

MEALS & MORE*

Quality Improvement
and Resource Guide
for Small Adult Care Facilities
(24 beds or less)



**Ministry of Health and
Ministry Responsible for Seniors**
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**MEALS & MORE
QUALITY IMPROVEMENT AND
RESOURCE GUIDE FOR
SMALL ADULT FACILITIES**

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HOW TO USE THIS MANUAL

This manual is designed for use in specialized residential care or small residential care facilities for adults. It is a tool containing basic guidelines that will assist you in providing quality nutrition care for the people living in your facility and in meeting the requirements set out in the Adult Residential Care Regulations. If you need more assistance, contact a Registered Dietitian Nutritionist.

There are three sections:

- **Meal Service in Small Adult Care Facilities**
- **Nutrition Concerns in Small Adult Care Facilities**
- **Audit Programs in Small Adult Care Facilities**

The first section, Meal Service in Small Adult Care Facilities, provides information on topics such as menu planning, grocery shopping, food safety and quality assurance.

The second section, Nutrition Concerns in Small Adult Care Facilities, will assist you in recognizing residents who require the services of a Registered Dietitian Nutritionist. This section also assists you in developing basic nutrition care plans and gives suggestions for meeting some of the special needs that your residents may have. It explains the role of the Registered Dietitian Nutritionist and provides information on how to locate one for your small facility.

The third section, Audit Programs in Small Adult Care Facilities, assists you in developing a quality assurance program for your facility. The Adult Care Regulations require you to have an audit program for the food and nutrition service.

Brands or trade names of products used in this manual are merely examples and are not intended as endorsements for use.

MEAL SERVICE IN SMALL ADULT CARE FACILITIES



HEALTHY EATING

These nutrition guidelines are for healthy eating to promote health and well being and help reduce the risk of major lifestyle diseases such as cancer and heart disease.

The Canadian Guidelines for healthy eating are:





- Eat a variety of foods.
- Emphasize cereals, breads, other grain products, vegetables and fruit.
- Choose lower fat dairy products, leaner meats and foods prepared with little or no fat.
- Limit salt, sugar, alcohol and caffeine.
- Achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating.

The Canadian Guidelines for Healthy Eating are for the general population. Some of the above guidelines may not be appropriate for all your residents due to specific needs. For example, some residents may have handicapping conditions that limit their physical activity. (A therapist may be helpful in recommending activity levels that are within the capability and preference of the individual.) Also, certain hereditary factors and some medical conditions may result in weight gain not associated with food consumption.



Canada's Food Guide to Healthy Eating

The four food groups of Canada's Food Guide to Healthy Eating, and the recommended number of daily servings of each are:

 <p>Grain Products 5-12 servings</p>	 <p>Vegetables and fruit 5-10 servings</p>
 <p>Milk Products 2 servings</p>	 <p>Meat and Alternatives 2-3 servings</p>



Grain Products

- Provide at least 5 servings daily.
- One serving equals
 - 1 slice bread
 - $\frac{3}{4}$ cup (175 mL) hot cereal
 - $\frac{1}{3}$ - $1\frac{1}{2}$ cup (75-275 mL) cold cereal
 - 1 small roll or muffin
 - $\frac{1}{2}$ cup (125 mL) cooked rice, macaroni, or noodles
 - $\frac{1}{2}$ hamburger, hot dog bun, or bagel
- Use whole grain breads and cereals.
- Cakes, pies, cookies and other high sugar, high fat baked goods are not counted as grain products.



Vegetables and fruit

- Provide at least 5 servings daily.
- One serving equals
 - ½ cup (125 mL) fruit or vegetables: fresh, frozen or canned
 - ½ cup (125 mL) juice
 - 1 medium sized potato, carrot, tomato
 - 1 medium sized piece of fresh fruit
 - 1 cup (250 mL) green salad
- Tips to provide 5 servings daily:
 - include at least three ½ cup (125 mL) servings of vegetables at meals
 - provide pure fruit juice at Breakfast
 - provide fruit for dessert at either Lunch or Supper
 - include fruit or vegetables for between meal snacks
 - include a salad
- Fruit-flavoured beverages or fruit drinks are not juice and are not counted as part of this food group.
- Limit use of fried or creamed vegetables.



Milk Products

- Provide at least 2 servings daily.
- One serving equals
 - 1 cup (250 mL) milk
 - ¾ cup (175 mL) yogurt
 - 1½ - 2 ounces (50 g) block or processed cheese.
- Offer milk at meals and snacks.
- Use low fat milk (2%, 1% or skim) or buttermilk.
- When you use cheese, read labels. Choose ones with less than 20% MF more often than others. Try partly skim mozzarella and light cheeses.



Meal Service in Small Adult Care Facilities

- Coffee whiteners, whipped toppings, butter, margarine, sour cream or cream cheese are not counted as part of this food group.
- Use milk products in puddings, cream soups and casseroles.



Meat and Alternatives

- Provide at least 2 servings daily.
- One serving equals
 - 2-3 ounces (50 to 100 g) cooked lean meat, fish or poultry
 - 2 tablespoons (30 mL) peanut butter
 - ½ - 1 cup (125-250 mL) cooked dried peas, beans or lentils
 - 1-2 eggs
 - ⅓ cup (75 mL) tofu

Note: 2-3 oz (50 to 100 g) refers to the weight after cooking. 2-3 oz. is approximately the same size as a deck of cards.

- Provide one serving from this group at lunch and supper meals.
- Choose lean meat and poultry. Trim fat.
- Limit high fat and salty meats such as cold cuts and wieners.
- Side bacon is not counted as part of this group.
- Stew, roast, broil, microwave, bake; only occasionally fry or deep fry.

Other Foods

- Use fats, such as margarine and butter, and sweets and desserts in moderation to add variety and flavour to your meal.
- Treat alcohol as a drug and do not use without a doctor's consent.



Fibre

- Choose foods rich in fibre such as:
 - Cereals high in fibre (e.g. Red River®, Sunny Boy®, All-Bran®, Fibre 1®, and 100% Bran®.)
 - Dried peas, beans and lentils.
 - Dried fruit (e.g. prunes, figs, apricots).
 - Whole grain muffins such as bran, wholewheat.
 - Whole grain bread.
 - Vegetables and fruit.

Fluids

- Provide 6-8 cups (1500-2000 mL) of fluid daily. Encourage water, juice, soup, milk, decaffeinated coffee and decaffeinated tea.
- Encourage water in addition to other beverages at all meals and snacks.

Added Fat

- Limit added fat (e.g. oil, margarine) to less than 6 teaspoons per day added in food preparation or at the table.
- Choose lean meats.
- Trim fat from meats and take skin off poultry.
- Limit foods that may be high in fat, such as gravy and salad dressing.
- Limit foods with hidden fats, such as baked goods, sauces and desserts.
- Choose preparation methods that require little or no fat: steam, stew, roast, broil, microwave or bake; only occasionally fry or deep fry.

Salt

- Use less salt at the table and in cooking.
- Substitute herbs, spices and lemon juice for salt.



- Check food labels. Most convenience foods (e.g. canned and packaged soups, instant potatoes) have a lot of added salt.

Suggested Resources:

1. *The Enlightened Eater*, Rosie Schwartz, Macmillan Canada, Toronto, 1994
2. *Canada's Food Guide to Healthy Eating*, Call your local health department for a free copy.
3. *Nutrition: Concepts & Controversies*, 6th Edition, West Publishing Company, St. Paul, MN, 1994.
4. **Dial-A-Dietitian**, A Registered Dietitian Nutrition will answer your questions – residents of British Columbia can call free (Greater Vancouver 732-9191, Toll Free in British Columbia 1-800-667-3438)
5. **Dietitians of Canada**, an association of food and nutrition professionals committed to the health and well-being of Canadians. Visit the web site at <http://www.dietitians.ca>.
6. *The American Dietetic Association's Complete Food and Nutrition Guide*, Roberta Larson Duyff, Chronimed Item 6032 (To order ADA publications call 800-877-1600), 1996.
7. *Geriatric Nutrition in Care Facilities: A Multidisciplinary Approach*, Kim Macdonald, available for \$65.00 from the Gerontology Practice Group, British Columbia Dietitians' and Nutritionists' Association (402-1755 West Broadway, Vancouver, BC V6J 4S5 Phone: (604)736-3790).
8. *Healthy Pleasures (Great Tastes from Canadian Dietitians and Chefs)*, Canadian Dietetic Association, MacMillan Canada, Toronto, 1995.
9. *Eat Well, Live Well – The Canadian Dietetic Association's Guide to Healthy Eating*, Helen Bishop MacDonald and Margaret Howard, MacMillan Canada, Toronto, 1990.
10. *Full of Beans*, Kay Spicer and Violet Currie, Mighton House, Campbellville, Ontario, 1993.
11. *Lighthearted Everyday Cooking*, Anne Lindsay. MacMillan Canada, Toronto, 1994.
12. *Simply Heart Smart Cooking*, Bonnie Stern, MacMillan Canada, Toronto, 1994.
13. Try the **web site** for the Heart and Stroke Foundation for recipes at <http://www.hsf.ca>.



MENU PLANNING

The Basics

When planning a menu, take the following factors into account to meet the needs of the people living in the small facility:

- ✓ food likes and dislikes
- ✓ nutrition
- ✓ appetite appeal and variety
- ✓ cultural food habits

What is a Cycle Menu?

A cycle menu is a menu planned for several consecutive days and repeated at the end of the chosen time period. For example, a four week or 28 day menu contains menus for Week 1, Week 2, Week 3 and Week 4. At the end of Week 4 the cycle menu is repeated. The daily menu is planned from the cycle menu.

A cycle menu should consider the season. Many small adult facilities use a Spring/Summer menu that includes more cold foods and a Fall/Winter menu that includes more hot foods.

The first cycle of your menu should be a test period. Encourage feedback from those living in the facility. Adjust the cycle menu in response to their comments.

Why Use a Cycle Menu?

- Saves time in planning menus.
- Helps you stay within your food budget.
- Easier to make a grocery list.
- Allows you to check the daily menu for nutrition and variety.
- Helps you to make a recipe file for staff to use.



What if I Want to Change the Menu?

- The cycle menu can be changed for special days such as holidays or birthdays. Keep a daily record of changes to the menu.
- Revise your cycle menu if you are making lots of changes.
- Make changes within the same food group. For example, you can change Baked Chicken to Pork Chops, but not Baked Chicken to Pasta Salad.

How to Plan Your Menu

Before You Start:

Here are some simple tips to use when planning your menu:

- Remember the Canadian Guidelines for Healthy Eating (page 5):
 - Use a weekly menu plan form such as the one on page 18-19, to guide your planning.
 - Follow Canada's Food Guide to Healthy Eating for each day of your menu and have at least:
 - 5 servings of Grain Products
 - 5 servings of Vegetables and fruit
 - 2 servings of Milk Products
 - 2 servings of Meat and Alternatives
 - Limit foods high in fat
 - Limit foods high in salt
 - Choose foods high in fibre
 - Use a variety of foods
- If you plan to have a brunch menu on the weekend, the meals and snacks together should include the recommended number of servings from each of the four food groups.
- Include Breakfast, Lunch, Supper, Snacks, and Brunch meals, if used.



Meal Service in Small Adult Care Facilities

- Always consider the people living in the small facility:
 - ✓ food likes and dislikes
 - ✓ whether they need bagged lunches
 - ✓ activities to be attended during the week
- Provide a variety of foods from each food group on your menu. Consider:
 - form (cooked or raw)
 - size and shape (round, sticks, etc).
 - colour
 - texture (crisp or soft)
 - flavour (strong or mild, sweet or sour)
- Plan to use foods in season. A different variety of fresh vegetables and fruit are available in the summer than in the winter.
- Avoid repetition.
 - Vary the form of the food by not serving the same food on consecutive days; e.g. hamburgers on Monday and meatloaf on Tuesday (both from ground beef).
 - Don't plan the same food on the same day every week; e.g. every Friday should not be "Fish" day.
 - Check that foods prepared in similar ways are not served at the same meal; e.g. chicken à la king, scalloped potatoes and creamed corn.
- Keep within your food budget. Balance higher cost foods with lower cost foods.
- Consider the kitchen equipment (e.g. microwave, stove, pots and pans) available.
- Check out how much storage space is available for food.
- Consider the number and skills of the people preparing the food.
- Consider special food needs, such as texture modifications, allergies, therapeutic diets or special diets, and plan how you will modify the menu for residents with those needs. (consult a RDN if necessary)



Planning Your Cycle Menu

Have your menu writing tools ready

- ✓ 4 blank menu plan forms (page 18). Write at the top of the forms either Week 1 or Week 2 or Week 3 or Week 4. Write your facility name at the top of each page and whether this is a spring or fall menu etc.
- ✓ Refer to menu item suggestions (starting page 20).
- ✓ List of residents' likes and dislikes, favorite foods, food allergies and intolerances.
- ✓ Recipes, magazines, cookbooks and menu ideas you have collected.
- ✓ Pencil and eraser (plan in pencil so you can make changes).
- ✓ Menu checklist (see page 139).

1) Plan the entrée's for Main Meals and Light Meals.

A. Choose the entrée for the main meal for each of the 28 days of the menu.

B. Select the entrée for each of the 28 light meals.

- Choose a variety of foods - beef, dried beans, tofu ,turkey etc.
- If using casseroles or combined dishes, check the ingredients. For example meatloaf and hamburgers might both be ground beef, if so, you would not want to serve them on the same or consecutive days.
- Cheese is part of the dairy group not meats and alternatives. You need two servings from the meats and alternatives group to meet Canada's Food Guide to Healthy Eating.
- Try to avoid patterns such as "Friday is fish day" or " we had beef yesterday so today must be chicken" or "Sandwiches again for lunch".
- Keep time constraints, skill level of staff, equipment and resources in mind when choosing menu items.



- 2) Plan the rest of the main meal and light meal.
 - A. Select the potato, or the rice, pasta or other grain product for each of the 28 main meals. Choose grain product for light meal if needed.
 - B. Choose 1 to 2 vegetables for each of the main meals in the cycle.
 - C. Select the vegetable or salad for each of the 28 light meals in the menu.
 - D. Select the fruit or dessert for each of the main meals.
 - E. Choose the fruit or dessert for each of the light meals.
 - F. Select the juice or soup for each of the light meals.
 - Provide a variety of vegetables at both meals. Use vegetables and fruit in season. Different varieties of vegetables and fruit are available at different times of the year. Try to buy local or BC produce when available.
 - If you serve potatoes at the main meal, grain products can be included as bread or rolls, or a dessert.
 - If the light meal is a sandwich type meal you will not necessarily need more grain products but if its a hearty soup you might.
 - People often have very strong likes and dislikes about vegetables and fruit. Remember to consider these when choosing vegetables and fruit.
 - Choose dark green or yellow/orange vegetables more often. Choose lots of color.
 - To meet Canada's Food Guide to Healthy Eating you usually need to provide fruit for dessert at either the main meal or the light meal.
 - Choose foods that are prepared in different ways for the same meal unless soft, easy to chew and swallow foods are required by residents of the facility. For instance beef stew, scalloped potatoes and creamed peas all have sauces and should not be served at the same meal.
- 3) Put the finishing touches on the main meals and light meals.
 - A. Select the beverages for all the main and light meals.
 - B. Choose the sauces, condiments, salad dressings etc. to complement the main and light meals.
 - C. Garnishes to improve visual appeal.



- 4) Plan the breakfast meals.
 - A. Choose the egg or alternative for all the breakfast meals, if needed.
 - B. Select the grain products for the breakfast meals.
 - C. Select a fruit or juice for each breakfast.
 - D. Select other beverages and the condiments to complement the breakfast meals.
 - People often have very strong preferences about breakfast foods. Consider the residents likes and dislikes in planning this meal.
 - Some examples for alternatives to eggs are: peanut butter, tahini, ham, etc.
 - Consider the ingredients and form of the dishes you choose. For instance french toast and cheese strata are very similar, you would not want to serve them on the same or consecutive days.
 - If breakfast is the same during the week, try something different on weekends.
 - Bacon is a tricky one. Make sure you haven't got it hidden somewhere over each of three or four consecutive days ie. bacon and eggs for breakfast, a BLT for lunch, Canadian bacon on a pizza, liver and bacon for dinner or bacon bits on a baked potato for lunch or dinner! Sausages, hotdogs and luncheon meats can be sneaky too! It sometimes takes a couple of runs through the menu to notice you have tomatoes showing up every second meal.
 - If your residents choose a brunch, it can replace breakfast and lunch on weekends and holidays. You still must meet your residents requirements and the servings required for Canada's Food Guide to Healthy Eating.
- 5) Check each day of the menu against Canada's Food Guide to Healthy Eating.
 - You should have a minimum of 5 servings from the grain products group, 5 servings from the vegetable and fruit group, 2 servings from the milk group and 2 servings from the meat and alternates group. If you are short at this point, that is OK. You still have the snacks to plan.



- 6) Plan the snacks for each day of the menu.
 - Use the snacks to make up the servings you need in the different food groups each day.
 - You should have 2 or 3 snacks each day. You must provide an evening snack and at least one other snack every day.
 - Snacks should include 2 food groups. For instance vegetables and yogurt dip, an apple and graham crackers, a fruit smoothie or a peanut butter sandwich.
 - Change the snacks every day. Provide lots of variety in the snacks you offer.
 - Offer water often throughout the day.
- 7) Complete the Menu Checklist (page 139) for each day of the menu.
- 8) Add modifications/alternatives for those residents requiring special food items.
- 9) Type or recopy with a pen.
- 10) Send a copy of the menu to the community nutritionist or licencing nutritionist in your health region for review and comment before implementing. Include a copy of the completed menu checklist.



18 WEEK _____ MENU FOR _____ DATE _____

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
BREAKFAST Fruit or Juice Cereal Egg or Alternate Toast Milk							
MORNING SNACK							
LIGHT MEAL Soup or Juice Meat or Alternate (entrée) Salad or Vegetable Bread Fruit or Dessert Milk							
AFTERNOON SNACK							
MAIN MEAL Meat or Alternate (entrée) Potato, Rice or Noodles Vegetables (2) Bread Fruit or Dessert Milk							
EVENING SNACK							

Canada's Food Guide to Healthy Eating Checklist

Grain Products	5-12						
Vegetables and Fruit	5-10						
Milk Products	2						
Meat and Alternatives	2-3						



Menu Item Suggestions (use Cookbooks, Magazines, etc. for more ideas)

ENTRÉES		
Beans, Peas and Lentils	Chicken	Sandwiches
Baked Beans	à la King	Beef (hot or cold)
Bean Casserole	Barbecued	Cold Cuts
Bean Salad	Crepes	Corned Beef
Lentil Burgers	Curried	Chicken
Mexican Rice and Bean Casserole	Kebabs	Egg Salad
Split Pea and Lentil Soup	Oven Baked	Ham
Sweet and Sour Soybeans on Rice	Pot Pie	Peanut Butter
Vegetable Chili	Stir Fry	Tuna
	Roast	Turkey (hot or cold)
		Salmon
Beef	Fish (Cod, Halibut, Sole, Salmon, Red Snapper)	Seafood
Beef Pot Pie	Baked, Breaded	Fettucini with Mussels
Corned Beef	Pan Fried	Fish and Chips
Ground Beef	Poached	Fish Burger
Cabbage Rolls	Scalloped	Tuna Melt
Casseroles		
Chili con Carne	Ham (cured)	Tofu
Hamburgers	Baked Glazed	Scrambled Tofu
Kebabs	Steak	Tofu Bean Salad
Lasagna		Tofu Burgers
Liver with Onions	Lamb	Tofu Fried Rice
Meatloaf	Chops	Tofu Onion Pie
Meatballs/Sweet and Sour Sauce	Roast Leg	Tofu Scalloped Potato
Salisbury Steak	Stew, Irish	Tofu Stirfry
Shepherd's Pie	Other	Tofu Stroganoff
Short Ribs, Barbecued	Cold Plates (e.g. meat)	Vegetable Lasagna
Steak	Egg Foo Yong	Vegetable Quiche
Minute	Omelette	Vegetarian Chili
Swiss	Pizza	
Spanish	Quiche	Turkey
Steak and Kidney Pie		à la King
Stew	Pork	Hot Turkey Sandwich
Stir Fry	Chops	Pot Pie
Stroganoff	Cutlets	Roast
Swedish Meatballs	Kebabs	
Roast	Sausages	Veal
Pot Roast	Spare Ribs	Chopped
Hot Beef Sandwich	Stew/Sweet Potato Topping	Cutlets
Baron of Beef/Dip	Stir Fry	Roast
	Sweet and Sour	Scallopini
	Tourtiere	



GRAIN PRODUCTS

NOTE: USE WHOLE GRAIN PRODUCTS WHEN POSSIBLE

- Bagels
- Biscuits
- Bread - white, wholewheat, rye, sesame, pumpernickel, multi-grain, raisin, egg
- Buns
- Breakfast Cereals
 - Five, Seven, Nine Grains
 - Oatmeal
 - Oatbran
 - Red River®
 - Rolled Oats
 - Sunny Boy®
- Cold Breakfast Cereals
- Crackers
- Noodles - macaroni, linguini, fettucini, spaghetti
- Muffins
- Rice and other grains - barley, bulghur, ryes
- Polenta
- Scones
- Torillas

SOUPS

Cream Soups

- Asparagus
- Broccoli
- Carrot
- Celery
- Chicken
- Chowders
 - Corn
 - Clam
 - Fish
- Corn
- Leek and Potato
- Mushroom
- Onion
- Pea
- Potato
- Tomato

Other

- Bean and Bacon
- Beef and Barley
- Beef Bouillon
- Beef Noodle
- Beef Vegetable
- Beef with Rice
- Chicken Gumbo
- Chicken Noodle
- Chicken Rice
- Creole
- French Canadian Pea
- Lentil
- Mulligatawny
- Pea Split
- Pepper Pot
- Scotch Broth
- Tomato Rice
- Turkey Vegetable
- Turkey Noodle
- Turkey Rice
- Vegetable



VEGETABLES

Asparagus
Beans - green, yellow
Beets
Bok Choy
Broccoli
Brussels Sprouts
Cabbage
Carrot
Cauliflower
Celery
Chard
Chinese Vegetable
Corn
Kale
Onions
Mustard greens
Parsnips
Peas
Peppers - green, red, yellow
Potato
 Baked
 Boiled
 Mashed
 Pan Fried
 Scalloped
Spinach
Squash
Sui Choy
Sweet Potato
Tomato
Turnip
Vegetable Marrow
Yams
Zucchini

Salads
Asparagus
Beets
Carrot and Raisin
Carrot Strips
Celery Strips
Cole Slaw
Cucumber
Gelatin
Green Beans with Dill
Greek
Lettuce
Macaroni
Pasta
Potato
Spinach
Three Bean Salad
Tomato
Tossed Green
Turnip Strips
Waldorf



FRUIT	
<p>Canned Fruit Applesauce Apricots Cherries Fruit cocktail Peaches in Pear Juice Pears Pineapple, Unsweetened Plums</p> <p>Baked Fruit Desserts Apple Dumpling Baked Apples Brown Betty Apple Rhubarb Cobblers Cottage Puddings Crisps Crumbles Apple Apricot Cranberry-Apple Peach Pitted Plum Rhubarb Stewed Rhubarb Stewed Fruit Compote</p>	<p>Fresh Fruit Apples Bananas Blackberries Blueberries Cherries Fresh Fruit Salad Grapefruit Grapes Melon Cantaloupe Honeydew Watermelon Oranges Peaches Pears Pineapple Plums Raspberries Strawberries</p>

DESSERTS	
<p>Baked custard Cheesecake Cranberry Squares Date Squares Frozen Yogurt Fruit Trifle Gingerbread with Fruit Sauce Ice Cream Mincemeat Squares Pies</p>	<p>Puddings vanilla rice banana bread butterscotch tapioca chocolate lemon coconut</p> <p>Sherbet Shortcakes Tarts Upside-Down Cakes Yogurt - plain or with Fruit Sauce</p>



Suggestions For Special Meal Time Activities

Social interaction in a small facility can be increased by using the dining room as a focal point for celebrations. Preparing food in special ways and using simple decorations gives a change of pace to meals and increases residents sense of choice.

Some ideas that you and your residents might wish to consider:

- Birthday Parties
- Theme Days
 - Valentines Day
 - St. Patricks Day
 - Easter
 - Mother's Day
 - Father's Day
 - Canada Day
 - Oktoberfest
 - Halloween
 - Thanksgiving
 - Christmas
 - New Years Eve
- Sporting Events
 - Stanley Cup
 - Grey Cup
 - Baseball World Series
 - Tennis Cups
 - Super Bowl
 - Olympics
 - Special Olympics
 - Canada Games
 - Commonwealth Games
- Ethnic Meals
 - Italian
 - Hawaiian
 - South Asian
 - Asian - Chinese, Japanese, Thai, Indonesian
 - Mexican
 - French Canadian
- Other
 - Home Anniversary Dinner
 - Indoor picnic in January
 - Christmas in July
 - Western Barbecue
 - Ship's Galley (Seafood)



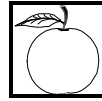
LUNCHES TO GO

PACK FOOD CHOICES FROM EACH FOOD GROUP.



Grain Products

- _ bread - whole wheat, rye, pumpernickel, cracked wheat, multigrain
- _ kaiser buns
- _ bagels
- _ muffins
- _ pita bread



Vegetables and fruit

- _ fresh fruit - apple, orange, grapes, banana, pear, peach, kiwi
- _ canned fruit
- _ fruit juice
- _ fresh vegetables - celery, turnip, zucchini or carrot sticks, cucumber slices, salad, cherry tomato



Milk Products

- _ milk*
- _ yogurt*
- _ milk pudding*
- _ cottage cheese*
- _ hard cheese
- _ processed cheese*



Meat and Alternatives

- _ peanut butter
- _ tuna or salmon*
- _ hard cooked egg*
- _ roast beef, pork, chicken, turkey, ham or meatloaf*

*Foods which must be refrigerated to keep bacteria from growing.

TIPS FOR BAGGED LUNCHES

- Include snacks with bagged lunches.
- Make lunches ahead (try after dinner) and refrigerate.
- Use an insulated bag and a chilled thermos to keep food cool. Cartons of frozen juice keeps other foods cool in the lunch bag.
- Do not re-use plastic bags as they can harbour bacteria.
- Make sandwiches ahead and freeze (without vegetables). Thaw for lunch. Freezer friendly fillings include cheese, roast beef, chicken, turkey, ham or meatloaf.
- Vary the lunch presentation—there are ways to provide a meal without making sandwiches. Here are some ideas, but keep the lunch refrigerated when perishables are included!



- Pack a buttered roll and
 - baked or poached chicken or fish pieces
 - slices of cold meats
 - a can of sardines
- Fill a pita bread with hummus spread and shredded lettuce.
- Put hot soup in a thermos.
- Put cold soup (gazpacho, leek and potato) in a thermos.
- Fill a thermos with hot or cold beans in tomato sauce.
- Pack bean and lentil salad in a chilled thermos.
- Pack rice or pasta salad made with egg, cheese, meat or fish, in a thermos. Chill overnight.
- Make a gelatin salad with egg, cheese, meat or fish in a thermos. Chill overnight.
- Pack pieces or slices of cheese with whole grain crackers, muffins or wheat germ bread.
- Include a package of nuts or trail mix.



DINING OUT

Participating in community life includes dining out at restaurants. Having meals away from home can be a satisfying experience because it adds to the personal choices individuals can make.

Restaurants offer a broad range of food items and use a variety of preparation methods. Both good and poor food choices are available. The good choices support healthy eating practices and the poor ones are often high in calories, fat, cholesterol and salt (sodium).

Occasional dining out is "treat". But, the more frequently we eat out, the more we rely on the food we choose in restaurants to get the right amount of calories and other nutrients that we need. For those who eat out a lot, making healthy choices is a skill that needs constant practice. Here are some suggestions:

- Choose food that is broiled, roasted, steamed or poached rather than deep fried.
- Choose simply prepared hamburgers and other fast food rather than ones like fish fillets or chicken nuggets that are breaded or battered (these absorb extra fat) or hamburgers that are served with extras like cheese or sauces.
- Choose smaller portions of meat rather than "double" or "super" sizes.
- Choose pizzas with vegetable toppings rather than sausages, bacon, anchovies, or double cheese.
- Choose salad and/or vegetable rather than french fries.
- Choose whole grain breads, rolls and crackers.
- Choose fresh fruit, fruit salad or sherbet for dessert rather than rich cakes, pies or ice cream.
- Choose lower fat milk (skim, 1%, 2%) to drink and use milk rather than cream for tea and coffee.
- Choose snacks low in fat and sugar; go easy on doughnuts, croissants, sweet rolls, cookies, muffins, pastries, potato chips, cheesies, chocolate bars and candy.
- Go easy on the butter and jam you add to bread, toast, muffins, biscuits and pancakes, and on extras like regular gravy, sour cream, sauces made with cream, cheese and eggs, salad dressings, mayonnaise and tartar sauce.





SNACKS AND MUNCHIES

Is Snacking Okay?

Absolutely, yes! Snacking is perfectly acceptable when a good snack is chosen. A good snack helps meet nutrient and energy needs. You must provide at least two snacks per day - an evening snack and at least one other snack.

What Makes a Good Snack?

- choose healthy snacks
- choose foods from at least two of the four food groups
- offer 2-3 snacks per day
- change snacks often - provide lots of variety

Don't forget! Always brush teeth after eating sweet or sticky foods such as dried fruit to reduce the risk of dental decay.

Great Snack Ideas

Hot cocoa

Frozen yogurt

Homemade milkshake

Egg salad on rye

Cheese & crackers

Liverwurst on crackers

Peanut butter on toast

Tuna salad on crackers

Nuts and seeds

Bowl of soup

Hard cooked egg

Slice of cold meat

Whole grain muffins

Pita bread

Quick breads (e.g. scones, muffins
or loaves)

Cookies (e.g., oatmeal, raisin, peanut
butter)

Plain cereal with milk

Dried fruit

Unsweetened fruit juice



Low Calorie Snack Ideas

Low fat milk
Veggies with yogurt dip
Yogurt & fruit
Canned fruit (in pear
juice or unsweetened)
Hot apple juice with a stick
of cinnamon
Unsweetened fruit juice
Frozen fruit juice
Fresh orange slices
A dozen grapes
Chilled melon slice
Bowl of fresh berries
Sliced fresh apple
½ pear
Watermelon wedge
Tangerine
½ banana
Vegetable sticks or pieces

Tossed salad
Tomato wedges
Baked potato
Fresh steamed vegetables
Bread sticks
Whole grain crackers
Arrowroot biscuits
Animal Crackers
Rice cakes
Toasted bagel
Unbuttered popcorn
Plain pretzels
Carrot juice



YOUR RECIPE FILE

The Basics

You need to develop and maintain a recipe file.

Good resources for starting a recipe file:

- cookbooks
- magazines
- food companies
- co-workers
- individuals living in the small facility

What is a Standardized Recipe?

You should test recipes to ensure they meet the needs of the small facility. This is called standardizing. A standardized recipe will always produce a high quality product and yield a specific amount no matter who is doing the cooking.

Why Use a Standardized Recipe?

- The food tastes and looks the same every time it is prepared.
- The amount of food prepared is always the same.
 - there is less waste
 - everyone receives enough food to eat
- Helps you to prepare your grocery list as you know exactly what and how much food to buy.
- Assists in controlling your food costs.
- Saves time and takes the guess work out of cooking.
- Helps new people who are doing the cooking.



How Do I Standardize My Recipe?

1. Check your recipe and make sure it is not missing any information, e.g. ingredients, instructions.
2. Prepare the recipe.
3. Try it out on the people living in the small facility.
 - ✓ Did it look good?
 - ✓ Did it taste good?
 - ✓ Was there too much or not enough?
 - ✓ Was everyone able to eat it?

If necessary, adjust the recipe, e.g. ingredients, measurements, cooking time.

4. If you make changes to the recipe, prepare it again until you have a product that is well accepted by the people living in the small facility.

Sample Standardized Recipe

Tomato Lentil Soup		
Serves four 6 oz. portions		
2/3 cup	lentils	160 mL
2 tbsp.	onion, chopped	30 mL
2 tbsp.	brown rice	30 mL
2 cups	water	500 mL
1 10 oz. can	tomato soup	1 284 mL can
<p>Measure lentils, onion, rice, and water into saucepan. Bring to a boil, cover and simmer until lentils and rice are cooked, about 45 minutes.</p> <p>Add tomato soup. Heat and serve. 6 oz. per person.</p>		

Standardized Recipe Checklist

- Recipe name
- Number of portions and serving size
- List of ingredients & their amounts
- Method of combining ingredients
- Equipment used in preparation & serving
- Cooking time & temperature
- Special instructions for diets & texture modifications, if needed



Suggested Resources:

1. *Healthy Pleasures (Great Tastes from Canadian Dietitians and Chefs)*, Canadian Dietetic Association, MacMillan Canada, Toronto, 1995.
2. *Eat Well, Live Well – The Canadian Dietetic Association’s Guide to Healthy Eating*, Helen Bishop MacDonald and Margaret Howard, MacMillan Canada, Toronto, 1990.
3. *Full of Beans*, Kay Spicer and Violet Currie, Mighton House, Campbellville, Ontario, 1993.
4. *Lighthearted Everyday Cooking*, Anne Lindsay. MacMillan Canada, Toronto, 1994.
5. *Simply Heart Smart Cooking*, Bonnie Stern, MacMillan Canada, Toronto, 1994.
6. Try the **web site** for the Heart and Stroke Foundation for recipes at **<http://www.hsf.ca>**.





SHOPPING ON A BUDGET

Plan carefully to get the most for your food dollar. A wise shopper buys food of good quality, the proper amount and at the best possible prices.

Where to Shop?

Check the stores in your area. Does the store offer:

- foods you frequently use?
- competitive prices?
- discounts, accepts coupons and gives raincheques?
- a goods-returnable policy?
- friendly service and information?
- a safe, clean, well-organized shopping area?
- hours of operation that are convenient to you?

Running between stores to get the lowest price on an item doesn't always save money unless the stores are located close to each other. The extra time may be better spent on other tasks.

Comparison of Wholesale & Retail Stores

Wholesale:

Advantages

- generally lower costs for larger amounts
- orders made by phone
- goods delivered to door
- labour saving
- time saving
- monthly statements/payments



Disadvantages

- not always cheaper
- higher prices are charged if you don't buy the entire case of an item
- minimum order required for delivery
- smaller facilities may not qualify
- need adequate storage room to hold large deliveries
- ties up money in large inventory

Retail:

Advantages

- can take advantage of in-store specials, coupons
- can hand select fresh produce
- can purchase in smaller quantities
- more selection of products and brands
- more convenient hours
- useful activity for teaching life-skills
- integrates home into community

Disadvantages

- labour intensive
- time consuming
- prices generally higher
- may not provide delivery service



General Shopping Tips

- Use your menu plan to make your grocery list.
- Check flyers for weekly specials and sales. Clip coupons you can use.
- Buy according to what you will use and what you can safely store. Consider the perishability of the food and the length of time the order will cover. As a general rule, buy groceries in amounts that can be used up within three months.
- Read labels. Know what you are buying. Check the label for Best Before Dates.
- Buy less expensive local or store brands rather than name brands if they suit your needs.
- Buy foods in season.
- Buy larger packages if you will use them, as they are generally cheaper, or consider some bulk foods.
- Compare prices of different brands and prices between fresh, canned and frozen products using unit pricing. Unit pricing is explained on page 48.
- Avoid fancy packaging or advertising gimmicks.
- Unprocessed food (such as fresh vegetables, fruit or meat) or minimally processed food (such as milk, frozen vegetables, rolled oats) is less expensive than food that is highly processed (baking mixes, deli meats, prepared cereals). Processed food will also contain more ingredients, some of which may be sugar, salt or fat, as well as additives.

Suggested Resources

1. **Shop Smart Tours** - The Save-on-Foods web site has a section on Shop Smart Tours at <http://www.sof.com/believeit/nav-shopsmart.html>.
2. ***The Heart Smart Shopper***, Ramona Josephson, Douglas & McIntyre, Vancouver, 1997.



Shopping and the Four Food Groups



Grain Products

Best Buys

- Hot cereals such as oatmeal
- Breakfast cereals such as 100% Bran®, Grapenuts®
- Rice
- Breads
- Pasta

Shopping Tips

- Choose whole grain cereals that are low in fat and sugar. Be careful of granola-type cereals which are often high in fat and sugar.
- Choose prepared breakfast cereals that are high in fibre (at least 4 grams per serving) and with little or no sugar.
- Avoid instant rice, pasta or cereals; they cost more per serving.
- Compare bread by weight, not size; large loaves are not always cheaper.
- Buy plain bread or whole wheat rolls rather than fancy or sweet rolls, e.g. cinnamon buns.
- Buy bread that is made with whole grain flour.
- Look for crackers that are low in fat and salt.



Vegetables and fruit

Best Buys

- Fresh vegetables and fruit when in season
- Frozen or canned fruit in pear juice, in light syrup, or unsweetened, when fresh items are not in season
- Frozen or canned vegetables when fresh are not in season
- Frozen fruit juices
- Cabbage, potatoes and root vegetables, e.g. carrots, turnips, parsnip

Shopping Tips

- Buy local or store brands.
- Buy frozen plain vegetables; frozen vegetables in sauce cost more.
- Compare the cost per serving rather than the cost per pound. Avoid apples and oranges that are too large for one person to eat.
- Buy pure fruit juices instead of fruit drinks.
- Buy standard grades of canned fruit and vegetables when appearance isn't important. These are as nutritious but less costly than fancy and choice grades.
- Try a variety of salad greens; keep in mind, the darker the green, the higher the nutritional value.
- Grow your own vegetables and herbs. Some herbs such as parsley can be grown all year round.



Milk Products

Best Buys

- Skim milk powder
- Fluid milk
- Block cheese
- Plain yogurt

Shopping Tips

- Use skim milk powder in cooking and baking (e.g. puddings, cakes, casseroles).
- Purchase milk in 4 litre jugs.
- Buy plain yogurt and add your own fruit (it will be lower in sugar).
- Try ice milk. It is lower in fat and often costs less than ice cream.
- Compare the cost of cheese.
 - Costs Less
 - processed cheese
 - mild block cheese
 - domestic cheese
 - Costs More
 - sharp or old block cheese
 - grated, sliced cheese
 - imported cheese
- For cooking, you will get better flavour from sharp or old (aged) cheeses.



Meat and Alternatives

Best Buys

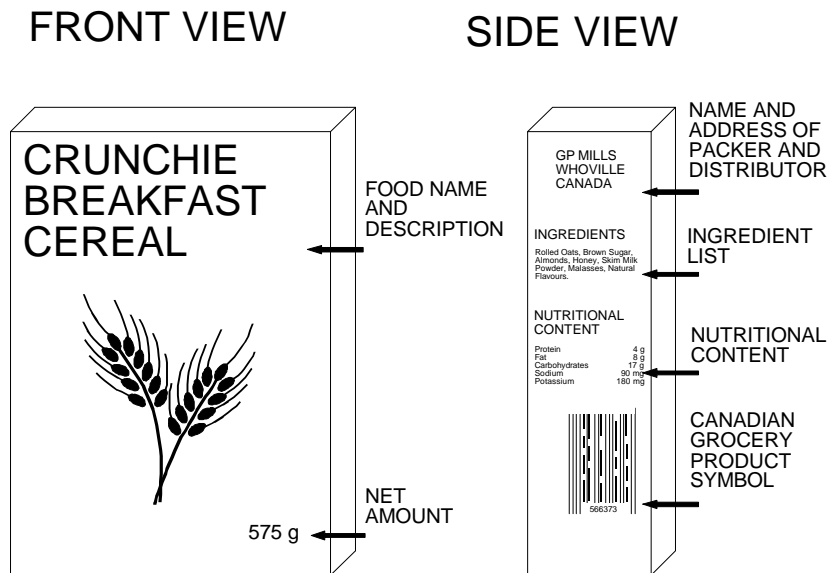
- Dried peas, beans, lentils
- Tofu
- Eggs
- Peanut butter
- Ground beef
- Poultry
- Less tender cuts of meat (e.g. pot roast, stewing meat)
- Canned fish (water packed)

Shopping Tips

- Compare the price per serving rather than the price per pound. Consider the parts that you can not use such as bone, gristle, fat and skin (although they make good stock for soup).
- Try tenderizing tough cuts of meat; use a wooden or metal mallet.
- Cut up your own chicken. It usually costs less per serving to buy a whole chicken.
- Serve a variety of meat and alternatives. Beans, peas, lentils and tofu are economical choices.
- Be selective with cold cuts (i.e., deli meats) as many are high in fat and salt. Read the label on the package.



Understanding Labels



Looking at Food Labels

The label may include:

- ingredients list
- nutritional content (e.g. fat, carbohydrate, protein, vitamins, minerals)
- information on storage
- recipes

Other Information That May Be On A Food Package

- Best Before Date - use the product before this date.
- Previously Frozen - refers to thawed meat that was previously frozen. Do not refreeze.
- Canada Approved - refers to meat. Assures the meat is safe and wholesome.
- Grade - used on canned and frozen vegetables and fruit. Canada Choice and Canada Fancy have the same nutritional value. Canada Choice grade food does not look as good as Canada Fancy grade food.



Reading Ingredient Listings

An ingredient list:

- lists ingredients in descending order of proportion by weight. The first ingredient is present in the largest amount.
- tells you what you are buying.

For example: Compare two ingredient lists for cereal

Cereal A: Sugar, Oat Flour, Dried Apples, Corn Syrup Solids, Hydrogenated Vegetable Oil, Wheat Starch, Salt, Trisodium phosphate
Cereal B: Rolled Oats

Cereal A contains several ingredients, with sugar being present in the largest amount.

Cereal B has only one ingredient and no fat, sugar or salt. Cereal B is more nutritious.

Know Your Ingredients

Avoid foods with large amounts of fat, sugar and salt. These ingredients can appear under different names.

- Sugar = brown sugar, molasses, honey, corn syrup, dextrose, sucrose, fructose, maltose
- Fat = oil, margarine, butter, mono or diglycerides, vegetable lecithin
- Salt = sodium, monosodium glutamate, sodium nitrate



A Word About Food Additives

Additives are used in food to:

- maintain its nutritive quality
- enhance its keeping quality
- make it attractive
- aid in its processing, packaging or storage

Some examples are: BHT (butylated hydroxytoluene), lecithin, sodium nitrite, sulfurdioxide.

Federal regulations specify maximum levels for the use of additives in specific foods. These amounts are generally very small—often measured in parts per million. They are therefore usually found at the end of the list of ingredients.

Fresh products, which are not packaged or prepared, are least likely to contain additives.



Reading Nutrition Labels

Reading nutrition labels helps you get the best value for your dollar.

Nutrition labelling is voluntary. Manufacturers do not have to participate, unless nutrition claims are made.

Health Canada is proposing revisions to the nutrition labelling content, format and availability; Check the Health Canada website at www.hc-sc.gc.ca.

A typical nutrition label will look like this:

		LASAGNA
		Nutrition Information per 275 g serving (1 cup/250 mL)
① Energy	→ Gives the calorie content (Cal.) ①▶	Energy 275 Cal 1140 kj
② Carbohydrates	→ Indicates the quantity of naturally occurring and added sugars as well as dietary fibre. ②▶	Protein 19 g Fat 7 g Polyunsaturates 0.8 g Monounsaturates 1.9 g Saturates 2.5 g Cholesterol 46 mg
③ Sodium	→ Indicates the level of sodium from salt and all other sources. ③▶	Carbohydrate 34 g Starch 29 g Sugars 5 g Dietary Fibre 0.2 g Sodium 850 mg Potassium 675 mg
④ Vitamins & Minerals	→ Vitamins and minerals are expressed as a percentage of the highest recommended amount. ④▶	Percentage of Recommended Daily Intake
		Thiamine 20% Riboflavin 19% Niacin 18% Calcium 12% Iron 28%

Watch for:

- foods such as muffin mixes that may be fat-free as purchased but when prepared are high in fat because you add oil to prepare them. Nutrition labels are based on the food as sold.
- labels that only list the good features of the food. For example a food label can state that a cookie is a "good source of fibre" but say nothing about the fat content, which may be high (Granola products may be high in fat).



- the serving size on which the nutrition information is based. The manufacturer's serving size may not be your idea of a normal amount.
- the amount of fat rather than the type of fat. Cholesterol is found in animal fat. There is no cholesterol in vegetable oils, fruit or vegetables, cereals, nuts or grains. However, a cholesterol-free vegetable oil is, at the same time, 100% fat!

Know Your Nutrition Label Terms

Labels may include any of the following terms:

- Calorie-reduced - contains 50% fewer calories than the same food when not calorie-reduced; it is suitable for dietary use.
- Low calorie - is calorie-reduced and contains 15 Calories or less per serving; this food usually contains fewer calories than a calorie-reduced food but more than a calorie free food.
- Calorie-free - contains no more than 1 Calorie per 100 g.
- Source of energy - contains at least 100 Calories per serving as indicated on the label.
- Light Dinner - contains 300 calories or less. Not necessarily low in fat or sodium.
- Light (Lite) Food - contains not more than 50% of the calories present in the food it replaces. Could also refer to the products light taste, colour or texture.
- Low Fat - contains no more than 3 grams of fat per serving.
- Fat-Free - less than 0.1 gram of fat per 100 grams of the food.
- Low in Cholesterol - contains not more than 20 milligrams of cholesterol per serving and per 100 grams of the food. Also are low in saturated fat, e.g. they contain vegetable oils. Contain less than 2 grams of saturated fat per serving.
- Cholesterol-free - contains no more than 3 milligrams of cholesterol per 100 grams of the food and no more than 2 grams saturated fat per serving.
- Carbohydrate-Reduced - contains no more than 50% of the carbohydrates and no more calories than the food it replaces. Intended for diabetics.



- Low Sodium or Low Salt - the food contains 50% less sodium than the regular product and not more than 40 mg of sodium per 100 g and no salt has been added. It is a food suitable for dietary use.
Exceptions: Cheddar cheese may contain up to 50 mg of sodium per 100 grams; and, meat, poultry and fish may contain up to 80 mg of sodium per 100 grams).
- No added salt or unsalted - no salt is added to the food and none of the ingredients contains a large quantity of salt.
- Salt-free or sodium-free - the food does not contain more than 5 mg of sodium per 100 grams; foods bearing this claim are usually those containing the smallest amount of salt or sodium.
- Low in Sugar - contains no more than 2 grams of sugar per serving.
- Sugar-Free - contains no more than .25 grams of sugar per 100 grams of the food, and no more than 1 calorie per 100 grams. This food usually contains the least amount of sugar and often the fewest calories.
- No Sugar added or Unsweetened - has no sugar added although the food may contain naturally present sugar.
- Source of Dietary Fibre - at least 2 grams of dietary fibre per serving.
- High Source of Dietary Fibre - at least 4 grams of dietary fibre per serving.
- Fibre-Rich - contains at least 4 grams of fibre per serving, e.g. bran cereals.
- Very High Source of Dietary Fibre - at least 6 grams of dietary fibre per serving.

Health Canada is proposing revisions to the compositional criteria for nutrient content claims; check the Health Canada website at www.hc-sc.gc.ca



Looking at Unit Pricing

A wise shopper looks at unit prices.

Unit prices:

- state the cost per unit of weight (e.g. grams, kilograms) or volume (millilitres).
- help you compare different brands or sizes of food packages.
- are located on the grocery shelf below the food item.

For example: Compare two boxes of cereal

Cereal A	Cereal B
\$3.75	\$1.40
575 grams	240 grams
Unit Price = .007/gram	Unit Price = .006/gram

Cereal B costs less per unit of weight (gram).



Grocery Lists

Why Use a Grocery List?

- Controls costs.
- Reduces waste from overbuying.
- Saves time.
- Saves labour.
- Avoids forgetting grocery items.

How do I Develop a Grocery List?

1. Make a grocery list using your week's menu plan; include all the food items and their amounts. Refer to the Sample Grocery List on page 50. Arrange grocery list according to the layout of your grocery store.
2. Check how much of each food item you have in stock. Determine how much you will need.
3. Check items such as flour, sugar, spices on a monthly basis.
4. Check supply of non-food items, i.e. paper products, dish soaps.
5. Keep your grocery list handy and jot down items needed when stock runs low.



SAMPLE GROCERY LIST

DATE: _____

<p>Refrigerator</p> <p>milk butter, margarine cream buttermilk yogurt shortening cheese cottage cheese tofu eggs other</p> <p>Bakery</p> <p>bread hamburger/hotdog buns dinner buns, bagels baked goods other</p> <p>Groceries</p> <p>cereals for cooking rice prepared cereals relishes bran, wheat germ condiments pasta - spaghetti popcorn - macaroni oil salad dressing jam/honey cookies/crackers coffee/tea canned fruit canned vegetables canned juices dried peas, beans, lentils other</p>	<p>Meat, Fish and Poultry</p> <p>beef fish poultry pork cold cuts other</p> <p>Fresh Produce</p> <p>apples bananas grapefruit lemons oranges carrots lettuce onions potatoes cabbage celery tomatoes other</p>	<p>Baking Supplies</p> <p>flour sugar - white - brown - icing spices nuts cake mix pancake mix jelly/pudding mix raisins, prunes, dates tapioca other</p> <p>Freezer</p> <p>frozen vegetables frozen fruit frozen juices frozen yogurt sherbet ice cream other</p> <p>Non-Food Supplies</p> <p>cleaning products paper products plastic wrap aluminum foil other</p>
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BE FOOD SAFE! PICK UP MEATS AND DAIRY ITEMS LAST. REFRIGERATE PERISHABLES RIGHT AWAY.



FOOD PREPARATION AND STORAGE

Store and prepare foods properly. This will help to retain vitamins and minerals, eye appeal, and maintain food safety.

Storage Tips

- Store foods at the correct temperature:
 - freezer - never above -18°C (0°F)
 - refrigerator - never above 4°C (40°F)
 - dry storage - between 10° - 20°C (50 - 70°F)
 - well ventilated, dry and away from direct light
- Avoid storing foods for long periods.
- Avoid bruising fresh vegetables and fruit.
- Avoid overloading refrigerators and freezers.
- Store opened packages in screw top or tight fitting lidded containers.
- Rotate stock by using older items first.
- Store raw foods below cooked/ready-to-eat foods.
- Keep food/food containers off the floor.
- Store left-overs in airtight containers or wrap in moisture proof material.
- Label and date left-overs. Use as soon as possible; preferably within 24 hours.

Preparation Tips

- Don't cross contaminate—never cut fresh fruit and vegetables on the same board used for preparing raw meats and poultry without thoroughly washing and sanitizing first.
- Avoid soaking vegetables and fruit for prolonged periods before cooking.
- Prepare fresh vegetables and fruit close to meal time.
- When possible scrub vegetables instead of peeling.
- Reduce bruising by using a sharp knife for trimming, cutting and chopping.
- Cover and refrigerate foods while other parts of the meal are being prepared.



Cooking Tips

- Ensure that meats and poultry are adequately cooked.
- Cook vegetables whole or in large pieces, where possible, rather than cut up. Some minerals and vitamins are lost when exposed to the air or dissolve in cooking water.
- Keep cooking time short; add vegetables to boiling water and cook until just tender. Allow water to boil steadily but not too hard.
- Steam instead of boil.
- Use cooking water from vegetables and meat drippings for soup stock, sauces and gravies.
- Cook root and tuber vegetables such as potatoes in their skins to keep more of their vitamins and minerals.
- Skim and discard fat from meat drippings for a healthier meal.

Serving Tips

- Plan a meal so that the vegetables can be served as soon as they are cooked.
- Make the dinner plate look appealing!
- Assemble the food on plates and serve as close to meal time as possible.
- Serve hot foods hot and cold foods cold.
- Limit left-overs, since reheated food will lose vitamins and minerals, flavour, and texture.
- Refrigerate and reheat food for late comers, rather than hold food warm for a long time.



TIPS FOR SAFE FOOD

Handle, store and cook food properly. Incorrect handling and preparation of food will allow bacteria to grow rapidly. Food poisoning can result if food is eaten that has been incorrectly handled.

Bacteria need food, moisture, time and comfortable temperatures to do their work. Very high temperatures kill bacteria. Cold stops or slows their growth.

Shopping

- Put raw meat, poultry, and fish in an extra produce plastic bag to help reduce cross contamination to other items in the grocery cart.
- Don't buy foods in dented, rusty, bulging or leaky cans. (Food is already spoiled if cans are bulgy or leaking, and there is danger of spoilage if cans are dented or rusty).
- Check the 'Best Before' date on the label.
- Select frozen foods last, giving them less time to thaw.
- Take groceries straight home and put them away as soon as possible. Never leave food in a hot car!

Storage

- Keep hot foods hot and cold foods cold. Bacteria grow best in the Danger Zone 4° - 60°C (40° - 140° F) Room temperature (about 20°C or 70°F) is in the Danger Zone!
- Do not let cooked foods remain in the Danger Zone. Refrigerate!
- Freeze fresh meat, fish or poultry right away if you can't use it within one or two days.
- Chill hot leftovers quickly by:
 - dividing into small portions
 - using shallow pans
 - putting on ice
 - stirring frequently
 - refrigerating immediately
- Use chilled ingredients when making sandwiches or salads.
- Monitor the temperature of your refrigerator to keep bacteria in check. The refrigerator should run at 4°C (40°F) or less and the freezer at -18°C (0°F) or less.



Thawing

- Thaw frozen food in the refrigerator. Do not thaw food at room temperature.
- In an emergency, thaw in a microwave or wrap in plastic and place under cool, running water.

Reheating or Cooking

- Cook or reheat food to an internal temperature of at least 74°C (165°F). **Purchase a thermometer to check the temperature.**
- Completely cook meat or poultry. Do not partially cook one day and complete cooking the next.
- As a general rule, use leftovers as soon as possible, **or within 24 hours.**
- Use leftovers once and then throw them out.
- If in doubt, throw it out!!

Food Handlers

- Wash hands in hot soapy water often:
 - before starting to prepare a meal
 - after going to the washroom
 - after blowing your nose, coughing or sneezing
 - after touching your mouth, face or hair
 - after smoking
 - after eating
 - after handling raw meat, poultry, fish, eggs or unwashed vegetables
 - after handling dirty dishes
 - after touching boxes or garbage
- Wear clean clothes and aprons.
- Use clean utensils, rather than hands to mix food.
- Use clean spoons to taste food. Do not put tasting spoons back into the food.



Cross Contamination

- Bacteria can hitchhike from one food to another. For example, bacteria can cling to a knife and be lifted from one food to the next if used on different foods.
- Cutting boards should not be used for preparing raw meats or poultry and ready-to-eat foods. If they are, the boards need to be washed and sanitized before ready-to-eat foods are prepared on them.
- Dish cloths should be washed and sanitized before they are used to clean surfaces on which ready-to-eat foods will be placed.
- Use different knives or utensils and different cutting boards for preparing raw food and cooked food. Sanitize these after use.
- A sanitizing solution can be made by mixing ½ ounce (1 tablespoon) of 6% household bleach into 1 gallon of water, or a teaspoon of 6% bleach into a litre of water.
- Store raw food such as raw poultry, fish and meat in containers that do not leak. Do not allow juices from these foods to drip onto other food.
- Wash all vegetables and fruit.

For More Information:

1. Take the ***Foodsafe*** course offered by a community centre or by correspondence. Contact your local Health Unit Environmental Health Program for a course outline.
2. Take the ***Food Safety for Group Homes*** course, a food handlers short course especially designed for staff of care facilities exempt from Food Premise Operation regulations. Available from Food Protection Programs, Ministry of Health, (604) 775-0763.
3. Contact the Health Protection Branch, Education Services, Health and Welfare Canada (see the Government of Canada Blue Pages in the telephone directory).
4. ***Everybody's Food Safe Kitchen***, Sheri Nelson, Everybody's Kitchen Ventures Ltd., Salt Spring Island, 1996.





EMERGENCY FOOD LIST

Be prepared and never leave your kitchen bare! Keep a variety of foods on hand for quick and easy meals and for emergencies. Have a 72-hour supply of food and water for residents and staff.

Grain Products	Vegetables and Fruit	Other
biscuit/muffin mixes hot and cold cereals cookies crackers noodles rice crisp breads	canned fruit canned vegetables canned soups dried fruit canned or tetrapak fruit and vegetable juices instant potatoes	hot chocolate powder instant coffee tea honey jam vegetable oil bottled water - a must! sugar
Milk Products	Meat and Alternatives	
UHT milk (milk packaged in a tetrapak container) skim milk powder canned evaporated milk instant pudding mix canned puddings	canned meats canned fish nuts peanut butter dried peas and beans canned beans	

Suggested Resources:

1. ***Food for Emergencies*** by M.G. Denise St. Laurent, (1994). Health Canada Cat. No. 434-63/1994. Available from Emergency Services, Medical Services Branch, Jeanne Mance Building, Postal Locator 1911-D-1, Tunney's Pasture, Ottawa, Ontario, K1A 0L3.





CREATING A PLEASANT MEAL TIME

A pleasant and positive meal time helps to promote good appetites and adequate food intake.

Much of the information that follows may be very familiar to caregivers; the ideas can be used as a checklist for staff training.

Dining Area

Seating

- Encourage people living in the small facility to participate in decisions regarding seating arrangements. Consider the number of tables you will need to use. Assess the number of people who can sit comfortably at each table.
- Make sure size and height of tables and chairs allow for ease of movement and comfort.
- Ensure chairs are comfortable and safe. Chairs and tables should be stable.
- Consider using chairs that have arms to provide support for getting up from the table.
- Transfer individuals in wheelchairs to chairs whenever possible.
- If used, make sure the wheelchair can fit under the table.
- Ensure dining areas are large enough to allow ease and safety of movement.
- Keep eating area and furniture clean and well maintained.
- Consider providing a separate table or area for those wishing to entertain guests.

Lighting

- Make sure the eating area is well lit.
- If necessary, use blinds or drapes to direct sunlight away from eyes.
- Repair lights that flicker.

Noise

- Reduce unnecessary noise. Turn off the television or radio or choose appropriate background music.



- Temperature**
- Check that the eating area is kept at a comfortable temperature and free from drafts.
 - Do not allow smoking in the eating area.
- Decor**
- Encourage people living in the small facility to participate in decisions regarding decor.
 - Consider use of soft or muted colours.
 - Try center pieces, pictures or wall hangings to give eye appeal and add to the pleasure of dining.
 - If the menu is posted, ensure that it is accurate and easy to read.
- Table Setting**
- Use cups and glasses that are light enough to be safely lifted when filled.
 - Chipped dishes can harbor bacteria and cause accidents. Replace these.
 - Use china and cutlery that is easy to handle in regards to shape, weight, and handle size. Cup rims should not be thick.
 - Check that bottom of cups and bowls are wide and stable.
 - Replace china and cutlery, as necessary, with the same pattern and colour.
 - Try dishes that contrast in colour with the tabletop. The dishes are easier to see.
 - Provide suitable feeding aids to support self-feeding.
 - Use clean aprons or attractive smocks if spills are a problem.
 - Serve hot foods on warm plates and cold foods on chilled plates.
 - Use garnishes for eye appeal.



Dining Service

Interaction

- Speak slowly and clearly.
- If the person has hearing problems, speak into their good ear.
- Communicate in a caring, respectful manner.
- Smile and make eye contact when talking to people.
- Listen to both verbal and non verbal signs.
- Encourage independence. Ask first before providing assistance.
- Remind the distracted or confused individual to continue eating.
- Allow personal choices whenever possible and respect decisions.
- Provide meal service to individuals in their room who are too ill to eat in the dining room.
- Celebrate birthdays and special holidays.
- If the person has problems with their sight, tell them what foods are on their plate.

Safety Precautions

- Complete cardio-pulmonary resuscitation (CPR) courses and update regularly to become familiar with handling choking emergencies.
- Allow hot foods and beverages to cool slightly before serving to the confused or uncoordinated resident.
- Document and follow-up any changes in appetite and food intake.

Meal Times

- Allow enough time for meals, i.e. 30-60 minutes.
- Serve meals at scheduled times.
- Promote more sociable meals by serving each course separately. Remove soiled dishes between courses.



- Serving Meals**
- When possible, rotate the order in which people are served.
 - Do not serve meals until everyone is seated and ready to eat.
 - Promote a positive environment for learning basic life skills and table manners.

NUTRITION CONCERNS IN SMALL ADULT CARE FACILITIES





NUTRITION CARE PLANS

A nutrition care plan is a communication tool for caregivers that includes:

- ✓ **assessment of nutrition concerns**
 - individualize and make specific to the resident's needs
 - consider the preferences of the resident
 - review background information including the resident's history, diagnosis and lifestyle

- ✓ **goals** for the resident
 - must be realistic and measurable
 - set an anticipated date of completion

- ✓ **actions** to address each of these concerns
 - state what is to be done, by whom, and by when
 - provide simple, clear directions for the caregivers to follow

- ✓ **evaluation and review** of the care plan to identify what actions were successful and those which required improvement
 - state a review date
 - review on a regular basis
 - document the resident's refusal to follow the care plan
 - clearly document all changes or reviews

An overview of the stages in the development of a nutrition care plan is summarized on the flow chart on page 66.

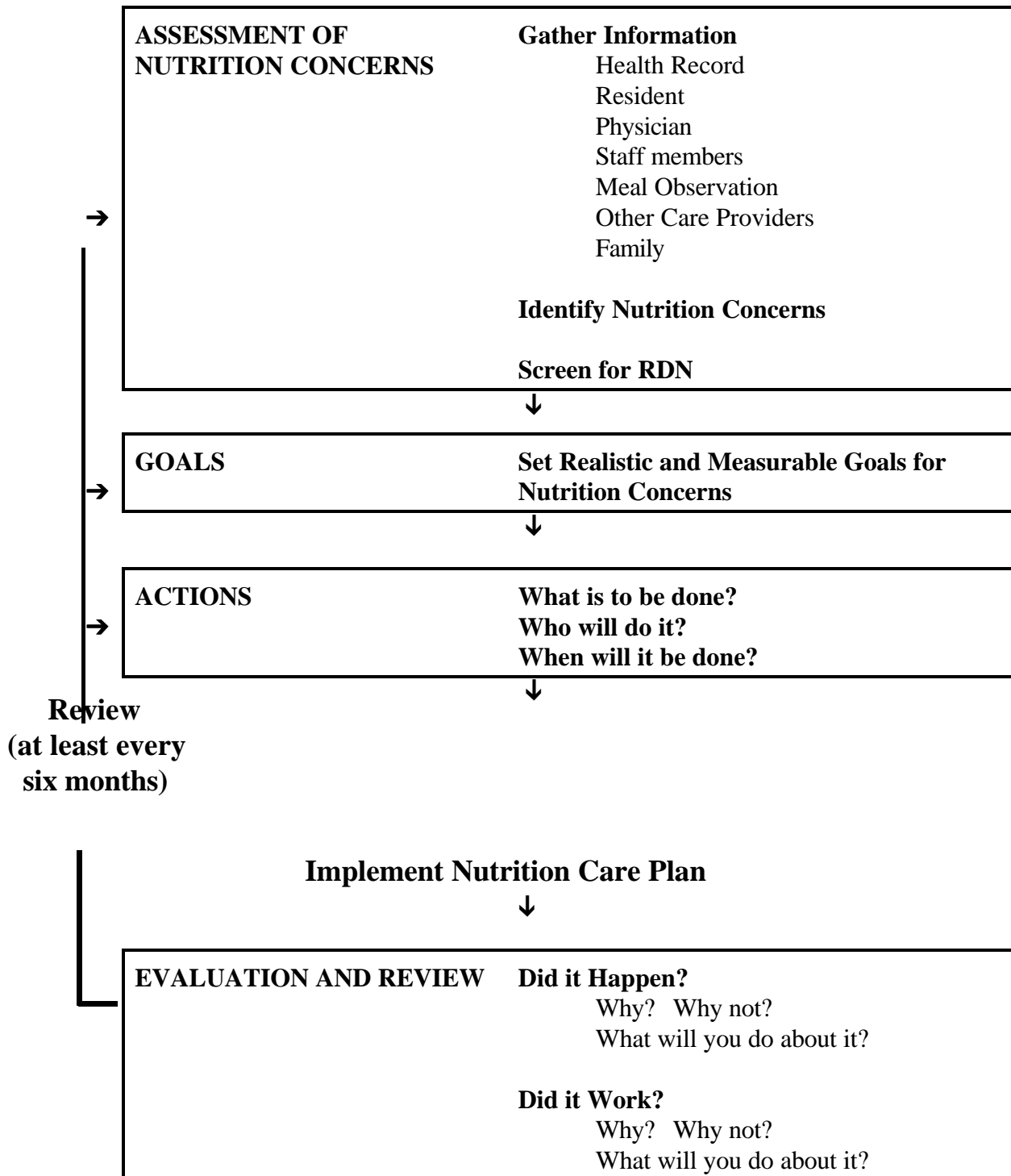
The Adult Care Regulations require that the nutrition care plan:

- ✓ takes into consideration the abilities, the physical, social and emotional needs and the cultural and spiritual preferences of the resident
- ✓ must be developed for each resident within two weeks of admission
- ✓ is documented in the resident's overall care plan
- ✓ is reviewed as set out in the resident's care plan and at least once within 14 weeks of admission
- ✓ is monitored to ensure implementation
- ✓ must be revised in response to resident's needs
- ✓ is accessible to all staff who provide direct service to the resident

The regulations also require that the resident is encouraged to participate in the development and review of his or her care plan. In small adult care facilities (with 24 or fewer residents) facility staff can develop the nutrition care plan but must ensure that the services of a Registered Dietitian Nutritionist are obtained in response to a resident's needs. To determine if a Registered Dietitian Nutritionist is required refer to Assessment of Nutrition Concerns on page 67-70.



Nutrition Care Plan Flowchart





Assessment Of Nutrition Concerns

The nutrition care plan starts with an assessment of the resident's nutrition health to identify concerns. The first step is to gather information about the resident's eating habits and food preferences. You will also need information on the resident's health to determine if there are any specific issues that have an impact on the resident's nutrition status such as diabetes, overweight, underweight, swallowing problems, constipation or food-drug interactions. These issues may affect the resident's food choices.

Obtain information from the following sources:

- ✓ the resident's health record
- ✓ talk to the resident to determine food preferences, usual eating habits and nutrition concerns, encourage the resident to participate in the development of the care plan
- ✓ talk to family members, if appropriate
- ✓ talk to other staff members and care providers (such as day program or workshop staff)
- ✓ talk to the resident's physician or primary health care provider
- ✓ observe the resident at meal and snack time

Use the information you gather from these sources to fill out a Food and Nutrition Information form (see page 78-79). Record concerns under 'Assessment of Nutrition Concerns'. Also record these same concerns on the Nutrition Care Plan Summary form under 'Assessment of Nutrition Concerns' (see page 80). There may be other forms available in your region, contact your regional nutritionist, community care facilities licensing program or funding agency.

When you have finished gathering the information, you are ready to complete the screening form "When to Obtain Services of Registered Dietitian Nutritionist"(page 69). Using this form you can record the nutrition concerns for the resident and determine if the resident requires the services of a Registered Dietitian Nutritionist. Follow the directions on the form and total the score to decide if a Registered Dietitian Nutritionist is required. Write the score in on the Food and Nutrition Information form (see pages 78) and tick off whether a Registered Dietitian Nutritionist referral is required. Contact your regional nutritionist or community care facilities licensing program for more information.

You must complete a nutrition care plan for each resident regardless of the results of the screening form.

- If the score on the form is 5 or more then the services of a Registered Dietitian Nutritionist are required for the resident. Develop a nutrition care plan that can be used until an assessment is completed by a Registered Dietitian Nutritionist.
- If the score on the form is 1 –4 then the services of a Registered Dietitian Nutritionist are not required at this time. Review the nutrition concerns identified with the resident's physician. Develop a nutrition care plan for the resident.
- If the score on the form is 0 then the services of a Registered Dietitian Nutritionist are not required at this time. Develop a nutrition care plan for the resident that indicates that no concerns were identified.



Refer to Examples of Nutrition Care Plans on page 75.



Screening Form "When to Obtain Services of Registered Dietitian Nutritionist"

BEFORE USING THIS FORM, COMPLETE AN ASSESSMENT OF RESIDENT CONCERNS USING THE FOOD AND NUTRITION INFORMATION FORM (see Page 78-79).

WHEN TO OBTAIN THE SERVICES OF REGISTERED DIETITIAN NUTRITIONIST

Facility: _____ Date: _____

Client Name: _____ Completed by: _____

Section 7.(2) of the Adult Care Regulations states that "a licensee of a facility with 24 or fewer persons in residence must ensure that the services of a registered dietitian Nutritionist are obtained in response to a resident's needs..."

Use this checklist to find out if the resident requires the services of a Registered Dietitian Nutritionist (RDN).

Read the statements below. Circle the number in the **YES** column for those that apply the resident. For each "yes" answer, score the number in the box. Total the score for the resident.

	YES
Significant weight change (refer to next page)	5
Underweight (refer to next page)	5
Fluids only for more than 72 hours	5
Tube Fed	5
Skin breakdown/pressure ulcers	5
Difficulty swallowing (refer to next page)	5
Conditions with nutrition implications (some examples: anemia, Crohn's disease, colostomy, diabetes, severe dementia or depression, anorexia nervosa/bulimia, cancer, renal or liver failure, chronic obstructive pulmonary diseases (COPD) congestive heart failure, gastric reflux, etc.)	5
Eating poorly (usually eating less than half their meal)	3
Intake of food group severely restricted (refer to Canada's Food Guide to Healthy Eating)	3
Fluid intake of less than 1500 mL (6 cups) daily. Count water, milk, juice, soup, herbal tea and decaffeinated coffee as fluid.	3
Lab values with nutrition implications outside normal range (eg., hemoglobin, hematocrit, ferritin, cholesterol, glucose, hemoglobin A _{1c} , albumin, prealbumin, total lymphocyte count, triglycerides, potassium, sodium)	3
Diarrhea or vomiting for more than 24 hours	2
Chronic infection (eg., respiratory, urinary tract, skin)	2
Take longer than thirty minutes to finish eating their meal	2
Unable to feed self	2
Daily medication for treatment of constipation	2
Three or more different prescribed or over-the-counter drugs a day (including vitamins, minerals, or any other product that has a Drug Identification Number)	2
Difficulty chewing, or receiving minced or pureed foods	1
TOTAL	

TOTAL SCORE	COMMENTS
0	Client does not require the services of a Registered Dietitian Nutritionist at this time. Recheck the score in 6 months or in response to changing needs of the resident.
1 - 4	Client does not require the services of a Registered Dietitian Nutritionist at this time. Recheck the score in 6 months or in response to changing needs of the resident. Review nutrition concerns identified with the resident's primary health care provider (i.e., physician)
5 OR MORE	Client requires the services of a Registered Dietitian Nutritionist. Contact your Health Unit Nutritionist to obtain information or consultant RDN's in your area.



WHEN TO OBTAIN THE SERVICES OF REGISTERED DIETITIAN NUTRITIONIST

Significant weight change

Unintentional change in weight greater than 5% over one month, greater than 7.5% over three months, and greater than 10% over six months

PREVIOUS RECORDED WEIGHT		1 MONTH (5% CHANGE)		2 MONTH (7.5% CHANGE)		6 MONTH (10% CHANGE)	
lbs.	(kg)	lbs.	(kg)	lbs.	(kg)	lbs.	(kg)
88	(40)	4	(2)	6.5	(3)	8.5	(4)
110	(50)	5.5	(2.5)	8	(3.5)	11	(5)
132	(60)	6.5	(3)	10	(4.5)	13	(6)
154	(70)	7.5	(3.5)	11.5	(5.25)	15	(7)
176	(80)	8.5	(4)	13	(6)	17.5	(8)
198	(90)	10	(4.5)	15	(6.5)	20	(9)

Underweight

Body Mass Index (BMI) is a measure of healthy weight. The weight range is quite broad in order to take into account factors like differences in bone structure. A BMI of 20 or less indicates underweight.

HEIGHT		UNDERWEIGHT (BMI <20)	
feet inches	(meters)	lbs.	(kg.)
4'6"	(1.37)	83	(37) or less
4'7"	(1.40)	86	(39) or less
4'8"	(1.42)	89	(40) or less
4'9"	(1.45)	93	(42) or less
4'10"	(1.47)	95	(43) or less
4'11"	(1.5)	98	(45) or less
5'	(1.52)	102	(46) or less
5'1"	(1.55)	106	(48) or less
5'2"	(1.57)	109	(49) or less
5'3"	(1.6)	113	(51) or less
5'4"	(1.63)	117	(53) or less
5'5"	(1.65)	120	(54) or less
5'6"	(1.68)	124	(56) or less
5'7"	(1.7)	127	(58) or less
5'8"	(1.73)	132	(60) or less
5'9"	(1.75)	135	(61) or less
5'10"	(1.78)	140	(63) or less
5'11"	(1.8)	143	(65) or less
6'	(1.83)	148	(67) or less
6'1"	(1.85)	151	(68) or less
6'2"	(1.88)	156	(70) or less

Difficulty swallowing - warning signs include the following:

- Coughing or choking during/after eating or drinking.
- Gurgly-sounding voice after eating or drinking.
- Complaints of food "getting stuck"
- Drooling.
- Avoids Certain Foods
- Frequent throat clearing.

DEVELOPED BY THE BC METRO-PROVINCIAL NUTRITIONISTS (SUBCOMMITTEE ON LICENSING)



Goals

Setting goals is the second stage in developing the nutrition care plan. Remember to encourage the resident to participate in the development of their care plan.

- ✓ Use the Nutrition Care Plan Summary form (see page 80) to document goals
- ✓ For each concern, set a goal. Goals should be realistic, resident-centered, and measurable
- ✓ For each goal set a reasonable date for achieving it
- ✓ Goals in the nutrition care plan must be documented in the resident's overall care plan

If the resident had a nutrition concern of inadequate fluid intake then an example of a measurable goal would be that “the resident will be provided 250 mls of fluid at each meal and snack by (date)”. An example of a goal that would not be measurable would be “the resident will drink more fluids”.



Actions

Encourage the resident to participate in the development of an action plan for each goal.

- ✓ Use the Nutrition Care Plan Summary form (see page 80) to document actions
- ✓ List all the actions or approaches that are going to be implemented for the goal
- ✓ For each action, state what is to be done, by whom, and by when. State the date by which the action should be started
- ✓ Provide simple, clear directions for caregivers to follow
- ✓ Make sure you give enough detail for caregivers to be able to follow through or refer to other documents that provide the detail
- ✓ Actions in the nutrition care plan must be documented in the resident's overall care plan



Evaluation and Review

Reviewing and reassessing the nutrition care plan on a regular basis is essential. Encourage the resident to participate in the review of their nutrition care plan.

The Adult Care Regulations require that the nutrition care plan be reviewed as set out in the resident's overall care plan and at least once within 14 weeks of admission; and is revised in response to resident's needs. Resident needs include the presence of new or changed conditions that have a strong influence on an individual's nutrition status, such as:

- permanent loss of ability to ambulate freely or use the hands to grasp small objects
- deterioration in behaviour, mood, or relationships
- deterioration in resident's health status, e.g. weight loss, abnormal lab values, dysphagia
- marked or sudden improvement in resident's health status
- change in medication and/or dosage

The screening form "When to Obtain Services of Registered Dietitian Nutritionist" should be redone every six months. Review and revise the nutrition care plan at this time.

The regulations also require that nutrition care plans are monitored to ensure implementation. The facility should develop systems for monitoring that caregivers actually follow action plans for each resident. For example, if the action plan is to weigh the resident every two weeks then a specific staff member should be assigned the responsibility for monitoring that the weight record is complete.

It is essential to review the nutrition care plan in order to:

- ✓ identify any new nutrition concerns due to the changing needs of the resident
- ✓ evaluate the existing care plan
- ✓ determine whether goals have been met
- ✓ identify what approaches were successful and those which required improvement

If the goals have not been met, the following questions should be asked:

- ✓ was this really a concern for the resident?
- ✓ was the goal realistic?
- ✓ was the goal stated in measurable terms?
- ✓ did the actions help the resident to achieve the goals?
- ✓ was the time frame realistic?
- ✓ were the approaches realistic?
- ✓ were the actions carried out as listed?

Answers to these questions should identify areas where the plan needs revision. Ensure that any revision of the nutrition care plan is documented in the resident's overall care plan. Document the resident's refusal to follow the care plan.



Tips for Developing Nutrition Care Plans

- ✓ Include the resident and/or advocate in developing the care plan.
- ✓ Consider the abilities, the physical, social, emotional needs and the preferences of the resident.
- ✓ Remember to sign and date nutrition care plans.
- ✓ The resident has the right to make informed choices and refuse treatment. Alternative courses of action should be explored.
- ✓ Develop the care plan using a team approach.
- ✓ The nutrition care plan must be documented in the resident's overall care plan.



Examples of Nutrition Care Plans

The following are examples of nutrition care plans for three different situations—resident with no nutrition concerns, resident with some nutrition concerns, and resident requiring the services of a Registered Dietitian Nutritionist. These are only examples - not prescriptions. You may determine that other approaches may be more useful for the resident.

Example #1 – Resident with no nutrition concerns

B.F. is a 38-year-old male who is a stable healthy weight (60 kg). He is not taking any medications. B.F. recently had a check up with the doctor and there were no concerns. He eats a variety of foods and enjoys swimming twice a week.

Nutrition Care Plan for B.F. Signature: D. Manager				Date: September 1, 1998
Assessment of Nutrition Concerns	Goals	Actions	By Whom	Review Date
B.F. has a healthy diet	to have a healthy diet by following Canada’s Food Guide to Healthy Eating	to continue to follow the facility cycle menu	facility staff	March 1, 1999
B.F. is in a healthy weight range (55-65 kg)	to maintain a healthy weight between 55-65 kg	to monitor weight monthly	facility manager	March 1, 1999
screening form score was zero	to monitor the resident for nutrition concerns	to repeat completion of the screening form (When to Obtain Services of Registered Dietitian Nutritionist)	facility manager	March 1, 1999



Example #2 – Resident with some nutrition concerns

R.W. is a 50 year old male who has lived in a small residential facility most of his life. His chewing and swallowing abilities are fair. He has no teeth or dentures and requires a minced diet. He feeds himself at meals and snacks. He has chronic constipation. R.W. has no known food allergies and he is a stable healthy weight. He became a resident of your home several days ago

Nutrition Care Plan for R.W.		Signature: D. Manager		Date: September 1, 1998
Assessment of Nutrition Concerns	Goals	Actions	By Whom	Review Date
R.W. has no teeth and requires minced foods	to determine if R.W. can receive regular textured foods	request assessment from Dental Hygienist	facility manager	Sept 30, 1998
		continue to provide minced foods	facility staff	Sept 30, 1998
R.W. has chronic constipation	to assist R.W. to have a soft bowel movement at least every three days	offer 250 ml fluid at every meal and snack	facility manager	Sept 30, 1998
		encourage high fibre cereals at breakfast	facility staff	Sept 30, 1998
		provide dried fruit in his bagged lunch	facility staff	Sept 30, 1998
		record bowel movements in resident record	facility staff	Sept 30, 1998
screening form score was three (1- no teeth, minced foods, 2 – constipation)	to monitor the resident for nutrition concerns	discuss screening form results with the resident's physician	facility manager	Sept 30, 1998
		to repeat completion of the screening form	facility manager	March 1, 1999



Example #3 – Resident requiring the services of a Registered Dietitian Nutritionist

K.D. is a 42 year old female who has Down’s syndrome. She is a stable healthy weight (63 kg). She was complaining of being tired and always thirsty. Her physician has just diagnosed her as having non-insulin dependent diabetes. K.D. is supposed to have a Diabetes Diet and her blood glucose tested daily.

Nutrition Care Plan for K.D. Signature: D. Manager				Date: September 1, 1998
Assessment of Nutrition Concerns	Goals	Actions	By Whom	Review Date
K.D. has been diagnosed with diabetes and her nutrition screen score was 5	K.D. will be assessed by a Registered Dietitian Nutritionist	To make an appointment with the dietitian at the Diabetes Education Program at the hospital	facility manager	Sept 2, 1998
	To provide a Diabetes Diet	To follow the instructions posted beside the menu for the Diabetes Diet	facility staff	Sept 2, 1998
	To maintain blood glucose levels between ____ and ____.	To measure blood glucose levels daily	facility manager until other staff receive training	Sept 23, 1998
		To receive training for measuring blood glucose levels at the Diabetes Education Program	all staff to complete training	Sept 22, 1998
		To contact the physician if blood glucose less than ____ or more than ____	facility manager	Sept 23, 1998

Food and Nutrition Information Sheet

Resident Name _____



Nutrition Concerns in Small Adult Care Facilities

Birthdate _____
Admission Weight _____
Height _____

Admission Date _____
Usual Weight _____
Body Mass Index (BMI) _____

Physician/Primary Health Care Provider _____ Phone _____

Diagnosis _____

Diet _____

Diet Ordered by Physician Yes No

Diet Texture regular cut-up minced pureed tube
other(specify) _____

Food Allergies and Intolerances _____

Food Likes _____
Food Dislikes _____

Current Medications(include: over the counter, herbal products, alcohol, tobacco, caffeine)

Food and Drug Interactions

Nutrition Supplements/Vitamins, Minerals _____

Bowel Function Regular Daily Constipated Diarrhea

Laxatives _____

Fluid Intake (amount) _____

Food and Nutrition Information Sheet (Cont'd.)

Hearing Good Fair Poor Mobility Good Fair Poor



Nutrition Concerns in Small Adult Care Facilities

Hearing Aids	Yes	No	Right Left	Activity Level	Good	Fair	Poor
Sight	Good	Fair	Poor	Comprehension	Good	Fair	Poor
Glasses	Yes	No					
Chewing	Good	Fair	Poor				
Swallowing	Good	Fair	Poor				
Eating Aids	Yes	No	Types _____				
Feeding Ability		Self	Partial Assistance		Total Assistance		

Comments _____

Assessment of Nutrition Concerns _____

Screening Tool Score _____ RDN Referral? Yes No Date _____

Signature _____ Date _____



HOW TO CONTACT A REGISTERED DIETITIAN NUTRITIONIST

What is a Registered Dietitian Nutritionist?

A Registered Dietitian Nutritionist (RDN) is a member of the BC Dietitians and Nutritionists' Association (BCDNA). This professional has a university degree in nutrition and a dietetic hospital internship or graduate nutrition degree. A RDN can assist you with the nutrition and food service in the group home by:

- reviewing your menu plan;
- providing education on food safety, grocery shopping, healthy eating and special diets;
- assessing the nutritional needs of individuals and developing a nutritional care plan;
- modifying the daily menu for special diets and texture modifications.

While all RDNs are qualified to provide these nutrition services, the roles and specialties of individual programs and RDNs may vary. Here is a general overview of the nutrition services available through different programs and how to contact RDNs in these programs.

COMMUNITY NUTRITION RDNs

Community nutritionists are employed by Regional Health Boards or Community Health Services Societies. The role of the community nutritionist varies around the province and may include one or more of the following : health promotion and prevention, community care facilities licencing program and home care. Contact the community nutritionist in your local health region to ask what services are available and how to access them. You will find the phone number in the blue pages of the telephone directory under regional districts, or municipalities.

HOSPITAL RDNs

Many hospitals provide clinical nutrition support on an in-patient basis, an out-patient basis and occasionally an outreach basis. Usually a physician referral is required. Contact your local hospital nutrition department to ask what services are available and how to access them.

PRIVATE PRACTICE RDNs

In BC, a number of RDNs in private practice provide clinical and/or food service support, including general menu writing and review to facilities, including group homes. The cost of these services are not covered by the Medical Services Plan.



HEALTH SERVICES FOR COMMUNITY LIVING (HSCL) RDNs

Clinical nutrition support is available to HSCL clients whose health and safety is at high risk because of dysphagia and/or complex nutrition health issues. This service also provides professional nutrition consultation to HSCL staff on a variety of food and nutrition issues common to this client group. Referrals to this service are generated through HSCL staff. Contact your local health region for more information on this program.

DIAL-A-DIETITIAN

A RDN is available to answer general nutrition questions from Monday through Friday 8 am to 5 pm. This service is available in English, Cantonese, and Punjabi. Call 1-800-667-DIET (3438) toll-free in BC or 732-9191 in the greater Vancouver area.

OTHER RESOURCES FOR FOOD INFORMATION

Licensing Officers and Environmental Health Officers can provide information on regulations and food safety issues.

Home economists can provide information on general menu planning, food budgeting/purchasing, general food preparation, and recipe development and/or adaptation. Contact the BC Home Economics Association for information on home economists in your area who may be available on a contract basis. (Note: changes in menu for special health concerns require a RDN).



HEALTHY WEIGHT

Body Mass Index (BMI)

Body Mass Index (BMI) is a measure of healthy weight. The weight range is quite broad in order to take into account factors like differences in bone structure.

BMI can be used for people **20-65 years of age**.

A weight above or below a BMI of 20-25 is related to the risk of developing health problems.

Some judgement is necessary in using BMI, particularly if the individual is not ambulatory.

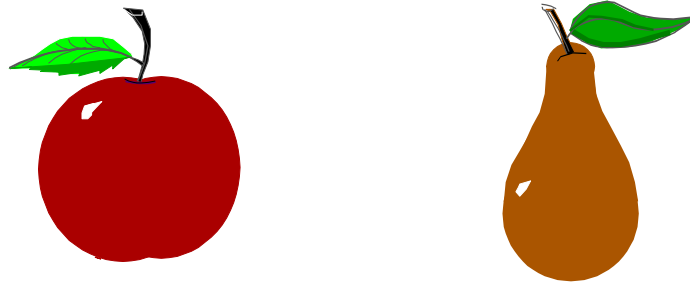
HEIGHT		(BMI of 20-25) WEIGHT	
Feet and inches	Meters	Pounds	Kilograms
4'6"	1.37	83-103	37-47
4'7"	1.40	86-108	39-49
4'8"	1.42	89-111	40-50
4'9"	1.45	93-116	42-52
4'10"	1.47	95-119	43-54
4'11"	1.50	99-124	45-56
5'	1.52	102-127	46-58
5'1"	1.55	106-132	48-60
5'2"	1.57	109-136	49-61
5'3"	1.60	113-141	51-64
5'4"	1.63	117-146	53-66
5'5"	1.65	120-150	54-68
5'6"	1.68	124-156	56-70
5'7"	1.70	127-159	58-72
5'8"	1.73	132-165	60-75
5'9"	1.75	135-169	61-76
5'10"	1.78	140-175	63-79
5'11"	1.80	143-179	65-81
6'	1.83	148-185	67-83
6'1"	1.85	151-189	68-85
6'2"	1.88	156-195	70-88



Contact a Registered Dietitian Nutritionist

- If weight does not fall within the healthy weight range (BMI = 20-25), the person is at risk for health problems.
- If monthly weight records indicate a trend heading outside the healthy weight range, it is time to make some changes.

The BMI is a good general guideline for determining a healthy weight, if it is combined with a look at body shape. An overweight person with an "apple" shape (excess weight around the waist) is at greater risk for developing heart disease, high blood pressure and diabetes than an overweight person with a "pear" shape (excess weight on hips and thighs).



Monthly Weight Records

The Adult Care Regulations require that you keep a monthly weight record for each resident. Refer to the blank "Monthly Weight Record" form.





MONTHLY WEIGHT RECORD

SAMPLE

YEAR OF WEIGHT GRAPH 1999

NAME J. SMITH

ADMISSION DATE OCTOBER 2, 1995

WEIGHT ON ADMISSION 140 LBS

HEIGHT 5'6"

BMI (20-25) 124-156 LBS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Weight Range												
148												
146												
144												
142												
140												
138												
136												
134												
132												
WEIGHT	142	144	143	142	140	140	141	140	142	143	142	144

SELECT THE APPROPRIATE WEIGHT RANGE FOR EACH PERSON





TEXTURE MODIFICATIONS

- Contact a Registered Dietitian Nutritionist to assist you in assessing the need for texture modifications and to individualize the daily menu.
- Residents with dysphagia must be assessed by a Registered Dietitian Nutritionist. If the resident requires texture modified foods, a Registered Dietitian Nutritionist must individualize their meal plan to ensure that only foods that are safe for the resident are provided. Refer to the dysphagia section on page 118
- Include the doctor, a Registered Dietitian Nutritionist and the individual in any decision regarding texture modifications. Ultimately, the individual has the choice whether to follow their diet or not. If they refuse to follow their diet, this must be documented in their medical record.
- Texture modifications include:
 - Cut Up Foods (bite-size foods and finger foods)
 - Minced Foods (soft, moist foods)
 - Pureed Foods (very soft, moist, smooth foods)
 - Thick Fluids (fluids thickened to the appropriate consistency as recommended by the dysphagia team or Registered Dietitian Nutritionist)
- Make sure that you consult the doctor about the need for texture modifications.
- Texture modifications are required for people who have trouble chewing or swallowing.
- Provide the correct texture of food and fluid so the individual can eat and drink safely.
- Monitor food and fluid intake.
- Reassess the need for texture modifications as necessary.
- Give family and friends a copy of the individual's eating plan.
- The following suggestions are to be used only until a care plan is developed by a RDN. If you already have a care plan from a RDN use that plan not these suggestions as your guide.



Cut Up Foods

Who Needs Cut Up Foods?

People who have:

- trouble cutting up food and self feeding.

What Are Cut Up Foods?

- Cut Up foods are whole foods chopped into bite size pieces or food that can be eaten as finger foods.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.

Tips For Cut Up Foods

- Reassess the need for cut up foods often. Watch for the person on cut up foods who is:
 - struggling to eat cut up foods
 - choking or coughing on foods or beverages
 - rejecting a certain food
 - eating foods of a regular texture

Contact a Registered Dietitian Nutritionist or dysphagia team to assess the resident.

- Monitor food intake at meals and snacks. If undesirable weight loss occurs, contact a Registered Dietitian Nutritionist.
- Use foods from the daily menu, whenever possible. Most foods can be cut up or served as finger foods.
- Examples of finger foods:
 - chicken leg
 - fish stick
 - sausage link
 - wiener
 - cold cuts, rolled
 - cheese sticks
 - pizza slice
 - sandwich
 - vegetable sticks
 - bread
 - toast
 - muffin
 - crackers
 - cookies
 - fruit slices
 - banana



Minced Foods

Who Needs Minced Foods?

People who have:

- trouble chewing
- sore mouth
- dry mouth
- some types of dysphagia (swallowing disorder)

Residents with dysphagia must be assessed by a Registered Dietitian Nutritionist or dysphagia team. Refer to the dysphagia section on page 118,

What are Minced Foods?

- Minced foods are easy to chew.
- Foods are minced, mashed, soft or finely grated.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.

Tips For Minced Foods

- Follow the Minced Foods Meal Plan.
- Reassess the need for minced foods often. Watch for the person on minced foods who is:
 - struggling to eat minced foods
 - choking or coughing on foods or beverages
 - rejecting a certain food
 - eating foods of a regular texture

Contact a Registered Dietitian Nutritionist or dysphagia team to assess the resident.

- Monitor food intake at meals and snacks. If undesirable weight loss occurs, contact a Registered Dietitian Nutritionist.
- Use foods from the daily menu, whenever possible. Most foods can be changed to a minced, mashed, soft or finely grated form.
- Mince meat or poultry using a food processor or meat grinder.
- Minced meat must be moist. Add soup, gravy, sauce or margarine/butter to moisten. Do not use water.



- The following suggestion may not be suitable for the resident with dysphagia:
Soften dry foods such as crackers and cookies in soup or beverages.
- Cook vegetables until soft. Finely-grate vegetables such as coleslaw or shredded lettuce.



Minced Foods Meal Plan

FOOD GROUPS	FOODS ALLOWED
Grain Products	All types of bread and bread products. Remove hard crusts. Rice Noodles
Vegetables & Fruit	Canned fruit, soft or mashed Fresh fruit, soft or grated Fruit and vegetable juice Cooked vegetables, soft or mashed Raw vegetables, soft or grated
Milk Products	All fluid milk products Cottage cheese Cheese, soft or grated
Meat & Alternatives	Egg, soft or chopped fine Minced meat, fish or poultry Soft casserole Soft stew Smooth peanut butter* Tofu
Fats	All
Desserts	Soft desserts
Beverages	All
Other Foods	Sugar, syrup, jam, jelly All soft or minced foods

* May not be suitable for the resident with dysphagia



Pureed Foods

Who Needs Pureed Foods?

People who have:

- trouble chewing
- some types of dysphagia (swallowing disorder)

Residents with dysphagia must be assessed by a Registered Dietitian Nutritionist or dysphagia team. Refer to the dysphagia section on page 118.

What Are Pureed Foods?

- Pureed foods require no chewing.
- Foods are very soft and smooth with no lumps.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.

Tips For Pureed Foods

- Follow the Pureed Foods Meal Plan.
- Reassess the need for pureed foods often. Watch for the person on pureed foods who is:
 - struggling to eat pureed foods
 - choking or coughing on foods or beverages
 - rejecting a certain food
 - eating foods of a different texture

Contact a Registered Dietitian Nutritionist or dysphagia team to assess the resident.

- Monitor food intake at meals and snacks. If undesirable weight loss occurs, contact a Registered Dietitian Nutritionist.
- Use foods from the daily menu whenever possible. Most foods can be pureed.
- Puree foods until smooth using a food processor or blender.
- Moisten pureed foods with soup, gravy, sauce, margarine/butter, juice or milk.
- The following suggestion may not be suitable for the resident with dysphagia: Soften dry foods such as crackers and cookies in soup or beverages.
- Do not puree the meat, potato and vegetable together. Serve each pureed food in a separate bowl or a divided dish.



- Make sure you serve one full portion per serving of pureed foods. Foods may increase or decrease in volume when pureed. For example, if one serving of Baked Chicken is 4 oz. then puree 4 oz. of chicken.



Pureed Foods Meal Plan

FOOD GROUPS	FOODS ALLOWED
Grain Products	Pureed bread or bread products. Bread softened in soup or milk*. Remove hard crusts. Cream of wheat Well cooked oatmeal Dry cereal, softened in milk* Pureed rice or noodles
Vegetables & Fruit	Pureed fruit or vegetables Fruit or vegetable juice Mashed or pureed potatoes
Milk Products	All types of milk Smooth yogurt Smooth ice cream, ice milk, frozen yogurt Pureed cottage cheese Cheese, grated and melted into hot food
Meat & Alternatives	Pureed cooked meat, fish, poultry, egg Pureed casserole Pureed stew Creamy peanut butter* Pureed Tofu
Fats	Margarine/butter, mayonnaise, sour cream Smooth gravy, sauce, salad dressing
Desserts	Pureed desserts Smooth desserts such as pudding, sherbet, Jello®*
Beverages	All
Other Foods	Sugar, syrup, jam, jelly All pureed foods

* May not be suitable for the resident with dysphagia.



Thick Fluids

Who Needs Thick Fluids?

Some people who have dysphagia (swallowing problems) have trouble swallowing thin fluids (e.g. water, juice, milk, coffee). There is a danger of thin fluids entering the lungs (aspiration).

Fluids must be thickened to ensure that the individual gets enough fluid in a safe way. Refer to the Dysphagia section starting on page 118.

What Are Thick Fluids?

- Fluids (beverages and soup) which are thickened to a texture recommended by a Registered Dietitian Nutritionist or dysphagia team.
- Individuals requiring thick fluids must be assessed by your local resource people (e.g. Registered Dietitian Nutritionist, speech-language pathologist, occupational therapist and other qualified professionals experienced with dysphagia). Refer to the Dysphagia section.

Tips For Thick Fluids

- There is no Thick Fluids Eating Plan. All fluids are simply thickened by consistency recommended by the Registered Dietitian Nutritionist or dysphagia team.
- Do not serve thin fluids such as water, juice, milk, coffee, tea and soup. These must be thickened before drinking.
- Ensure at least 6-8 cups (1500-2000 mL) of thick fluid daily. Count water, milk, juice, soup, decaffeinated coffee and decaffeinated tea as fluid.
- Monitor body weight weekly. Consult the doctor if weight drops suddenly. This may indicate the individual is not drinking enough fluid.
- When Pureed Foods with Thick Fluids is ordered, make sure all pureed foods are thickened to the consistency recommended by the Registered Dietitian Nutritionist or dysphagia team.

Suggestions For Thickening Fluids

- All fluids (juice, milk, soup, tea, coffee, pop) may be thickened by adding:
 - Modified Food Starch (e.g. Miraspense®, Quick Thick®, Instant Clear Gel®, ThickenThin®). Check your local food supplier and hospital.
 - Recipes will vary according to the product used and the type of fluid being thickened.



- Soups may also be thickened by adding:
 - mashed potato
 - instant potato flakes
 - pureed vegetables



THERAPEUTIC DIETS

- Contact a Registered Dietitian Nutritionist to assist you in assessing the need for therapeutic diets and to individualize the daily menu.
- Therapeutic diets included in this manual:
 - Cholesterol Lowering Diet (for people who have high cholesterol levels) TEMPORARY until the patient is assessed by a Registered Dietitian Nutritionist.
 - Diabetes Diet (for people who have diabetes) TEMPORARY until the patient is assessed by a Registered Dietitian Nutritionist.
 - High Fibre Diet (for people with constipation)
 - High Protein, High Energy (for people with undesirable weight loss or pressure ulcers) TEMPORARY until the patient is assessed by a Registered Dietitian Nutritionist.
 - Low Salt (for people with edema and some cases of hypertension)
 - Weight Control (for people who are overweight)
- There are other therapeutic diets which have not been included in this manual.
- Make sure that the individual's medical record contains the therapeutic diet order from the primary health care provider (i.e., physician).
- People require therapeutic diets due to medical conditions such as diabetes, weight loss and constipation.
- Monitor food and fluid intake.
- Reassess the need for therapeutic diets (within fourteen weeks of admission, every six months, and in response to resident need).
- Give family and friends a copy of the individual's eating plan.
- Include the doctor, a Registered Dietitian Nutritionist and the individual in any decision regarding therapeutic diets. Ultimately the individual has the choice whether to follow their diet or not. If they refuse to follow their diet, this must be documented in their medical record.
- Residents must receive an assessment by a Registered Dietitian if they:
 - have a condition with nutrition implications (such as diabetes and heart disease),
 - have experienced a significant weight change
 - have skin breakdown (pressure ulcers)
 - are underweight

Refer to the screening form "When to Obtain Services of Registered Dietitian Nutritionist" on page 69.



Cholesterol Lowering Diet

Who Needs A Cholesterol Lowering Diet?

The doctor will order this diet for people who have high cholesterol levels to reduce their risk of developing heart disease.

What Is A Cholesterol Lowering Diet?

- The resident must receive an assessment by a Registered Dietitian Nutritionist
- Foods high in fat and cholesterol are limited.
- Minimum fat is used in food preparation and at the table.
- A regular physical exercise program and healthy eating are encouraged in order to achieve and maintain a healthy body weight.

Tips For A Cholesterol Lowering Diet

- Follow the Cholesterol Lowering Temporary Meal Plan until the resident is assessed by a Registered Dietitian Nutritionist.
- Limit the use of added fat such as butter, margarine, or vegetable oil to less than 6 teaspoons (30 mL) each day.
 - Choose a vegetable oil such as canola, corn, olive, peanut, safflower, or sunflower.
 - Choose a soft margarine with a minimum of 40% polyunsaturated fat (read the label!).
- Choose lean meats. Trim fat off and discard. Remove skin from poultry and discard.
- Limit fat used in cooking. Consider using a non-stick pan.
- Stew, roast, broil, microwave, and bake, rather than fry or deep fry.
- Limit meat servings size to 2-3 ounces (60-90 g). Serve no more than 2-3 servings a day.
- Season with herbs, vinegar or lemon juice instead of gravy, salad dressings, sauce, margarine or butter.



- Read food labels (see page 42). Limit foods high in fat.
 - Choose low fat milk (skim, 1%, 2%) or buttermilk. Use block cheese with less than 20% M.F. (Milk Fat).
 - Limit amounts of saturated or hydrogenated fats, palm and coconut oils used.
- Consider serving fish at least 2 times a week.
- Serve dried peas, beans or lentils at least once a week. Try tofu dishes occasionally.
- Limit egg yolks, organ meats (liver, kidney, heart) and shrimp to 3 servings a week. One serving is 1 egg yolk, 2 oz. (60 g) organ meat, or ¾ cup (175 mL) shrimp.
- Avoid high fat snacks and fast foods. Examples are most restaurant hamburgers, some granolas, croissants, donuts, anything fried, sausages and wieners, ice cream, sour cream, coffee cream, potato chips, buttered popcorn.



Cholesterol Lowering *TEMPORARY* Meal Plan

FOOD GROUPS	CHOOSE MORE OFTEN
Grain Products	Whole grain breads & cereals EXCEPT granola Soft rolls, buns, bagels, pita and crisp breads Noodle, rice, barley, kasha flour and corn tortillas Oat bran, wheat bran, wheat germ Plain crackers
Vegetables & Fruit	All, EXCEPT fried or creamed vegetables
Milk Products	Skim, 1%, 2% or buttermilk Plain or diet yogurt (less than 2% M.F.) 1%, 2%, cottage cheese Ricotta cheese Cheese (less than 20% M.F.)
Meat & Alternatives	Lean meats, poultry with skin removed Fish; canned fish packed in water or broth Dried peas, beans, & lentils Tofu
Fats	Limit added fat to 6 tsp. (30 mL) a day Corn, canola, safflower, sunflower, peanut, olive oil Soft margarine with more than 40% polyunsaturated fat Gravies and sauces with fat removed Low fat salad dressings, light mayonnaise
Desserts	Plain cookies, (arrowroot, digestives, gingersnaps), angel food cake, sherbet, ice milk, frozen yogurt, pudding made with skim, 1%, 2% milk
Beverages	All types, EXCEPT chocolate drinks, egg nog, milkshakes
Other Foods	All types, EXCEPT whipped cream or topping, coffee whiteners, chips, snack crackers.



Diabetes Diet

Who Needs a Diabetes Diet?

A doctor will order a diabetes diet for residents with diabetes. The purpose of the diabetes diet is to keep blood glucose levels within the acceptable range. If your resident has been recently diagnosed with diabetes ask the doctor for a referral to a Registered Dietitian Nutritionist and/or the Diabetes Education Center near you.

What is a Diabetes Diet?

- The resident must receive an assessment by a Registered Dietitian Nutritionist.
- Includes a variety of foods from the four food groups every day.
- Includes high fibre foods such as whole grain breads and cereals, fresh fruit, vegetables, and legumes, and grain products (rice, pasta).
- Limits sweets such as regular pop, large amounts of juice, pie, iced cookies and cakes, chocolate bars, candy, honey, jams, jellies and marmalades, and table sugar.
- Limits fatty foods such as french fries, deep fried foods, donuts, excessive margarine and butter, processed meats (salami, hotdogs), coffee creams, and high fat dairy products.
- May limit portion sizes to achieve and maintain a healthy body weight.

Tips For a Diabetes Diet

Follow the Diabetes Diet Temporary Meal Plan until the resident is assessed by a Registered Dietitian Nutritionist.

- Provide three meals per day.
- Include at least three of the four food groups at each meal.
- Provide an evening snack which includes protein (meat and alternatives or cheese)



Diabetes Diet TEMPORARY Meal Plan

The following are ideas for the types of foods to include in meals until an individualized meal plan can be developed by a RDN. Meals do not necessarily have to include all the menu groups but at least three of the four main groups should be included at each meal.

Breakfast	
Fruit	Small fruit or fruit juice
Cereal	Cooked or dry cereal
Eggs or alternatives	eggs, sausages, cheese or peanut butter
Bread or bread products	toast, muffin, pancakes, waffles or combine egg and bread in french toast
Fats	small amount of butter or margarine
Milk	milk
Other beverages	water, coffee or tea
Extras	diet spreads, and diet syrups, artificial sweeteners, salt, pepper

Light or Main Meal	
Soups	Cream or broth based soup
Entrées	lean meat, poultry, fish, shellfish, beans, legumes, tofu, cheese or cottage cheese
Potato, rice or noodles	potato, rice, macaroni, pasta, poleta (may be part of entrée)
Vegetables	cooked vegetables or salads (may be part of entrée)
Fats	small amounts of margarine, butter, gravy, sour cream or cream cheese
Bread or bread products	bread, crackers, rolls, biscuits, muffins, pita, roti, tortilla
Fruit or other dessert	fresh fruit, canned or frozen fruit, pudding, desserts made with limited amounts of sugar
Milk	milk
Other Beverages	water, coffee or tea
Extras	artificial sweeteners

Snacks	
Cereal and milk	
Cheese and crackers	
Plain cookies such as arrowroot or digestives	
Plain muffins	
Sandwich with meat, fish, poultry or peanut butter filling	
Peanut butter and toast	
Cheese and fruit	
Cheese and toast	



For the Resident on Insulin or Oral Hypoglycemic Agents

- Monitor blood sugar regularly. Staff must be trained in blood sugar testing. Frequency of testing is determined by the physician.
- Learn to recognise the symptoms of low blood sugar (hypoglycemia). If blood sugar is too low (below 4 mmol/l), the following symptoms may be seen:
 - Confusion
 - Sweating, shaking, weakness
 - Unusual or aggressive behavior
 - Feeling nervous or agitated
 - Severe symptoms, (such as: slurred speech, staggering, or falling)
- Treat low blood sugar (hypoglycemia) immediately:
 - Test blood sugar level
 - Give the resident 10-15 grams of simple carbohydrates such as:
 - 125 mL (½ cup) fruit juice or regular pop OR
 - 3 glucose tablets OR
 - 4-6 lifesavers OR
 - 2-3 teaspoons honey OR
 - 2-3 hard candies
 - Retest blood glucose level after 10-15 minutes

If Blood Glucose is Still Below 4	If Blood Glucose is Above 4
<ul style="list-style-type: none"> • Give an additional 10 - 15 grams of carbohydrate such as: <ul style="list-style-type: none"> 125 ml (½ cup) fruit juice or regular pop OR 3 glucose tablets OR 4-6 lifesavers OR 2-3 teaspoons honey OR 2-3 hard candies • Test blood sugar after 10 minutes. If still below 4, contact the physician immediately. • If blood glucose is above 4 and the next meal or snack is more than 45 minutes away, give an extra snack of carbohydrate and protein such as: <ul style="list-style-type: none"> a muffin with milk or cheese crackers and cheese ½ sandwich with protein filling cereal with milk 	<ul style="list-style-type: none"> • And the next meal or snack is more than 45 minutes away, give an extra snack of carbohydrate and protein such as: <ul style="list-style-type: none"> a muffin with milk or cheese crackers and cheese ½ a sandwich with protein filling Cereal with milk



Sick Days

When a resident on oral hypoglycemic agents (diabetes pills) or insulin is sick and unable to eat their regular diet it is important that they get sufficient carbohydrate over the course of the day so their blood sugar stays in the acceptable range. Talk with the primary care provider (i.e., physician) or RDN if the resident cannot return to the usual diet within 24 hours. Consult the residents physician immediately if the resident:

- ✓ vomits more than once in 4 hours
- ✓ is unable to eat or drink after 4 hours
- ✓ the resident's condition worsens

The resident should be given one of the following items every hour:

- 1 slice toast
- 6 soda crackers
- 125 mL (½ cup) cooked cereal
- 200 mL (¾ cup) dry cereal
- 2 plain cookies
- 75 mL (⅓ cup) apple juice
- 125 mL (½ cup) other unsweetened fruit juice or regular pop
- 125 mL (½ cup) applesauce
- 50 mL (¼ cup) regular Jello or sherbert
- ½ popsicle (1 stick)
- 125 mL (½ cup) milk or plain yogurt



High Fibre Diet

Who Needs A High Fibre Diet?

The doctor will order this diet for people with constipation.

What Is A High Fibre Diet?

- High fibre foods are encouraged.
- A fluid intake of at least 6-8 cups (1500-2000 mL) is needed. Water, milk, juice and soup count as fluid.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain Services of Registered Dietitian Nutritionist" on page 69.

Tips For A High Fibre Diet

- Follow the High Fibre Meal Plan.
- Encourage water in addition to other beverages at all meals and snacks.
- Provide Fruit Lax (mixture of dried fruit and/or raw wheat bran).

Fruit Lax recipe - serve by spoon or on toast.

1 cup (250 mL)	prunes, pitted
1 cup (250 mL)	raisins
1 cup (250 mL)	dates, pitted
½ cup (125 mL)	orange juice
2/3 cup (160 mL)	prune juice
Optional 1 cup (250 mL)	natural wheat bran

Soak fruit in fruit juice overnight. Blend in a food processor. Refrigerate up to 2 weeks or store in the freezer.

- Add 1 tablespoon of natural wheat bran or fruit lax to one serving of hot cereal or soup.
- Breakfast cereals that provide 3-5 grams fibre per serving are a good choice.
- Monitor intake at meals and snacks.



High Fibre Meal Plan

FOOD GROUPS	FOODS ALLOWED
Grain Products	All Encourage: <ul style="list-style-type: none">- cereals high in fibre (e.g. All-Bran®, Fibre 1®, 100% Bran® , Red River®, Sunny Boy®)- whole grain bread such as whole wheat, multigrain, cracked wheat- whole grain muffins such as bran, whole wheat
Vegetables & Fruit	All Encourage: <ul style="list-style-type: none">- Dried fruit (e.g. prunes, figs, apricots)- Fruit Lax
Milk Products	All
Meat & Alternatives	All Encourage dried peas, beans and lentils
Fats	All
Desserts	All
Beverages	All
Other Foods	Popcorn



High Protein, High Energy Diet

Who Needs A High Protein, High Energy Diet?

The doctor will order this diet for people:

- who have experienced undesirable weight loss (e.g. surgery, cancer, poor appetite, depression)
- with pressure sores (decubitus ulcers)

What Is A High Protein, High Energy Diet?

- The resident must receive an assessment by a Registered Dietitian Nutritionist
- Foods high in protein and energy (calories) are encouraged.
- This diet promotes weight gain and improved nutritional status.

Tips For A High Protein, High Energy Diet

- Follow the High Protein, High Energy Temporary Meal Plan.
- Offer small, frequent meals and snacks. Provide breakfast, morning snack, lunch, afternoon snack, supper, evening snack. Ensure snacks are not served too close to meal time.
- Examples of High Protein, High Energy snacks:
 - High Protein Milkshakes (see recipe on page 110).
 - Sandwiches
 - Buttered toast with Cheese or Peanut Butter
 - Muffins/crackers and cheese
 - Instant Breakfast®
 - Custard or milk pudding
 - Commercial Supplements (e.g. Ensure®, Boost®, Resource®, Enercal®, Nutren®)
- Commercial supplements can be purchased at your local drug store. Contact a Registered Dietitian Nutritionist for more information.
- Offer second helpings at meals.
- Cater to individual food preferences.
- Monitor body weight monthly. Consult a dietitian/ nutritionist if weight loss continues.
- Contact the doctor to determine any medical reasons for weight loss.



- Stir in 1 tsp. (5 mL) margarine/butter and/or 2 tbsp. (30 mL) skim milk powder into hot cereal and soup.
- Offer whatever food that's acceptable during times of severe weight loss and poor appetite.
- Monitor intake at meals and snacks.

Recipes

High Protein Milk

4 cups (1 litre)	whole milk
1 cup (250 mL)	skim milk powder
<u>Optional:</u>	
2 tsp. (10 mL)	vanilla

Combine ingredients and blend until mixed. Refrigerate overnight.

High Protein Milkshakes

Recipe #1

1 cup (250 mL)	whole milk
½ cup (125 mL)	ice cream
¼ cup (50 mL)	skim milk powder
½ tsp. (2 mL)	vanilla
<u>Optional:</u>	
2 tsp. (10 mL)	cocoa or instant hot chocolate
2 tsp. (10 mL)	sugar
4 tbsp. (50 mL)	mashed fruit
2 tbsp. (30 mL)	smooth peanut butter

Combine all ingredients until smooth. Refrigerate until served.

Recipe #2

⅓ cup (75 mL)	ice cream
1 cup (250 mL)	whole milk
1 pkg.	Instant Breakfast®

Combine all ingredients until smooth. Refrigerate until served.



FOOD GROUPS	FOODS ALLOWED
Grain Products	All. Try: <ul style="list-style-type: none">- Granola- Muffins- Croissants, pastries- Cookies, e.g. peanut butter, raisin, fig newtons, cream-filled- Crackers, e.g. cheese, Triscuits®
Vegetables & Fruit	All. Try: <ul style="list-style-type: none">- Sweetened canned fruit- Sweetened fruit juice, dried fruit, fruit leathers- Olives, avocados
Milk Products	Encourage all types. Try: <ul style="list-style-type: none">- Whole milk, cream - add to hot cereal and cream soups in place of water- High Protein Milk --(see recipe on page 110)- Puddings, custards- Yogurt- Block or processed cheese - grate over casseroles, entrées, vegetables- Instant Breakfast®- Skim milk powder - add to cocoa, cereals, soups, casseroles- High Protein Milkshake (see recipe on page 110)- 4% cottage cheese
Meat & Alternatives	Encourage all types. Try: <ul style="list-style-type: none">- Peanut butter - spread on crackers. Add to milkshakes or use as marinade for meat- Eggs - add to salads, beat into casseroles, mashed potatoes- Legumes - serve in soups- Nuts, seeds, trail mix- Small pieces of meat added to soups, casseroles- Cold cuts, sausages, wieners



FOOD GROUPS	FOODS ALLOWED
Fats	Encourage all types. Try: <ul style="list-style-type: none">- Cream cheese- Whipping cream - add to canned jello, desserts- Butter, margarine - add to entrées, soups, hot cereal- Oils- Gravies, sauces- Side bacon
Desserts	Encourage all types.
Beverages	All
Other Foods	All. Encourage commercial supplements such as Ensure®, Boost®, Resource®, Enercal®, Nutren®.



Low Salt Diet

Who Needs A Low Salt Diet?

The doctor will order this diet for people with edema (fluid retention) and some cases of hypertension (high blood pressure).

What Is A Low Salt Diet?

- This diet limits salt (sodium) to 3-5 grams per day.
- No salt is added to foods at the table.
- Foods high in salt are not served.
- A small amount of salt is used in cooking.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.

Tips For A Low Salt Diet

- Follow the Low Salt Meal Plan.
- Limit foods and beverages high in salt.
- Do not add salt to foods after preparation.
- A small amount of salt may be used in cooking.
- Count these as salt: sea salt, table salt, salted seasonings (e.g. garlic salt), monosodium glutamate (i.e. MSG, Accent®).
- Use salt-free seasonings such as Mrs. Dash®, pepper and spices.
- Do not use salt substitutes, e.g. No-Salt® without a doctor's advice.
- Non-prescription medications such as antacids may contain salt. Check with the doctor or pharmacist.
- Monitor intake at meals and snacks.



Low Salt Meal Plan

FOOD GROUPS	FOODS ALLOWED	FOODS NOT ALLOWED
Grain Products	All types, except →	<ul style="list-style-type: none"> - Crackers with salted tops - Canned or packaged rice or noodle dishes
Vegetables & Fruit	All types, except →	<ul style="list-style-type: none"> - Canned vegetables - Pickled vegetables such as sauerkraut, pickles - Tomato juice, vegetable such as V-8®
Milk Products	All types, except →	<ul style="list-style-type: none"> - Processed cheese slices - Cheese spread (e.g. Cheez Whiz®)
Meat & Alternatives	All types, except →	<ul style="list-style-type: none"> - Canned meat and fish - Cured meats (e.g. ham, sausage, bacon, corned beef) - Cold cuts (e.g. bologna, salami) - Kippers, anchovies, pickled fish - Frozen dinners - Canned entrées such as stew, spaghetti - Ready-made meals such as Kraft Dinner® - Smoked salmon - Salted nuts or seeds - Many deli meats
Fats	All types, except →	<ul style="list-style-type: none"> - Salty meat grease (e.g. bacon fat) - Gravy or sauce made from commercial base or mix
Desserts	All types	
Beverages	All types	
Other Foods	Jam, jelly, syrup Sugar Pepper Unsalted nuts or seeds Unsalted popcorn	<ul style="list-style-type: none"> - Salt - Canned or dried soups - oriental sauces such as soy sauce, teriyaki sauce, black bean, hoisin - Salty snack foods such as potato chips, pretzels, salted peanuts salted popcorn



Weight Control Diet

Who Needs A Weight Control Diet?

The doctor will order this diet for people who are overweight.

What Is A Weight Control Diet?

- This diet helps people to lose weight or prevent further weight gain.
- Foods high in fat and sugar are limited.
- Serving sizes of foods are controlled.
- A specific calorie level may be needed to achieve and maintain a healthy body weight.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.

Tips For A Weight Control Diet

- Follow the Weight Control Meal Plan.
- Limit the use of added fats such as butter, margarine, gravy, vegetable oil and salad dressing to less than 6 teaspoons (30 mL) per day.
- Choose lean meats. Trim fat off and discard. Remove skin from poultry and discard.
- Limit fat used in cooking. Consider using a non-stick pan.
- Stew, roast, broil, microwave, bake; do not fry or deep fry.
- Measure serving sizes carefully. Do not offer second servings except for vegetables and fruit.
- Cut down not cut out! Too strict a diet is less likely to work than one which allows the occasional treat.
- Limit meat servings to 2-3 ounces (60-90 grams). Serve no more than 2-3 servings a day.
- Season with herbs, vinegar or lemon juice instead of gravy, sauce, margarine or butter.
- Offer soup or salad before a meal to help curb the appetite.



- Read food labels. Limit foods high in fat and sugar.
 - Choose low fat milk (skim, 1%, 2%) or buttermilk. Use block cheese with less than 20% M.F. (Milk Fat).
- Offer water with all meals.
- Promote dining experience in which eating is not rushed.
- Encourage non-food rewards such as a swimming pass, fresh flowers, or a new scarf.
- Monitor intake at meals and snacks.



Weight Control Meal Plan

FOOD GROUPS	FOODS ALLOWED
Grain Products	All except pastries, donuts, croissants
Vegetables & Fruit	All plain vegetables & vegetable juice Fruit - fresh - canned in water - canned in juice - frozen, unsweetened Fruit juice, unsweetened
Milk Products	Skim, 1% or 2% milk Buttermilk Plain or diet yogurt (less than 2% M.F.) 1% or 2% cottage cheese ricotta cheese cheese (less than 20% M.F.)
Meat & Alternatives	All. Choose more often: - lean meat - fish - chicken or turkey, with the skin removed - "light" cold cuts - canned fish packed in water or broth - eggs - dried peas, beans, lentils, - tofu
Fats	Limit added fat (e.g. oil, margarine, gravy, salad dressing) to 6 teaspoons per day. Use low calorie salad dressing as desired.
Desserts (watch the serving size of desserts)	Diet pudding Diet Jello® Plain cookies such as arrowroots, digestives, gingersnaps Ice milk Frozen yogurt Sherbet
Beverages	Water, coffee, tea, soda water, diet pop
Other Foods	Diet spread, diet syrup, sugar substitute, plain popcorn



DYSPHAGIA (SWALLOWING DISORDER)

What Is Dysphagia?

Dysphagia means swallowing disorder. It can be caused by things such as:

- head injury
- MS (Multiple Sclerosis)
- seizure disorders
- cancer
- stroke
- ALS (Amyotrophic Lateral Sclerosis)
- long term use of some medications

Residents with dysphagia must be assessed by a Registered Dietitian Nutritionist or dysphagia team.

Why Worry About Dysphagia?

People with dysphagia are at risk for:

- aspiration pneumonia (food or fluid going into the lungs and resulting in pneumonia)
- food cutting off the air supply
- not eating or drinking enough food or fluids
- weight loss

What Are The Warning Signs Of Dysphagia?

- airway obstruction (food cutting off the air supply)
- aspiration pneumonia (food or fluid going into the lungs and resulting in pneumonia)
- malnutrition from not eating food or drinking enough fluid
- dehydration, constipation and urinary tract infections from poor fluid intake
- coughing or choking on food before, during or after eating or drinking
- recent unexplained weight loss along with coughing or choking during meals
- excessive drooling
- tearing of the eyes after swallowing
- "gurgly" sounding voice after eating or drinking
- muscle weakness in the face and mouth
- holding or "pocketing" food in the mouth (in cheek, under tongue or on roof of the mouth)
- increased congestion in the chest after eating or drinking
- spiking temperature
- eating very slowly, uneaten meals
- forced chewing or swallowing, complaints of chest pain with swallowing
- reflux of food from the nose or mouth after attempts to swallow



- slurred or laboured speech which may be due to weak muscles, the same muscles that are used for swallowing
- refusal to eat due to fear of choking, or pain from eating
- many swallows for one bite of food
- complaints that food is "caught in the throat"
- complaints that "it doesn't feel like the food is going down"

What are the Warning Signs of Aspiration?

- Possible signs of aspiration (food and fluid going into the lungs include):
 - drooling
 - "gurgly" sounding voice
 - tearing of the eyes after swallowing
 - persistent low grade temperature
 - chronic upper respiratory infections, such as recurrent pneumonia
 - chronic congestion and spiking temperature.
- "Silent aspirators" will aspirate food and fluid without choking or coughing. For this reason, the dysphagia may go unnoticed.
- Some residents with dysphagia do not realize that they are choking or aspirating food and fluid. The resident who is disoriented or neurologically impaired may not be aware of, or may be unable to verbalize difficulties.

What Should You Do If You Suspect Dysphagia?

- When a person has one or more of the warning signs of dysphagia, they may have a swallowing disorder. A complete dysphagia assessment is needed to determine the extent and severity of the problem.
- Consult the resident's physician.
- Inquire through the hospital and health departments of rehabilitation therapy (occupational therapy, speech pathology, physiotherapy) or nutrition to locate services for the diagnosis and treatment of dysphagia.
 - locate the nearest dysphagia team which accepts referrals.
 - Contact private practice dysphagia specialists through their professional association:
Registered Dietitian Nutritionist
BC Dietitians' and Nutritionists' Association
402 - 1755 West Broadway
Vancouver BC V6J 4S5
(604) 736-3790



Occupational Therapist

BC Society of Occupational Therapists
402 - 1755 West Broadway
Vancouver BC V6J 4S5
(604) 736-5645

Physiotherapist

College of Physiotherapy
407 - 1755 West Broadway
Vancouver BC V6J 4S5
(604) 730-9193

Speech-Language Pathologist

BC Association of Speech-Language Pathologists and Audiologists
9912 Lougheed Highway
Burnaby BC V3J 1N3
(604) 420-2222

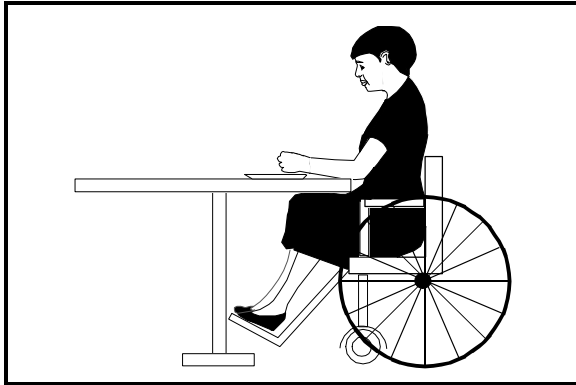
What Can You Do?

Each resident with dysphagia must be assessed by a Registered Dietitian Nutritionist or dysphagia team. Eating methods must be individualized. The following are general guidelines that you can use for all the people living at your facility:

- Ensure the individual is fully awake, alert and comfortable at meals.
- Limit distractions at meal time.
- Avoid encouraging the individual to talk or laugh while eating.
- Make sure glasses, dentures or hearing aids are worn.
- Encourage regular dental check-ups.
 - consult the dentist about missing or out of line teeth
 - ensure dentures fit properly



- Encourage good eating posture.



- arms supported
- knees bent and raised above hip level
- feet supported

- Allow enough time for eating. Do not rush mealtime.
- Make sure each bite is swallowed before putting another bite in the mouth.
- Discourage drinking fluid when food is in the mouth. Do not "wash down" foods with fluids.

Is There One Diet For People With Dysphagia?

No. The diet must be individualized. Changes in texture (e.g. minced or pureed foods, thick fluids) are often needed.

People with different problems require fluids and foods of different thicknesses and consistencies.

Diet orders must be recommended by qualified resource people (e.g. Registered Dietitian Nutritionist, occupational therapist, speech-language pathologist).





COMMON EATING PROBLEMS

What Is An Eating Problem?

Eating problems are due to conditions that limit a person's food or fluid intake.

Tips For Eating Problems

- Individuals with eating problems should be assessed by a Registered Dietitian Nutritionist to ensure adequate food and fluid intake. A team approach (e.g. caregiver, doctor, nurse, occupational therapist) should be used in assessment. Reassess the individual on a regular basis.
- Respect the individual's right to make informed choices regarding their care.
- Monitor intake at meals and snacks. Individuals with eating problems may not take adequate amounts of food and fluid.
- Weigh monthly. If undesirable weight loss occurs, consult the Registered Dietitian Nutritionist.
- Assess the need for eating aids. Refer to the Eating Aids section starting on page 127.
- Consider tube feedings for individuals who can not safely consume adequate food and fluids.
- These suggestions may not be suitable for the resident with dysphagia. They must receive an assessment by a Registered Dietitian Nutritionist or dysphagia team.



**Conditions that
Affect Eating**

Suggestions

Sore mouth or throat

- Offer soft, chilled foods such as pudding, milkshakes and ice cream, which may be soothing and better tolerated.
- Soften dry, hard foods (e.g. toast). Soak in fluids (e.g. milk, soup).
- Avoid acidic foods and fluids such as oranges, tomato juice and pickled foods.
- Avoid hot, spicy foods (e.g. chili sauce).
- Try minced or pureed foods, if necessary. Return to regular foods when condition improves.

Dry mouth

- Check fluid intake. Ensure at least 6-8 cups (1500-2000 mL) of fluid daily.
- Artificial saliva substitutes (e.g. Moi-Stir®, Zero-Lube®) are available. Consult the physician and/or pharmacist.
- Provide ice chips and frequent sips of water.
- Try sugarless candy and gum to stimulate saliva. Discourage gum or candy made with sugar. People with dry mouth are at high risk for dental cavities.
- Provide moist foods.
- Soften dry, hard foods (e.g. toast). Soak in fluids (e.g. milk, soup).

Drooling

- Check fluid intake. Ensure at least 6-8 cups (1500-2000 mL) of fluid daily.
- Assess for dysphagia (swallowing disorder). Refer to Dysphagia section.



**Conditions that
Affect Eating**

Suggestions

Thick saliva

- Check fluid intake. Ensure at least 6-8 cups (1500-2000 mL) of fluid daily.
- Check with the doctor about preparations to dissolve saliva (e.g. Fementaol®, Viokase®)
- Try hot beverages to thin saliva.
- Milk may thicken saliva. However, milk should not be eliminated from the diet:
 - try skim milk rather than 2% or whole milk
 - follow milk with a hot beverage
 - try foods with cooked milk such as cream soup or puddings.

**Tremor, Weak Grasp,
Use of Only one Hand**

- Consult an occupational therapist to assess the need for eating aids. Eating aids are self-help eating devices. Refer to Eating Aids section.
- Prevent burns by allowing hot foods to cool to a safe temperature before serving.





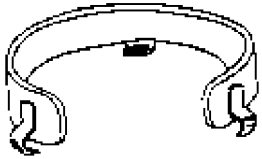
EATING AIDS

Consult an occupational therapist to assess the need for eating aids. Eating aids are self-help eating devices. The therapist will also advise you where to purchase these. Some examples of eating aids:



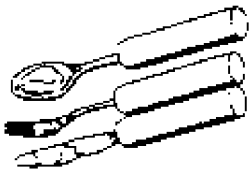
Scoop Dish

Oval shaped scoop dishes (large and small sizes) with sloping front and vertical backs to make eating easier. Designed to push food against high side. Benefits those with poor coordination or use of one hand.



Plateguard or Food Bumper

Three clips hold the guard on by spring action. Available in large and small sizes, and in plastic or metal. Designed to prevent food sliding off plate. Benefits those with poor coordination or use of one hand.



Built up Utensil Handles

These utensils have big grips. They come in various sizes with hard or soft handles; forks and spoons are available for right hand and left hand use. Used by those who have a weak grasp.

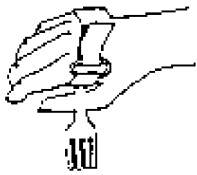


EATING AIDS (cont'd)



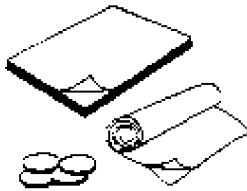
Foam Tubing

Cylindrical foam padding available by the yard that can be cut to fit over cutlery handles to make them larger. Used by those who have a weak grasp.



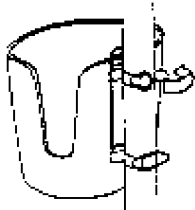
Universal Cuff

An adaptive pocket for various utensils made of nylon webbing with velcro closure. Good for those with hand weakness or paralysis but with good wrist control.



Non Slip Material

Sheets of foam with self adhesive backing which may be cut to size. Also available in small circles. Used under dishes and utensils to prevent slipping.

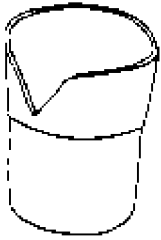


Cup Holder

Clips on to wheelchair; rubber rings may be snapped over the ends of the metal clips for added security. Large handle cup fits into holder.



EATING AIDS (cont'd)



Nosy Cup

Has a nose cut out so a person can drink without tipping their head back.

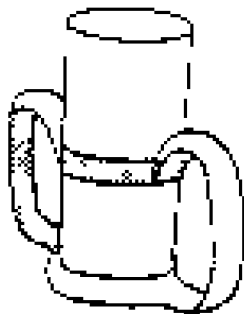


Drinking Cups:

Controlled flow cup. Flow of liquid may be adjusted by turning the lid.



Cup holder - single handle. Clips around any size glass. Open handle. Used by those with poor grip or poor muscle strength.



Cup holder - bilateral. Clips around any size glass. Used by those with poor coordination or extreme weakness.





TUBE FEEDING

Who Needs A Tube Feeding?

Individuals who are unable to eat enough food and fluids by mouth to meet their nutritional needs. They must have a normal stomach and intestine.

What Is A Tube Feeding?

Liquid food is delivered by a tube into the stomach or intestine.

Tips For Tube Feeding

- Respect the individual's right to make informed choices regarding their care.
- Individuals must be assessed and monitored by a Registered Dietitian Nutritionist. The Registered Dietitian Nutritionist will:
 - assess nutrient needs (e.g. energy, protein, vitamins, minerals)
 - recommend the right formula
 - assess fluid needs
 - recommend a schedule for tube feeding
 - monitor tolerance
- A team approach (e.g. caregiver, doctor, nurse, Registered Dietitian Nutritionist) should be used in assessment. Reassess the individual on a regular basis.





FOOD AND DRUG INTERACTIONS

How Can Food And Drug Interaction Occur?

Drugs can have interactions with nutrients in foods in several ways such as:

- Foods can affect drug action. For example, drug absorption can be affected by the timing and type of food intake. Some drugs work better on an empty stomach while others work better when taken with meals.
- Drugs can change the absorption of nutrients. For example, nutrient depletion can occur as a side effect to certain drugs.
- Drugs may cause a change in food intake due to side effects such as:
 - constipation
 - diarrhea
 - altered sense of smell or taste
 - stomach problems
 - sore mouth
 - dry mouth
 - loss of appetite
 - increased appetite
 - trouble swallowing

A special diet may be required when a person is taking drugs. For example, a Low Salt Diet is recommended for a person taking Digoxin®.

What Can You Do?

- Become familiar with the drugs that are taken by the people living in the small facility. Find out whether the drugs have interactions with food or specific nutrients. Be aware of possible side effects and recommendations for special diets.
- Consult your pharmacist to determine if the drug should be taken on an empty stomach or with food.
- The resident may require an assessment by a Registered Dietitian Nutritionist. Complete the screening form "When to Obtain the Services of Registered Dietitian Nutritionist" on page 69.



Resources

Food Medication Interactions Tenth ed. (1997) P.O. Box 659, Pottstown, Pennsylvania 19464 (215-970-7143) Prepayment required in U.S. Funds \$19.95/book. Allow 4-6 weeks for delivery.

Reference Guide to Drug and Nutrient Interactions (1992). British Columbia Dietitians and Nutritionists Association. #306 - 1037 West Broadway, Vancouver, BC, V6H 1E3 (604-736-3790).

**AUDIT PROGRAMS IN SMALL ADULT
CARE FACILITIES**





AUDIT PROGRAMS

The Adult Care Regulations require facilities to have a nutrition and food services audit program. An audit program assists a facility in maintaining basic health and safety standards. They are an opportunity to see what is working well in your facility and what may need some adjustment. Check with your regional nutritionist or licensing officers, they may have sample audits that you can use in your facility.

You must maintain copies of the results of your audits for at least one year. You may want to have a binder just for keeping the results of your audits. Remember to sign and date all audits.

The following audit tools in this manual can be the basis for meeting the requirements of the Adult Care Regulations for an audit program:

Menu Checklist

Completing the menu checklist ensures that the menu is audited to determine if it:

- ✓ meets the recommendations of Canada's Food Guide to Healthy Eating
- ✓ promotes healthy eating
- ✓ considers the resident's food preferences
- ✓ includes 3 meals and 2 snacks
- ✓ is within the food budget
- ✓ can be prepared with the staff and equipment available

The menu checklist should be completed whenever you make changes to your menu. Seasonal menus (spring/summer and fall/winter) are suggested to help control costs and provide variety in meals. This means the checklist should be done twice a year.

Resident Satisfaction Survey

The resident satisfaction survey is an audit used to ensure that the residents have input into the food provided at your facility. You may need to revise this audit to meet the needs of your facility.

- ✓ If residents have difficulty in completing surveys consider having a person who is not involved in food services to assist them.
- ✓ Some residents may have difficulty completing a formal survey so it may be more appropriate to do an informal survey with residents and/or advocates. Resident responses must be documented by facility staff.
- ✓ Use the Resident Satisfaction Survey summary to collate your results.

Resident satisfaction should be checked whenever there are changes to the cycle menu and a minimum of once a year.

Nutrition Care Plan Checklist



The Nutrition Care Plan checklist is an audit to ensure that the facility is meeting the requirements of the Adult Care Regulations and that the health and safety of the resident is maintained.

This checklist must be completed every time a nutrition care plan is updated or developed for a resident. The nutrition care plan must be reviewed and updated at least every six months. Some residents may have their nutrition care plan updated more frequently in response to resident needs. This checklist must be done at least every six months for each resident.

Meals and More Checklist

The Meals and More Checklist is an audit that determines whether key information contained in this manual has been implemented in your facility.

This checklist must be completed at least once a year. If there is a new facility manager, they should complete this checklist.

Food Service Records

You must maintain a record of the following for at least one year:

- ✓ food purchases
- ✓ menu plans and substitutions
- ✓ food service audits
- ✓ education or training programs attended by staff (include topic/name of program, name of presenter/trainer, date, time, location, name of staff in attendance)



Menu Checklist

✓ Check each day of your menu using this checklist.

✓ For any items that you mark **NO**, you must document the reason and what corrective action was taken.

MY MENU	Yes	No
1. Follows Canada's Food Guide to Healthy Eating (see the Canada's Food Guide to Healthy Eating Checklist at the bottom of the menu plan).	<input type="checkbox"/>	<input type="checkbox"/>
2. Limits foods high in fat.	<input type="checkbox"/>	<input type="checkbox"/>
3. Limits foods high in salt	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides foods high in fibre.	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses a variety of foods, prepared in a variety of ways.	<input type="checkbox"/>	<input type="checkbox"/>
6. Considers the likes and dislikes of those living in the small facility.	<input type="checkbox"/>	<input type="checkbox"/>
7. Includes Breakfast, Lunch, Supper and Snacks, or weekend Brunch, Dinner and Snacks.	<input type="checkbox"/>	<input type="checkbox"/>
8. Includes a variety of colour, flavour and texture of foods.	<input type="checkbox"/>	<input type="checkbox"/>
9. Changes in response to season (e.g. spring/summer menu, fall/winter menu).	<input type="checkbox"/>	<input type="checkbox"/>
10. Is within my food budget.	<input type="checkbox"/>	<input type="checkbox"/>
11. Can be prepared with the current equipment and storage space.	<input type="checkbox"/>	<input type="checkbox"/>
12. Can be prepared by the people available at the small facility.	<input type="checkbox"/>	<input type="checkbox"/>
<p>Checklist completed by: _____ Date: _____</p>		



Resident Satisfaction Survey Summary

Question	Number of Responses
1. Do you enjoy your meals?	Yes No
2. Which meal do you enjoy the most?	Breakfast Lunch Supper
3. What are your favourite dishes that we serve?	_____ _____
4. What are your least favourite dishes that we serve?	_____ _____
5. Are there food items that you like that are not served? Please specify.	Yes No _____ _____ _____
6. Are you getting:	Enough to eat Too much to eat not enough to eat
7. Do you need help with your meal?	Yes No
8. Do you get help with your meal?	Yes No
9. Do you enjoy eating with your tablemates?	Yes No
10. If you do not like the meal you are served, are you offered another choice?	Yes No
Summary completed by: _____ Date: _____	

Action taken by facility in response to survey results:



Nutrition Care Plan Checklist

- ✓ Complete the checklist for each resident.
- ✓ For any items that you mark 'No', you must document the reason and what corrective action was taken.

Resident Name: _____	Yes No N/A
Nutrition care plan documented in the resident's overall care plan	
Nutrition care plan developed within 2 weeks of admission	
Nutrition care plan reviewed within 14 weeks of admission	
Screening form "When to Obtain Services of Registered Dietitian Nutritionist" completed every six months	
Referral to Registered Dietitian Nutritionist made	
Results of screening form documented in the resident's overall care plan	
Nutrition care plan states: <ul style="list-style-type: none"> • Assessment of nutrition concerns • Goals • Actions • Person responsible for each action • Review Date 	
Nutrition care plan is dated	
Nutrition care plan is signed	
Nutrition care plan is reviewed and revised according to resident need (at least every six months)	
Nutrition care plan is implemented	
Checklist completed by: _____ Date: _____	



Meals And More Checklist

For any items that you mark "No", you must document the reason and what corrective action was taken.

ITEM	Yes	No
<p>Staff are familiar with the information in the <i>Meals and More</i> manual either obtained by reviewing the manual or attending a course or workshop.</p> <p>Healthy Eating, Menu Planning, Lunches to Go, Dining Out, Snacks and Munchies (page 5-30)</p> <ul style="list-style-type: none"> ✓ Changes to the menu are recorded <p>Your Recipe File (page 31-34)</p> <ul style="list-style-type: none"> ✓ A recipe file has been developed and is maintained <p>Shopping on a Budget (page 35-50)</p> <ul style="list-style-type: none"> ✓ Grocery shopping is done by staff trained to read labels, make food choices, and appropriate purchases ✓ Frequently used items are stocked on sale <p>Food Preparation and Storage (page 51-52)</p> <ul style="list-style-type: none"> ✓ Food is stored at the correct temperature ✓ Stock is rotated by using older items first ✓ Food and food containers are kept off the floor ✓ Leftovers are labelled and dated ✓ Leftovers are used as soon as possible, preferably within 24 hours <p>Tips for Safe Food (page 53-56)</p> <ul style="list-style-type: none"> ✓ Hot foods are served hot (more than 60°C (140°F) and Cold foods are served cold (less than 4°C (40°F) ✓ Refrigerator is 4°C (40°F) or less and freezer is -18°C (0°F) ✓ Frozen food is thawed in the refrigerator ✓ Food is cooked or reheated to an internal temperature of at least 74°C (165°F) ✓ Leftovers are used only once and then discarded ✓ Food handlers wash hands at appropriate times ✓ Food handlers wear clean cloths ✓ Vegetables and fruit are washed before using 		



ITEM	Yes No
<p><i>Emergency Food List</i> (page 57-58)</p> <ul style="list-style-type: none"> ✓ Foods are available in sufficient amounts for emergencies <p><i>Creating a Pleasant Meal Time</i> (page 59-62)</p> <ul style="list-style-type: none"> ✓ Meals are pleasant and positive <p><i>Nutrition Concerns</i> (page 63-136)</p> <ul style="list-style-type: none"> ✓ Weight is recorded monthly ✓ Height is recorded <p><i>Audit Program</i> (page 137-146)</p> <ul style="list-style-type: none"> ✓ Menu Checklist is completed ✓ Resident Satisfaction Survey is completed ✓ Nutrition Care Plan Checklist is completed for each resident <p>Food service records maintained for one year:</p> <ul style="list-style-type: none"> ✓ food purchases ✓ menu plans and substitutions ✓ food service audits ✓ education or training programs attended by staff 	
<p>Checklist completed by _____ Date _____</p>	