

WRHA LONG TERM CARE

Windsong Regional Health Authority
Caring for Health
Office régional de la santé de Windsor
À l'écoute de notre santé

Diet Order Training

Self-learning Tool
WRHA Food & Nutrition Services
2020



PRESENTATION OUTLINE

TOPICS TO BE COVERED

- Diet Orders
- Food Characteristics & Diet Textures
- Common Challenges

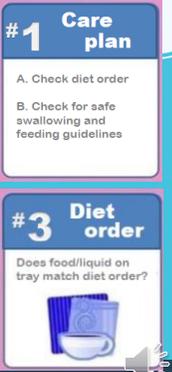


Care Plan & Diet Order

Check that the food and liquid that has been served on the meal-tray matches the diet texture and liquid consistency order.

Diet order consists of

- texture, liquid consistency
- therapeutic needs like diet for kidney disease
- allergies/intolerances



#1 Care plan

A. Check diet order
B. Check for safe swallowing and feeding guidelines

#3 Diet order

Does food/liquid on tray match diet order?



One of your roles when assisting at meal time is to check that the food provided is in line with the diet needs of the resident. If a resident is eating in the dining room, it is one of the responsibilities of the food service staff to serve the correct diet. However, if you are unsure, be sure to ask nursing staff.

Diet order will be listed in the care plan. The diet order specifies the texture and consistency of the food and fluids that is recommended for a resident and also specifies any restrictions to the types of food a resident will receive.



The slide is titled "Diet Order" and features a light blue background with a dark blue header and footer. The text is organized into three sections: "Texture" with a sub-point "Standard → Pureed, thickened liquids"; "Therapeutic Diet" with an example "Eg. renal, controlled carbohydrate, clear fluid"; and "Allergies/Intolerances" with the note "No fish, gluten free". To the right of the text are icons for a spoon, fork, and knife. A speaker icon is located in the bottom right corner of the slide.

Diet Order

Texture
Standard → Pureed, thickened liquids

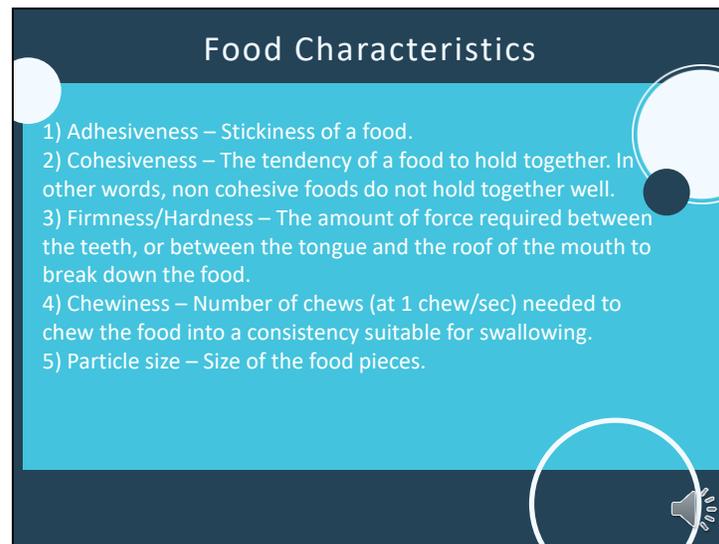
Therapeutic Diet
Eg. renal, controlled carbohydrate, clear fluid

Allergies/Intolerances
No fish, gluten free

We'll talk about diet textures more.

For therapeutic diets:

- Renal means kidney, so this refers to diets for those people whose kidneys are not functioning properly. Some specific restrictions would be for potatoes, tomatoes, bananas, and oranges/juice
- Some people with diabetes need extra control of carbohydrate, which breaks down into sugar once it is eaten. In those cases, a controlled carbohydrate diet may be ordered. This might mean desserts with less sugar and diet juice
- Someone might be temporarily on a clear fluid diet the day before or after a procedure, so it would be important not to eat a full meal, but just have water, juice or broth while they are on that diet
- The diet order will include any allergies or intolerances. It can be dangerous to provide a food that a person is allergic to as it may result in immediate risk to life. Some examples would be "no fish" "no peanut" or gluten free



I want to talk a bit about food properties or characteristics just before talking about diet textures, to help you understand diet orders a little more. There are certain food characteristics that tend to present as challenging for those people with swallowing difficulties, which I've listed here:

- 1) Adhesiveness – describes the Stickiness of a food. It is basically the amount of force required to remove the food that sticks to a specific surface (e.g. lips, palate, teeth). An example of a very sticky food is peanut butter.
- 2) Cohesiveness is the tendency of a food to hold together. Cohesive foods hold together well before being bitten with the molars. Non-cohesive foods do not hold together well before being bitten with the molars. Some examples of foods that are non-cohesive or do not hold together well are dry muffins, crumb toppings on dessert or cooked rice. You can think of these foods as “crumbly” Examples of cohesive foods would be pudding and yogurt. These foods don't crumble.
- 3) Firmness/Hardness – It is the amount of force required between the teeth, or between the tongue and the roof of the mouth to break down the food. Firm foods are basically hard to bite into. Examples of firm foods that are difficult to chew are raw vegetables or nuts. Cooked vegetables or fish are much less firm and so are easier to bite into and require less strength.
- 4) Chewiness – It is the numbers of chews (at 1 chew/sec) needed to chew the food into a consistency suitable for swallowing. Basically how long it takes to chew a food. Example of a very chewy food is rare steak.
- 5) Particle size – This describes the size of the solid pieces of food. Some descriptors are pureed, minced, solid food.

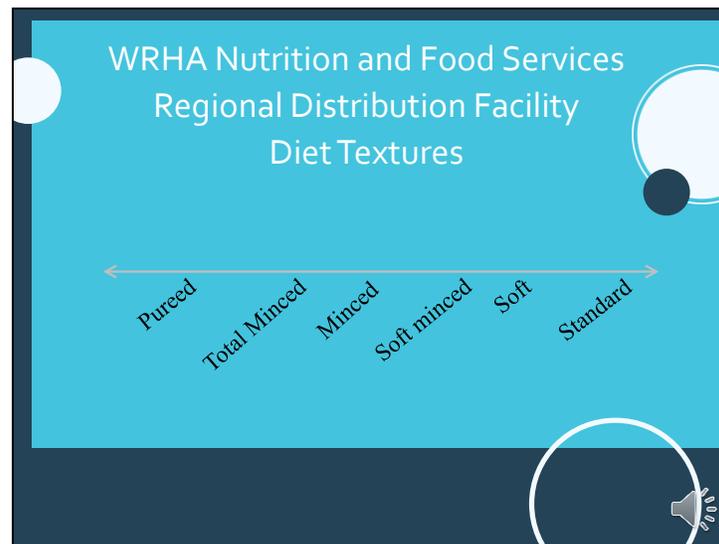
Food Characteristics

| | Very low | Low | Moderate | High |
|----------------------------------|-------------------|-------------|-----------------|--|
| Adhesiveness/ sticky | Yogurt | Avocado | Caramel | Peanut butter toffee candy |
| Chewiness | Applesauce | Minced meat | Marshmallow | Rare Steak |
| Non- Cohesiveness /crumbly | Pudding Yogurt | Banana | Cookies Rice | Shredded Carrots Scone Tossed Salad |
| Firmness/ Hardness | Pudding | Cooked fish | Carrots | Hard Candy |

These are some examples of foods that represent the different food properties. **A food item that is low on the scale would not reflect that food property very much whereas something that is high on the scale would represent that food characteristic quite a bit. For example yogurt isn't very sticky at all but peanut butter or toffee candy is very sticky. Pudding is not crumbly at all whereas a scone may be very crumbly. The foods that are high on each scale are typically harder to manage than the food that are very low on the scale.**

Understanding this can help in figuring out which foods might be more difficult for a person. It is easier to manage yogurt rather than peanut butter. We don't want to unnecessarily restrict people's diets though. Just think if peanut butter was one of your favorite foods, you wouldn't want it to be restricted just to make your diet easier to manage, if you didn't have a problem with sticky foods!

If you recall the diet texture continuum, foods that are very low on the scale would all fall into the pureed diet whereas foods on the high end of the scale would fit into a standard diet.



Now we will discuss in a little more detail, the diet textures we have in the WRHA. Just to note, the diet texture names and descriptions may be changing in the future.

Diet textures are on a continuum. General differences between diet textures include differences in **the size of the pieces, how sticky the food is (or adhesive), how well the food holds together (or cohesive) and how firm it is**. As one moves from pureed up to standard, food pieces are **larger**, foods tend to be **stickier**, firmer, and more **crumbly**. As someone's chewing and swallowing ability deteriorates, they may have more difficulty with sticky, firm, crumbly foods and so may require a texture that is further down the continuum, like minced or pureed.

A standard diet has no restrictions, all foods are allowed.

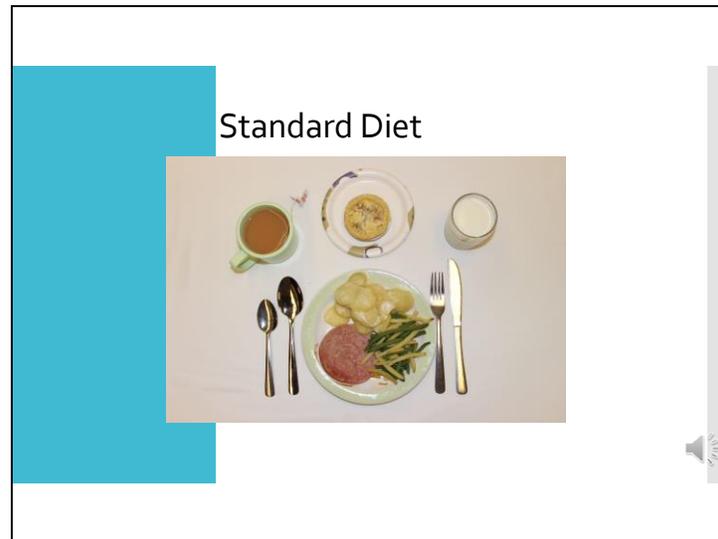
A soft diet is generally recommended for someone who has dental issues, such as missing teeth or have ill-fitting dentures.

On a soft minced diet, some of the tougher meats are minced, for example chicken fingers or roast pork

On a minced diet, all cooked vegetables and meats are minced. Breads and pastas are still allowed

On a total minced diet, all foods are minced and bread products are avoided and pastas are minced

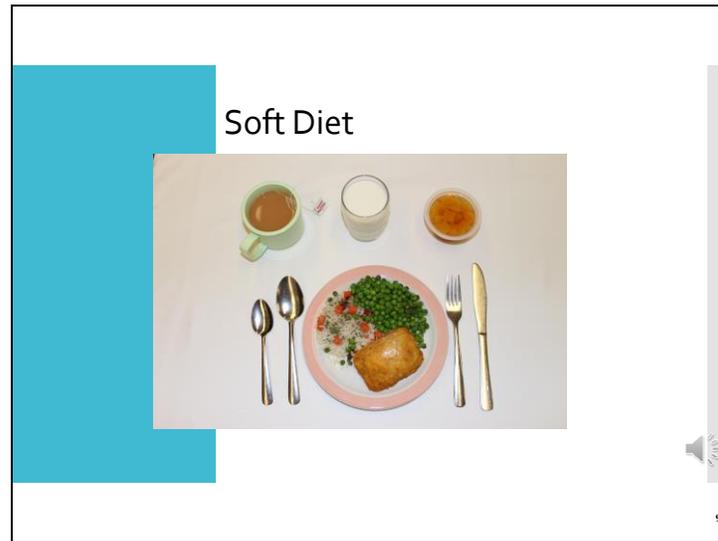
A pureed diet provides all foods as a homogenous, smooth texture



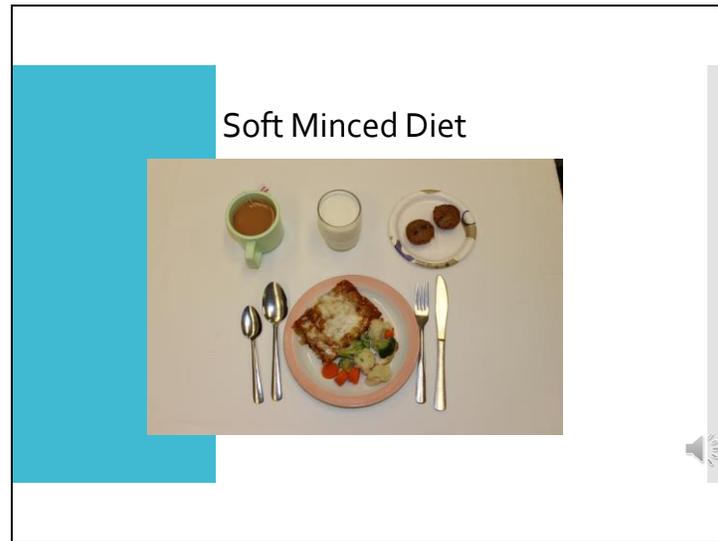
Lets talk about the Range of Diet textures available in the WRHA. In non WRHA facilities, the names or descriptions of the diets may vary slightly but in general are consistent with the WRHA diets.

Please note that not all diets are available at all long term care facilities.

Standard diet, as pictured here, has no restrictions. All food items are compliant.



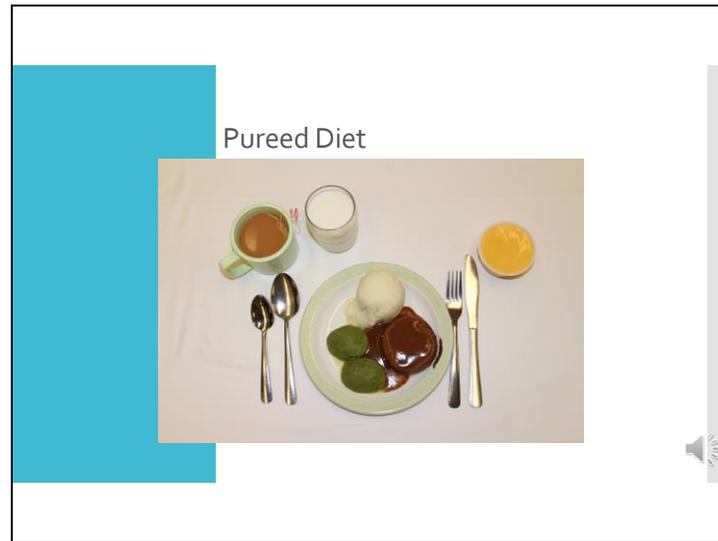
A soft diet restricts hard fresh fruit such as apples, raw vegetables like carrot sticks and salads, solid dry meat like bacon and maybe roasts depending how they are made and some hard to chew grain products like granola and crusty rolls. For the most part this diet looks very normal.



A soft minced diet restricts sticky chewy baked goods like date squares or butter tarts. Anything with seeds and nuts is not compliant. Meats must be fork tender or they are minced and soup must have soft minced meat as well as cooked vegetables in them.

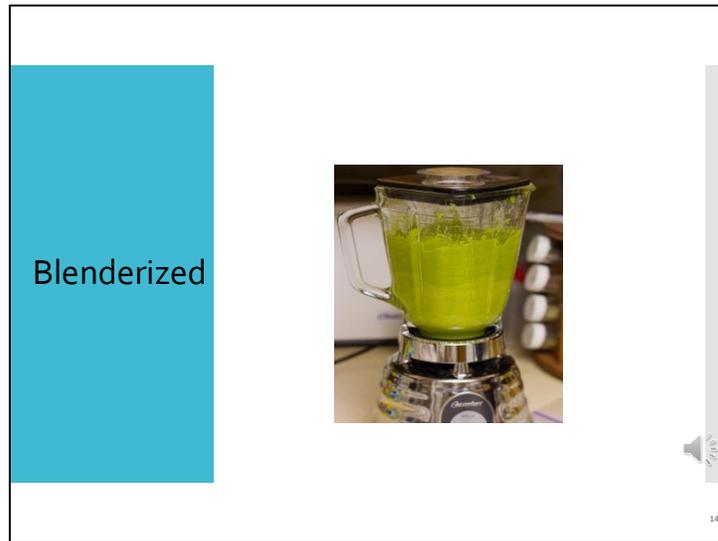


All items on a total minced diet are minced. A total minced diet restricts all bread products. Also, all casseroles have to be minced.



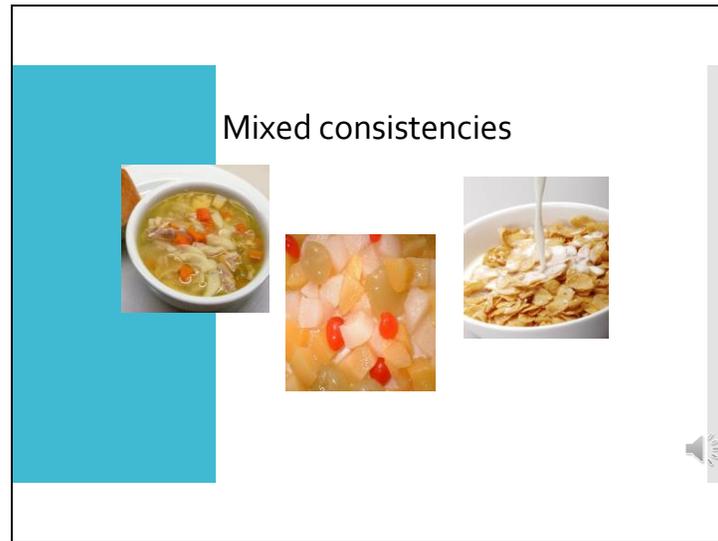
On a puree diet all items are pureed so they have a smooth homogenous texture.

It is important to note that on these more modified diets foods no longer look like their normal self. It becomes even more important than usual to tell resident's what they are being served and to avoid making negative comments on how the meal may look.



“Drinkable pureed”

Used for some residents with severe esophageal swallowing difficulties and for those residents with dementia who drink much better than than eat.



Some people with swallowing problems have difficulty with “mixed consistencies”

A mixed consistency is a solid and a liquid mixed together

Foods can be modified so they are compliant with no mixed consistencies diet, such as draining juice from a fruit cup.

Thickened Liquids

Two levels:

- Mildly(2)/Nectar thick
- Moderately(3)/Honey thick

Does not include:
Mixed consistencies
Ice cream
Jello
Most oral supplements
Some cream soups

In the WRHA, we offer two levels of thickened liquids: mildly and moderately thick. **Since we are in the process of changing terminology, you will likely see 2 terms to describe liquids as noted here: mildly (2)/nectar thick and moderately(3)/honey thick**

In the absence of a specific level of thickness, you can assume that someone does not have any restrictions, as in they can drink thin or thick fluids.

- If a patient or a resident is on thickened liquids, they should not receive anything that is a mixed consistency. Remember mixed consistencies have a thin liquid (e.g. canned fruit in juice, cold cereal and milk).
- Ice cream, **popsicles** and jello are not acceptable for patients/residents on thickened liquids.
- Most oral supplements are not acceptable for patients/residents on thickened liquids. Only Resource 2.0 and Ensure Compact chocolate are compliant to mildly thick and only if they are chilled.
- Some common commercial thickeners are Resource Thicken Up Clear (gum based thickener) and Resource Thicken up (starch based thickener.) The amount of thickener that needs to be added to liquids differs between products therefore it is best to read the instructions carefully for each product. Thickening supplements tends to result a lumpy product which could pose a safety concern, therefore special care needs to be taken when thickening supplements. Using a blender is ideal.
- There are pre-thickened liquids that are available to patients and residents.



Meeting nutritional needs is one of the key goals of nutrition care and in the elderly this is even more important because malnutrition is so common in the elderly.

Individuals with dysphagia are at nutritional risk because they may avoid certain foods or whole food groups due to difficulty swallowing or may not finish a whole meal due to frustration, fatigue or fear.

At times, someone's desired diet texture is not what we may recommend for safety. In these cases, team discussion should occur, which includes the resident and family, on what level of risk someone is willing to assume by following a diet we might call "risky". Respecting autonomy is one of the ethical principles by which we practice and included in this is accepting someone's decision to eat foods that may ultimately cause them to choke.

As someone nears end of life, they will often eat and drink smaller amounts. This is a natural process although it can cause distress for loved ones. We connect around food and sharing meals often holds highly emotional and symbolic meaning. Decreased intake may be the first signs that end of life is approaching and that is hard. It is important to remember though, that this is a natural process and most often people going through this process are not feeling hungry. In fact, eating during this time may actually cause feelings of discomfort, as the body's ability to digest food slows down. Trusting a residents cues, like turning the head away or not opening their mouth for more food, is essential in providing comfort. But you can rest assured that there are other ways to provide comfort during this time, by holding hands or just being with your loved one.

