of iron

Iron is best absorbed from animal sources.

The richest sources of iron include:

- Red meat such as beef, lamb, liver, kidney, black pudding
- Other good sources include tinned oily fish, eggs

### Plant sources:

- Dark green leafy vegetables, including spinach, cabbage, broccoli
- Wholegrain cereals, breakfast cereal fortified with iron, e.g. Weetabix, Branflakes
- Wholemeal bread
- Pulses, including baked beans, kidney beans, lentils, peas
- Cocoa, chocolate, Bovril, Ovaltine

### Vitamin C assists the absorption of iron.

#### Combine meals with vitamin C rich foods:

- Fresh fruit, especially citrus fruits like oranges, mandarin oranges/satsumas, grapefruit, kiwis, strawberries
- Fruit juices
- Salad vegetables including peppers, tomatoes
- Blackcurrant drinks/squash, fortified fruit drinks
- Vegetables, including potatoes

## Low Salt/No Added Salt Diet

### Who may require a low salt/no added salt diet?

#### *Service Users who have:*

- High blood pressure
- Congestive cardiac failure (CCF)
- Restricted sodium intake
- Renal failure and on a sodium restricted diet
- Prescribed sodium restricted diets

#### *General tips/guidelines:*

- Do not add salt to food in cooking and at the table
- Choose fresh meat and fruit and vegetables, they are naturally low in salt
- Check food labels and look for products with less than 3g of salt per 100g
- Reduce intake of high salt foods (see list below)
- Do not offer sea salt or other salt based seasoning

#### **Foods High In Salt – Keep to a minimum/use in moderation**

- Packet and tinned soups. Bottled, packet and tinned sauces
- Gravy mix, Bovril, Oxo, Marmite, stock cubes, soy sauce
- Flavoured salts, garlic salt, onion salt
- Ham, bacon, corned beef, sausages, black and white pudding
- Tongue, pate, processed meats (ham, luncheon meats)
- Cheese, salted biscuits, crisps, and salted peanuts
- Tinned vegetables, baked beans, tinned macaroni and spaghetti
- Chocolate and toffee

Some people might want to use 'Lo-Salt'. In 'Lo-Salt' sodium is replaced by potassium and gives the appearance and taste of salt. It can help reduce sodium intake. This is unsuitable for service users on certain diuretics (check with Pharmacist if unsure) and for service users with renal failure.

## Did You Know?

### Freshly prepared food can be very low in salt:

- Use marinades of lemon, vinegar, peppers etc., to help flavour meat or poultry
- Use natural yogurt and lemon juice as salad dressings
- Use fruit to make sauces e.g. apple sauce with pork

### Additional tip:

- Taste food before adding any seasoning
- If seasoning is required add:  
**pepper, herbs, garlic, onions, vinegar, lemon juice, mustard, spices or ginger**



## Vegetarian Diets

People follow vegetarian diets for a variety of reasons, there a number of different vegetarian diets that may be followed.

**Lacto-ovo vegetarians** – eat diary foods and eggs but not meat, poultry or seafood

**Ovo-vegetarians** – include eggs but avoid all other animal foods, include dairy

**Lacto-vegetarians** – eat dairy foods but exclude eggs, meat, poultry and seafood

**Vegans** – don't eat any animal products at all, including honey

### Variations include

**Pescetarians** – eat fish and shellfish

**Semi** – vegetarians occasionally eat meat or poultry

Following a vegetarian diet there are a few nutrients that need specific focus on:

### Protein

Vegetarian sources of protein include

- Beans, lentils, and chickpeas
- Soya and soya products e.g soya dairy, alternatives, tofu, soya nuts and soya mince
- Seeds
- Nuts and nut butters
- Grains such as wheat, rice and maize

### Iron

Various plant sources contribute to iron intake:

- Fortified breakfast cereal
- Dried fruit
- Beans/lentils
- Leafy green vegetables
- Sesame seeds
- Nuts
- Wholemeal bread

To help the body absorb iron from plant foods, include a source of vitamin C with your meals (e.g. vegetables, fruit or a glass of fruit juice)

## Calcium

If dairy foods are not being consumed, other sources need to be considered

- Tofu
- Calcium fortified foods eg soya milk, yoghurts and puddings: rice/oat drinks and fruit juices
- Green leafy vegetables
- Brown and white bread
- Sesame seeds/tahini
- Nuts
- Dried fruit e.g. apricots and figs

## Vitamin B 12

- Vegans should include fortified foods containing Vitamin B 12
- Yeast extract
- Soya milk, yoghurts and desserts
- Breakfast cereals
- Certain brands of rice drinks and oats drinks

## Ethnic Diets

Some religions and cultures have particular food requirements. These requirements should be discussed with the service users and provision should be made to provide culturally appropriate food if necessary.

Below is a brief outline of some religious/cultural diets, further more detailed information should be sought as necessary.

### Hinduism

Vegetarianism is recommended in Hindu scriptures and widespread in India. Hindus are free to choose their own diet and many eat some types of meat. Beef should not be offered to a Hindu as the cow is sacred. Some will not also eat pork.

Spices and salt are commonly used, yogurts and sweets are taken with meals. Ghee (clarified butter) is often used instead of oil in cooking.

### Muslim

The religion of Muslims is Islam, Muslim dietary restrictions are laid down in the Holy Quran. Among such considerations are:

- Animals are to be ritually slaughtered in a particular method (halal Meat) (Kosher meat may also be acceptable)
- All wholesome foods are halal unless it is declared unlawful (haram). Unlawful haram foods, are foods and food products from the pig and foods containing ingredients or additives derived from the pig or any animal that has not been ritually slaughtered or any Haram source.
- Fish is acceptable providing it has fins and scales. A Muslim might refuse a food if they cannot be sure that it does not contain unlawful ingredients.

Ramadan – Muslims are required to fast from dawn to sunset during the month of Ramadan, which is the ninth month of the Muslim calendar. Fasting involves abstinence from all food and drink. There are a number of groups that are exempt from fasting.

## Judaism

The Jewish diet follows detailed dietary laws that date back to the Old Testament and define food selection, preparation and consumption (kosher).

Among such considerations are:

- Meat and poultry must not be cooked with milk or milk derivatives or be served at the same meal
- All meat and milk products must be bought from a kosher shop
- Permitted meat comes from sheep, goat and cattle, meat from pig is not allowed
- Poultry such as chicken, duck, goose, turkey and some birds are permitted
- Only fish with scales and fins such as cod, plaice, Salmon, tuna etc. are allowed

## West African Diet

Service users that originate from Nigeria and Ghana, may consume elements of a Western African Diet. Cassava, green bananas, yam, cocoyam, plantain and sweet potatoes that are boiled, roasted or fried are commonly used carbohydrates. Commonly eaten fruit and vegetables are oranges, pawpaw, mango ugu (pumpkin leaves), and green leafy vegetables. Meat, fish and seafood are eaten at each meal. Among Nigerians, black eyed beans are cooked as a stew. Stews and one pot dishes are the most common cooking methods.

### Polish Diet

Polish cuisine is abundant in meat and sausage of all kinds as well as different kinds of pickles, dumplings and pasta shapes, notably Polish ravioli (pierogi) and kasha (kasza).

### Chinese

Diet varies from region to region and food preferences need to be discussed with the service user. Those from the northern region mainly eat wheat, including noodles, bread and dumplings. The southern region would have more rice in their diets.

## Nutrition and Wound Care

Significant wounds include pressure sores and wounds that occur post surgery. Individuals who are susceptible to pressure sore development are those who;

- Are immobile or unconscious
- Are elderly with impaired mobility e.g. post CVA
- Have diabetes

Many nutrients play an important role in wound healing. Malnutrition and specific nutrient deficiencies can delay wound healing and increase susceptibility to infection in an existing wound.

Nutritional factors which can influence wound healing include

- Poor energy intake
- Protein losses via wound exudate
- Fatty acid intake
- Micronutrients including vitamins A, C and E, minerals zinc, magnesium and selenium
- Fluid losses via wound exudate

There is no single diet or meal plan to manage wound care. Each individual's needs are different. Nutrition must be an integral part of the management of wounds/pressure sores and should take account of factors including

- Age
- Body weight
- Grade of pressure sore/size of the wound
- Losses from the wound site/sore
- Current nutritional intake

## Nutrition and Stroke

If a service user has previously suffered a stroke there are some factors to bear in mind for secondary prevention of stroke, these include:

- Management of pre-existing conditions such as diabetes, high cholesterol, high blood pressure, and overweight or obesity
- Limited/reduce alcohol consumption
- Reduce consumption of salt and saturated fat

Recommended dietary advice includes:

- Keeping saturated fat to a minimum i.e. the fat found in dairy products, meats or processed foods
- Consuming oily fish at least once a week
- Aiming to include 5 portions of fruit and vegetables in the diet each day for fibre and folic acid
- Keeping consumption of salt to a minimum

These dietary recommendations may be difficult to achieve for a variety of reasons:

- The stroke may have caused dysphagia or difficulty with the eating and drinking process therefore a resident may be at risk of malnutrition
- If a resident requires a modified consistency diet some foods may be contraindicated

For advice on modified consistency diets in the treatment of dysphagia refer to pages 5-16.

### General tips/Guidelines:

- Where malnutrition is suspected due to poor nutritional intake post stroke, please refer the resident to the Dietitian who can recommend suitable low saturated fat and low salt food fortification options
- An omega 3 oil supplement may be suitable instead of consuming oily fish and should be discussed with the Dietitian and the Medical team
- Pureed fruits can be added at various meal times e.g. with porridge in the morning or a pudding at supper to increase consumption of fruit. Pureed vegetables can be eaten at dinner and tea times also.
- See page 4 for sources of folic acid
- For low salt advice please refer to pages 35-36
- For weight reduction advice please refer to page 30
- For advice on management of Diabetes please refer to pages 23-24

## Eating and Dementia

Dementia can greatly affect a person's relationship to food and eating. The behavioural, emotional and physical changes that take place as dementia progresses can all have an impact upon a person's eating habits and their intake of food and drink.

It is important to know what you can do to make sure the person you are caring for enjoys their food and eats a healthy, balanced diet. As dementia progresses eating can become difficult for some people. However, by making a few changes you can keep meal times as enjoyable and stress free as possible.

*Below is an overview of problems in eating and suggested ways of dealing with those.*

Observed behaviour	Suggestions for dealing with the behaviour
<b>Style of eating and pattern of intake</b> Incorrectly uses spoon, fork or knife	Make sure that the person can use the utensils provided. May benefit from additional aids or devices. Consult with Occupational Therapists.
Unable to cut meat	Provide bite size cut meat. Assist in cutting meat. Don't assume liquidised meat is required.
Difficulty getting food onto utensils	Plate guard or lipped plate may help. The food may be easier to eat with a spoon or with hands. Provide 'Finger Foods'.
Eats desserts/sweets first	Serve meal in courses, not all together. Make main meal sweet or spicy.
Eats only certain foods	Ask about likes/dislikes. Provide familiar & favourite foods. Encourage a variety of appetising foods. Provide verbal cues.
Eats too fast	Offer food in small portions. Serve one item at a time and give high calorie, high protein foods first.
Plate wanders on table	Use no-skid place mat or suction plate.
Eats other people's food	Keep other people's food out of reach. Limit the number of foods available at one time.
Incorrectly uses cup or glass	Verbal or manual cue. Offer cup with handles or a straw.
Mixes food together	Accept this, as long as the food is eaten.
Slow eating, prolonged meal times	Keep food on warm plates. Give small portions and offer second helpings. Provide assistance as required.

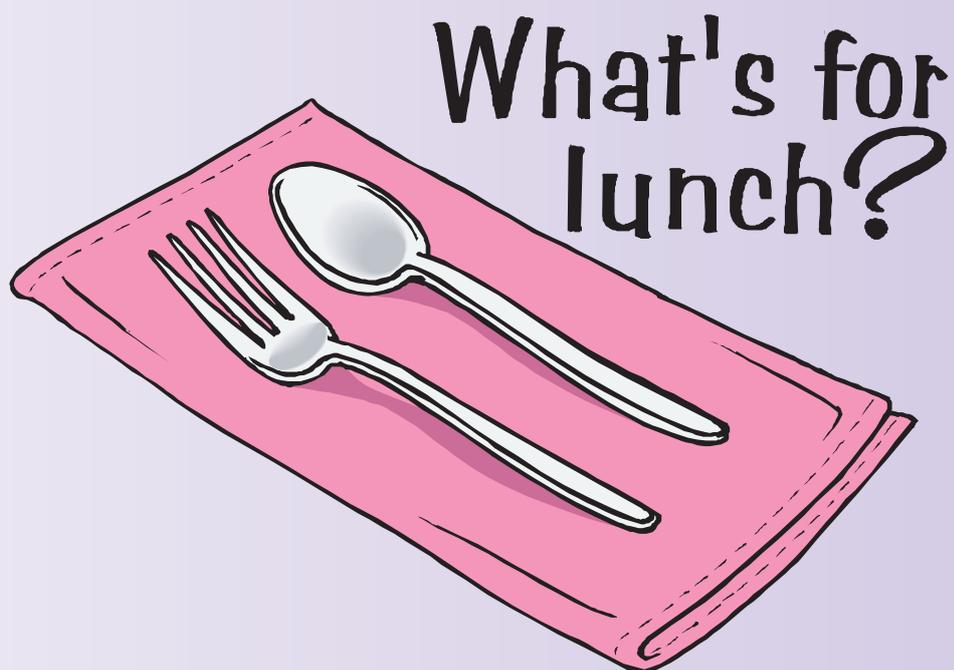
Resistive or disruptive behaviour	Suggestions for dealing with behaviour
Hides food	Reassure resident that it is ok to eat the food. Confirm with them that more food will be available later.
Throws food	Determine whether they like the food or not. Withdraw the food for a moment & offer again, cajoling them.
Verbally refuses to eat or states “No more”, “Finished” or “Not Hungry”	Remove meal 5-10 minutes and then serve again. Investigate cause e.g. food preferences. Reassure & support them.
Interrupts servers or wants to help	Give the person a role in the meal service e.g. setting table, pouring water, buttering bread, greeting guests.
Plays with food	Remind them to eat. Assist them. Determine whether they like/dislike the food.
Distracted from eating	Remove the distractions. Ensure a calming, relaxing environment. Prompt to eat.
Stares at food without eating	Verbal or manual cue, e.g. placing food or utensils into the person’s hand. Remind them to eat. Explain the purpose of the food & reassure them that it is ok to eat.
Demonstrates impatient behaviour during or before meals	Invite them to the dining area just before serving meals. Avoid waiting at the table before meals are served. Lay the table close to meal times. Serve them their meal before other people. Offer food in courses and minimise waiting time.
States “I can’t afford to eat” or wants to pay for meal	Reassure them. Provide ‘meal tickets’ or ‘vouchers’ in exchange of meals.
Eats small amounts and leaves table, unable to sit still for meals	Provide ‘Finger Foods’ to take away (see table p40). Provide a beaker of drink.

Oral behaviour	Suggestions for dealing with behaviour
Difficulty chewing	Provide softer, easier to chew foods.
Difficulty swallowing	Liaise with Speech and Language Therapist. A modified consistency diet may be required.
Prolonged chewing without swallowing	Verbal cue to swallow. Provide soft, easy to swallow foods.
Does not chew food before swallowing	Verbal cue to chew. Determine correct fitting of dentures or pain on chewing.
Holds food in mouth	Determine whether resident has mouth pain/sores. Remind them to chew & swallow food. Continue to encourage them to eat. Massage cheek. Experiment with different tastes and textures.
Bites on spoon	Encourage them to relax. Perhaps use hands to eat. Determine whether they have sore gums/teeth.
Spits out food	Do they like the food? Is the texture right? Is it too hot or too cold? Determine whether they have difficulty chewing or if they have pain. Consider taste changes – is food sweet or bitter?
Refuses to open mouth	Verbal cue to open mouth. Touch lips with spoon. Allow them to watch you open your mouth & chew.

## Assisted Eating

### Guidelines for helping a person to eat

- The same carer should stay with the resident throughout the meal
- Make sure the person has his or her glasses, dentures and/or hearing aid in place
- Make sure the person is sitting in an upright position
- The carer should sit at eye level or slightly below, and either immediately in front of or slightly to one side of the person who needs help
- Give small mouthfuls but enough for the person to feel the food is in his or her mouth
- Give adequate time for the person to swallow each mouthful before continuing
- Assist but never force
- Maintain eye contact with the person who needs help. Do not talk to someone else while offering food
- Use verbal prompts: talk clearly about the food you are offering (especially if it is pureed). And use a gentle but firm tone
- Discourage the person from talking with food in their mouth because of the risk of choking



## Suitable Finger Foods

For service users who have a lot of difficulty using cutlery at meals and who are losing weight, foods which can be hand held and require minimum chewing can be a major source of nutrition. Adapted cutlery or non-slip mats may also assist where these are determined to be of help by an Occupational Therapist.

**Note:** Some finger foods are not suitable for those with swallowing problems - check with the speech and language therapist .

Savoury foods	Sweet foods
Chopped meat Chopped chicken Fish finger Chicken nuggets Sausage roll Sausage Potato croquettes Hard boiled egg Cheese cubes/sticks Cheese string Crackers French toast Sandwiches Pizza slices Toast or bread with : <ul style="list-style-type: none"> <li>● Butter</li> <li>● Jam</li> <li>● Peanut butter</li> <li>● Cheese spread</li> <li>● Cream cheese</li> </ul>	Cereal bar Muesli bar Fairy cake Madeira cake Biscuits Brack/fruit loaf Chocolate bar/pieces Scone Ice pop Jelly cubes Rice cake Fruit slices: <ul style="list-style-type: none"> <li>● Banana</li> <li>● Apple</li> <li>● Pear</li> <li>● Orange/grapefruit segments</li> <li>● Seedless grapes</li> <li>● Berries</li> <li>● Melon</li> </ul>

# Nutrition Support

## Guidelines for appropriate use of Oral Nutrition Supplements (ONS) for services users within HSE mental health approved centres.

### 1.0 Purpose:

To ensure correct and appropriate resident centred use of ONS for individuals within the approved centre.

To support and develop existing on site nutrition policy.

### 2.0 Scope:

This guideline document applies to all Nursing staff, Attendant staff, Allied Health Professionals, General Practitioners, Clinical Dietitians working in the care of older persons.

### 3.0 Definitions:

#### Nutritional Support:

Refers to the methods used to improve or maintain nutritional intake.

#### ONS – Oral Nutrition Supplements:

Commercially prepared high energy and/or high protein products for the purpose of providing additional macro and micro nutrients. Available as milk based or juice based sip feeds, dessert style mousse, yogurt style drink, milk shakes, fat based emulsion, carbohydrate based sources, protein based sources.

### 4.0 Responsibility:

It is the responsibility of each CNM to ensure all staff are aware of the protocol and that it is implemented at ward level.

It is the responsibility of each staff member to be familiar with protocols and adhere to them.

It is the responsibility of the Dietetics team to provide information and support to implement the protocol.

## 5.0 Protocol to commence oral nutrition support

- All service users in the residential care setting should have regular nutritional screening
- Service users with poor appetite/small appetite/losing weight are required to have full nutritional screening carried out by trained nursing staff
- Nutrition screening tool will be used to identify residents at risk of malnutrition/requiring nutrition support
- 5 day nutrition monitoring sheet to be recorded
- Referral to be sent to appropriate Dietitian following referral protocol
- Food first approach should be adopted
- Decision to provide ONS to a resident will be discussed by member of nursing team and Dietitian
- An individualised resident centred approach to ONS should be adopted taking into account a service user's:
  - nutrition requirements;
  - existing medical conditions;
  - taste preferences
- Nutrition care plan drawn up by Dietitian should be included in resident care plan
- All prescribed oral nutrition supplements should be written up and recorded as appropriate in the Prescription Kardex or as per local policy

## 6.0 Monitoring

### *Measures of efficacy include:*

- Recording residents intake of oral nutrition supplements
- Monthly weights
- Nutrition monitoring – where indicated by circumstances of clinical need
- Regular review of the above by Dietitian

## Types of Oral Nutrition Supplements

*Availability of oral nutrition supplements (ONS) is determined by Regional Nutrition Contract and Central Supplies and they can be sourced through Pharmacy. Before commencing ONS, residents must be referred to the Community Dietitian for assessment and for a resident specific appropriate prescription.*

### Milk Based Supplements

Juice based supplements

Yogurt style supplements

Dessert/pudding style supplements

### Disease specific supplements

- Diabetes
- Wound Care
- Cancer Cachexia
- Respiratory Conditions
- Renal

**Energy Powders:** Powders made from various combinations of carbohydrate, fat or protein that can be added to food & fluid.

Energy liquid supplements

Thickening agents



## Enteral Nutrition

### Introduction

Enteral nutrition can be defined as nutrition support provided via the gastrointestinal tract using an enteral tube. This method of nutrition support should be considered in residents with a functioning gut, who are unable to meet their nutritional requirements orally. In practice, the decision to enterally feed is made by the medical team, in consultation with the Clinical Nutritionist/Dietitian and of course the resident or appropriate relative/next of kin. Each resident should be considered individually taking clinical condition, nutritional status and treatment plan into account.

### Aims of enteral nutrition

*In general the overall aims of nutrition support using enteral nutrition are as follows:*

1. To optimise nutritional status and prevent malnutrition
2. To improve the nutritional status of the malnourished resident
3. To maintain fluid balance
4. To help prevent pressure sores
5. To reduce morbidity and mortality
6. To improve quality of life

## Care of Service User When Receiving Enteral Feeding

- This service user must be positioned at a **minimum of 45 degree angle** during feeding and at least 60 minutes after feeding has ceased to avoid aspiration risk
- Feed should be administered at room temperature
- Feeding tube should be flushed with minimum 30-50 mls of sterile water before and after the delivery of feed
- When using ready to hang feeds, change the giving set **every 24 hours**
- Feed should be open for **no more than 24 hours**
- Sterile water should be open for **no more than 24 hours**. Mark date and time of opening sterile water bag. Keep capped and refrigerated when water not in use
- Observe resident and equipment for 2-3 minutes post commencing feeding
- Ensure that the feeding pump is set to the correct feeding rate and feed volume; check the Enteral Feeding Regime in the resident's care plan

## Monitoring Service User on PEG Feeding

- Service user on maintenance regime – ideally monitor U&E's/FBC every 6 months and or as clinically indicated
- Weigh all service users monthly and record weight in care plan. Use standardised equipment for weighing
- If service user has catheter bag in situ ensure it has been emptied prior to weighing
- In case of clinical concern monitor daily urine output and hydration status of the resident
- Monitor bowel pattern daily and document in resident care plan; as required refer to the Bristol Stool Chart (Appendix)

## Management of Enteral Feeding Care

### Gastro - Intestinal Complications

Problem	Possible Cause	Suggested Solution
Gastro-oesophageal reflux	Misplacement or dislodgement of tube Regurgitation	Confirm tube position Elevate residents head and shoulders by at least 45° during feeding and for at least 60 mins after feeding Avoid overnight feeding
Nausea/Vomiting	Gastric retention Rapid infusion rate Intolerance to feed content Medical condition Constipation	Rule out medical cause Reduce feed rate Review feed type Check bowel record
Abdominal distension	Rapid boluses Cold feed Delayed gastric emptying Nutrient malabsorption Constipation	Rule out suspected cause Reduce infusion rate Alter feed if necessary
Diarrhoea	Drugs – antibiotics/laxatives/ sorbitol containing medication/ Infection – Clostridium Difficile Malabsorption Rapid infusion rate Hyperosmolar feed Contamination of feeding system	Send stool sample Treat any infection Anti-diarrhoeal medication Prevent dehydration Alter feed: fibre/peptide based Consider osmolality of feed & drugs
Constipation	Inadequate fluid Low fibre intake Immobility Faecal impaction & obstruction Drug therapy Changes in gut motility	Increase fluid intake Fibre containing feed (discuss with Dietitian) Medication (discuss with Pharmacist)
Aspiration	Swallowing difficulties (dysphagia) with oral intake Position of the feeding tube Position of the resident Delayed gastric emptying	Stop all oral intake Refer to SALT for advice regarding oral intake Check that the tip of the feeding tube is in the correct place Ensure head and shoulders are raised to an angle of approximately 45° during feeding and for at least one hour after feeding stops. Consider day time feeding Observe the resident for signs of abdominal discomfort or distension Discuss with Dietitian and consider reduction of volume of feed/fluid administration i.e. changing the type of feed Refer to the Doctor for monitoring of same and/or consideration of gut motility drugs
Cellulitis	Infection to tissue surrounding stoma	Inform Doctor resident may require antibiotics

## Stoma Site Management

### 0 to 48 hours post-insertion:

Potential Problem	Action/Prevention
Pain at site post operatively	<ul style="list-style-type: none"> <li>Do not touch site and tube for 8–12 hours</li> <li>Administer analgesia if appropriate</li> </ul>
Infection	<ul style="list-style-type: none"> <li>Observe for signs of swelling, bleeding or infection</li> <li>Use aseptic technique for first 72 hours</li> <li>Cleanse site and fixation device twice daily with sterile 0.9% saline solution. Dry thoroughly</li> <li>Keep area clean and dry. Apply dressing if required to absorb exudate</li> </ul>
Tube and fixation device damage	<ul style="list-style-type: none"> <li>Do not release the fixation device for the first 72 hours</li> </ul>

### After 48 hours:

Potential Problem	Action/Prevention
Infection	<ul style="list-style-type: none"> <li>Observe for signs of swelling, bleeding or infection</li> <li>Use clean technique after 72 hours until tract is healed</li> <li>Allow 21 days for the tract to heal</li> <li>Keep area clean and dry. Apply dressing if required to absorb exudates</li> </ul>
Tube and fixation device damage	<ul style="list-style-type: none"> <li>Follow the manufacturer's or local guidelines specific to tube type. In general, non-sutured gastrostomy tubes can be rotated daily by 360°</li> <li>Do not release fixation device</li> </ul>
Personal hygiene	<ul style="list-style-type: none"> <li>Ensure service user's personal hygiene needs are met. Baths should not be used until the tract has healed – daily showers can be taken instead</li> <li>Avoid the use of strong soaps, powders and creams</li> </ul>

### When tract has healed:

Most tracts heal within 3 weeks of tube insertion. Good hygiene practices should be used daily:

- Ensure the tube and fixation device are cleaned carefully with a mild soap and dried thoroughly
- Ensure the tube and fixation device are in their correct position after cleaning
- Ensure the tube or button is rotated as per manufacturer's recommendations

N.B. Record manufacturer, French size of tube and type of tube in resident care plan/ medical records. Where possible a replacement PEG tube should be kept at ward level in case of accidental dislodgement of tube.

### Replacement of PEG Tube

After PEG replacement enteral feed or water can be resumed as soon as clinically indicated by the medical team in consultation where possible with local Dietitian.

## Oral Hygiene

Initially tube fed service users are at an increased risk of developing poor oral health due to:

- Lack of personal perception of oral health problems
- Inability to articulate a need
- Reduced salivary flow due to polypharmacy and concomitant disease

### Rationale

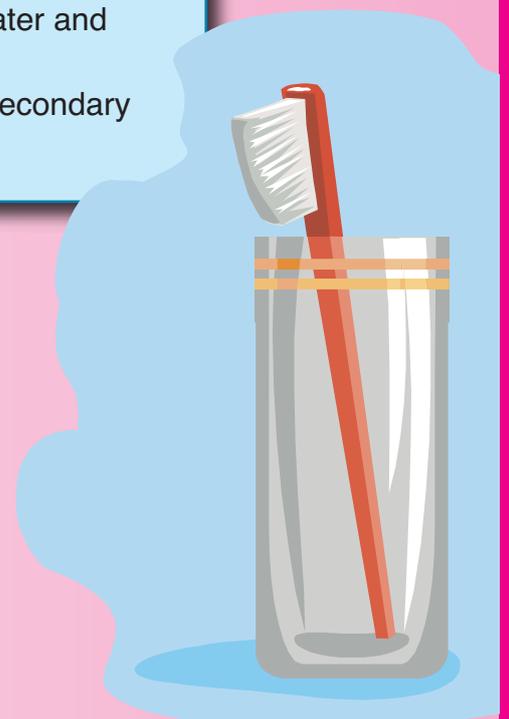
When tube feeding is commenced each resident's oral health should be assessed and pre-existing disease recognised. Residents with pre-existing disease should be referred to the Dentist for further examination. An appropriate oral care protocol should be used for every resident on tube feeding

### Aims

Good oral hygiene needs to be maintained in all residents to ensure dental plaque is removed and pathogenic organisms are not allowed to proliferate in the mouth.

### Objectives

- To encourage good oral hygiene procedures from the start of enteral tube feeding
- To prevent the need for high-risk treatment later and reduce the incidence of oro-dental disease
- To reduce the risk of aspiration pneumonia secondary to poor oral hygiene



Problem	Possible Cause	Signs & Symptoms	Suggested Solution
<b>Persistent Oral Infections</b>	<ul style="list-style-type: none"> <li>● Poor oral hygiene</li> <li>● Illness</li> <li>● Stress</li> <li>● Long term use of corticosteroids &amp;/or medications that suppress the immune system</li> <li>● Immune Disorders (e.g. HIV)</li> <li>● Long-term use of antibiotics</li> <li>● Uncontrolled Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>● Painful raised skin ulcer on tongue or inner cheek</li> <li>● May have creamy white appearance &amp;/or have a curd like appearance</li> <li>● Dry Mouth</li> </ul>	<ol style="list-style-type: none"> <li>1. Do not stop the resident's tube feed and prescribed water flushes.</li> <li>2. Maintain a high standard of oral hygiene.</li> <li>3. Refer the resident to Dentist for treatment and/or advice.</li> <li>4. Refer the resident to their medical team/general practitioner for medical assessment, medication review and advice.</li> <li>5. In the case of uncontrolled diabetes refer the resident to their Dietitian for review of their feed.</li> </ol>
<b>Xerostomia/ Dry Mouth</b>	<ul style="list-style-type: none"> <li>● Poor oral hygiene</li> <li>● Insufficient fluid intake</li> <li>● Decreased saliva</li> <li>● Mouth breathing</li> <li>● Usage of an oxygen mask</li> <li>● Medications and/or treatment</li> <li>● Nasal congestion</li> </ul>	<ul style="list-style-type: none"> <li>● Dried, flaky, whitish coloured saliva</li> <li>● Thick saliva or mucus that stays attached to the lips like strings</li> <li>● Dry, cracked or chapped lips</li> <li>● Increased difficulty swallowing</li> <li>● Mouth odour</li> </ul>	<ol style="list-style-type: none"> <li>1. Do not stop the resident's tube feed and prescribed water flushes.</li> <li>2. Maintain a high standard of oral hygiene.</li> <li>3. Maintain an accurate fluid balance chart.</li> <li>4. Refer the resident to their Dietitian for review of their feed and fluid intake.</li> <li>5. Refer the resident to their medical team/general practitioner for medical assessment, medication review and advice.</li> <li>6. In the case of a reduced saliva production prescription of artificial saliva can be helpful.</li> </ol>
<b>Dental Caries/ Tooth Decay</b>	<ul style="list-style-type: none"> <li>● Poor oral hygiene</li> <li>● Intake of sugary foods</li> </ul>	<ul style="list-style-type: none"> <li>● Toothache</li> <li>● Visible pits or holes in teeth</li> </ul>	<ol style="list-style-type: none"> <li>1. Do not stop the resident's tube feed and prescribed water flushes.</li> <li>2. Maintain a high standard of oral hygiene.</li> <li>3. Refer the resident to the Dentist for treatment and/or advice.</li> </ol>

## Blockage of PEG Tube

### *Solutions used*

- The main cause of PEG tube blockages is the inappropriate use of medications and inadequate flushing
- Try to unblock the tube by flushing it with 50mls of lukewarm sterile water; use a gentle plunging action
- Milk the tube as this may dislodge the obstruction (not applicable on Low Profile Gastrostomy Device)
- If unsuccessful, commercial de-clogging agents are available e.g. clog zapper. Contact medical team for prescription and follow manufacturer instructions. Pancreatic enzymes can be used when prescribed and prepared using following instructions

#### **\*Pancreatic Enzyme Solution**

- i. In 20ml of sterile water, mix the contents of 3 capsules of a pancreatic enzyme preparation with ½ teaspoon sodium bicarbonate.
- ii. Flush the tube with the above solution and leave in place for 30 minutes. Then, flush with 50mls of sterile water.

**Do not use sugary carbonated drinks or juices for flushing the tube. The pH of these drinks is low and can cause the feed to clot within the tube.**

**If a tube blockage cannot be cleared, seek specialist advice.**

**Do not use excessive force.**

### **Preparation or Administration of Drugs**

If the patient can swallow safely and the medicine can be given orally, this is always the preferred option. If the medicines must be administered via an enteral feeding tube – contact the clinical pharmacist for advice. When a syringe is required to administer medicines via the oral route or via feeding tubes – use an enteral feeding syringe. Never add medicines or electrolytes to an enteral feed.

## How to Administer Medicines Via Enteral Feeding Tubes:

- Use the medicine formulation specified by the clinical pharmacist.
- Ensure the equipment (tablet crusher or tablet crushing syringe) is clean.
- Flush the tube with 30mls of water.
- Prepare and administer the first drug as per pharmacist's instructions.
- Flush tube with 10mls of water.
- Repeat steps 4 and 5 until all medicines have been administered.
- Clean the equipment used carefully to ensure no residue of the medication remains.
- Where syringes are required in this process, use a enteral/ENFIT syringe.

## Drug nutrient interactions

Certain medication must be given away from food or enteral nutrition. Examples include: Antirejection medication post-transplant, anti-seizure medication, certain antibiotics. Please liaise with your clinical pharmacist to identify where feed breaks are indicated to facilitate medication administration.

# Nutrition Screening

Nutrition screening is the first-line approach to addressing the nutritional needs of service users and has been recommended as best practice. A simple and comprehensive screening tool, is the St Andrew's Nutrition Screening Instrument (SANSI). SANSI is as reliable and valid for use in the psychiatric settings for adolescents and adults.

## St. Andrews's Healthcare Nutrition Screening Instrument (SANSD) (Modified)

### Step 1 Current weight and BMI

- Weight (kg) \_\_\_\_\_
- Height (m) \_\_\_\_\_
- BMI (kg/m<sup>2</sup>) \_\_\_\_\_ (see Table 1)
- BMI category \_\_\_\_\_ (see Table 2)

Service user  
ID sticker

**Please tick relevant BMI category**

- Underweight (**Willow Grove refer to Table 2 for BMI category for adolescents – refer to dietician as necessary**)
  - BMI 18.5-19.9kg/m<sup>2</sup> **medium risk** – offer Food First booklet
  - BMI < 18.5kg/m<sup>2</sup> **high risk** - refer to dietician; offer Food First booklet
- Healthy Weight **low risk** – continue to weigh and screen monthly
- Overweight **medium risk** – offer first line weight management information. **If BMI ≥28kg/m<sup>2</sup> & related co-morbidities (diabetes, high BP, CHD) follow Weight Management Care Pathway**
- Obese **high risk** – follow Weight Management Care Pathway

### Step 2 Weight Change in the Last 3 months

Weight 3 months ago (self-reported if records not available) \_\_\_\_\_ (kg) Weight Change (kg) \_\_\_\_\_

**Please tick. Refer to Table 3 for subjective measures**

- **Change 0-5%** **low risk** - continue to weigh and screen monthly
- **Change 5-10%** **medium risk** – alert clinical team to monitor intake, activity levels, weight
- **Loss of 10% weight** or more (unplanned) **high risk** – refer to dietician
- **Gain of 10% weight** or more (unplanned) **high risk** - follow Weight Management Care Pathway

### Step 3 Other significant dietary issues to consider:

Please circle Yes/No

*If YES to any of the below, discuss with clinical team at MDT, care plan as necessary and refer to dietician if considered appropriate.*

1	Does the service user have specific dietary requirements, e.g. diabetes, heart disease, allergy, modified-textured diet? <i>If yes, liaise with catering department as necessary</i>	Yes/No
2	Does the service user have type 2 diabetes/hypertension/high cholesterol and non-compliant with diet? <i>If yes, consider referral to diabetes or heart health dietetic group as necessary</i>	Yes/No
3	Is the service user prescribed anti-psychotic medication? <i>If yes, consider referral to dietetic weight management group as necessary</i>	Yes/No
4	Is there a gastrostomy feeding tube in place?	Yes/No
6	Is the service user prescribed oral nutritional supplements?	Yes/No
7	Does the service user have a history of/been observed to have disordered eating?	Yes/No
8	Does the service user refuse or not attend 2 or more main meals a day?	Yes/No
9	Does the service user fail to eat at least half meals at most mealtimes?	Yes/No
10	Does the service user regularly refuse or not complete drinks?	Yes/No
11	Does the service user have chewing or swallowing difficulties?	Yes/No
12	Does the service user suffer from nausea, involuntary vomiting or diarrhoea?	Yes/No

### Step 4 Action Plan/Comments

- No immediate action
- Alert Clinical Team
- Offer Food First booklet
- Offer First Line Weight Management booklet
- Weight Management Care Pathway
- Refer to Dietician
- Record on Individual Care Plan

Comments:

Next month's screening date (TBC by ward as necessary) \_\_\_ / \_\_\_ / \_\_\_ Sign: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

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Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

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