

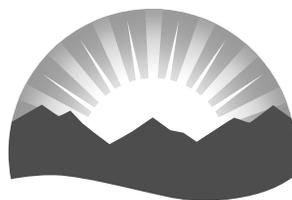
MEALS AND MORE

A Foods and Nutrition Manual for Homes of
Adults and Children with 24 Persons or Fewer in Care



Nutrition Facts	
Valeur nutritive	
Per 1/6 package (2.2 g)	
Pour 1/6 sachet (2.2 g)	
1 cup prepared (250 mL)	
1 tasse préparée (250 mL)	
Amount	% Daily Value
Teneur	% valeur quotidienne
Calories / Calories 5	
Fat / Lipides 0 g	0 %
Sodium / Sodium 10 mg	2 %
Carbohydrate / Glucide	
Protein / Protéines 0 g	





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AN OVERVIEW OF THE *MEALS AND MORE* MANUAL

Who Is the Manual For?

What Is the Purpose of the Manual?

What Is in this Manual?

Who Is the Manual For?

This manual has been written for people who assist those living in specialized residential care or small residential community care facilities. These facilities include those that provide care to children or adults. The services provided may include care of persons with mental health concerns, care of those with developmental disabilities or care of those in need of drug and alcohol rehabilitation. In this manual, the term “homes” will also be used. It has the same meaning as facilities.

What Is the Purpose of the Manual?

This manual is a “how-to guide” containing information that will help you to provide quality food and nutrition care for the people living in your facility. It also meets the requirements set out in the regulations for residential care under the Community Care and Assisted Living Act. The manual provides information on a range of topics about food and nutrition care. Topics include nutrition care planning, healthy eating, planning menus, buying and storing supplies, preparing and serving quality foods, supportive dining and emergency planning.

What Is in this Manual?

There are twelve sections in this manual:

Section 1: Monitoring Your Food and Nutrition Program. It is recommended that all facilities have an internal monitoring system for their food and nutrition program. In the first section, Monitoring Your Food and Nutrition Program, all the forms you need to develop a monitoring program are provided. These have been approved by the Regional Health Authorities. Blank electronic copies of the forms (“Forms to Accompany the *Meals and More* Manual”) can be obtained on the BC government publications website at: www.publications.gov.bc.ca. You may also choose to use the forms outlined in this manual. If you want to develop your own forms check with the medical health officer in your region to make sure they are acceptable.

Regional licensing/community nutritionists and licensing officers inspect and monitor licensed residential care facilities to promote and protect the health, safety and well-being of persons cared for in these facilities. As part of their review, they will examine tools for self-monitoring such as those provided in this manual.

Section 2: Individual Nutrition Care Planning. Each person who lives in the home needs to have a written nutrition care plan. This section outlines how to do this, provides tools for completing the plans and discusses when a referral to a Registered Dietitian is needed.

Section 3: Food Textures, Modified Fluids and Swallowing Disorders. Those who live in residential care facilities may need to have their foods and fluids modified in texture to meet their chewing and swallowing needs. This section of the manual

covers the different food and fluid textures as well as swallowing disorders or dysphagia. Direction is also provided about when to refer to a health professional when these concerns arise.

Section 4: Special Diets. Some people require special diets as part of the control of health conditions. This section of the manual reviews the common special diets.

Section 5: Healthy Eating. This section of the manual covers the new *Eating Well with Canada's Food Guide* as well as the nutrition topics of fluids, fibre and salt.

Section 6: Menu Planning. This section of the manual discusses the topics of menu planning including developing cycle menus, making menu substitutions and standardizing recipes.

Section 7: Lunches To Go, Eating Out and The Munchies. These present special circumstances in menu planning. Healthy eating choices for each of these situations are discussed.

Section 8: Purchasing Food Wisely. Once the menu is developed, the next step is to purchase the food items. This section discusses how to reduce food costs and how to read nutrition labels.

Section 9: Managing Food Safely to Maintain Quality. Food safety is important in the facility setting. Proper measures for storing and handling foods are discussed.

Section 10: The Dining Environment and Mealtime Assistance. This section of the manual covers a broad range of topics including the dining environment, common eating problems, providing assistance, and eating and behaviour challenges.

Section 11: Emergency Planning. To ensure food provision is in place during emergencies, this section outlines how to develop an emergency plan.

Section 12: Considerations for Children. Most facilities are for adults, but a few provide services to children. A lot of the information covered in the manual can be used for both adults and children. Section 12 of the manual also provides more specific information about foods and nutrition for children.

Throughout the manual you will find symbols in the right-hand column. These include:

The See also symbol, which indicates where you will find more information in the manual or elsewhere about the particular topic.	See also 
The Referrals symbol, which indicates health specialists who can provide more advice about the particular topic.	Referrals 
The For children symbol, which indicates where the information provided may differ for children.	For children 

You can add other things to this manual that will help tell other people what goes on in your kitchen (for example, job duty lists, policies and procedures for food service). Brands or trade names of products used in this manual are only examples and do not mean they are endorsed.

SECTION 1: MONITORING YOUR FOOD AND NUTRITION PROGRAM

Food and Nutrition Monitoring

Forms for Monitoring Your Food and Nutrition Program

Menu Checklist

Satisfaction with Nutrition and Food Services Survey

Nutrition Care Plan Checklist

Mealtime Checklist

Meals and More Checklist

Food and Nutrition Monitoring

A monitoring program helps a facility to maintain health and safety standards. It is an opportunity to see what is working well in your facility and what may need changes. If you would like to review the Care Regulations they can be found on the Government of BC website (Community Care and Assisted Living Act).

Keep copies of the results of your checklists for at least one year. You may want to have a specific binder just for keeping the completed checklists. Remember to sign and date them.

Forms for Monitoring Your Food and Nutrition Program

The tools in this manual can be the basis for meeting the requirements of the regulations for residential care under the Community Care and Assisted Living Act. An overview of each is provided in the following table.

FORM	PURPOSE
Menu Checklist	To determine that the cycle menu meets the minimum recommendations contained in <i>Eating Well with Canada's Food Guide</i> .
Satisfaction with Food and Nutrition Services Survey	To determine the satisfaction of persons in care with the nutrition and food service.
Nutrition Care Plan Checklist	To determine that the facility is meeting the requirements of the regulations for residential care under the Community Care and Assisted Living Act in terms of nutrition care planning.
Mealtime Checklist	To review the mealtime environment in the facility.
Meals and More Checklist	To determine whether key information contained in the <i>Meals and More</i> manual has been implemented in the facility.

See also

Blank electronic copies of the Summary Form and all of the monitoring forms can be obtained on the BC government publications website at: www.publications.gov.bc.ca. Look up "Forms To Accompany the *Meals and More* Manual."

On the following page is a summary form you can use to organize the checklists you do each year. It is a good idea to complete this at the beginning of the year and decide who will do what checklists and when. Most of these forms take about 20–40 minutes to complete. The Menu Checklist takes a little longer. Following this form are the five checklists to complete. With each checklist background information and/or instructions are provided.

Summary of Monitoring System for the Food and Nutrition Program

Facility Name:						Year:	
NAME OF FORM	WHO WILL COMPLETE THE FORM?	MINIMUM TIMES TO BE COMPLETED EACH YEAR	DATE SCHEDULED	DATE COMPLETED	ANY CONCERNS? If yes, identify the reasons and develop and implement corrective action with target dates. Complete the form again.	DATE FORM TO BE REPEATED (complete only if corrective actions are needed)	DATE COMPLETED
Menu Checklist		Complete at least once a year or each time the menu is changed.			<input type="radio"/> Yes <input type="radio"/> No		
Satisfaction with Nutrition and Food Services Survey		Complete at least once a year or each time the menu is changed.			<input type="radio"/> Yes <input type="radio"/> No		
Nutrition Care Plan Checklist		Complete at least every six months for a minimum of four people in care.			<input type="radio"/> Yes <input type="radio"/> No		
Mealtime Checklist		Complete at least once a year.			<input type="radio"/> Yes <input type="radio"/> No		
Meals and More Checklist		Complete at least once a year. If there is a new manager, they should complete this checklist.			<input type="radio"/> Yes <input type="radio"/> No		

Menu Checklist

The purpose of this checklist is to review the facility's menu to see if it meets the minimum recommendations of the *Eating Well with Canada's Food Guide*. This means it will also meet the regulations for residential care under the Community Care and Assisted Living Act.

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. This means the checklist should be done twice a year. You should also complete the checklist for all menu types provided. For example, you may have a general menu, a texture-modified menu (for example, for puréed food) and/or menus for special diets (for example, for people with diabetes). Ideally, you should complete the form for one week of each of these menu types. A completed example of this checklist is located following the checklist.

To help you complete this form, a copy of *Eating Well with Canada's Food Guide* can be obtained at: www.healthcanada.gc.ca/foodguide.

In Section 6 of this manual, you will find details about the serving sizes of various items in each food group. This will help you to complete the menu checklist. More detailed information about the foods and how to determine their serving sizes can be found for each of the four food groups as follows:

Fruit and Vegetables:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/fruit/index-eng.php

Grains:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/grain-cereal/index-eng.php

Milk/Milk Alternatives:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/milk-lait/index-eng.php

Meat/Alternatives:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/meat-viande/index-eng.php

To help determine the number of Food Guide servings in mixed dishes, see:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/using-utiliser/count-calcul-eng.php

For any items in Part A or Part B of the menu checklist that are indicated as “no,” identify the reasons then develop and use an action plan with target dates. Repeat the checklist. Continue these steps until the concern is addressed.

See also

The Menu Planning section of this manual for how to develop a cycle menu.

Menu Checklist

Completed by:

Date:

Season and week of menu reviewed:

PART A

Review the section of the manual on menu planning. Compare one week of your menu to *Eating Well with Canada's Food Guide*. Only one checklist is needed. You do not need to do a checklist for each person in the home. If the minimum servings are not met for any food groups, indicate this in the action plan. Develop and use the action plan. Repeat this checklist and continue these steps until the concern is addressed.

	Age in years	MINIMUM NUMBER OF RECOMMENDED SERVINGS (SVGS)						
		Meat/Alternatives		Milk/Milk Alternatives	Grains		Vegetables and Fruits	
➔	2 to 3	1 SVG		2 SVGS	3 SVGS		4 SVGS	
	4 to 8	1 SVG		2 SVGS	4 SVGS		5 SVGS	
	9 to 13	1 SVG		3 SVGS	6 SVGS		6 SVGS	
		Females	Males		Females	Males	Females	Males
	14 to 18	2 SVGS	3 SVGS	3 SVGS	6 SVGS	7 SVGS	7 SVGS	8 SVGS
	19 to 50	2 SVGS	3 SVGS	2 SVGS	6 SVGS	8 SVGS	7 SVGS	8 SVGS
	51+	2 SVGS	3 SVGS	3 SVGS	6 SVGS	7 SVGS	7 SVGS	7 SVGS

		Number of Servings B=Breakfast, L=Lunch, D=Dinner, S=Snack						TOTALS	MINIMUM SERVINGS	SERVINGS MET?
		B	S	L	S	D	S			
Day 1	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 2	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 3	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 4	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 5	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 6	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No
Day 7	Meat/Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives									<input type="radio"/> Yes <input type="radio"/> No
	Grains									<input type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits									<input type="radio"/> Yes <input type="radio"/> No

(continued...)

Menu Checklist

Sample

Completed by: *N. Riley*

Date: *July 10, 2008*

Season and week of menu reviewed: *Spring/Summer Menu, Week 2*

PART A

Note: this sample is for a four-bed home with mainly females between the ages of 19 and 50 years. It is also based on the sample menu in the Menu Planning section of this manual.

Note: share areas represent minimum recommended servings of the sample	➔	Age in years	MINIMUM NUMBER OF RECOMMENDED SERVINGS (SVGS)							
			Meat/Alternatives		Milk/Milk Alternatives		Grains		Vegetables and Fruits	
		2 to 3	1 SVG		2 SVGS		3 SVGS		4 SVGS	
		4 to 8	1 SVG		2 SVGS		4 SVGS		5 SVGS	
		9 to 13	1 SVG		3 SVGS		6 SVGS		6 SVGS	
	Females	Males		Females	Males	Females	Males			
14 to 18	2 SVGS	3 SVGS	3 SVGS	6 SVGS	7 SVGS	7 SVGS	8 SVGS			
19 to 50	2 SVGS	3 SVGS	2 SVGS	6 SVGS	8 SVGS	7 SVGS	8 SVGS			
51+	2 SVGS	3 SVGS	3 SVGS	6 SVGS	7 SVGS	7 SVGS	7 SVGS			

		Number of Servings B=Breakfast, L=Lunch, D=Dinner, S=Snack						TOTALS	MINIMUM SERVINGS	SERVINGS MET?
		B	S	L	S	D	S			
Day 1	Meat/Alternatives	0.5	0	1	0	1	0	2.5	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	0	0	0.5	0.5	0.5	0.5	2	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	0	1	2	1	6	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	3	0	2.5	0	7.5	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 2	Meat/Alternatives	0	0	1	0	1	0	2	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	1	0	0.5	0.5	0.75	0.5	3.25	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	2.5	1	0.5	1	7	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	1.5	0.25	2.5	0	6.25	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 3	Meat/Alternatives	0	0	1	0	1	0	2	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	1	0	0.5	0.5	1	0.5	3.5	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	1	0.5	1.5	1	6	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	2	0.5	1.5	0.25	6.25	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 4	Meat/Alternatives	0.5	0	1	0	1	0.5	3	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	0	0	1.5	0.5	0.5	0.5	3	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	1.5	1	2	0	6.5	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	1.5	0	3	0.5	7	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 5	Meat/Alternatives	0.5	0	0.25	0	1	0.25	2	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	0.5	0	1	0.5	0.5	0.5	3	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	1	2	2	0.5	7.5	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	2.5	0.25	2.25	0.25	7.25	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 6	Meat/Alternatives	0	0	1.25	0	1	0	2.25	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	1	0	1	0.5	0.75	0.75	4	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	2	0	2.5	2	1	1	8.5	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	2	0	2	0.25	3.25	0	7.5	7	<input checked="" type="radio"/> Yes <input type="radio"/> No
Day 7	Meat/Alternatives	0	0	1	0	1	0	2	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Milk/Milk Alternatives	0	0	1.5	0.5	0.5	0.5	3	2	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Grains	0	0	3	1	2	1	7	6	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Vegetables and Fruits	0	0	2.5	1	3.25	0.25	7	7	<input checked="" type="radio"/> Yes <input type="radio"/> No

(continued...)

Satisfaction with Nutrition and Food Services Survey

The Satisfaction with Nutrition and Food Services Survey is used to ensure that those in care have input into the food provided at your facility. You may need to revise this form to meet your facility needs.

Satisfaction with nutrition and food services should be checked at least once a year and/or whenever there are changes to the menu (for example, the fall/winter season and the spring/summer season). Complete one survey for each person. If you have more than 10 people, use the summary form to gather and review your results.

The facility staff should provide a way for those in care, family members and substitute decision-makers to discuss food issues (for example, a meeting). These should be recorded and kept on file.

Some people may have difficulty completing a survey. It may be better to do an informal survey with those in care and/or their representatives. Responses of those in care must be documented by facility staff. There are also many other ways in which to obtain feedback on nutrition and food services. At mealtimes, talk to persons in care and carefully listen to their responses. Often the most input will be provided from asking questions such as “How was your meal?” As part of your meal observations, follow-up with persons in care who eat out for meals frequently. This may be a sign that they are not satisfied with meals provided. Checking food waste (that is, the types and amount of foods discarded) can also help to measure satisfaction. The most common reasons for waste include:

- Unsuitable timing and presentation of meals.
- Interruptions by or lack of assistance from staff at meals.
- Feeling bored or not familiar with the menu.
- Being left to wait for food while others eat.
- Unsuitable environment (for example, uncomfortable seating).
- Being provided with the wrong diet.
- Side effects of diseases and treatments (for example, medications).
- Not being able to swallow.

See also

The Dining Environment and Mealtime Assistance section of this manual for how to create positive mealtime experiences.

Satisfaction with Nutrition and Food Services Survey**Date:**

What do you think about the food you are served? How can we make it better? Please answer the questions below then give this to a staff member. If you would like help to fill this out, someone will be happy to assist you.

	Yes or most of the time	No	Does Not Apply
1. Do you enjoy the foods you are served?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the food taste good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the food look good?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are hot foods served hot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are cold foods served cold?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you usually get enough to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If you do not like the meal served, are you offered another choice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do we meet your food preferences and diet needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are suggestions about the foods served dealt with to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you receive enough help at mealtimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you enjoy eating with your tablemates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is your table setting clean and neat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Are those who serve your meals pleasant and friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14a. What are your least favourite food items that we serve?			
14b. What are your most favourite food items that we serve?			
15. Are there food items that you like that could be served here? Please indicate these items.			
Other comments:			
Thank you for completing this survey			

(continued...)

Satisfaction with Nutrition and Food Services Survey Summary

The following should be completed if you have more than 10 people in your facility. If there are less than 10 responses, you may want to go through each survey. Develop and use an action plan taken where required.

Question	Number of "Yes"	How to Use Information to Meet Regulations
1. Do you enjoy the foods you are served?		If fewer than ¾ of those indicate "yes" for questions 1–6, document in the action plan how you will improve this and carry out the actions.
2. Does the food taste good?		
3. Does your food look good?		
4. Are hot foods served hot?		
5. Are cold foods served cold?		
6. Do you usually get enough to eat?		
7. If you do not like the meal you are served, are you offered another choice?		For questions 7–13, all questions should be answered "yes" or "does not apply." If any responses are "no," document in the action plan how you will improve this and carry out the actions.
8. Do we meet your food preferences and diet needs?		
9. Are your suggestions about the foods served dealt with to your satisfaction?		
10. Do you receive enough help at mealtimes?		
11. Do you enjoy eating with your tablemates?		
12. Is your table setting clean and neat?		
13. Are those who serve your meals pleasant and friendly?		
Question	Written Responses	How to Use Information to Meet Regulations
14a. What are your least favourite food items that we serve?		If more than ½ do not enjoy a meal, change the recipe or substitute an ingredient with another item.
14 b. What are your most favourite food items that we serve?		If there are food items that most enjoy, try to find out why and take those features and apply them to other food items served.
15. Are there food items that you like that could be served here?		Add any suggested items to the menu if appropriate.
Summary completed by:		Date:

(continued...)

Nutrition Care Plan Checklist

The Nutrition Care Plan Checklist is a tool to ensure there is a system in place for nutrition care planning. Complete the Nutrition Care Plan Checklist at least every six months for a minimum of four people in care.

When a person is first admitted to the facility, a nutrition care plan should be completed within two weeks. Within 14 weeks of admission, the nutrition care plan should be reviewed. After this, the nutrition care plan should be reviewed and updated at least once a year for adults. For children, it should be reviewed and updated at least every six months.

As part of nutrition care planning, the Food and Nutrition Information Form and the Nutrition Screening Form should be completed. This will determine if the services of a Registered Dietitian are needed.

See also 

The Nutrition Care Planning section of this manual for how to create nutrition care plans.

Nutrition Care Plan Checklist

For any items of the form that are indicated as "no" identify the reasons and then develop and use an action plan with target dates. Repeat the checklist and continue these steps until the concern is addressed.

Checklist completed by:

Date:

Name of Person in Care:

	Yes	No	N/A
1. The Food and Nutrition Information sheet is completed and current. The sheet is updated as changes occur and at least once a year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The nutrition screening form When to Refer to a Registered Dietitian is completed at least once a year for an adult or every six months if the person in care is a child. The results of the screening forms are documented in the overall care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A referral to a Registered Dietitian is made when needed, based on the score of the nutrition screening form. The most recent report from the Registered Dietitian is in the chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Weight is recorded monthly and a target weight range is identified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Height is recorded at admission and is updated every six months for children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The nutrition care plan:			
i. is developed within two calendar weeks of admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. is reviewed within 14 calendar weeks of admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. is documented in the overall care plan and is included in the chart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. states the assessment of any nutrition concerns and goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. states any actions to be taken and the person/people responsible for each action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vi. states a review date and is signed by the person who wrote the care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vii. is reviewed and revised according to the person's needs (adults at least once a year; children at least every six months).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Measures are in place to ensure the nutrition care plan is implemented (for example, the manager has observed that the nutrition care plan is implemented at meal and snack times).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. There is a system in place to inform staff of changes to the nutrition care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mealtime Checklist

The purpose of this checklist is to review the mealtime environment. For any items that are indicated as “no” identify the reasons and then develop and use an action plan with target dates. Repeat the checklist and continue these steps until the concern is addressed.

	Yes	No	N/A
1. Dining Area and Surroundings			
a. Dining area and size and height of tables and chairs allow for ease of movement and comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Individuals are transferred from wheelchairs to chairs whenever possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Eating area is clean, pleasantly decorated and well lit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Distractions are minimized (for example, television off, dishwasher and blender are not running) during mealtimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eating area is kept at a comfortable temperature and free from drafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Table Setting			
a. Cutlery and dishes are visually appealing (for example, no cracks, chips or discolouration) and suited to those in care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dishes, cups, glasses and cutlery are easy to handle (for example, bottom of cups are wide and stable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suitable feeding aids, including clean smocks, are provided to support self-feeding as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Meal Service			
a. Enough time is allowed for meals (for example, 30-60 minutes) and meals are served at the same times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Meals are attractive (for example, garnishes used for eye appeal) and appropriate temperature. Hot foods and beverages are cooled slightly before serving to confused or uncoordinated persons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Persons are served in varied order so that the same person is not always last to be served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Meals are served when everyone is seated and ready to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A positive environment for learning basic life skills and table manners is provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Encourage independence and assistance to those who need it (for example, posture, slower eating, reminders to continue eating if distracted or confused, if a person has impaired vision, they are told what is on the plate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Foods are served puréed, minced or chopped according to the nutrition care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Communication with those in care is done in a caring, respectful manner (for example, speak slowly and clearly).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Verbal and non-verbal signs of those in care are considered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Socializing during meals is promoted. Staff sit and enjoy mealtimes with persons in care where possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Personal food choices are respected. Birthdays and special holidays are celebrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. For those who do not do well with others, measures are in place such as scheduling their meals at different times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Mealtimes are supervised. For those who are ill, supervision is provided when they eat in their rooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Changes in appetite and food intake are documented and appropriate action is taken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued...)

Action Plan

QUESTION NUMBER AND CONCERN(S)	ACTION TO BE TAKEN TO RESOLVE CONCERN(S)	PERSON(S) RESPONSIBLE	FOLLOW-UP DATE

See also 

The Dining Environment and Mealtime Assistance section of this manual for more information on mealtime environment.

Meals and More Checklist

This checklist determines whether key information contained in this manual and in the regulations is used. Complete the checklist once a year. If the facility obtains a new manager, the checklist should also be completed. If any responses are indicated as “no” identify the reasons and then develop and use an action plan with target dates. Repeat the checklist and continue these steps until the concern is addressed.

Checklist completed by:	Date:	Week of menu reviewed:	
Item	Yes	No	
1. Staff members are familiar with the information in the <i>Meals and More</i> manual either from reviewing the manual or attending a course or workshop.	<input type="radio"/>	<input type="radio"/>	
2. Based on the section Menu Planning :			
a. A recipe is available and used for each menu item.	<input type="radio"/>	<input type="radio"/>	
b. The menu has been reviewed using the menu checklist and is kept on file for at least one year.	<input type="radio"/>	<input type="radio"/>	
3. Based on the section Purchasing Food Wisely :			
a. Grocery shopping is done by staff trained to read labels and make appropriate food choices.	<input type="radio"/>	<input type="radio"/>	
b. Stock is rotated by using older items first.	<input type="radio"/>	<input type="radio"/>	
c. Food and food containers are kept at least 15 cm (6 inches) off the floor.	<input type="radio"/>	<input type="radio"/>	
d. Leftovers are labelled, dated and used only once within 48 hours before being discarded.	<input type="radio"/>	<input type="radio"/>	
4. Based on the section Managing Food Safely to Preserve Quality :			
a. Hot foods are served hot (more than 60°C/140°F) and cold foods are served cold (less than 4°C/40°F). Temperatures are documented at different times and meals.	<input type="radio"/>	<input type="radio"/>	
b. The refrigerator is 4°C (40°F) and the freezer is -18°C (0°F) or colder. Temperatures are documented.	<input type="radio"/>	<input type="radio"/>	
c. Frozen food is usually thawed in the refrigerator. Safe alternatives are submerging food, sealed in its package, in a sink of cold water (change the water every half hour) or the food is defrosted in the microwave, following the package directions, and cooked immediately.	<input type="radio"/>	<input type="radio"/>	
d. Food is cooked or reheated to an internal temperature of at least 74°C (165°F) and documented at different times and meals.	<input type="radio"/>	<input type="radio"/>	
e. Food handlers wash their hands at appropriate times.	<input type="radio"/>	<input type="radio"/>	
f. Vegetables and fruit are washed before preparation or service.	<input type="radio"/>	<input type="radio"/>	

(continued...)

Meals and More Checklist (...continued)

5. Based on the section Emergency Planning , a 3- to 5-day emergency menu plan is in place. Sufficient quantities of foods are available for emergencies and include foods for those on texture-modified and therapeutic diets. These foods are used regularly to prevent them from going beyond their expiry dates.	○	○
6. Based on the section Monitoring Your Food and Nutrition Program and the Regulations , records are maintained for at least one year for:		
a. Food purchases (for example, receipts, invoices).	○	○
b. Education/training programs attended by staff (include the topic of the program, name of the presenter, date, time, location and name of staff in attendance).	○	○
c. Completed checklists (that is, menu checklists, satisfaction with nutrition and food service surveys, nutrition care plan checklists, mealtime checklists and <i>Meals and More</i> checklists).	○	○

Action Plan

QUESTION NUMBER AND CONCERN(S)	ACTION TO BE TAKEN TO RESOLVE CONCERN(S)	PERSON(S) RESPONSIBLE	FOLLOW-UP DATE

SECTION 2: INDIVIDUAL NUTRITION CARE PLANNING

Steps to Complete a Nutrition Care Plan

Developing an Eating and Drinking Plan

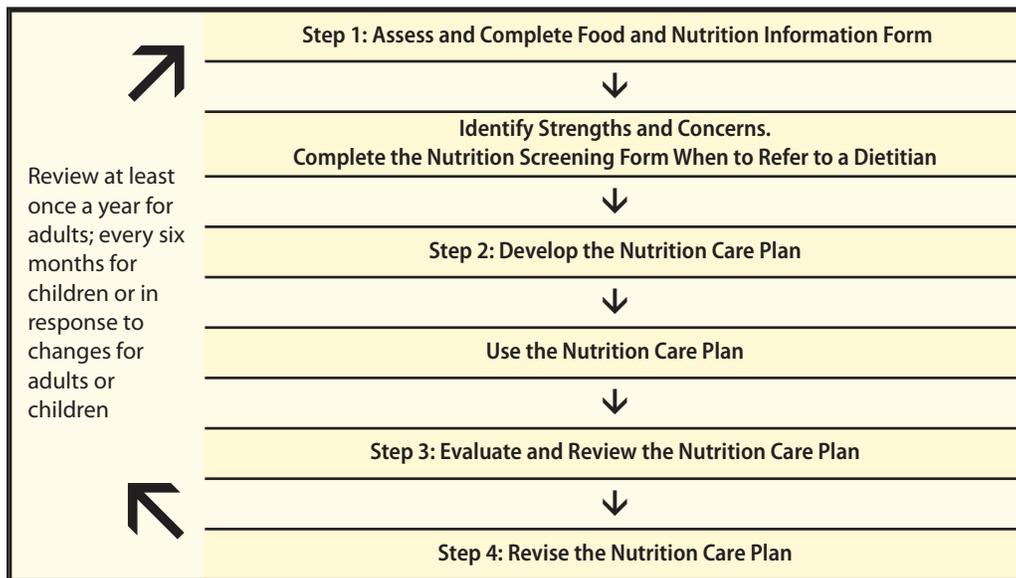
Documenting Height and Weight

How to Contact a Registered Dietitian

A nutrition care plan is a tool for staff that ensures that the person in care receives consistent and quality nutrition care. It considers the abilities, the physical, social and emotional needs and the cultural and spiritual preferences of the person in care. The initial nutrition care plan is completed at admission and ideally is reviewed within 14 weeks of admission. Thereafter, the plan must be reviewed at least once a year for adults. For children, the plan should be reviewed at least every six months. The plan should also be reviewed in response to any changes for adults or children. Steps to complete a nutrition care plan are outlined as follows.

For children 😊

Nutrition care plans should be updated at least every six months or in response to changes.



Staff develop the nutrition care plan. They also ensure that the services of a Registered Dietitian are obtained in response to a person's needs. These needs are determined by completing the Food and Nutrition Information Form and the screening form When to Refer to a Dietitian. These forms are located in this section of the manual. Completing them will help to develop the care plan.

Steps to Complete an Individual Nutrition Care Plan

Complete the person in care's nutrition care plan according to the following steps.

Step 1: Assessment of Nutrition Concerns

Gather information about the person in care's eating habits, health, blood values from the lab, height and weight, functioning, behaviour, and lifestyle. Use this information to identify individual strengths and concerns. Obtain information from:

- the chart or health record.
- the person, their family members, staff members and care providers (for example day-program staff) as well as the person in care's doctor.

- observe the person in care at meal and snack times.

Complete the Food and Nutrition Information form. Record strengths and concerns on the Nutrition Care Plan Summary form under “Assessment of Nutrition Health.” Next, complete the screening form When to Refer to a Registered Dietitian. Write the score on the Food and Nutrition Information form.

- If the score is 10 or more, this indicates that the person may require a referral to a Registered Dietitian. Develop a nutrition care plan that can be used until the Registered Dietitian comes to the home.
- If the score is between 0 and 9, the services of a Registered Dietitian may not be required at this time. Review the nutrition concerns identified with the person in care’s physician. Develop a nutrition care plan.

The following table outlines some common nutrition concerns at different stages of adulthood to consider in nutrition care planning.

Group	Common Nutrition Concerns
Young adults (19–40 years)	<ul style="list-style-type: none"> • In women, not enough iron from lack of red meat, calcium from lack of milk/milk alternative consumption and folate from a lack of fruit and vegetable consumption may be a concern. • Weight issues including obesity, disordered eating and eating disorders.
Middle adults (40–65 years)	<ul style="list-style-type: none"> • Chronic diseases (for example, heart disease, type 2 diabetes and cancer). • Weight gain often occurs. • Calcium, vitamin D and vitamin B₁₂ needs increase after the age of 50. Vitamin B₁₂ is found in milk products, fish, poultry and eggs.
Older adults (65+ years)	<ul style="list-style-type: none"> • Constipation which may affect vitamin B₁₂, iron, calcium and zinc absorption. • Gum disease and tooth loss may affect food intake. Loss of eyesight, hearing, taste, smell and memory may mean mealtime assistance is needed. • Vitamin D deficiency. A 10 mcg (400 IU) vitamin D supplement is recommended. • Dehydration is common. Encourage drinking 1.5–2 L (6–8 cups) of fluids a day. • Conditions such as diabetes, heart disease, high blood pressure, depression, arthritis, dementia and cancer benefit from nutrition intervention. Medications may affect nutrition.

Step 2: Developing and Using an Action Plan

Work with the person in care to develop an action plan for each goal. Document it on the Nutrition Care Plan Summary form. For each action, state what is to be done as well as by whom and by what date. Provide simple and clear directions for caregivers to follow. All parts including nutrition health, goals and actions must also be documented in the person’s overall plan. Communicate the nutrition care plan to staff and ensure it is followed.

See also

Complete the Individual’s Nutrition Care Plan using the:

1. Food and Nutrition Information Form
2. Nutrition Care Plan Form
3. Screening Form When to Refer to a Registered Dietitian

For children

Common nutrition concerns for those between the ages of 1–19 years are outlined in the Considerations for Children section of this manual.

Step 3: Evaluation and Review

The nutrition care plan should be reviewed as set out in the person in care's overall care plan. It is revised in response to needs such as:

- loss of ability to move around freely or use the hands to grasp small objects
- problems with behaviour, mood, relationships or physical health (for example, weight loss, abnormal lab values, swallowing problems, new diagnosis)
- marked or sudden improvement in health status
- change in medication and/or dosage.

The Food and Nutrition Information form and the screening form When to Refer to a Registered Dietitian should be redone at each nutrition care plan review. Review and revise the nutrition care plan at this time. Determine whether goals have been met and identify what approaches required improvement. Also, identify any new nutrition concerns due to changing needs.

Staff members are responsible for carrying out their duty of care (for example, an obligation to take reasonable care to avoid causing harm to another person) and this includes the nutrition care plan. Systems for ensuring that caregivers actually follow the plans (for example, in the facility and other contexts such as eating out) should be in place. For example, if the action plan is to weigh the person every two weeks, a staff member should be assigned this responsibility. If the goals have not been met, the following questions should be asked:

- Was this really a concern for the person?
- Were the stated goals, time frames and approaches realistic and measurable?
- Were the actions carried out and did they help the person to achieve the goals?

Answers to these questions should identify areas where the plan needs revision. Document if the person in care refuses to follow the care plan. They have the right to make informed choices and to refuse treatment. Other courses of action should then be explored.

Step 4: Revise the Nutrition Care Plan

Ensure that any revision of the nutrition care plan is documented in the person's overall care plan. Nutrition care plans need to be signed and dated. For those with a plan developed by Health Services for Community Living (HSCL) or other consultants, a separate comprehensive nutrition care plan still needs to be developed. It can incorporate the information provided by the nutrition consultant.

Food and Nutrition Information

A. BACKGROUND (G=good, F=fair, P=poor)

Name: _____ Age: _____ (years) Gender: M F Admission Date: _____

Diet: General Diabetes Weight Reduction Other ► (specify):

Texture: Regular Cut-up Minced Puréed Thickened Fluids Other ► (specify):

Supplements: Ensure®, milkshakes, etc. ► (specify): Other (for example, vitamins) ► (specify):

Food Allergies/Intolerances: _____ Appetite: Good Fair Poor Taking Laxatives: Y N

Food Likes: _____ Food Dislikes: _____

Chewing: G F P Swallowing: G F P Coughs during meals Condition of Mouth: G F P

Feeding Ability: Independent Assisted Eating Aids ► Types:

Assistance Given: Verbal Hand over Hand Other ► (specify):

Meals/Snacks Often Not Eaten: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

Estimated Fluid Intake: < 1500ml/day > 1500ml/day # Times Eats at Friend's/Relative's Homes: _____

Times Eating Out: _____/week Foods Chosen When Eating Out: _____

Involved in Food Service: Meal Planning Meal Preparation Shopping Other ► (specify):

Behaviour Concerns: Eats non-food or unsafe food items Picky eater Other ► (specify):

Activity Level: Low Moderate High Types of activities: _____

Year Reviewed	Height	Present Weight	Admission Weight	Weight 1 Year Ago	Goal Weight Range

Health conditions, blood work and medications can affect nutrition. This information is located in the chart and is considered when completing the nutrition care plan and the screening form When to Refer to a Registered Dietitian.

B. NUTRITION SCREEN

Complete the Nutrition Screening Form When to Refer to a Registered Dietitian

Date Screen completed (complete at least once a year for adults; every six months for children)	Screen score	If Screen score is more than 10, date of last dietitian consult	Referral made?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Date completed (initial): _____

Review Date and Signature: _____

Signature: _____

SCREENING FORM - When to Refer to a Registered Dietitian

NAME OF PERSON IN CARE:

COMPLETED BY:

Date:

First, complete the Food and Nutrition Information form. Then complete this form to find out if the person in care needs to see a Registered Dietitian. If there are parts of this form that you are unsure about, contact your licensing officer or nutritionist for further information.

Review all the information. Write score in the "Total" column. See background information for details.	SCORE	TOTAL
1. Has a feeding tube	10	
2. Has a special diet (for example, change in kind, texture or amount of food, food allergy or intolerance)	10	
3. Has a condition that would directly benefit from diet therapy (check (√) all that apply): <input type="radio"/> Eating Disorder <input type="radio"/> Diabetes <input type="radio"/> Skin Breakdown (open areas, sores) <input type="radio"/> Dementia, Stroke with Paralysis or Parkinson's <input type="radio"/> Other ► (specify):	10 IF ANY ARE √	
4. Chewing/swallowing concerns (see background)	10	
5. Ongoing poor food or fluid intake or avoids at least one food group	5	
6. Needs eating aids/help with meals	5	
7. Mouth pain affecting food intake	5	
8. Prolonged nausea, vomiting, constipation or diarrhea	5	
9. More than one abnormal lab (see background)	4	
10. Takes more than five medications or takes medications that affect nutrition (see background)	4	
11. Prolonged infection (for example, respiratory, urinary, skin, Clostridium difficile)	4	
12. Behavioural eating problems (see background)	3	
13. Has a condition where diet therapy can help treatment (check (√) all that apply): <input type="radio"/> Heart Disease <input type="radio"/> High Blood Pressure <input type="radio"/> Osteoporosis <input type="radio"/> Breathing/Lung Problems <input type="radio"/> Hiatus Hernia <input type="radio"/> Gastroesophageal Reflux (GERD) <input type="radio"/> Mental Illness <input type="radio"/> Other ► (specify):	3 FOR EACH √	

14. If person is between 2 and 20 years, review the following (see background)	SCORE	If person is between 20 and 65 years, review the following (see background)	SCORE	TOTAL
Any weight loss	10	Significant weight change	10	
Appears underweight	5	Appears underweight (BMI < 18.5)	5	
Appears overweight	3	Appears overweight (BMI > 30)	3	

TOTAL OVERALL SCORE (SEE BELOW FOR HOW TO INTERPRET THIS SCORE) ► ►

If total score is between 0 and 9	If total score is 10 or more
<p>No referral needed. Complete this form once a year for adults, every six months for a child or in response to changing needs. Review any concerns with the person in care's physician.</p>	<p>Are all conditions indicated currently being well managed by a health care professional? (√ check one)</p>
	<p><input type="radio"/> Yes ► No referral needed</p>
	<p><input type="radio"/> No ► Refer to a Registered Dietitian. Contact your licensing officer or nutritionist, Health Services for Community Living Program, Community Living BC facilitator or consulting dietitian.</p>

Screening Form – Background

#2 Special Diet

This includes any changes (amount, types or texture) that are needed in food or fluid intake, including diets for weight loss.

#3 Condition

Check (✓) each one that applies. The “Other” box is checked if the person has Ulcers, Crohn’s Disease, Ulcerative Colitis, Ostomy, Celiac’s Disease, Cancer, Prader Willi, Phenylketonuria (PKU), Cerebral Palsy or Pancreatitis or any other conditions known to benefit from diet therapy. Check with your licensing officer if you are unsure about any conditions not listed that may or may not apply.

#4 Swallowing and Chewing Problems

This applies if the person has been diagnosed with dysphagia or a swallowing disorder or has any of the following warning signs:

- Coughing, choking, drooling, pocketing food, gurgly-sounding or slurred speech during/after eating or drinking.
- Complains food “gets stuck,” or “goes down the wrong way,” or has frequent throat-clearing. Refuses or avoids certain food(s).
- Lung congestion or chronic respiratory infection.
- Drowsiness or fatigue at mealtimes or is unable to keep upright for an entire meal.
- Takes more than 30 minutes to eat a meal.

#9 Abnormal Lab Results

Score 4 if any of these are abnormal: blood sugars (random, fasting), albumin, cholesterol (total, HDL, LDL), hemoglobin, hematocrit, ferritin, serum creatinine, hemoglobin A1c, prealbumin, total lymphocyte count, liver enzymes, triglycerides, potassium, sodium, folate, vitamin B₁₂, homocysteine or microalbumin.

#10 Medications

Consider all types including PRNs (for example, laxatives, antacids, enemas), vitamin and mineral supplements, herbal remedies, etc. when counting the total number taken. Also consider if any of the following are taken: Isonazid (INH), antipsychotics, anti-seizure medications, lithium, statins or monoamine oxidase inhibitors (MAOI).

#12 Behavioural Eating Problems

Score 3 if the person in care has behaviours such as hearing internal voices that affect food intake, eating non-food or unsafe food items, regurgitating or self-inducing vomiting, taking excess fluids, hoarding food, eating very quickly, eating a limited range of foods (picky eater), hyperactivity, involuntary movements, etc.

#13 Condition Where Diet Therapy Benefits Treatment

Check (✓) each one that applies. Then total the number of checks, multiply by the score and enter the amount in the last column. Breathing problems include chronic obstructive pulmonary disease, congestive heart failure or lung diseases. Mental illnesses include schizoaffective disorder, schizophrenia, bipolar or major depression, substance abuse disorders, autism, attention deficit hyperactivity disorder. The “Other” box is checked if the person has a condition that is not indicated and where diet therapy can help treatment. Check with your licensing officer if you are unsure.

#14 Body Measures

If it is difficult to measure weight (for example, the person is in a wheelchair), seek help from a health care professional. Significant weight changes (that is, weight gain or loss) are defined as 5% in 1 month, 7.5% in 2 months or 10% in 6 months (see the table below). Do not use the Body Mass Index (BMI) for those who are pregnant or breastfeeding, younger than 2 years old or over 64 years old. If the BMI is between 25 and 29, this is the “Caution Zone” which means there is some health risks associated with this range. Refer to the Weight Control information in this manual for ideas to help reduce weight or prevent further weight gain.

HEIGHT	WEIGHT RANGE FOR BMI CATEGORY – KG (LBS)	
	BMI 18.5 to 24.9 kg (lbs)	BMI 25 to 29.9 kg (lbs)
1.42 (4'8")	37-50 (81-110)	50-60 (110-132)
1.45 (4'9")	39-52 (86-114)	52-62 (114-136)
1.47 (4'10")	40-54 (88-119)	54-64 (119-141)
1.50 (4'11")	42-56 (92-123)	56-67 (123-147)
1.52 (5'0")	43-57.5 (95-127)	57.5-69 (127-152)
1.55 (5'1")	44.5-59.5 (98-131)	59.5-71.5 (131-157)
1.58 (5'2")	46-62 (101-136)	62-74.5 (136-164)
1.60 (5'3")	47.5-63.5 (105-140)	63.5-76.5 (140-168)
1.63 (5'4")	49-66 (108-145)	66-79 (145-174)
1.65 (5'5")	50.5-67.5 (111-149)	67.5-81 (149-178)
1.68 (5'6")	52-70 (114-154)	70-84 (154-185)
1.70 (5'7")	53.5-72 (118-158)	72-86 (158-189)
1.73 (5'8")	55.5-74.5 (122-164)	74.5-89 (164-196)
1.75 (5'9")	56.5-76 (124-167)	76-91.5 (167-201)
1.78 (5'10")	58.5-79 (129-174)	79-94.5 (174-208)
1.80 (5'11")	60-80.5 (132-177)	80.5-97 (177-213)
1.83 (6'0")	62-83.5 (136-184)	83.5-100 (184-220)
1.85 (6'1")	63.5-85 (140-187)	85-102 (187-224)
1.88 (6'2")	65.5-88 (144-194)	88-105 (194-231)

SIGNIFICANT WEIGHT CHANGE			
Last Weight	1 Month (5% Change)	2 Months (7.5% Change)	6 Months (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)

Examples of Nutrition Care Plans

The following are examples of nutrition care plans for three different situations: a person in care with no nutrition concerns, a person in care with some nutrition concerns and a person in care who requires the services of a Registered Dietitian. Note that these are only examples, not prescriptions.

Example #1 – Person in care with no nutrition concerns

B.F. is a 38-year-old male with a stable healthy weight (60 kg/132 lbs). He takes no medications. A recent medical check-up indicated no concerns. He eats a variety of foods and swims twice a week.

Nutrition Care Plan for: <i>B.F.</i>		Signature: <i>D. Manager</i>		Date Implemented: <i>Sept 1, 2007</i>	
Assessment of Nutrition Health	Goals	Actions	By Whom	Review Date	
<i>B.F. eats healthy</i>	<i>to continue to eat healthy</i>	<i>to continue to follow the facility menu</i>	<i>facility staff</i>	<i>Sept 1, 2008</i>	
<i>B.F. is in a healthy weight range (55-65 kg)</i>	<i>to maintain a healthy weight between 55 and 65 kg</i>	<i>to monitor weight monthly</i>	<i>facility manager</i>	<i>Sept 1, 2008</i>	
<i>Screening form score was zero</i>	<i>to monitor B.F. for nutrition concerns</i>	<i>to complete the screening form in 12 months</i>	<i>facility manager</i>	<i>Sept 1, 2008</i>	

Example #2 – Person in care with some nutrition concerns

R.W. is a 50-year-old male who has lived in a small residential facility for most of his life. His chewing and swallowing abilities are fair. He has no teeth or dentures and requires a minced diet. He has chronic constipation. R.W. has no known food allergies, feeds himself and is a stable healthy weight. He came to the facility a few days ago.

Nutrition Care Plan for: <i>R.W.</i>		Signature: <i>D. Manager</i>		Date Implemented: <i>Sept 30, 2007</i>	
Assessment of Nutrition Health	Goals	Actions	By Whom	Review Date	
<i>R.W. has no teeth and requires minced foods</i>	<i>to determine if R.W. can receive regular textured foods</i>	<i>continue to provide minced foods; referral to Dental Hygienist</i>	<i>facility manager</i>	<i>Sept 30, 2008</i>	
<i>R.W. has chronic constipation</i>	<i>to provide a diet plan that will assist R.W. to have a soft bowel movement at least every three days</i>	<i>offer 250 ml fluid at every meal and snack, high-fibre cereals at breakfast and minced dried fruit in his lunches; record and monitor bowel movements</i>	<i>facility manager and staff</i>	<i>Sept 30, 2008</i>	
<i>screening form score was 4 (one abnormal lab)</i>	<i>to monitor R.W. for nutrition concerns</i>	<i>discuss screening form results with R.W.'s physician. Complete screening form in 12 months' time</i>	<i>facility manager</i>	<i>Sept 30, 2008</i>	

Example #3 – Person in care requiring the services of a Registered Dietitian

K.D. is a 42-year-old female who has Down syndrome. Her weight is stable and healthy (63 kg/140 lbs). She was complaining of being tired and always thirsty. Her physician has diagnosed her as having Type 2 diabetes. K.D. is supposed to have a diabetes diet and her blood glucose tested daily.

Nutrition Care Plan for: <i>K.D.</i>		Signature: <i>D. Manager</i>		Date Implemented: <i>Sept 1, 2008</i>	
Assessment of Nutrition Health	Goals	Actions	By Whom	Review Date	
	<i>To be assessed by a Registered Dietitian</i>	<i>To make an appointment with the dietitian at the Diabetes Education Program at the hospital</i>	<i>facility manager</i>	<i>Dec. 1, 2008</i>	
	<i>To provide a diabetes diet</i>	<i>To follow the diabetes diet instructions posted beside the menu</i>	<i>facility staff</i>	<i>Dec. 1, 2008</i>	
	<i>To maintain blood glucose levels between ___ and ___</i>	<i>To measure and record blood glucose levels daily at different times. Mon. and Wed. (before breakfast) Tues. and Thurs. (2 hours after breakfast) Fri. and Sat. (before supper) Sun. (2 hours after supper)</i>	<i>facility manager until other staff receive training</i>	<i>Dec. 1, 2008</i>	
		<i>To receive training for measuring blood glucose levels at the Diabetes Education Program</i>	<i>all staff to complete training</i>	<i>Dec. 1, 2008</i>	
	<i>To contact the physician if blood glucose is less than ___ or more than ___</i>	<i>facility manager</i>	<i>Dec. 1, 2008</i>		

Developing an Eating and Drinking Plan

An eating and drinking plan is a record of how to assist a person to eat and drink. It is an optional tool that provides specific directions from the nutrition care plan at mealtimes. Give a copy of this plan to anyone who may care for the person (for example, family members, holiday care providers, school staff, day-program providers). An example eating and drinking plan form is outlined in the following. Be sure to update the plan each time the nutrition care plan is revised.

See also 

Blank electronic copies of the Drinking and Eating Plan can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the Meals and More Manual.”

Eating and Drinking Plan

Name:

Date of Birth:

Date:

Prepared by:

Date to review:

	Requirements for eating	Requirements for drinking
Type of diet for example, general, weight reduction, vegetarian		
Texture/consistency for example, soft, minced, puree, nectar, thick		
Positioning		
Assistance required		
Equipment required		
Personal preferences		
Personal dislikes		

Documenting Height and Weight

Height should be measured at admission and every year. Measure and document weight at admission and then every month. Licensing staff must be consulted if it is measured less frequently. Weight gain or loss greater than 5% over one month, 7.5% over three months or 10% over six months requires a referral to a Registered Dietitian.

One easy way to measure height is to place a Post-it Note on the wall at the approximate height to be measured. Have the person stand as straight as possible and look straight ahead. Arms are at the sides, feet together, and shoulders, heels, back and the back of the head against the wall, centred at the Post-it. Mark the Post-it. Use a measuring tape to measure from the floor to the mark. For those unable to stand or stand straight, have a health professional help you take a height measurement.

Weight may be measured on standing, chair or bed scales. Access to special scales may be available through larger centres (for example, hospitals or nursing homes). When measuring weight, make sure the scale is accurate. Where applicable, zero the scale before measuring. Have the person remove excess clothing and shoes. Position the person at the centre of the scale with hands at sides. Read and record the weight to the nearest 0.5 kg or lb.

For special circumstances (for example, those with an amputation), have a health professional assist in measuring weight. A means of monitoring weight should be in place (for example, a weight graph as shown on the following page).

Determining Weight Goals

An individual's healthy body weight is determined by many factors, including height, body type, genetics, bone structure, muscles, age and health. For females, other factors that need to be considered include whether or not they are able to have a menstrual period (if applicable) normally at their current weight. Some factors to consider:

- What is the weight history of the person in care?
- Are they ready to change their weight? Do they have the ability to change their weight?
- Set small goals that can be met in less than a year's time. A healthy weight loss is 0.5–1 kg (1–2 lbs) per week. Be specific about what actions will be taken to reach the weight goal. What type of exercise will be done and how often? What food plan will be followed? How will it be tracked?

To help determine a healthy weight, you might want to discuss the person's weight history. Many people are at their healthiest adult weight between the ages of 25 and 30. After this time, weight gain may occur. On the other hand, the person may have been overweight (or underweight) as a young adult, and may not know a healthy weight. When you ask the person in care what weight they think is healthy, discuss at what weight they felt the best.

A person's weight goal may not be a healthy one. For example, if the person in care has been underweight for years, then a realistic goal may be to gain 3 kg (about 6 lbs) over

For children

Height should be measured every six months. See the Considerations for Children section of this manual for more details on height and weight assessment.

See also

Blank electronic copies of the Weight Graph on the following page can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up "Forms To Accompany the *Meals and More Manual*."

See also

If the person has been seen by a dietitian, check the dietitian's assessment form for a goal weight where applicable.

Monthly Weight Graph

Name:

Year of Weight Graph:

Weight at Admission:

Height:

Ideal body weight range: (refer to BMI table in background information of Nutrition Screening Form When to Refer to a Dietitian)

Goal weight range:

Example



Shaded area is goal weight range.

Monthly Weight Graph

Weight Range	MONTH											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly Weight												

*Remember to weigh the person at about the same time of day each month. Weight changes greater than 5% over one month, 7.5% over three months or 10% over six months require a referral to a Registered Dietitian.

the next six months, or in some cases, to simply prevent further weight loss. Weight goals should generally be short-term and reachable.

Weight discussions also raise questions of choice for caregivers. A person who is dying may choose to limit what they eat and drink. It is not the responsibility of staff to force food or fluid. Provide the person in care with options, support and caring.

Healthy Weight and the Body Mass Index (BMI)

For adults (20–65 years), Body Mass Index (BMI) is a measure of healthy weight. The weight range is broad to due to different factors (for example, bone structure). Some judgment is needed when using BMI, particularly if the person cannot walk. Contact a Registered Dietitian if weight does not fall within a BMI of 18.5–30 as the person is then at risk of health problems. Those with a BMI between 25 and 29.9 are in the Caution Zone. Where possible, examine ways to control portions and fat and find ways to increase activity. If monthly weight records indicate the person in care is heading outside the healthy weight range, it is time to make changes.

To determine a healthy weight also look at body shape. An overweight person with an "apple" shape (extra weight around the waist) is at greater risk for developing heart disease, high blood pressure and diabetes. An overweight person with a "pear" shape (extra weight on hips and thighs) is at less risk for developing these conditions.

How to Contact a Registered Dietitian

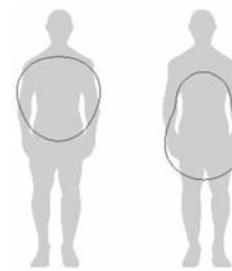
A Registered Dietitian (RD) is a regulated by the College of Dietitians of British Columbia. A RD has a university degree in nutrition and a dietetic hospital internship or graduate nutrition degree. They can:

- help you develop menus.
- provide education on food safety, grocery shopping, healthy eating and special diets.
- assess individual nutritional needs.
- develop nutrition care plans.

Their roles vary. The following table provides a general overview of the nutrition services available through different programs.

For children 😊

Weight goals depend upon growth tracking. Contact the child's physician to help determine weight goals. More information is in the Considerations for Children section of this manual.



Type of RD	Description of Services Provided
Community Nutrition RD	Employed by the Region or Community Health Services Societies. Contact your local community nutritionist to ask what services are available. You will find the telephone number in the blue pages of the telephone directory.
Hospital RD	Provides clinical nutrition support on an in-patient and out-patient basis. Occasionally provides support on an outreach basis. Contact your local hospital nutrition department to ask what services are available and how to access them.
Private Practice RD	Provide services such as menu writing. These services are not covered by the Medical Services Plan. Private practice RDs may be located through the "Find A Dietitian" option on the Dietitians of Canada website (www.dietitians.ca).
Health Services for Community Living or Community Living British Columbia RD	Health Services for Community Living (HSCL) or Community Living British Columbia (CLBC) RDs provide clinical nutrition support to those whose health and safety is at high risk because of swallowing problems and/or complex nutrition health issues. Contact your licensing officer or HSCL Nurse for more information on this program

Your licensing officer can help you locate a RD.

Other Resources for Nutrition and Food Information

The free information line Dial-A-Dietitian has RDs available to answer nutrition questions. For more details visit their website at: www.dialadietitian.org. Other sources of food information include licensing officers and environment health officers/public health inspectors. Licensing officers and environmental health officers can provide information on food safety issues.

Suggested Resources

BC HealthGuide, Vitamin and Mineral Supplements for Adults.

www.healthlinkbc.ca/healthfiles/hfile68k.stm

The College of Dietitians of British Columbia, www.collegeofdietitiansbc.org

Dial-A-Dietitian, www.dialadietitian.org

Dietitian of Canada, Find-A-Dietitian, www.dietitians.ca

Dietitians of Canada, Eat Well, Live Well For a Lifetime!

www.dietitians.ca/english/pdf/nutrition-a.pdf

SECTION 3: FOOD TEXTURES, MODIFIED FLUIDS AND SWALLOWING DISORDERS

Cut-Up and Finger Foods

Minced Foods

Puréed Foods

Thick Fluids

Dysphagia (Swallowing Disorders)

The information in this section of the manual is not intended to be a substitute for medical advice. Always seek the advice of a qualified health care provider about any questions you may have about food and fluid textures. The following suggestions are to be used only until a care plan is developed by a Registered Dietitian (RD). If you already have a care plan from an RD use that plan and not these suggestions.

Texture modifications are required for people who have trouble chewing or swallowing and generally include:

- cut-up foods (bite-sized foods and finger foods)
- minced foods (soft, moist foods)
- pureed foods (very soft, moist, smooth foods)
- thick fluids (fluids thickened to the appropriate consistency)

Watch all persons in care for signs such as struggling to eat, choking or coughing, rejecting foods or weight loss. Persons in care with dysphagia (swallowing disorder) must be assessed by a Registered Dietitian. The topic of dysphagia is covered later in this section.

For those who need modified textures, a plan specific to their needs should be provided. This will allow all staff members to be clear about which foods can be offered. You should also give family and friends a copy of this plan. Monitor the person's food and fluid intake and reassess their need for texture modifications as necessary.

Cut-Up and Finger Foods

Cut-up foods (that is, foods chopped into bite-sized pieces) or finger foods are used for people who have trouble handling food and self-feeding. Assess and reassess the need for cut-up foods often. Modify foods from the daily menu to a cut-up texture whenever possible. Examples of finger foods include:

chicken leg	wiener	pizza slice	banana	muffin
fish stick	cold cuts, rolled	sandwich	vegetable sticks	crackers
sausage link	cheese sticks	fruit slices	bread or toast	pancake

These items may need to be cut into bite-sized pieces to prevent choking.

Minced Foods

Minced foods generally include mashed, soft or finely grated foods. They are usually intended for people who have trouble chewing, a sore or dry mouth or some types of swallowing disorders (dysphagia). People with dysphagia usually require minced foods to be moist.

Referrals

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

Tips for Minced Foods

- Follow the **Temporary** Minced Foods Meal Plan until a Registered Dietitian can be seen.
- 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. Add soup, gravy, sauce or margarine/butter to moisten. Do not use water.
- Cook vegetables until soft. Use finely grated vegetables such as coleslaw or shredded lettuce.

TEMPORARY Minced Foods Meal Plan	
FOOD GROUPS	FOODS ALLOWED
Grain Products	All types of bread and bread products. Remove hard crusts. Rice or noodles.
Vegetables & Fruit	Soft or mashed canned fruit and soft or grated fresh fruit. Fruit and vegetable juice. Soft or grated cooked or raw vegetables.
Milk & Milk Alternatives	Milk and milk alternatives that are fluid or smooth. Cottage cheese or cheese that is soft or grated.
Meat & Alternatives	Egg, soft or chopped finely. Minced meat, fish or poultry (including in sandwiches) or legumes. Soft casserole or stew. Smooth peanut or other nut butters* or tofu.
Fats & Oils	All types.
Desserts	Soft desserts (for example, puddings, ice cream*, Jello®*).
Beverages	All*
Other Foods	Condiments such as sugar, syrup, jam and jelly.
* May not be suitable for the person in care with dysphagia.	

Puréed Foods

Puréed foods are smooth with no lumps. They are generally provided to people who have trouble chewing or some types of swallowing disorders (dysphagia).

Tips for Puréed Foods

- Follow the **Temporary** Puréed Foods Meal Plan until a Registered Dietitian can be seen.
- Use foods from the daily menu whenever possible. Many foods can be puréed using a food processor. Moisten puréed foods with soup, gravy, sauce, margarine, butter, juice or milk. Do not purée two or more foods (for example, meat, potato and vegetable) together. Serve each puréed food in a separate bowl or in a section of a divided dish. Do not use leftovers for puréed diets.
- Make sure you serve a full serving of puréed foods. For example, if one serving of chicken is 100 g (4 oz.) then purée 100 g (4 oz.) of chicken.

TEMPORARY Puréed Foods Meal Plan	
FOOD GROUPS	FOODS ALLOWED
Grain Products	Puréed bread or bread products. Bread softened in soup or milk*. Remove hard crusts. Cream of wheat or well-cooked oatmeal. Puréed rice or noodles. Any lumps must be strained out.
Vegetables & Fruit	Puréed fresh fruit (for example, kiwi fruit with seeds strained out), stewed or canned fruit (purée with fruit juice). Some fruit may not purée well (for example, oranges). Puréed vegetables (for example, potato, pumpkin, beans, spinach, carrots, squash, sweet potato, turnips, broccoli, avocado). Some vegetables that are stringy or have husks and some salads do not purée well (for example, tossed). The puréed salad recipes following this table work well. Fruit or vegetable juice*.
Milk & Milk Alternatives	All types of milk*. Smooth yogurt (yogurt with fruit pieces can be puréed), ice cream*, ice milk*, frozen yogurt*. Puréed cottage cheese, hard cheeses that have been grated and melted into hot food, cheese sauce, cream cheese, ricotta cheese. Milkshakes or smoothies*, milk pudding, custard, mousse.
Meat & Alternatives	Puréed cooked meat, fish, poultry (can purée with gravy, stock or white sauce) or legumes (for example, beans, lentils that are strained to remove any skins or shells) Pâté, puréed soufflé, casserole or stew. Scrambled eggs, egg substitutes, puréed tofu or meat substitutes (for example, veggie pattie), creamy nut butters*.
Fats & Oils	Margarine/butter, mayonnaise, sour cream, gravy, sauce, salad dressing, vegetable oil, whipped cream or thickened cream.
Desserts	Puréed or smooth desserts such as sherbet*, Jello**, cheesecake (without crust).
Other Foods	Syrups, sugar, honey, flavoured syrup, herbs, spices, salt, mustard, jellies or jams with no seeds and sauces such as Worcestershire, soy, barbecue, tomato, teriyaki, gravy and white sauces.
* May not be suitable for the person in care with dysphagia.	

PUREED SALAD #1

375 ml (1.5 cups) chopped lettuce
 75 ml (5 Tbsp.) chopped celery
 75 ml (5 Tbsp.) chopped green pepper
 15 ml (1 Tbsp.) chopped parsley

3 slices of toasted bread, cut into cubes or ½
 cup pureed bread mix
 Salt and pepper to taste
 5 ml (1 tsp.) salad dressing

Puree vegetables until smooth. Note that the celery may not blend down well in a domestic blender but should in food processor. Add toast cubes or bread mix and puree until texture is like a smooth thick pudding. Add salt and pepper to taste. Garnish with 5 ml (1 tsp.) salad dressing (optional). Yield about 4 servings, 60 ml (¼ cup) each.

Original source –Feeding the Elderly ...the green book

Recipe adapted by Irene Zilinski

PUREED SALAD #2

500 ml (2 cups) chopped lettuce
 125 ml (½ cup) chopped green pepper

White of 2 green onions, chopped
 30 ml (2 Tbsp.) salad dressing

Blend all ingredients until smooth gradually added 15 to 30 ml (1 to 2 tbsp.) of instant mashed potatoes powder until required consistency is reached. Yield 4 servings, 125 ml (1/2 cup) each.

More Guidelines for the Temporary Puréed Meal Plan

- Meals such as casseroles and pasta sauces can be quickly puréed and reheated before being served. Meals such as roast lamb can be puréed after adding a suitable liquid, such as gravy.
- Be sure to remove the skins and seeds from fruit and vegetables before blending.
- Cook foods until very soft and allow them to cool before cutting them into small chunks to purée. Place in the food processor and add some fluid to the food being puréed. You may need more fluid after puréeing to get the texture you want.
- If food needs thickening, add mashed potato, infant cereals or more solid food. It is better to thicken with solid food as this will provide more flavour and nutrition.
- Blend small quantities at a time to avoid lumps.
- Puréed food should not be prepared too far in advance as it does not store well.
- Reheat puréed food as desired just before serving.
- Taste the food before offering it to the person in care to make sure it is suitable.

If Constipation Is a Problem

- Check that fluid intake is adequate and increase walking or other exercise if possible.
- Soak some rice bran in breakfast cereal, soup, stew or casserole.
- Try some prune juice or puréed stewed prunes.

Thick Fluids

Some people with dysphagia (swallowing problems) have trouble swallowing thin fluids (for example, water, juice, milk, coffee, Jello®, soups, ice cream) which presents a danger of the liquid entering the lungs. There is no Thick Fluids Eating Plan. Individuals who need thick fluids must be individually assessed by a Registered Dietitian, speech-language pathologist, occupational therapist or other qualified professional experienced with dysphagia.

Dysphagia (Swallowing Disorder)

Dysphagia means “swallowing disorder.” It can be due to many reasons including:

- conditions such as Multiple Sclerosis (MS), Parkinson’s Disease, Cerebral Palsy, seizure disorders, head injury, Amyotrophic Lateral Sclerosis (ALS), stroke. It can also occur for those with injury or cancer of the head, neck, esophagus or chest, or infection or irritation of the esophagus.
- use of some medications (for example, some medications can trigger Tardive Dyskinesia which can affect swallowing).
- psychological factors (for example, anxiety).

Some people may be unable to swallow at all. Others may have trouble swallowing liquids, foods or saliva. Eating then becomes a challenge. Persons in care with dysphagia must be assessed by a Registered Dietitian or dysphagia team as they are at risk of:

- having food or liquid enter the lungs and harmful bacteria grows. This can result in aspiration pneumonia. This can then lead to death.
- choking.
- dehydration, constipation or weight loss due to not taking in enough food or fluids.

See also

Blank electronic copies of the Swallowing Disorder Checklist can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the *Meals and More Manual*.”

The following are warning signs of dysphagia. Use this checklist to see if any persons in care may have a swallowing disorder.

Warning Signs of a Swallowing Disorder Checklist			
Difficulties during Eating		Chest-Related Signs	
Refuses to eat due to fear of choking or pain	<input type="radio"/>	Chest congestion, infections or colds	<input type="radio"/>
Holds or "pockets" food in the mouth (in cheek, under tongue or on the roof of the mouth)	<input type="radio"/>	Aspiration pneumonia (food or fluid go into the lungs and result in pneumonia)	<input type="radio"/>
Eats very slowly or leave meals uneaten	<input type="radio"/>	Asthma attacks at meals	<input type="radio"/>
Forced chewing or swallowing	<input type="radio"/>	Other Signs	
Takes many swallows with one bite	<input type="radio"/>	Excessive drooling	<input type="radio"/>
Complains of chest pain with swallowing	<input type="radio"/>	Muscle weakness in the face and mouth	<input type="radio"/>
Tearing of the eyes after swallowing	<input type="radio"/>	Slurred or laboured speech	<input type="radio"/>
Food or fluid come out of the nose when eating/drinking or with attempts to swallow	<input type="radio"/>	Spiking temperature (note: this is not always a clear sign)	<input type="radio"/>
Complains that food is caught in the throat or it does not feel like the food is going down	<input type="radio"/>	Malnutrition from not eating food or drinking enough fluid	<input type="radio"/>
Food cutting off the air supply	<input type="radio"/>	Unexplained weight loss	<input type="radio"/>
Coughing, choking or "gurgly"-sounding voice during or after eating or drinking	<input type="radio"/>	Dehydration, constipation or urinary tract infections from poor fluid intake	<input type="radio"/>

"Silent aspiration" can occur with some individuals where there is no outward sign of aspiration such as choking or coughing. Some individuals who are disoriented or their brain is impaired may not be aware that they are choking or aspirating. They also may not be able to tell you their difficulties. If in doubt, refer to a Registered Dietitian.

When a person shows any of the warning signs, a complete dysphagia assessment is needed to determine the extent of the problem. To obtain an assessment, do any of the following:

- Consult the person in care's physician or refer the individual to a swallowing assessment service (for example, Health Services for Community Living, Community Living British Columbia, Community or Outpatient swallowing service)
- Contact private practice dysphagia specialists through the national or professional association such as:

Dietitians of Canada "Find a Nutrition Professional" at www.dietitians.ca

BC Society of Occupational Therapists, "How to Find an OT" at www.bcsot.org

Physiotherapy Association of British Columbia, "Find a Physio" at www.bcphysio.org

BC Association of Speech/Language Pathologists & Audiologists, "Find a Private Practitioner" at www.bcaslpa.ca

SECTION 4: SPECIAL DIETS

Cholesterol-Lowering Diet

Diet for Diabetes Management

High-Fibre Diet

High-Protein, High-Energy Diet

Low-Salt Diet

Weight-Control Diet

Food Allergies and Intolerance

Tube-Feeding

Food and Medication Interactions

The following information on special diets is for information purposes only. It is not intended to be a substitute for medical advice. Always seek the advice of a physician, dietitian or other qualified health care provider about a person's nutrition needs if they have a medical condition.

Special diets are often referred to as therapeutic or modified diets. They are ordered by the person in care's physician. These diets outline appropriate foods and fluids for the treatment of a condition. In this section, some common special diets are discussed briefly with suggestions you can follow until the Registered Dietitian can be seen.

Be sure to monitor the food and fluid intake of persons in care who are consuming a therapeutic diet. Reassess the need for therapeutic diets (for example, within 14 weeks of admission or in response to need). Give family and friends a copy of the individual's diet and/or eating and drinking plan. If a person in care refuses to follow their diet, this must be documented in their medical record.

Cholesterol-Lowering Diet

The purpose of this diet is to limit foods high in fat and cholesterol in order to bring blood fats to safe levels. This reduces the risk of developing heart disease. The person on this type of diet must receive an assessment by a Registered Dietitian. Until the person in care can be seen by a Registered Dietitian modify the diet as follows:

- Limit the use of added fat such as butter, margarine or vegetable oil to less than 30 ml (6 tsp.) each day. Choose soft margarines or a vegetable oil such as canola, corn, olive, peanut, safflower or sunflower. Season foods with herbs, vinegar or lemon juice instead of added fats.
- Limit meat serving sizes to 60-90 grams (2–3 ounces) and serve no more than 2-3 servings a day. Choose lean meats. Trim fat off and discard. Remove skin from poultry and discard. Offer meat alternatives such as cold-water fish (for example salmon), dried peas, beans, lentils or tofu.
- Use low-fat cooking methods. Consider using a non-stick pan. Stew, roast, broil, microwave or bake, rather than fry or deep-fry.
- Choose low-fat milk (skim, 1%, 2%) or buttermilk. Use block cheese with less than 20% M.F. (milk fat). Limit intake of palm and coconut oils.
- Avoid high-fat snacks and fast foods like most restaurant hamburgers, some granolas, croissants, donuts, anything fried, sausages and wieners, ice cream, sour cream, coffee cream, potato chips and buttered popcorn.
- If the person is carrying excess weight, any weight loss will benefit their blood fats. Where possible reduce portion sizes and increase activity.
- Persons taking any type of statin medication must avoid grapefruit products.

Diet for Diabetes Management

A doctor will order a diabetes diet for those with diabetes to help keep blood sugar levels within the acceptable range. If the person in care has been recently diagnosed with diabetes, ask the doctor for a referral to your nearest Diabetes Education Centre. Until the person in care is seen by a Registered Dietitian, the following diet guidelines may be followed:

- Offer small, balanced meals based on a variety of foods from the four food groups (see Section 5 – Healthy Eating of this manual).
- Include high-fibre foods such as whole grain breads and cereals, fresh fruit, vegetables, legumes and grain products (rice, pasta).
- Limit sweet foods such as regular pop, large amounts of juice, pies, iced cookies and cakes, chocolate bars, candy, honey, jams, jellies and marmalades, and table sugar.
- Limit 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.
- Provide an evening snack that includes protein (meat, meat alternatives or cheese).

Beverages such as water and extras such as diet spreads, diet syrups, artificial sweeteners (for example, Splenda®) and spices are fine. Artificial sweeteners are not recommended for children or pregnant women. The following menu guide can be used until a Registered Dietitian is seen.

BREAKFAST	
Fruit	Small fruit or fruit juice
Cereal	Cooked or dry cereal
Eggs or alternatives	Eggs, sausages, cheese or peanut butter
Grains	Toast, muffin, pancakes, waffles, or combine egg and bread in French toast
Fats	Small amount of butter or margarine
Milk or milk alternatives	Milk or fortified soy milk (unsweetened)
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, polenta (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
Grains	Bread, crackers, rolls, biscuits, muffins, pita, roti, tortilla
Fruit or dessert	Fresh fruit, canned or frozen unsweetened fruit, diet pudding, diet Jello®, plain yogurt with fruit
Milk or milk alternatives	Milk or fortified soy milk (unsweetened) or plain yogurt
SNACKS (THESE ARE EXAMPLES. CHOOSE ONLY ONE AS A SNACK)	
Cereal and low-fat milk; Sandwich with meat, fish, poultry or peanut butter filling; Low-fat cheese with crackers, fruit or toast; Plain cookies such as arrowroots or digestives	

High-Fibre Diet

The doctor will order this diet for people with constipation. It focuses on eating high-fibre foods and needs a fluid intake of at least 1.5–2 L (6–8 cups). The person in care may require an assessment by a Registered Dietitian. Tips for a high-fibre diet include:

- Follow the High-Fibre Meal Plan and offer beverages at all meals and with snacks.

- Provide fruit lax (mixture of dried fruit and/or raw wheat bran) on its own, or with cereal, toast or graham wafers. See recipes for regular and quick fruit lax below.
- Add 15 ml (1 Tbsp.) of natural wheat bran to one serving of hot cereal or soup.
- Choose breakfast cereals that provide at least 3 grams of fibre per serving.
- Prepare high fibre baked items (for example, Get Up and Go Cookies – recipe below).

REGULAR FRUIT LAX

250 ml (1 cup) prunes, pitted
 250 ml (1 cup) raisins
 250 ml (1 cup) dates, pitted

125 ml (½ cup) orange juice
 160 ml (2/3 cup) prune juice
 Optional: 250 ml (1 cup) natural wheat bran or bran buds

Soak the fruit in the fruit juice overnight. Blend in a food processor. Refrigerate for up to 2 weeks or store in the freezer for up to 1 month.

QUICK FRUIT LAX

Mix together 250 ml (1 cup) applesauce, 250 ml (1 cup) coarse unprocessed wheat bran (purchase in the grocery or health food stores) and 175 ml (¾ cup) prune juice.

GET UP AND GO COOKIES

125 ml (½ cup) margarine
 250 ml (1 cup) brown sugar
 1 egg
 250 ml (1 cup) unsweetened applesauce
 125 ml (½ cup) prune purée (see recipe)
 500 ml (2 cups) All-Bran® cereal

375 ml (1 ½ cups) flour
 5 ml (1 tsp.) cinnamon or your favourite spice
 2.5 ml (½ tsp.) baking soda
 Optional: 125–250 ml (½–1 cup) raisins, chocolate chips, sunflower seeds or nuts

In a large bowl, cream the margarine with the sugar. Add the egg, applesauce and prune purée and mix well. Add the dry ingredients. Mix well. Drop by spoonfuls onto cookie sheets with 12 cookies on each sheet. Bake in a preheated 180°C (350°F) oven for about 15 minutes. Cool and then remove from pan. Freeze the cookies and eat two cookies a day.

Lower fat -use 60 ml (¼ cup) margarine and increase the applesauce to 310 ml (1 ¼ cups)
 -use 2 egg whites instead of 1 whole egg

Higher fibre -use 125 ml (½ cup) whole wheat with 125 ml (½ cup) white flour and 125 ml (½ cup) oatmeal. Increase the applesauce by 60–125 ml (¼–½ cup) to make them more chewy

PRUNE PURÉE

375 g (¾ lb) dried prunes = about 50 prunes 250 ml (1 cup) water

Put the prunes and water in a small pot. Heat on the stove until hot. Cool and mash into a purée. Refrigerate the purée for up to 2 weeks. As an alternative you can mash pitted prunes from the can with some of their juice, or simply use baby food prune purée.

High-Fibre Meal Plan	
FOOD GROUPS	FOODS TO FOCUS ON
Grain Products	All. Encourage: <ul style="list-style-type: none"> - cereals high in fibre (for example, All-Bran, Fiber One, 100% Bran , Red River®, Sunny Boy®, Bran Buds®, oatmeal). - ground flax seeds. - whole grain bread such as whole wheat, multigrain, cracked wheat. - whole grain muffins such as bran, whole wheat. - whole wheat pasta, quinoa, barley, bulgur, whole wheat couscous, brown rice.
Vegetables & Fruit	All. Encourage: <ul style="list-style-type: none"> - dried fruit (for example, prunes, figs, apricots) and Fruit Lax. - fruits and vegetables with their skin on and with their pulp.
Milk & Milk Alternatives	All types.
Meat & Alternatives	All. Encourage: <ul style="list-style-type: none"> - dried peas, beans, lentils, nuts and seeds.
Fats & Oils	All types.
Desserts	All. Encourage: <ul style="list-style-type: none"> - desserts made with whole wheat flour, nuts, seeds, dried fruit (for example, prunes, figs, apricots, dates, raisins, dried cranberries).
Beverages	All. Drink plenty of liquids, including fruit or vegetable juices and water. Drink at least 1.5 L (6 cups) of water or fluid a day.
Other Foods	Popcorn.

For children

The amount of fibre children need each day depends on age and gender. See Section 12: Considerations for Children of this manual for more information.

As a general rule of thumb each day an adult should eat at least 25 grams (1 ounce) of fibre. The following are examples of foods to include with meals and snacks to get at least this amount of fibre:

Breakfast	175 ml (¾ cup) bran flakes with 3 dried apricots, 1 banana and skimmed milk, 15 ml (1 Tbsp.) fruit laxative on toast (10 grams fibre)	175 ml (¾ cup) cooked oatmeal with 15 ml (1 Tbsp.) All-Bran, ½ banana, low-fat milk (6 grams fibre)
Snack	1 apple (2 grams fibre)	75 ml (1/3 cup) nuts (2.5 grams fibre)
Lunch	Chicken sandwich made with whole wheat bread with 1 sliced tomato, 1 low-fat yogurt and 1 orange (8 grams fibre)	125 ml (½ cup) brown rice salad, 4 carrot sticks, 1 pear (8 grams fibre)
Snack	1 bowl of berries (1 gram fibre)	1 carrot bran muffin (4.5 grams fibre)
Dinner	Baked beans, whole-grain bun, low-fat cheese and green salad (13 grams fibre)	Baked chicken, 125 ml (½ cup) whole wheat couscous, 125 ml (½ cup) broccoli, 125 ml (½ cup) corn, ice cream with berries (9 grams fibre)
Snack	Peanut butter and flax cookie (1 gram fibre)	½ whole wheat pita with 15 ml (1 Tbsp.) hummus (1.5 grams fibre)
Total Fibre	35 grams	31.5 grams

Any increase in fibre should be done gradually. There are fibre supplements available but they are expensive. They also do not provide the essential nutrients you would find in foods containing fibre. It is easier, cheaper and much more enjoyable to eat high-fibre foods.

High-Protein, High-Energy Diet

The doctor will order this diet for people who have experienced undesirable weight loss (for example, due to surgery, cancer, poor appetite, depression) or pressure sores. Until the person is able to see a Registered Dietitian offer small, frequent meals and snacks including breakfast, morning snack, lunch, afternoon snack, supper and an evening snack. The following provides more guidelines.

Temporary High-Protein, High-Energy Meal Plan	
FOOD GROUPS	FOODS TO FOCUS ON
Grain Products	All. Try granola, muffins, croissants, pastries, cookies (for example, peanut butter, raisin, fig newtons, cream-filled) and crackers (for example, cheese, Triscuits®).
Vegetables & Fruit	All. Try sweetened canned fruit, sweetened fruit juice, dried fruit, fruit leathers, olives and avocados.
Milk & Milk Alternatives	All. Try whole milk, cream (add to hot cereal and cream soups), high-protein milk (see recipe), super puddings (see recipe), 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) and 4% milk fat (M.F.) cottage cheese.
Meat & Alternatives	All. Try peanut butter, seed butters, hummus or other nut butters (for example, almond, cashew) spread on crackers. Add cooked eggs to salads, casseroles and mashed potatoes. Offer legumes in soups. Try nuts, seeds or trail mix as snacks. Add small pieces of meat added to soups or casseroles. Offer cold cuts, sausages and wieners.
Fats & Oils	All. Try cream cheese, whipping cream on Jello®, desserts, margarine added to entrées, soups and hot cereal. Add gravies, sauces or cut-up side bacon to foods. Add mayonnaise or tofu mayonnaise (for example, Tofunaise®) to food items. Try pesto sauce on pasta, pizza, fish, chicken or potatoes.
Desserts	Encourage all types.
Beverages	Encourage all types.

The following are some high-protein, high-energy recipes you may want to try:

HIGH-PROTEIN MILK

1 L (4 cups) whole milk
250 ml (1 cup) skim milk powder

Optional: 10 ml (2 tsp.) vanilla

Blend the ingredients and refrigerate overnight. Add to cereals, puddings, cream soups, recipes for milk, etc.

SUPER PUDDING

500 ml (2 cups) whole milk
30 ml (2 Tbsp.) vegetable oil

1 package instant pudding
175 ml (¾ cup) skim milk powder

Blend the milk and oil. Add the pudding mix and mix well. Pour into dishes (125 ml / ½ cup servings).

HIGH-PROTEIN MILKSHAKES

Recipe #1:

250 ml (1 cup) whole milk
125 ml (½ cup) ice cream
50 ml (¼ cup) skim milk powder
2 ml (½ tsp.) vanilla

Optional:

50 ml (¼ cup) mashed fruit
30 ml (2 Tbsp.) smooth peanut butter
10 ml (2 tsp.) cocoa or instant hot chocolate

Blend the milk and oil. Add the pudding mix and mix well. Pour into dishes (125 ml/½ cup servings).

Recipe #2:

75 ml (⅓ cup) ice cream

250 ml (1 cup) whole milk
1 pkg. Instant Breakfast

Instructions for either recipe are the same: combine all the ingredients until smooth. Refrigerate until you are ready to serve.

Low-Salt Diet

The doctor may order this diet for people who are holding fluid on their body or who have high blood pressure. For this type of diet, no salt is added to foods at the table and foods high in salt are not served. The person in care may require an assessment by a Registered Dietitian. Complete the screening form *When to Refer to a Registered Dietitian* in the Individual Nutrition Care Planning section of this manual.

Tips For A Low-Salt Diet

- Limit foods and beverages high in salt (for example, processed foods). 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 (for example, garlic salt), monosodium glutamate (that is, MSG, Accent®). Instead, use salt-free seasonings such as Mrs. Dash®, pepper and spices.
- Do not use salt substitutes (for example, No-Salt®) without checking with a doctor. Over-the-counter medications may contain salt. Check with a doctor or pharmacist.
- When eating out be sure to ask about the salt content of menu items. Read labels for sodium content (see the section on reading labels).

The following table provides further guidelines for a low-salt diet for each food group.

Low-Salt Meal Plan	
FOOD GROUPS	FOODS TO AVOID
Grain Products	Crackers with salted tops, packaged cookies, canned or packaged rice or noodle dishes or ready-to-eat cereals with high sodium content (check labels).
Vegetables & Fruit	Canned vegetables, frozen vegetables with sauces, pickled vegetables such as sauerkraut, pickles, or tomato juice and vegetable juice (for example, V-8®).
Milk & Milk Alternatives	Processed cheese slices and cheese spreads (for example, Cheez Whiz®) and instant puddings.
Meat & Alternatives	Canned, pickled or smoked meat and fish. Cured meats (for example, ham, sausage, bacon, corned beef) and many deli meats. Cold cuts (for example, bologna, salami). Frozen, canned (for example, stew) or ready-made meals (for example, Kraft Dinner®). Salted nuts or seeds.
Fats & Oils	Salty meat grease (for example, bacon fat) or gravy or sauce made from a commercial base or mix.
Other Foods	Salt, canned or dried soups. Oriental sauces such as soy sauce, teriyaki sauce, black bean and hoisin. Salty snack food such as potato chips, pretzels, salted peanuts and salted popcorn. Packaged salad dressings.

The Dietary Approaches to Stop Hypertension (DASH) eating plan or diet can also help lower blood pressure. For more details about this diet see the Suggested Resources.

Weight-Control Diet

The doctor will order this diet for people who are overweight. Foods high in fat, sugar and calories are limited, serving sizes of foods are controlled and a calorie level may be needed. The person in care may require an assessment by a Registered Dietitian.

Tips for a Weight-Control Diet

- Follow the Weight-Control Meal Plan. Cut down, do not cut out! A very strict diet is less likely to work than one that allows the occasional treat.
- Use low-fat cooking methods. Stew, roast, broil, microwave or bake. Do not fry or deep-fry. Use herbs, vinegar or lemon juice instead of gravy, sauce, margarine or butter.
- Measure serving sizes carefully. Do not offer second servings except for vegetables and fruit. Limit meat servings to 60–90 grams (2–3 ounces) and serve no more than 2–3 servings a day. Limit all types of fruit juices to 125 ml (½ cup) a day.
- Offer soup, water or salad before a meal to help the person feel full. Help the person to focus on recognizing hunger and fullness cues.
- 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).
- Encourage non-food rewards such as a swimming pass, fresh flowers or a new scarf.

See also

Information about overeating and environmental factors in the Dining Environment and Mealtime Assistance section of this manual.

Weight-Control Meal Plan	
FOOD GROUPS	FOODS TO FOCUS ON
Grain Products	All except pastries, donuts and croissants.
Vegetables & Fruit	All plain vegetables and vegetable juice. Offer fruit fresh, canned in water or juice, frozen, unsweetened. Fruit juices should be unsweetened.
Milk & Milk Alternatives	Skim, 1% or 2% milk, buttermilk, plain low-fat yogurt or cottage cheese (less than 2% milk fat) or cheeses with less than 20% milk fat (M.F.).
Meat & Alternatives	Choose 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 or tofu more often.
Fats & Oils	Limit added fat (for example, oil, margarine, gravy, salad dressing) to 30 ml (6 tsp.) a day. Use low-calorie salad dressing as an alternative.
Desserts	Watch portions. Fruit, diet pudding, diet Jello®, plain cookies (for example, arrowroots, digestives), ice milk, frozen yogurt or sherbet.
Beverages	Water, 2%, 1% or skim milk, coffee, tea, soda water, diet pop.
Other Foods	Diet spread, diet syrup, sugar substitute, plain popcorn.

Food Allergies and Intolerance

True food allergies involve the immune system and obvious signs usually occur within minutes of eating the food. Food allergies are more common in young children, but can occur in adults. The most common food allergies are to proteins in milk, eggs, soy, wheat, nuts and fish and other seafood. Reactions can vary but they include swelling or itching around the mouth and throat, hives or eczema, nausea, vomiting, abdominal pain or diarrhea and asthma. Diagnosis of a true food allergy requires expert assessment.

Food intolerances are more common and can appear at any age. They occur when chemicals contained in a food cause reactions. Symptoms include skin rashes, nausea, diarrhea, stomach pain, respiratory signs (asthma, nasal congestion or runny nose), headaches, hyperactivity, fatigue and irritability.

Immediate resource information about specific food allergies and intolerances can be obtained from the Dial-A-Dietitian website. Another source of information is the Canadian Food Inspection Agency (see Suggested Resources).

Tube-Feeding

Tube-feeding is where liquid food is delivered by a tube into the stomach or intestine. Anyone who requires a tube-feed needs to be referred to a Registered Dietitian. He/she will assess nutrient and fluid needs, recommend the right formula and monitor tolerance.

Food and Medication Interactions

Drugs can have interactions with nutrients in foods in several ways. For example:

- Foods can affect drug action. Some drugs work better on an empty stomach while others work better when taken with meals.
- Drugs may change how food is used by the body due to side effects such as:
 - constipation or diarrhea
 - altered sense of smell or taste
 - stomach problems
 - sore or dry mouth
 - reduced or 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®.

Become familiar with the drugs that are taken by the people living in the facility. For any vitamin, mineral or herbal supplements, be sure to check with the physician. Talk to the pharmacist about food and medication interactions and any precautions that are

needed. The person in care may require an assessment by a Registered Dietitian. Complete the screening form *When to Refer to a Registered Dietitian* in the Individual Nutrition Care Planning section of this manual to see if there are any medications taken that need some type of diet therapy.

Suggested Resources

BC HealthGuide. Dietary Fats and Your Health:

www.healthlinkbc.ca/healthfiles/hfile68f.stm

BC HealthGuide. Fibre and Your Health:

www.healthlinkbc.ca/healthfiles/hfile68h.stm

Diabetes and Nutrition Resources available from the Canadian Diabetes Association:

www.diabetes.ca

Fibre Up to Healthy Eating. Located in the Eat Well, Live Well section of the Dietitians of Canada Website (Fact Sheets):

www.dietitians.ca

Food Allergies and Intolerances: www.hc-sc.gc.ca/fn-an/securit/allerg/index-eng.php

BC HealthGuide. Tips for following the Dietary Approaches to Stop Hypertension (DASH) diet and Lifestyle Steps to Lower Your Blood Pressure:

www.healthlinkbc.ca/kbase/as/zp3284/actionset.htm

www.healthlinkbc.ca/healthfiles/hfile68b.stm

Managing Weight When You Have A Physical Challenge. Available at ActNow BC:

www.actnowbc.ca/EN/physically_challenged/managing_weight

Dial A-Dietitian, www.dialadietitian.org

Canadian Food Inspection Agency, Food Allergies and Intolerances Consumer Fact Sheets, www.inspection.gc.ca/english/fssa/labeti/allerg/allerge.shtml

SECTION 5: HEALTHY EATING

Healthy Eating

Grain Products

Vegetables and Fruit

Milk and Milk Alternatives

Meat and Alternatives

Oils and Fats

Fluids

Fibre

Salt

Healthy Eating

The nutrition guidelines outlined in this section of the manual promote health and well-being. They also help prevent diseases such as cancer and heart disease. For the purposes of menu planning, the requirements of *Eating Well with Canada's Food Guide* should be met. The four food groups of the *Eating Well with Canada's Food Guide* and the recommended number of daily servings of each are as follows:

AGE IN YEARS	CHILDREN			TEENS		ADULTS			
	2-3	4-8	9-13	14-18		19-50		51+	
Gender	Girls and Boys			Females	Males	Females	Males	Females	Males
Grain Products 	3	4	6	6	7	6-7	8	6	7
Vegetables and Fruit 	4	5	6	7	8	7-8	8-10	7	7
Milk and Milk Alternatives 	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives 	1	1	1-2	2	3	2	3	2	3
Oils and Fats 	30–45 ml (2–3 Tbsp.) each day Include a small amount of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.								

See also

For information on how to save food costs for each food group and on nutrition labelling, see the Purchasing Food Wisely section of this manual.

The need for vitamin D increases after the age of 50. In addition to following *Canada's Food Guide*, those over the age of 50 should take a daily vitamin D supplement of 10 micrograms (400 International Units).

On the following pages more details about each food group of Canada's Food Guide including serving sizes and guidelines are provided. To obtain a copy of the Guide go to: www.healthcanada.gc.ca/foodguide

Grain Products

One serving equals:

- 1 slice bread, waffle or pancake
- 175 ml (¾ cup) hot cereal
- 75–275 ml (1/3–1½ cup) cold cereal
- 1 small roll or muffin
- 125 ml (½ cup) cooked rice, macaroni, noodles, couscous, barley, bulgur or quinoa
- ½ bagel, pita, English muffin, hamburger bun or hotdog bun
- 6–8 soda crackers
- 30 g (1 oz.) pretzels, unsalted
- 750 ml (3 cups) popcorn
- 30 ml (2 Tbsp.) ground flax

Note that items such as fruit crisps, rice pudding and bread pudding count as partial servings of grain products. Those that are high in sugar, fat and calories (for example, cakes) are not counted.

Guidelines and Tips for Grains



- Make at least half the grain products whole grain each day.
 - Eat a variety of whole grains such as barley, brown rice, oats, quinoa, wild rice, whole wheat couscous or bulgur.
 - Enjoy whole grain breads, oatmeal or whole wheat pasta.
- Choose grain products that are lower in fat, sugar or salt.
 - Compare the Nutrition Facts table on labels to make wise choices.
 - Enjoy the taste of grain products. When adding sauces or spreads, use small amounts.
 - Look for sodium-reduced grain products, including crackers.
- The first ingredient on the label should be whole wheat, whole oats, whole rye, whole grain corn, brown rice, wild rice, barley, bulgur or oats. Try bulgur, kamut and quinoa in cereals, salads or soups.
- Choose whole wheat, multi-grain or pumpernickel varieties of bread, bagels, pita bread and tortillas. Other whole grains to try include amaranth, spelt and triticale.
- Use whole grains in mixed dishes, such as barley in stews and bulgur wheat in casserole or stir-fries.
- Create a whole grain pilaf with a mixture of barley, wild rice, brown rice, broth and spices. For a special touch, stir in toasted nuts or chopped dried fruit.

Vegetables and Fruit

One serving equals:

- 125 ml (½ cup) fruit or vegetables: fresh, frozen or canned
- 1 medium-sized potato, carrot, tomato
- 1 medium-sized piece of fresh fruit
- 250 ml (1 cup) green salad or raw leafy vegetables
- 125 ml (½ cup) grated vegetable salad
- 30 ml (2 Tbsp.) raisins
- 60 ml (¼ cup) prunes, dried, cooked
- 30 ml (2 Tbsp.) fruit laxative
- 125 ml (½ cup) 100% juice

Guidelines and Tips for Vegetables and Fruit



- Eat at least one dark green and one orange vegetable each day.
 - Dark green vegetables include broccoli, romaine lettuce, bok choy, gai lan, spinach, arugula, chard, dandelion greens, kale/collards, mustard greens and salad greens including romaine lettuce, spinach or mesclun mix.
 - Orange vegetables include carrots, yams, pumpkin and winter squash. Apricots, cantaloupes, mangoes, nectarines, papaya and peaches also contain vitamin A and can be chosen instead of one orange vegetable.
- Choose vegetables and fruit made with little or no added fat, sugar or salt. Enjoy vegetables steamed, baked or stir-fried rather than creamed. Look for low sodium canned vegetables or drain and rinse canned vegetables. Have vegetables and fruit more often than juice.
- Include at least three 125 ml (½ cup) servings of vegetables or fruits at meals. Serve fruits and vegetables as finger food for those who have difficulty managing whole foods.
- Provide pure, unsweetened 100% fruit juice at breakfast. Choose lower-sodium vegetable juices. Vegetable or fruit drinks or punches do not belong in this food group.
- Provide fruit for dessert (for example, baked apple, fruit sauces on ice cream or sponge cake).
- Try frozen fruit segments as snacks (for example, grapes, banana chunks).
- Include a salad at mealtimes and prepare soups, stews and casseroles with good amounts of vegetables. Add to omelettes, scrambled eggs and quiches.
- Serve smoothies with fruits. Add fresh or canned fruit to Jello® and mousses. Add fruit such as orange pieces to salads, apricots with chicken or pineapple with pork.
- Add grated or mashed vegetables (for example, carrots, pumpkin, zucchini) or dried fruits to baked foods (for example, loaves, cookies, muffins, scones).
- Some products with "vegetable" and "fruit" on their packaging mainly contain fat, sugar or salt. Fruit candies, vegetable chips, fruit jams or spreads and ketchup do not belong in the Vegetables and Fruit food group.

Milk and Milk Alternatives

One serving equals:

- 250 ml (1 cup) milk or fortified soy beverage
- 175 ml (¾ cup) yogurt or kefir
- 50 g (1 ½–2 oz.) block or processed cheese or paneer
- 125 ml (½ cup) pudding/custard made with milk
- 125 ml (½ cup) canned milk (evaporated)
- 125 ml (½ cup) skim milk powder
- 250 ml (1 cup) cottage or quark cheese
- 175 ml (¾ cup) yogurt drink
- 60 ml (4 Tbsp.) processed cheese spread



Guidelines and Tips for Milk and Milk Alternatives

- Drink skim, 1%, or 2% each day. Have 500 ml (2 cups) of milk or fortified soy beverages. Check the food label to see if the soy beverage is fortified with calcium and vitamin D. For children under the age of 2, provide whole milk.
- Select lower-fat milk alternatives. Compare the Nutrition Facts table on yogurts or cheeses to make wise choices. Choose cheeses with less than 20% M.F. (milk fat) more often than others. Try partly skim mozzarella and light cheeses. More information on Nutrition Labelling is provided in the Purchasing Food Wisely section of this manual.
- Offer milk at meals and snacks. Sometimes milk is restricted in the belief that it causes mucus. This has not been proven. Excess mucus can occur for many reasons (for example, not drinking enough fluids). Consult the person in care's physician.
- Coffee whiteners, whipped toppings, butter, margarine, sour cream, powdered cheeses in macaroni and cheese dinners, cream cheese and rice or nut milks are not counted as part of this food group. They do not provide the same nutrients.
- Use milk or fortified soy beverages in puddings, cream soups, fruit smoothies, lattes, casseroles, scrambled eggs and hot cereal. Additional skim milk powder may also be used.
- Serve vanilla or fruit-flavoured lower-fat yogurt as a dip for fruit.
- Add taste with small amounts of strong-flavoured cheese such as old cheddar, feta or goat cheese. Toss this in salads, pasta dishes, burritos or tacos, or on pizza.
- For those who are lactose intolerant, you can buy special milk in which the lactose (sugar in milk) has already been broken down. You can also use chewable lactase tablets. Hard cheeses and yogurt are often easier to digest for people who are lactose intolerant.
- Use the ingredient list to make healthy food choices. Look at the ingredient list to see if the milk or fortified soy beverage contains added sugar. Examples of sugars include corn syrup, cane juice, dextrose, fructose, glucose, malt syrup, invert sugar and concentrated fruit juices.

Meat and Alternatives

One serving equals:

- 50–100 g (2–4 oz.) cooked lean meat, fish, shellfish or poultry
- 30 ml (2 Tbsp.) nut butters (for example, peanut, cashew, almonds, hazelnut) or seed butters (for example, sunflower, sesame)
- 125–250 ml (½–1 cup) cooked dried peas, beans or lentils
- 2 eggs
- 175 ml (¾ cup or 150 g) tofu
- 60 ml (¼ cup) shelled nuts and seeds

Guidelines and Tips for Meat and Alternatives



- Have meat alternatives such as beans, lentils and tofu often.
 - Eat at least two *Food Guide* servings of fish each week.
 - Choose fish such as char, herring, mackerel, salmon, sardines and trout that are high in omega-3 fatty acids which have been found to have heart health benefits. Add canned salmon or tuna to pasta dishes or salads.
- Select lean meat and alternatives prepared with little or no added fat or salt.
 - Trim the visible fat from meats. Remove the skin from poultry.
 - Use cooking methods such as stewing, roasting, baking, broiling, microwaving or poaching that require little or no added fat. Use herbs and fresh salsas to season and flavour fish, meats and poultry.
 - If you eat luncheon meats, sausages, wieners or packaged meats, choose those lower in salt (sodium) and fat. Buy fresh or frozen meat, fish and poultry without breading or rich sauces. Use dry-roasted nuts and seeds without added oils or salt.
 - Look for lean or extra-lean cuts of meat (for example, inside round roast, outside round roast, eye of round steak or roast, strip loin steak, sirloin steak, rump roast). Choose “lean ground” or “extra-lean ground” beef, poultry, lamb and pork.
- Provide at least two servings from this group each day. Note that side bacon is not counted as part of the meat and alternatives group.
- Use dried peas, beans (navy, black), chickpeas (also known as garbanzo beans) and lentils (red, green or brown), nuts, seeds and boiled eggs in soups, casseroles, stir-fries, salads and burritos, or mash them into dips.
- Try different soybean-based foods like tempeh. Substitute tofu for half the ground. Select tofu made with calcium.
- Use small strips or pieces of meat, poultry or fish to add to stir-fries, stews, soups or salads.
- For a low-fat option, wrap a chicken breast or fish fillet with vegetables and herbs in aluminum foil and bake in the oven or on the barbecue.

Oils and Fats

Include between 30–45 ml (2–3 Tbsp.) of unsaturated fat each day.



Guidelines and Tips for Fats and Oils

- Unsaturated fats include oils (for example, canola, corn, flaxseed, olive, peanut, soybean and sunflower) used for cooking, salad dressings, soft tub margarine and mayonnaise. This is how 30 ml (2 Tbsp.) of unsaturated fat may look in a day of eating:
 - Breakfast 5 ml (1 tsp.) of soft non-hydrogenated margarine on toast.
5 ml (1 tsp.) of canola oil in a pan to make scrambled eggs.
 - Lunch 15 ml (1 Tbsp.) of oil-type salad dressing (for example, balsamic, Italian, vinaigrettes) on a salad.
 - Dinner 5 ml (1 tsp.) of canola or olive oil used to stir-fry.
- Choose soft margarines that are low in saturated and trans fats. Limit butter, hard margarine, lard and shortening.
- Limit foods that may be high in fat, such as gravy, cream-based soups and salad dressing. Use low fat milk instead of cream in soups.
- 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. Use small amounts of vegetable oils for stir-frying or sautéing (for example, 5 ml/1 tsp.). Heat the oil before frying to prevent the food from soaking it up.
- Fill a spray bottle with vegetable oil to spray your pans instead of greasing them.
- Make your own salad dressing with canola or olive oil. Add balsamic, rice wine or other vinegars. Flavour the dressing with lemon juice, dry or Dijon mustard, garlic and herbs. Be sure to refrigerate the salad dressings.
- Keep oils in a cool dark cupboard or in the refrigerator to prevent them from spoiling.

Fluids

Provide 1.5–2 L (6–8 cups) of fluid daily. Encourage persons in care to drink water, juice, soup, milk, decaffeinated coffee and decaffeinated tea. Try to limit coffee, regular tea and cola-based drinks that contain caffeine to 3 cups or fewer per day. Also avoid energy drinks. Caffeine may interfere with sleep and medications and may increase agitation. These beverages are not recommended for children.



Guidelines and Tips for Fluids

- Milk and water are the preferred drinks for both children and adults.
- Encourage water in addition to other beverages at all meals and snacks.
- Provide water when giving medications.
- Assist those who require help with drinking. Provide thickened fluids of the right consistency where appropriate.
- Define standard serving sizes of fluids offered at meals to make recording of the amount consumed and eliminated easier (for example, In/Out Records). Examples include coffee cup = 250ml (1 cup), juice, water, milk glass = 250ml (1 cup), soup bowl = 125 ml (1/2 cup).
- Provide water jugs and glasses for everyone. Use water bottles and wheelchair cup holders where applicable.
- Try different fluids (for example, hot beverages, cold water, juices, frozen juice, popsicles, lemon or other citrus flavoured waters).
- Offer fluids before meals.
- Try to avoid fluid products with the words “fruit drinks”, “punch”, “cocktail”, “beverage” or that end in “ade”. These products are high in sugar and contain little fruit.
- Children can get dehydrated quickly. To keep them hydrated encourage them to take water breaks during the day, take a sip from the water fountain often, drink water before, during and after active play and carry a water bottle.
- Fortified waters contain additional vitamins and nutrients. They're generally not needed if a person is eating a healthy diet.

Fibre

Fibre is naturally found in plant-based foods (for example, whole grain breads and cereals, beans, lentils, fruits and vegetables). Fibres may also be made from plant and animal materials (for example, oat B-glucan, psyllium and inulin). They all have benefits such as keeping bowels regular and controlling blood fats and sugar levels.

The following offers some tips on how to include fibre in a diet.

- Add cereals high in fibre (for example, All-Bran[®], Fiber One[®], and 100% Bran) to other cereals. Try a cereal that contains at least 2 grams of fibre per serving. This means it is a source of fibre.
- Add fresh fruit, dried fruits, nuts and/or seeds (for example, sunflower or pumpkin) to cereals, baked goods and salads.
- Substitute bran for bread crumbs in recipes (for example, meatloaf, topping on casseroles, hamburgers, or coating fish, chicken or chops). Add bran to items such as chili, thick soups, sloppy joes or sandwich spreads.
- Stir bran cereal, flaxseeds, rolled oats, wheat germ, chopped nuts, dried fruit or frozen blueberries into batters for pancakes, waffles, muffins, cookies and quick breads.
- Try legumes in salads (for example, bean salad) or as a main dish (for example, baked beans).
- Vegetables such as lettuce, radishes, celery and onion that contain important nutrients do not contain a lot of dietary fibre. Try salad variations such as carrot salad, fruit salad, bean salad and spinach salad. Dietary fibre is just as high in cooked vegetables as it is in raw. When you eat potatoes and fresh fruits, wash them thoroughly and eat the skins, too.
- Substitute whole wheat flour or oat bran for up to half the amount of white flour in recipes. Note that enriched wheat flour and unbleached flour are both refined white flour and are not good sources of fibre.
- Try to get at least 25 grams (1 ounce) of fibre in the diet each day. See the High-Fibre Diet plan in the Special Diet section of this manual for menu ideas on how to do this.
- Try whole wheat pitas, tortillas and English muffins.

See also

The High-Fibre Diet in the Special Diets section of this manual for more information about how to include fibre in the diet.

See also

Using Nutrition Labels to Purchase Wisely in the Purchasing Food Wisely section of this manual for more information on label reading.

Salt

Most people tend to eat much more salt (sodium) than they require. Minimize salt intake by:

- focusing on using fresh, whole foods.
- using less salt at the table and in cooking.
- tasting foods before adding salt and using less salt at the table.
- using lower-sodium broths and bouillon cubes.
- adding less salt when cooking and flavouring foods with lemon, herbs or spices instead of salt.

Suggested Resources

Canadian Cancer Society. Eat Well information can be found in the prevention section of their website: www.cancer.ca

Dial-A-Dietitian. In the Greater Vancouver area call 604-732-9191. The toll-free number from elsewhere in British Columbia is 1-800-667-3438. Their website is located at www.dialadietitian.org

Dietitians of Canada. Visit the web site at www.dietitians.ca. The website offers a variety of resources including fact sheets and tips.

Guidelines for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Guide to Herbs and Spices. Available at: www.readersdigest.ca/food/cms/xcms/guide-to-herbs-and-spices_313_a.html

Healthy Eating for Seniors. BC Ministry of Health, 2007. Available at: www.health.gov.bc.ca/library/publications/year/2007/healthy_eating_for_seniors

Heart and Stroke Foundation, Healthy Eating. Available at: www.heartandstroke.com

Thompson J, Manore M, Sheeshka J. *Nutrition: A functional approach*, Canadian Edition. Pearson Education Canada, Toronto, ON, 2007.

Also check your health region's website as many offer various nutrition resources.

SECTION 6: MENU PLANNING

Steps to Plan Your Cycle Menu

Developing and Standardizing Recipes

A facility or home is different from a family situation because a number of people are responsible for providing food to the person needing care. For this reason, a cycle menu is needed to ensure that the important aspects of nutrition care are followed daily. A cycle menu is planned for many days and repeated at the end of a given time period. For example, a four-week menu contains menus for Week 1, Week 2, Week 3 and Week 4. At the end of Week 4 the cycle menu is repeated from the beginning. A planned, written menu helps to:

- save money and time, make shopping easier and reduce food waste.
- ensure nutrition, variety, and that seasonal foods are included. You can also identify foods that those in care like and dislike so that future changes can be made.
- address staff food-preparation skills, kitchen equipment available, storage space, budget and workload balance. It also allows staff to create a recipe file.
- take into account the dietary needs and eating abilities of the persons in care.
- meet the requirements of the regulations.

Steps to Plan Your Cycle Menu

Plan a menu for the spring/summer that includes more cold foods and a fall/winter menu that includes more hot foods. The following steps will help you plan your menus.

1. **Assemble Menu-Planning Items.** Gather the following menu-planning tools:
 - Menu item suggestions (see Table 1 on the following pages), any recipes, cook-books and menu ideas you have as well as a copy of the most recent version of *Canada's Food Guide* and/or refer to the Healthy Eating section of this manual.
 - Lists of food likes and dislikes, food allergies and intolerances, special diets of persons in care.
 - Pencil and eraser, or a computer.
 - Blank menu form outlining your sample meal pattern. A sample meal plan that follows *Canada's Food Guide* is provided after Table 1. Provide for the minimum number of recommended servings of each food group within the given age range that is typical in your home. The menu should include the week number, your facility name, season and date implemented.

Also determine if you need bagged lunches. If so, write the foods offered in these on your menu.

See also

Blank electronic copies of the Sample Menu Form in this manual as well as other examples can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up "Forms To Accompany the *Meals and More* Manual."

Table 1: Menu Item Suggestions

ENTRÉES				
<p>Beans, Peas and Lentils</p> <ul style="list-style-type: none"> - Baked Beans - Bean Casserole - Bean Salad - Burritos - Lentil Burgers - Mexican Rice and Bean casserole - Split Pea and Lentil Soup - Sweet and Sour Soybeans on Rice - Vegetable Chili - Red Lentil Spaghetti Sauce <p>Beef</p> <ul style="list-style-type: none"> - Beef Pot Pie - Corned Beef - Ground Beef - Cabbage Rolls - Casseroles - Chili con Carne - Goulash - Hamburgers - Kebabs - Lasagna - Liver with Onions - Meatloaf - Meatballs (Italian, Sweet and Sour, Swedish) - Salisbury Steak - Shepherd's Pie - Short Ribs, Barbecued - Sloppy Joes - Steak (Minute, Swiss, Spanish) - Steak and Kidney Pie - Stew 	<ul style="list-style-type: none"> - Stir-Fry - Stroganoff - Roast (Pot Roast, Hot Beef Sandwich, Baron of Beef/Dip) <p>Chicken</p> <ul style="list-style-type: none"> - Barbecued - Cacciatore - Cajun - Crêpes - Curried - Fajitas - Hawaiian - Italian - Kebabs - Lemon - Orange - Oven-Baked - Pancit - Pot Pie - Stir-Fry <p>Fish (Cod, Halibut, Sole, Salmon, Red Snapper)</p> <ul style="list-style-type: none"> - Baked - Breaded - Pan-Fried - Poached - Scalloped - Steamed <p>Game (from approved sources)</p> <ul style="list-style-type: none"> - Caribou - Deer - Moose <p>Ham (cured)</p> <ul style="list-style-type: none"> - Baked - Glazed - Casserole 	<p>Lamb</p> <ul style="list-style-type: none"> - Chops - Roast Leg - Stew, Irish <p>Pasta as an Entrée</p> <ul style="list-style-type: none"> - Macaroni, Cheese and Tomato - Spaghetti and Meatballs - Fettuccini (with a meat or meat alternative) <p>Pork</p> <ul style="list-style-type: none"> - Chops - Cutlets - Kebabs - Sausages - Spare Ribs - Stew - Stir Fry - Sweet and Sour - Tourtiere <p>Salads as Entrées</p> <ul style="list-style-type: none"> - Caesar Salad (with a meat or meat alternative) - Chef Salad - Chicken Pasta Salad - Cobb Salad - Cottage Cheese and Fruit Salad, etc. - Curried Chicken Salad - Seven-Layer Salad - Spinach and Egg Salad - Taco Salad - Thai Noodle Salad (with a meat or meat alternative) 	<p>Sandwiches</p> <ul style="list-style-type: none"> - Beef (hot, cold, corned) - Cheese (e.g., grilled) - Cold Cuts - Chicken - Crab Salad - Egg Salad - Ham - Peanut Butter (or other nut butters) - Pitas (filled with vegetables and meat or meat alternative) - Quesadillas - Reuben - Tuna - Turkey (hot or cold) - Salmon - Shrimp Salad - Subs (6-inch/15-cm) - Wraps <p>Seafood</p> <ul style="list-style-type: none"> - Fettuccini with Mussels - Fish and Chips - Fish Burger - Fish Cakes or Patties - Tuna Melt or Casseroles - Stir Fry made with shrimp, prawn, scallops, etc. 	<p>Tofu/soybean</p> <ul style="list-style-type: none"> - Scrambled Tofu - Tofu Bean Salad - Tofu Burgers - Tofu Fried Rice - Tofu Onion Pie - Tofu Scalloped Potato - Tofu Stir-Fry - Tofu Stroganoff - Vegetarian Quiche or Chili <p>Turkey</p> <ul style="list-style-type: none"> - à la King - Hot Turkey Sandwich - Lasagna - Pot Pie - Roast - Sausages <p>Veal</p> <ul style="list-style-type: none"> - Stew - Cutlets - Roast - Scaloppini <p>Other</p> <ul style="list-style-type: none"> - Cold Plates (e.g., meat) - Egg Foo Yong - Enchiladas - Frittatas - Omelette - Perogies or Perogy Casserole - Pizza - Quiche - Vegetarian Chimichangas

TABLE 1: MENU ITEM SUGGESTIONS CONTINUED...

VEGETABLES				
<p>Dark Green Vegetables</p> <ul style="list-style-type: none"> - Asparagus - Green Beans - Bok Choy - Broccoli - Broccolini - Brussels Sprouts - Chard - Dandelion Greens - Edamame (soy beans) - Endive - Fiddleheads - Gai Lan - Kale/Collards - Leeks - Lettuce, Romaine - Mesclun Mix - Mustard Greens - Okra 	<ul style="list-style-type: none"> - Peas – regular, sugar snap, snow - Pepper - sweet, green - Spinach, raw - Zucchini <p>Orange Vegetables</p> <ul style="list-style-type: none"> - Carrots – regular, baby - Pumpkin - Sweet Potato - Squash – winter - Yams <p>(also see orange fruits for other rich sources of carotenoids)</p> <p>Other Vegetables</p> <ul style="list-style-type: none"> - Argula - Artichoke - Avocado - Bamboo Shoots - Beans - yellow 	<ul style="list-style-type: none"> - Bean Sprouts - Beets - Brocciflower - Cabbage – green, red - Cassava - Cauliflower - Celery - Corn – regular, baby - Cucumber - Daikon - Endive - Eggplant - Jicama - Kohlrabi - Onions - Parsnips - Peppers – red, yellow, orange - Potato – baked, boiled, mashed, pan-fried, scalloped 	<ul style="list-style-type: none"> - Pumpkin - Radishes - Radicchio - Rutabaga - Shallots - Spinach - Squash - Sui Choy - Taro - Tomato - Turnip - Vegetable Marrow - Water Chestnut <p>Salads</p> <ul style="list-style-type: none"> - Ambrosia - Antipasto - Asparagus - Beets - Broccoli - Caesar - Carrot and Raisin 	<ul style="list-style-type: none"> - Carrot Strips - Celery Strips - Coleslaw - Cucumber - Gelatin - Green Beans with Dill - Greek - Macaroni - Mixed Greens - Pasta - Pea - Potato – regular and sweet potato - Roasted Vegetable - Spinach - Three-Bean - Tomato - Tossed Green - Turnip Strips - Waldorf
FRUIT (Note: fruit makes a nice, light and nutritious dessert)				
<p>Orange Fruits</p> <ul style="list-style-type: none"> - Apricots - Cantaloupe - Nectarines - Papaya - Peaches - Mangoes <p>Canned Fruit (packed in their own juice or with no added sugar)</p> <ul style="list-style-type: none"> - Applesauce - Cherries - Fruit Cocktail - Lychees - Mandarin Oranges - Peaches 	<ul style="list-style-type: none"> - Pears - Pineapple - Plums <p>Baked Fruit Desserts</p> <ul style="list-style-type: none"> - Apple Dumpling - Apple Jonathan - Baked Apples - Baked Bananas - Baked Pears - Berry Pudding - Brown Betty – apple, rhubarb - Cobblers - Cottage Puddings - Crisps 	<ul style="list-style-type: none"> - Crumbles – apple, apricot, blackberry, blueberry, cherry, cranberry-apple, mango, mixed berry, peach, pitted plum, raspberry, rhubarb, strawberry - Fruit Casseroles - Fruit Crêpes - Poached Pears <p>Fresh Fruit</p> <ul style="list-style-type: none"> - Açai - Apples - Bananas - Blackberries - Blueberries 	<ul style="list-style-type: none"> - Boysenberry - Cherries - Cranberries - Currants - Dragon Fruit - Fresh Fruit Salad - Grapefruit - Grapes - Guava - Kiwi - Kumquats - Jackfruit - Longans - Lychee - Mangosteen 	<ul style="list-style-type: none"> - Melon – casaba, honeydew, watermelon - Oranges - Passion fruit - Pears - Persimmons - Pineapple - Plums - Pomegranate - Pomelo - Raspberries - Star Fruit - Strawberries - Tangerines

TABLE 1: MENU ITEM SUGGESTIONS CONTINUED...**GRAIN PRODUCTS** (Use whole grain when possible)

Grain servings may also be provided by adding ground flax to biscuits, cereals, yogurt, muffins, cookies, etc.

- Bagels	multi-grain, raisin,	nine grains, oatmeal,	spaghetti, etc.	- Rice – white, brown,
- Bannock	egg, sesame, oat,	oat bran, Red River®,	- Muffins	basmati, wild
- Barley	Vienna, sourdough	rolled oats, Sunny	- Pancakes	- Rice Cakes
- Biscuits	- Buns – whole wheat,	Boy®, bulgur, cold	- Papadum	- Scones
- Bread – cinnamon,	white, hamburger,	cereal	- Pasta – whole wheat,	- Taboulli
fruit, French, flax,	hot dog, whole	- Couscous	white, vegetable, etc.	- Tortillas
whole wheat,	grain, flax, etc.	- Crackers	- Pita	- Waffles
flatbread, rye,	- Breakfast Cereals –	- Naan	- Polenta	
sesame,	cornmeal, cream of	- Noodles – macaroni,	- Quinoa	
pumpernickel,	wheat, five, seven,	linguini, fettuccini,		

SOUPS

Broth Soups	- Italian Wedding	- Fish (e.g. salmon,	- Onion	- Butternut Squash
- Beef and Barley	- Minestrone	tuna, halibut)	- Pea	- Edamame
- Beef Bouillon	- Mulligatawny	- Vegetable	- Potato	- Hamburger
- Beef with Noodles,	- Pepper Pot	Cream Soups	- Pumpkin	- Lentil
Rice and/or	- Scotch Broth	- Asparagus	- Spinach	- Split Pea
Vegetables	- Turkey with Noodles,	- Broccoli	- Squash	- Sweet Potato
- Cabbage	Rice and/or	- Carrot	- Tomato	- Tomato Rice
- Chicken Gumbo	Vegetables	- Cauliflower	Gumbos	- Tomato Noodle
- Chicken with	- Vegetable	- Celery	- Creole	- Sweet Red Pepper
Noodles or Rice	- Vietnamese Noodle	- Chicken	- Shrimp	
- Creole	- Wonton	- Corn	Other	
- Egg Drop	Chowders	- Leek and Potato	- Bean and Bacon	
- French Onion	- Corn	- Mushroom	- Black Bean	
- Hot and Sour	- Clam			

DESSERTS

Sweet desserts should be served only occasionally or on special occasions. Offer nutritious desserts such as fresh fruits instead.

Cookies	Loaves	Puddings	Squares	- Jello® with Fruit
- Cinnamon	- Apricot	- Banana	- Cereal Squares	- Pies
- Flax	- Banana bread	- Bread	- Cranberry Squares	- Shortcakes
- Peanut Butter	- Blueberry	- Butterscotch	- Date Squares	- Tarts
- Oatmeal	- Cranberry	- Chocolate	Miscellaneous	- Tofu Desserts
- Raisin	- Bran	- Coconut	- Angel Food Cake	- Upside-Down Cakes
- Fruit and Nut	- Carrot	- Lemon	with Fresh Fruit	- Yogurt - plain or with
Frozen Desserts	- Fruit and Nut	- Mango	Topping	fruit
- Frozen Yogurt	- Lemon	- Pistachio	- Baked Custard	
- Fruit Ices	- Oatmeal	- Rice	- Cheesecake	
- Ice Cream	- Pumpkin	- Tapioca	- Fruit Trifle	
- Sherbet	- Zucchini	- Vanilla	- Gingerbread with	
			Fruit Sauce	

2. Plan the Main and Light Meals for each of the 28 days of the menu.

- i) *Plan the entrées for each meal.* Choose at least 2 servings of various meat and alternatives (for example, red meats, poultry, dried beans, tofu, turkey, fish, egg or lamb) each day. Avoid repetition (for example, avoid lasagna with ground beef one day and hamburgers the next). Provide fish at least twice each week and vegetarian dishes (for example, tofu, legumes) at least once a week. Cheese is part of the milk and milk alternatives group and not the meats and alternatives group.
- ii) *Plan the starchy vegetable or grain food(s) for each meal.* Starchy vegetables (for example, potatoes) are considered a fruit/vegetable and not a grain. Some things to remember:
 - Try not to offer the same items for a day before and after a given menu day even if prepared differently (for example, fried rice, steamed rice).
 - Offer a food that complements the entrée (for example, spicy potato with bland entrée). If soup is the entrée you might need to add grains (for example, a whole wheat roll).
- iii) *Plan 1–2 vegetables for each meal.* Offer a variety of colours (for example, avoid serving potatoes with cauliflower as both are white), textures (for example, whole, halved, quartered, sliced, diced or julienne), cooking methods (for example, steamed, boiled, sautéed), and sources (for example, fresh, frozen or canned). Use local vegetables and fruit in season. Remember to:
 - Serve a dark green and/or orange vegetable every day. Lists of dark green and orange vegetables (and orange fruits that provide similar nutrition) are provided in Table 1.
 - Ingredients in a salad should be different from others in the meal. Salads can be provided as entrées (for example, Cobb or Chef's salads). They can be made of fruit, vegetables, gelatin, starch or crudités (that is, grated raw vegetables such as carrot sticks soaked in vinaigrette).
 - Offer fruits more often than juice. For example, you may want to provide juice only at breakfast, and offer water and milk at other meals.
 - Pickles do not count as a vegetable serving as they do not have the same nutrition content.
- iv) *Select the fruit or dessert for each meal.* Try to provide fruit (for example, sliced bananas) or vegetables (for example, pumpkin bread), grains (for example, rice pudding, cereal bars) and/or milk/milk alternatives (for example, milk pudding, tofu dessert). Consider other menu items (for example, avoid cream soups and a milk-based pudding at the same meal). If you can provide the recommended servings without offering desserts, then they do not need to be provided as they can contribute to weight gain.
- v) *Select the beverages (for example, water, milk, juice, coffee, tea, etc), appetizers (for example, soup), accompaniments, garnishes for the meals.*
 - Milk- or broth-based soups may be an appetizer or entrée. If served as the entrée, ensure the protein content (for example, meat) is sufficient. Leftovers (for example, meat, vegetables or pasta) can be used. Consider other menu

items such as sauces, desserts and ingredients on the menu that are similar (for example, ingredients like tomatoes, cheese, pasta and vegetables).

- Beverages can be hot or cold (water, tea, coffee, milk). Offer low-fat options and provide water at all meals. Serve milk or fortified soy beverages at least twice a day.
- Offer a variety of 100% pure, unsweetened fruit juices. Grapefruit can interfere with some medications. Some juices such as grape and prune are naturally high in sugar. Cranberry juice is naturally tart and so has a lot of sugar added.
- Accompaniments (for example, sauces, condiments, salad dressings) should complement the meal (for example, tartar sauce or lemon wedge with fish). Some items such as crackers (grain) can count towards food group servings.
- Garnishes are used mainly as a decoration but may also give added flavour (for example, chives on potatoes, cinnamon on hot cereal, maraschino cherry on ice cream).

3. Plan the Breakfast Meals

- Choose the meat or meat alternative (for example, egg, nut butters) if needed.* Try not to offer eggs (including quiches, omelettes, etc.) more than three times a week. Consider the ingredients and form of the dishes (for example, French toast and cheese strata are similar, so avoid serving them on the same day or consecutive days). Brunches can be offered but the menu must meet the minimum daily servings of *Canada's Food Guide* for the day. Bacon is found in many foods so try to avoid repeating (for example, bacon for breakfast, BLT for lunch, bacon on a pizza).
- Select the grain products (for example, cooked or cold cereals, toast, pancakes or waffles).* Offer a variety of breads. Offer the whole grains here to help meet the daily requirements.
- Select a fruit or juice, other beverages, condiments (for example, sugar, jam) and garnishes.* Try to offer fruit more often than juice. Juice serving sizes should be no more than 125 ml (1/2 cup or 4 fluid ounces). Limit fatty condiments such as butter, cream, etc.

4. Plan at least two snacks each day, including one evening snack. Each snack should include at least one food group and be different every day. For evening snacks, at least two food groups should be offered. Use the snacks to make up the servings needed in the different food groups. Offer water often throughout the day.

5. Plan how you will modify the menu for those with special needs (for example, food allergies, texture modifications or special diets). Many commercial foods are high in sodium or fat and may not be appropriate for those who need low-fat or low-salt diets. Desserts for persons with diabetes usually have no added sugar. Modifications may be written on the menu (for example, write a “p” beside food items to be puréed) or written as separate menus. Follow the general menu as much as possible. Written modifications ensure that meals offered by different staff members are consistent.

6. Review the menu and complete the Menu Checklist. Here are some things to think about:

- Is there a variety of colours, food textures (for example, crisp, soft), flavours (for example, mild, sweet, sour), shapes (for example, round, sticks, diced), types of preparation (for example, cooked, raw) and temperatures (that is, hot, cold)?
- Can the menu be prepared with the staffing and equipment available? Are the workloads balanced for different shifts?
- Is any food item repeated too often? Are food patterns avoided (for example, a sandwich for lunch every day)? Is there repetition in foods that appear on the menu at the end of one week and the beginning of the next?
- Are meals made attractive with suitable garnishes and accompaniments? Will the menu be acceptable to those in care?
- Is the menu honest? Is the food written on the menu the food actually served?
- Are familiar and attractive descriptions used?

Complete the menu checklist on at least one week of your menu. Also complete the checklist for any special diets you provide (for example, puréed, diabetes, vegetarian). If the menu meets the checklist criteria, make a formal copy written in ink or typed. The size and format should be easy to read. You may want to put it in plastic or laminate in case of food spills. A sample menu is provided on the following page (more examples are available online).

7. Test the Menu. The first cycle of your menu (four weeks) should be tested. Encourage feedback and make any needed changes.

See also 

The section of the manual Monitoring Your Food and Nutrition Program for a copy of the Menu Checklist.

See also 

Copies of the sample menu in this manual as well as other examples can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up "Forms To Accompany the *Meals and More Manual*."

SAMPLE FALL/WINTER MENU - WEEK 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	Coffee/Tea Juice/Water Whole Wheat Toast (2) Peanut Butter Sliced Honeydew Melon	Coffee/Tea Juice/Water Oatmeal with Wheat Germ Multi-grain Toast (1) Cheese Slice Fruit Cocktail	Coffee/Tea Juice/Water Bran Muffin Yogurt and Banana (half)	Coffee/Tea Juice/Water Whole Wheat English Muffin Scrambled Eggs Pear (slices)	Coffee/Tea Juice/Water Cream of Wheat w/ Bran and Banana Nine Grain Toast Peanut Butter	Coffee/Tea Juice/Water Assorted Cold Cereals Whole Wheat Toast (1) Cheese Slice Sliced Peaches	Brunch: Coffee/Tea Juice/Water Milk or Soy Beverage Multigrain Toast (1) Banana Pancakes (2) Poached Eggs (2)
Lunch	Milk or Soy Beverage/Water Baked Fish & Home Fries w/ Tarter Sauce Carrot and Raisin Salad Grapes	Milk or Soy Beverage/Water Butternut Squash Soup w/ Crackers Ham Sandwich Sliced Plums	Milk or Soy Beverage/Water Baked Beans Green Salad Whole Grain Pita Peaches	Bagged Lunch: Chicken Wrap (Greek Rice Salad and Chicken) Baby Carrots Yogurt and Strawberries Milk or Soy Beverage (in thermos)	Milk or Soy Beverage/Water Vegetarian Pizza Broccoli and Sunflower Seed Salad Mixed Fruit Salad	Milk or Soy Beverage/Water Seafood Chowder w/ Crackers Chicken Salad on Whole Wheat Bun Sliced Cucumbers Honeydew	Yogurt Mango (slices)
Snack	Oatmeal Cookie Milk or Soy Beverage and Water	Banana Loaf Milk or Soy Beverage and Water	Date Square Milk or Soy Beverage and Water	Cereal Bar Milk or Soy Beverage and Water	Zucchini Muffin Milk or Soy Beverage and Water	Whole Wheat Cranberry Scone Milk or Soy Beverage and Water	Rice Cakes Sliced Tomatoes and Peppers Milk or Soy Beverage and Water
Dinner	Milk or Soy Beverage/Water Lemon Chicken Steamed Noodles Sliced Tomatoes Spinach Salad Fruit Crisp	Milk or Soy Beverage/Water Perogies & Turkey Sausages Corn Peas Ice Cream with Fruit	Milk or Soy Beverage/Water Beef, Macaroni, Cheese and Tomato Casserole Asparagus Bread Pudding topped with Berries	Milk or Soy Beverage/Water Apricot Pork Noodles Stir-Fried Spinach and Mushrooms Baked Apple	Milk or Soy Beverage/Water Roast Beef Roasted Yams Green and Yellow Beans Whole Wheat Roll Corn Pudding	Milk or Soy Beverage/Water Crustless Spinach Quiche Flat Bread Sliced Peppers Green Salad Apple (slices)	Milk or Soy Beverage/Water Pineapple Chicken Whole Wheat Couscous Mixed Vegetables Zucchini Grapes
Snack	Milk or Soy Beverage/ Water Crackers and Cheese	Milk or Soy Beverage/ Water Flax Cookie	Milk or Soy Beverage/ Water Carrot Loaf	Milk or Soy Beverage/ Water Tofu/Fruit Dessert	Milk or Soy Beverage/ Water Fruit and Nut Cookie	Milk or Soy Beverage/ Water Crackers and Cheese	Milk or Soy Beverage/ Water Orange Muffin

(Note: all soy beverages are fortified)

Date implemented: *September 15, 2008*

Making Changes to Your Menu Plan

Any changes to your menu plan, including meals and snacks, must be recorded. In this way, how often and why there are changes (for example, ingredient not in stock, recipe not available, persons in care do not enjoy), can be checked. This will help determine if changes to the menu or procedures are needed (for example, check shopping list for ingredients, find another recipe, train staff).

Menu changes may be written permanently on a copy of a dated cycle menu or written on a form (see the example of the Menu Substitution Form located on the next page) and kept on file. Substitutions and alternatives must be from the same food group(s) as the original menu item. Specific foods and beverages provided for items that are generically described (including snacks) on the cycle menu should be recorded. For example, if the cycle menu states “fruit” or “Cook’s Choice” then the actual food item(s) provided should be documented.

Developing and Standardizing Recipes

Once you have your menu developed, the next step is to develop a system for your recipes. Good resources include cookbooks, magazines, food companies, co-workers, individuals living in the small facility and the Internet. You should test recipes to ensure they meet the needs of those in care. This is called standardizing and provides the advantages of:

- helping to prepare grocery lists as you know exactly what and how much food to buy. This saves food costs and time.
- helping staff (especially new people) take the guesswork out of cooking which produces a high-quality product no matter who is doing the cooking.
- helping identify ingredients for those with allergies or special diets.
- allowing for nutritional analysis if desired.

See also

Copies of the Menu Substitution Form can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the *Meals and More Manual*.”

How Do I Standardize My Recipe?

1. Check your recipe and make sure it is not missing any information (for example, ingredients, instructions).
2. If you need to do any conversions, the following table shows a number of common metric/imperial conversions.

COMMON MEASURE	METRIC	COMMON MEASURE	METRIC
1 tsp.	= 5 millilitres	1 pint (2 cups)	= 500 millilitres
1 tablespoon	= 15 millilitres	1 quart (4 cups, 32 ounces)	= 1000 millilitres (1 litre)
1 fluid ounce	= 30 millilitres	1 gallon (4 quarts)	= 4 litres
1/4 cup	= 60 millilitres	1 ounce (by weight)	= 28 grams
1/3 cup	= 80 millilitres	1/4 pound (4 ounces)	= 115 grams
1/2 cup	= 125 millilitres	1 pound (16 ounces)	= 454 grams
1 cup	= 250 millilitres	2.2 pounds	= 1 Kilogram (1,000 grams)

3. Prepare the recipe and try it out. Did it look and taste good? Was there too much or not enough? Was everyone able to eat it? If necessary, adjust the recipe (for example, ingredients, measures, cooking time) and prepare it again until you have a product that works well.
4. Once the recipe is perfected, it is ready to be put into a standardized format. This includes the name, number of portions, serving size, ingredients, amounts, method, equipment used, cooking time, and cooking temperature. It may also include instructions for diets and texture modifications, if needed. For facilities with food permits, Hazard Analysis Critical Control Points (HACCP) guidelines will also need to be included. An example of a standardized recipe is as follows:

Amount	Ingredients	Method	HACCP Guidelines
Recipe Name: <i>Tomato Lentil Soup</i> Yield: <i>4 servings</i> Oven Temperature: -- Serving size: <i>6 fluid oz. (175 ml)</i> Equipment: <i>Soup pot</i>	<i>lentils</i> <i>onion, chopped</i> <i>brown rice</i> <i>water</i> <i>tomato soup</i>	<i>1. Measure lentils, onion, rice and water into a saucepan. Bring to a boil, cover and simmer until the lentils and rice are cooked, about 45 minutes.</i> <i>2. Add the tomato soup. Heat and serve.</i>	<i>Cooking – bring to a boil for at least 15 seconds (68°C/155°F).</i> <i>Handling of leftovers – cool to 21°C/70°F within 2 hours or less and to 4°C/40°F within 4 hours. Use leftovers within 48 hours. Reheat leftovers to a boil (over 74°C/165°F). Reheat only once and then discard any remainders.</i>
Instructions for Special Diets: <i>This recipe can be used for all diet types in the facility.</i>			

See also

Blank electronic copies of the Standardized Recipe Form illustrated here can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the Meals and More Manual.”

Suggested Resources

Alzheimer Society. Healthy Brain Recipes. Available at:

www.alzheimer.ca/english/brain/recipes.htm

Canadian Produce Marketing Association. 5 To 10 A Day Recipes. Available at:

www.5to10aday.com

Chuey, P, Campbell E, and Waisman MS. *Simply Great Food*. Toronto: Dietitians of Canada, 2007. To order go to: www.dietitians.ca

Common Recipe Substitutions. Available at:

www.mycountrykitchen.com/ebooks/common_substitutions.pdf

Conversions for Recipes, USDA Nutrition Database. Available at:

www.recipelink.com/nutrition.html

FareShare Conversion Tables. Approximate Volumes to Weights. Available at:

www.fareshare.net/conversions-volume-to-weight.html

Fast and Easy Meal Ideas. Available at:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/using-utiliser/suggestions-eng.php

Healthcheck Recipes. Available at:

www.healthcheck.org/en/healthy-recipes/recipes.html

Heart and Stroke Foundation heart healthy recipes at www.hsf.ca

Dietitians of Canada. Healthy Start for Life – Eating Well Together Menu Planner.

Available at: www.dietitians.ca/healthystart/Healthy_Eating_Meal_Planner.pdf

Recipe Analyser. An online tool developed by Dietitians of Canada. Use this tool to find out the nutrients in your recipes, and to see how many *Food Guide* servings your recipe provides. Available at: www.dietitians.ca

Rose R. *Cook Great Food*. Toronto: Dietitians of Canada, 2002. To order go to:

www.dietitians.ca

Thompson, V. *A Practical Dinner Guide for Real People*. Canadian Press. This resource contains a 10-week meal planner that includes colour photos of every meal. To order contact: Veena Thompson, 13360 88A Avenue, Surrey, BC, V3V 7W4. E-mail: veenut@hotmail.com

SECTION 7: LUNCHES TO GO, EATING OUT AND THE MUNCHIES

Lunches To Go

Eating Out

The Munchies

Persons in care do not always eat all their meals in the facility. Some may participate in programs where they must take a packed lunch and snacks. Others may find enjoyment in eating out. In this section of the manual, menu planning for these situations is reviewed.

Lunches To Go

A lunch that a person in care takes with them should contain all the four food groups. Be sure to also include snacks with bagged lunches. The following provides lunch ideas for each food group.

FOOD GROUPS	Ideas for Lunches
Grain Products	Whole wheat, rye, pumpernickel, cracked wheat, multi-grain bread, bagels or kaiser buns. Try muffins, pita bread, wraps or leftover pasta, rice, couscous, bulgur or quinoa.
Vegetables & Fruit	Fruit juice, canned, unsweetened fruit or fresh fruit (for example, apple, orange, grapes, banana, pear, peach or kiwi). Offer fresh vegetables (for example, celery, turnip, zucchini or carrot sticks, cucumber slices, sliced sweet peppers, chopped broccoli or cauliflower, sugar peas or cherry tomatoes) and salads.
Milk & Milk Alternatives*	Milk, fortified soy milk, yogurt, milk pudding, tofu dessert, cottage cheese, hard or processed cheese.
Meat & Alternatives	Peanut or other nut butters, seed butters (for example, sesame, sunflower), hummus*, tuna* or salmon*, hard-cooked egg*, roast beef*, pork*, chicken*, turkey*, ham* or meatloaf*, nuts or seeds (for example, trail mix) or leftover baked beans*, chili*, stir-fry*, lentil soup*.
* These must be refrigerated to prevent bacteria from growing.	

Here are some more tips on packing bagged lunches:

- Make lunches ahead (try making them after dinner) and refrigerate them. Use an insulated bag with a chilled thermos or carton of frozen juice to keep the food cool. Do not re-use plastic bags as they can be a source of bacteria. Sandwiches can be made ahead of time and frozen without the vegetables. Take them out in the morning and they will thaw in time for lunch. Fillings that freeze well include cheese, roast beef, chicken, turkey, ham and meatloaf.
- Pack a buttered roll and baked or poached chicken or fish pieces, slices of cold meats or a can of sardines or shrimp, or fill a pita bread with hummus and shredded lettuce.
- Put hot or cold soup (for example, gazpacho, leek and potato), hot or cold beans in tomato sauce or bean, rice or pasta salads in a thermos.

- Try cold pizza, milk, an oatmeal muffin and a dried fruit strip for something different.
- Try a more nutritious version of the packaged snack packs by packing whole grain crackers, lower-fat cheese, sliced turkey and raw vegetables in a divided container. Serve with 100% juice.
- Salsa, hummus, bean dips, or fruit dips with baked chips and veggies or fruit are good lunchbox choices, since these foods contain more vitamins and fiber.
- If you make your own snack mixes, you can include healthy additions like dried fruits, unsalted nuts, pretzels, and baked crackers.
- Involve persons in care in preparing their lunch. Younger children can do simple tasks such as putting out lunch kits or food containers for packing. Older children and adults can take a more active role.

For children 😊

See the Considerations for Children section of this manual for more ideas on bagged lunches.

Eating Out

Participating in community life includes eating out. Restaurants offer a range of foods including poor choices (that is, foods high in calories, fat and salt). To make healthy choices when eating out:

- choose foods that are broiled, braised, roasted, steamed, grilled or poached.
- decide how much to eat prior to the meal instead of during it. Some restaurants serve much more food than needed. Order a small appetizer or half a meal. If you are served too much, ask for a "take-home package" and use the leftovers for the next day.
- 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.
- use the nutrition information available for the menu items to find healthier options.
- for those on texture-modified or therapeutic diets, call ahead to order the meal to ensure it is appropriate. For puréed and minced modifications, take a hand-held grinder to the restaurant.
- look for healthy selections for children on the children's menu, too. Often they offer alternative sides such as fruit instead of french fries.
- soft music and lighting contribute to the enjoyment of a meal, but they can influence your calorie intake. Instead of lingering over a dessert, enjoy a cup of coffee or tea.

The following provides suggestions for different food outlets:

FOOD OUTLET	INSTEAD OF:	TRY THIS...
Take-out shop	Fried fish Meat pie, sausage rolls French fries Cream soups Soft drink	Grilled fish and salad, plain hamburger, sandwich with salad, falafels or filo pastry savouries (for example, spanokopita) Baked potato or other vegetable Broth- or vegetable-based soups Water, 100% fruit juice or low-fat milk
Pizza parlour	Salami or pepperoni toppings Caesar salad	Pizzas with vegetable toppings, less cheese, seafood Mixed green salad with dressing on the side
Italian restaurant	Lasagna, pasta with heavy sauces (for example, alfredo) Garlic bread	Grilled seafood, pasta with tomato based sauce or minestrone soup Plain crusty bread, whole grain breads or crackers
Chinese or other Asian restaurants	Fried rice Deep-fried and battered foods Tempura	Steamed rice or noodles Steamed or braised dishes, steamed dim sums or spring rolls, clear soups, sushi topped with salmon or rolled with nori (seaweed) and vegetables or teriyaki or sukiyaki dishes
Chicken	Deep-fried chicken Potato or pasta salads	Barbecued or broiled chicken (remove the skin) Mixed green salad
Mexican restaurant	Dishes with lots of cheese or sour cream	A taco, burrito or enchilada with salad, beans and a small serving of lean meat, chicken or cheese
Bakery, cake shops, dessert shops	Pastries, cakes, donuts, croissants, sweet rolls	Small whole grain muffins, plain cake, fruit scones, fruit loaf or fresh fruit salad
Coffee shop	Designer drinks Cream	Regular or decaffeinated coffee, latte, steamed milk or cappuccino made with low-fat milk; milk for tea and coffee
Ice cream shops	Ice cream	Frozen yogurts, ice milks, sherbet
Sub shops	Cold-cut subs	Turkey sandwiches, subs or wraps with whole grain bread or buns; choose one spread (for example, mayonnaise or margarine, not both) and load up on the vegetables

The Munchies

A good snack helps meet nutrition needs. Two snacks, including one evening snack are recommended. Provide lots of variety and include beverages such as water and milk. The following list gives some nutritious snack ideas:

- Hot cocoa made with milk
- Whole grain muffins/loaf or scone
- Frozen or regular yogurt
- Pita bread
- Homemade milkshake
- Egg salad on rye
- Cheese, tuna salad or liverwurst on crackers
- Cookies (for example, oatmeal, peanut butter)
- Peanut butter on toast
- Plain cereal with milk
- Dried fruit, nuts and/or seeds
- Bowl of soup
- Boiled egg or slice of cold meat
- Fresh fruit or individual containers of cut-up fruit
- Raw vegetables (for example, baby carrots, peppers, zucchini, cherry or grape tomatoes). Try them with whole wheat pita and hummus
- Pumpernickel bagel with peanut butter and banana
- Fresh, frozen or canned fruit with low fat yogurt or in a smoothie
- Peppers, bread sticks and low-fat dip
- Milk pudding
- Fig newtons
- Whole wheat tortilla wrap with salmon or tuna salad
- English muffin with cheese and apple slices
- Salad with oranges and almonds
- Plain popcorn
- Popsicles made with 100% fruit juice or yogurt

Some low-calorie snack ideas:

- Vegetables with yogurt dip
- Low-fat yogurt and fruit
- Unsweetened canned fruit
- Hot apple juice with a stick of cinnamon
- Unsweetened fruit or vegetable juice
- Low-fat milk
- Fresh fruit (for example, orange, apple slices, grapes, ½ banana, berries)
- Tossed salad
- Tomato wedges
- Fresh steamed vegetables
- Plain cookies (for example, arrowroots, animal crackers)
- Bread sticks or melba toast
- Rice cakes
- Unbuttered popcorn
- Plain pretzels
- Whole grain crackers

Be sure the person in care brushes their teeth after eating sweet or sticky foods such as dried fruit. This reduces the risk of dental decay.

Suggested Resources

BC Health Guide. Healthy Snacks for Adults. Available at: www.healthlinkbc.ca/healthfiles/hfile68i.stm

Community Nutritionists Council of BC. “Lunches To Go” – Cool and Hot Lunch Ideas. Available at: www.bced.gov.bc.ca/health/lunches_to_go.pdf

Dietitians of Canada. Eating Out Smarts. Available in the Eat Well, Live Well section at www.dietitians.ca

Eating Out with HealthCheck. Available at: www.healthcheck.org

For children

Young children especially benefit from snacks as they have small stomachs and may have trouble eating all the foods they need at meals.

Health Canada. Smart Snacking. Available at:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/using-utiliser/snacks-collations-eng.php

Fraser Health. Smart Snacking Tips. Available at:

www.fraserhealth.ca/HealthTopics/HealthyLiving/NutritionInfo/Documents/Snacking070205.pdf

SECTION 8: PURCHASING FOOD WISELY

Where to Shop?

Grocery Lists and Purchasing Foods from Suppliers

Wise Shopping and the Four Food Groups

Using Nutrition Labels to Purchase Wisely

Plan carefully to get the most for your food dollar. A wise shopper buys good-quality food in the right amounts and at the best prices. This section reviews different aspects of buying food wisely such as reducing costs and reading food labels.

Where to Shop?

Check the stores in your area and see if they offer foods you use frequently, competitive prices, discounts, coupons, rain checks, a returns policy, good service, convenient hours and a safe, clean, well-organized shopping area. When deciding where to shop, weigh the advantages and disadvantages of purchasing your foods from wholesale and retail stores.

ADVANTAGES	DISADVANTAGES
WHOLESALE	
<ul style="list-style-type: none"> • generally lower costs for large amounts • orders can be made by phone and goods delivered • labour and time saving • monthly statements/payments 	<ul style="list-style-type: none"> • higher prices are charged if you do not buy the entire case of an item • minimum order required for delivery • need storage to hold large deliveries • ties up money in inventory
RETAIL	
<ul style="list-style-type: none"> • can take advantage of specials, coupons • can hand-select fresh produce and purchase in small quantities • more selection of products and brands • can teach life-skills and contribute to the community 	<ul style="list-style-type: none"> • labour intensive • time consuming • prices generally higher • may not provide delivery service

Regardless of where you shop, there will be pros and cons. Running between stores for the lowest price on an item may not save money. In addition, the extra time may be better spent on other tasks. Here are some general shopping tips to help you purchase wisely:

- Check flyers for weekly specials and sales. Use coupons if you can double them or get the name brands for next to nothing. In most cases you can make the item or buy a generic brand for less.
- Buy according to what you will use and can safely store. As a general rule, buy groceries in amounts that can be used up within three months. Check the label for best before dates.
- Buy less expensive, local, seasonal foods and store brands rather than name brands. Buy larger packages or consider some bulk foods if you will use them.

- Compare prices of products using unit pricing (that is, cost per unit of weight—for example, ounces or grams—or volume—for example, fluid ounces or millilitres). Unit prices are marked on the grocery shelf below the food item. For example, compare two boxes of cereal:

CEREAL A \$ 3.75/ 575 grams, Unit Price = \$0.007/gram	CEREAL B \$ 1.40/ 240 grams, Unit Price = \$0.006/gram	→	<i>Cereal B costs less per unit of weight (gram)</i>
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- Foods that are unprocessed (for example, fresh vegetables, fruit or meat) or processed very little (such as milk, frozen vegetables, rolled oats) are less expensive (and healthier!) than highly processed items (for example, baking mixes, deli meats, prepared cereals).
- Make a price list. Keep track of the prices on the items you buy most frequently in a small pocket book. Then set a goal to only buy those items when they are at their cheapest. Ask for rain checks when a sale item is sold out.
- To save on herbs and spices you might want to grow your own. This could be part of an activity program of the facility.
- Most foods have satisfaction guarantees on the products. If you do not like a product, return it to the store or call the toll-free number on the back of the box. Many companies will either give you your money back or send you a coupon for another product.

Grocery Lists and Purchasing Foods from Suppliers

Whether you purchase foods retail, wholesale or direct from suppliers, grocery lists or order sheets will help reduce costs, waste, time and labour. Make grocery lists or order sheets to match your menus/recipes and include non-food items (for example, paper products, dish soap) and, if possible, arrange them according to the layout of your food storage room. Clearly written grocery lists or order sheets help staff to know what to purchase. They also help with checking deliveries. The menu and recipes will tell you what and how much to buy. The following page shows an example of a grocery list.

If you are dealing with suppliers, be sure to keep a list of their contact information to tell all staff from whom to buy food and supplies. Well-written grocery lists or order sheets outline exactly what you want by including the item name, the grade and/or brand, package size and the price. The following provides an example:

Current Amount	Minimum Amount Needed	Quantity Needed To Purchase	Description and Unit or Pack Size	Price Per Unit
3 lb	10 lb	20 lb	Potatoes, 1 (20 lb) bag Idaho	\$ 0.68/lb

The price per unit information allows you to keep track of prices, helps you spot specials and figure out the value of your inventory. Many suppliers have catalogues of their foods that you can use to help set up specifications and order sheets. Many larger suppliers now offer online ordering. You may want to place order sheets in clear plastic covers to protect them. Write the orders in erasable ink. When the orders have been placed, received and checked simply wipe off the pen marks and the order is ready for next time.

See also

Blank electronic copies of the Grocery List Forms and List of Supplier Forms can be obtained on the BC government publications website at:

www.publications.gov.bc.ca and look up “Forms To Accompany the *Meals and More Manual*.”

Wise Shopping and the Four Food Groups

The following table reviews the best buys for each of the four food groups.

Best Buys	Shopping Tips
GRAIN PRODUCTS	
Hot cereals such as oatmeal Breakfast cereals such as 100% Bran, Grape-Nuts® Rice Breads Pasta	<ul style="list-style-type: none"> • Choose whole grain items that are low in fat, salt and sugar. Choose prepared breakfast cereals with at least 4 grams of fibre per serving and with little or no sugar. • Avoid instant rice, pasta or cereals as they cost more per serving. • Compare bread by weight (and number of slices), not size; large loaves are not always cheaper. • Consider purchasing day-old bread. It will keep for two months in the freezer and can be used to make bread crumbs and croutons.
VEGETABLES AND FRUIT	
Fresh vegetables and fruit in season Frozen or canned vegetables and unsweetened frozen or canned fruit (for example, in pear juice) when fresh items are not in season Frozen unsweetened fruit juices Cabbage, potatoes and root vegetables (for example, carrots, turnips, parsnips)	<ul style="list-style-type: none"> • Buy local or store brands. Try shopping at local farmers' markets in the summertime. Pick-your-own farms offer you the chance to pick your own at a lower rate than the picked price. • Buy standard grades of canned fruit and vegetables or frozen plain vegetables; frozen vegetables in sauce cost more. • Compare the cost per serving rather than the cost per kilogram/pound. • Grow your own vegetables and herbs. Some herbs such as parsley can be grown all year round. • Select small apples and bananas for children rather than larger ones, which may be only half-eaten.
MILK AND MILK ALTERNATIVES	
Skim milk powder Fluid milk in 4 L jugs Block cheese instead of grated or slices Plain yogurt Cottage cheese Evaporated 2% milk	<ul style="list-style-type: none"> • Use skim milk powder in cooking (for example, puddings, cakes, casseroles, soups) and evaporated milk to replace light cream in recipes. • Buy plain yogurt and add your own fruit or make your own yogurt. • Try ice milk. It often costs less than ice cream. • Compare the cost of cheese. Those that cost less tend to be processed cheese, mild block cheese and domestic cheese. Do not throw out hardened cheese. Grate it into muffins, casseroles, omelettes, soups and salads.
MEAT AND ALTERNATIVES	
Dried split peas, beans, lentils Tofu Eggs Peanut butter Ground beef Poultry Less tender cuts of meat (for example, pot roast, stewing meat) Canned fish (water packed)	<ul style="list-style-type: none"> • Compare the price per serving rather than the price per pound/kilogram as fat, bone and gristle reduce the number of servings. The parts that you cannot use make good stock for soup. • Tenderize tough cuts of meat by using a wooden or metal mallet, marinating or slow-cooking, and use in stroganoffs and curries. • Cut up your own chicken. It usually costs less per serving to buy a whole chicken. Canada B and Canada Utility poultry are cheaper. • Be selective with cold cuts (that is, deli meats) as many are high in fat and salt. Cold cuts in bulk (or sliced at the deli counter) tend to be cheaper than pre-sliced or pre-packaged meats.

When trying to control food costs, food safety must also be considered. To prevent cross-contamination, put raw meat, poultry and fish in an extra bag and place them in the bottom of the cart—not on top of fresh fruits and vegetables or ready-to-eat foods. Do not buy foods in dented, rusty, bulging or leaky cans. Refrigerated perishables should be purchased last as they are the most likely to enter the Danger Zone 4°–60°C (39°–140°F) and so present a safety risk. Thawing/refreezing of frozen items is a quality rather than a safety issue. Take groceries straight home and put them away as soon as possible. In warmer weather, if you have a number of errands to do, do the grocery shopping last.

Using Nutrition Labels to Purchase Wisely

Nutrition labels on foods and packages can be used as a tool to compare products, determine the nutritional value of foods and better manage special diets. The following outlines a nutrition label example and its different parts. Following this, each part of the label is discussed.

Nutrition Facts 1	
Serving Size 3 oz. (85g)	
Servings Per Container 4 2	
Amount Per Serving	
Calories 220	Calories from Fat 140
	% Daily Value*
Total Fat 16g	25%
Saturated Fat 6g	30%
Trans Fat 0g	
Cholesterol 55mg	18%
Sodium 650mg	27%
Total Carbohydrate 3g	1%
Dietary Fiber 1g	4%
Sugars 0g	
Protein 15g	
Vitamin A 4%	Vitamin C 2%
Calcium 2%	Iron 4%
<small>*Percent Daily Values are based on a diet of 2,000 calories per day. Your daily values may be higher or lower depending on your calorie needs.</small>	
Low fat, cholesterol-free, source of fibre 5	
Ingredients: Whole wheat, vegetable oil, shortening, salt 6	

CONTENTS:

1. Nutrition Facts
2. Specific Amount of Food
3. % Daily Value
4. Core Nutrients
5. Nutrition Claims
6. List of Ingredients

- 1. Nutrition Facts.** This is the title of the label.
- 2. Specific Amount of Food.** The amount may be indicated by a phrase (for example, two cookies), household units such as ml, cups, tablespoons, or a fraction of food (for example, 1/4 pizza). These are then followed by the metric measure (g, ml).
- 3. % Daily Value** is based on recommended amounts for a healthy 2000-calorie diet. Foods that contain less than 5% DV (Daily Value) of a nutrient are low in that nutrient. Foods that contain more than 20% DV are high in that nutrient.
- 4. Core Nutrients.** Calories and the same core nutrients are always listed in the same order. Some of the key ones are discussed as follows:
 - a. Calories:** Portion sizes influence the number of calories. For example, if the table has information based on one waffle and you eat two waffles, you need to double the amount of calories and nutrients listed in order to figure out actual intake.

- b. *Fat (saturated, trans and other fatty acids)*: Saturated fat and trans fat have one combined % DV because both types of fat have negative effects on blood fats.
- c. *Cholesterol*: The amount is listed in milligrams. The label may provide a % DV.
- d. *Sodium*: This may be added to foods through additives such as disodium phosphate, sodium nitrate or sodium gluconate. A healthy diet low in sodium may reduce the risk of high blood pressure.
- e. *Carbohydrate (starch, fibre and sugars)*: Sugars are added to foods as sucrose, brown sugar, maltose, glucose, fructose, dextrose, liquid invert sugar, molasses, honey, maple syrup and corn syrup. Sugars contribute mainly calories and have no nutrition advantages.
- f. *Vitamin A, Vitamin C, Calcium and Iron*: All of these are based on recommended amounts. They are listed only as a % DV.

5. Nutrition Claims are claims about the amount of a nutrient in a food (for example, "high in fibre"). Food labelling legislation regulates these claims. For example:

CLAIM	WHAT IT MEANS
Cholesterol-free	Product has very small amounts (less than 2 milligrams of cholesterol in the amount specified on the label) and is also low in saturated fat and trans fat.
Good source of calcium	A serving of the product has 165 milligrams or more of calcium.
High or very high source of fibre	Food has at least 4–6 grams of fibre per serving.
Light	Only on foods that are either "reduced in fat" or "reduced in energy" (calories). "Light" can also be used to describe characteristics of a food, provided that the characteristic is clearly identified with the claim (for example, light tasting, light coloured).
Low-fat	Food contains no more than 3 grams of fat in the serving size indicated. In a healthy diet, the recommended range for fat intake is approximately one-third of total calories.
Low in saturated fat	Food contains 2 grams or less of saturated and trans fat combined for the specified amount.
No added sugar	The product contains no added sugars, ingredients with added sugars or ingredients that contain sugars that substitute for added sugars.
Reduced in calories	Has at least 25% fewer calories than the food it is being compared to.
Sodium-free	For the serving size indicated the food contains less than 5 milligrams of sodium.
Source of fibre	The food contains at least 2 grams of dietary fibre in the serving size indicated.
Sugar-free	The product contains less than 0.5 grams of sugars and 5 calories per serving size.
Unsweetened	The product meets requirements for "no added sugar" and contains no sweeteners.

Be sure to watch for:

- Food mixes labelled fat-free. They may become high in fat when prepared (for example, oil may be added). Nutrition labels are based on the food as sold and not as cooked.

- 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.
- The amount rather than type of fat. Cholesterol is found in animal (not plant) foods. A vegetable oil indicating it is cholesterol free is, at the same time, 100% fat!

6. Ingredient List. Ingredients are listed in descending order by weight. This information is helpful for those with food allergies or intolerances, or those making lower-fat, lower-sugar or higher-fibre choices. Fat ingredients may be listed as oil, margarine, butter, monoglycerides, diglycerides or vegetable lecithin. Salt may appear as sodium, monosodium glutamate or sodium nitrate.

Food additives are used in food to maintain its nutrition, enhance its shelf life, and make it attractive. Some examples are: BHT (butylated hydroxytoluene), lecithin, sodium nitrite, sulphur dioxide. There are regulations that specify maximum levels for the use of additives in specific foods. These amounts are generally very small. They are therefore usually found at the end of the list of ingredients. Fresh products are least likely to contain additives. Some other information that may be on a food package includes:

- 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 Is used on canned and frozen vegetables and fruit. Canada Choice and Canada Fancy have the same nutritional value.

Suggested Resources

Buy Local, In-season Fruits and Vegetables. Available at ActNow BC:

www.actnowbc.ca/EN/everyone/buy_local_in_season_fruits_and_vegetables

Canadian Diabetes Association and Dietitians of Canada. Nutrition Labelling Education Centre. Available at: www.healthyeatingisinstore.ca

Dietitians of Canada. Supermarket Smarts. Available in the Eat Well, Live Well section at www.dietitians.ca

Fruits and Vegetables to Fit Every Budget. Available at:

www.actnowbc.ca/EN/everyone/fruits_and_vegetables_to_fit_every_budget

Heart and Stroke Foundation. HealthCheck. Available at: www.healthcheck.org

Interactive Nutrition Label and Quiz:

www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/interactive-eng.php

Shop Smart Tours - The Save-on-Foods web site has a section on Shop Smart Tours at

www.saveonfoods.com/foodnutrition/nutrition_tours.htm

Kellam T and Cooper J. *Dining on a Dime*. To order go to: www.livingonadime.com

SECTION 9: MANAGING FOOD SAFELY TO MAINTAIN QUALITY

Storage Tips

Thawing Foods

Food Preparation

Cooking

Serving Food

Mealtime Clean-Up and Reheating Food

Tips for Food Handlers

Cross-Contamination

Would you ever throw away \$100 or \$1000? Of course not, but that is what happens when food is not handled properly and spoils. Even worse is the possibility of a person in care getting a food-borne illness from salmonella, e. coli or listeria. There are other food safety recommendations to protect persons who are more likely to get sick. These would include persons in care with medical conditions that affect their immunity (e.g. those with AIDS, those who have had organ transplants and take medications that affect their immune status), elderly persons at nutrition risk, and pregnant women. Consult your Environmental Health Officer and/or Dietitian to find out appropriate foods to offer and specific food handling practices. In this section of the manual, the principles of food safety are reviewed. These principles also help to ensure that the quality and nutrition of the food is maintained.

Storage Tips

- Keep hot foods hot and cold foods cold. Bacteria grow best in the Danger Zone of 4°-60°C (40°-140° F). Store foods at the correct temperature:
 - Freezer Never above -18°C (0°F)
 - Refrigerator Never above 4°C (40°F)
 - Dry storage At 10°-20°C (50°-70°F) in a well-ventilated and dry area away from direct light

Refrigerators and freezers need to have their thermometers checked daily. Place the thermometer close to the door because this is the warmest part. If the temperature is too high, contact a refrigeration company immediately to avoid spoilage.

- Do not let perishable or cooked foods remain in the Danger Zone. Produce such as cut melons, tomatoes and raw sprouts have been linked with food-borne illness. These products must be refrigerated. Freeze fresh meat, fish or poultry right away if you cannot use it within two days.
- Use chilled ingredients when making sandwiches or salads.
- Avoid bruising fresh vegetables and fruit and overloading refrigerators and freezers.
- Store opened packages in screw-top or tight-fitting lidded containers.
- Store raw foods below cooked/ready-to-eat foods. Keep food/food containers at least 15 cm (6 inches) off the floor. Store cleaning agents and chemicals separately from food.
- Chill hot leftovers quickly by dividing them into small portions, using shallow pans, putting them on ice, stirring frequently and refrigerating immediately. Store leftovers in airtight containers or wrap them in moisture-proof material. Label and date leftovers and try to use them within 24 hours.
- Mark down when floors, shelves, refrigerators and freezers should be cleaned. An example form of how to organize food purchasing, preparation and cleaning is provided on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the *Meals and More* Manual.”

- Date newly received items with the month and year of purchase. Place new stock behind old stock to use in order of purchase. Use foods within the maximum storage times (see Suggested Resources).

Thawing Foods

The best way to thaw frozen food is in the refrigerator. Do not thaw food at room temperature. In an emergency, submerge food, sealed in its package, in a sink of cold water. Change the water every half-hour. Another method would be to defrost in the microwave, following the manufacturer's directions, and cook immediately.

Food Preparation

Handle and cook food properly. Poor hand-washing practices or lack of sanitation may lead to food contamination. Some foods may already be contaminated, so proper handling is needed. Bacteria need food, moisture, time and comfortable temperatures to grow or multiply. Very high temperatures kill bacteria. Cold temperatures stop or slow their growth.

- Do not cross-contaminate. Never cut fresh fruit and vegetables on a board that was used for preparing raw meats and poultry without thoroughly washing and sanitizing the board first.
- Avoid soaking vegetables and fruit for prolonged periods before cooking. Prepare fresh vegetables and fruit as close as possible to mealtimes.
- When possible scrub vegetables instead of peeling them.
- Reduce bruising by using a sharp knife for trimming, cutting and chopping.
- Cover and refrigerate foods while you prepare other parts of the meal.
- Once the original bag or box is opened, transfer dry food to airtight containers.
- Thaw all meat, even cured vacuum-packed meat, in the bottom of the refrigerator.

Cooking

- Ensure that meats and poultry are adequately cooked. Do not partially cook one day and finish cooking the next.
- Some minerals and vitamins are lost when exposed to the air or dissolve in cooking water. Cook vegetables whole or in large pieces and with their skins on, where possible, rather than cut up small and peeled. Use as little cooking water as possible and use the cooking water in soups, sauces and gravies. Keep the cooking time short; add vegetables to boiling water and cook until just tender. A better method is to steam vegetables.
- Skim and discard fat from meat drippings for a healthier meal.

Serving Food

Serve hot foods hot and cold foods cold. Assemble the food on plates and serve as close to mealtime as possible. Try to limit the amount of leftovers because reheated food will lose vitamins and minerals, flavour and texture. Refrigerate and reheat food for late-comers instead of holding food warm for a long time.

Mealtime Clean-Up and Reheating Food

Dishes may be cleaned through a dishwasher or hand-washed. Dishwashers require a minimum:

- wash temperature of 60°C (140°F).
- final rinse cycle of 10 seconds.
- rinse temperature of 77°C (180°F).

If you are hand-washing dishes, a three-compartment sink is recommended: one sink to wash (minimum temperature of 44°C (110°F), one to rinse (use hot tap water) and one to sanitize.

Mealtime clean-up also includes the safe re-use of leftovers. Reheat food to an internal temperature of at least 74°C (165°F) for at least 10 seconds. Use a metal-stemmed probe thermometer to check the temperature. Use leftovers once within 48 hours and then throw them out.

Tips for Food Handlers

- Wash your hands with liquid soap under warm running water:
 - before starting to prepare a meal
 - after going to the washroom
 - after blowing your nose, coughing or sneezing, or touching your mouth, face or hair
 - after smoking or eating
 - after handling raw meat, poultry, fish, eggs or unwashed vegetables
 - after handling dirty dishes or touching boxes or garbage.
- Wear clean clothes and aprons.
- Use clean utensils rather than your hands to mix food. If hands must be used when handling ready-to-eat foods, ensure your hands are washed. Also consider using disposable plastic or vinyl gloves. Do not use latex gloves because they can trigger allergies.
- Use clean spoons to taste food. Do not put tasting spoons back into the food.

Cross-Contamination

When preparing and serving food minimize the risk of cross-contamination of foods by:

- Preventing bacteria from hitchhiking 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.
- Not using cutting boards and utensils for preparing raw meats or poultry and ready-to-eat foods. If the same items are used, wash them with soap, rinse them with water and then sanitize between uses. Let the sanitizing solution stay in contact with the utensil or cutting board for 2 minutes and do not rinse off. A sanitizing solution can be made by mixing 15 ml (3 tsp.) of 6% bleach into 1 L (4 cups) of water. Prepare a fresh solution daily.
- Washing and sanitizing dishcloths before they are used to clean surfaces on which ready-to-eat foods will be placed.
- Storing raw food such as raw poultry, fish and meat in containers that do not leak. These items should be stored on the bottom shelf of the refrigerator to prevent the juices from dripping onto cooked and ready-to-eat foods.

Suggested Resources

FOODSAFE Level 1 course. Contact your local Environmental Health Officer for information on taking the course or check out the course website at: www.foodsafe.ca

Canadian Food Inspection Agency, Consumer Centre. Available at: www.inspection.gc.ca/english/fssa/concen/concene.shtml

Health Canada, Food and Nutrition. Available at: www.hc-sc.gc.ca/fn-an/index_e.html

BC Ministry of Health, Environmental Health, Food Safety. Available at: www.health.gov.bc.ca/protect/ehp_foodsafety.html (this site also contains links to various BC Health Files dealing with food safety)

Canadian Restaurant and Foodservice Association. Food Safety Code of Practice. Available at: www.crfa.ca/products/foodsafetycodeofpractice.asp

Canadian Partnership for Consumer Food Safety Education. FightBac Education Program. Available at: www.canfightbac.org

ActNow BC. Storing Fruits and Vegetables Properly. Available at: www.actnowbc.ca/EN/everyone/storing_fruits_and_vegetables_properly

BC Centre for Disease Control. Maximum Storage Times for Foods. Available at: www.bccdc.org/downloads/pdf/fps/reports/Recommended_Storage_Times.pdf

SECTION 10: THE DINING ENVIRONMENT AND MEALTIME ASSISTANCE

The Mealtime Environment

Mealtime Assistance and Eating Aids

Common Eating Problems

Eating and Behaviour Challenges

Eating-Behaviour Solutions

Overeating and the Environment

Suggestions for Special Mealtime Activities

Cultural, Religious and Personal Considerations

Developing Food Skills

This section of the manual focuses on creating a pleasant meal experience. It covers topics on the mealtime environment as well as common eating problems and solutions.

The Mealtime Environment

Eating is a social event. A pleasant mealtime affects eating habits. To help meet the needs of those in care, consider the following:

- Don't rush people while eating or drinking.
- Dining areas should have adequate and appropriate furniture.
- Tables should be set properly with appropriate dishes, cutlery and special equipment available.
- Allow for good communication (for example, suitable temperature, ventilation, unnecessary interruptions).
- Assistance is available for eating and drinking if required.
- Positive social interaction between staff and persons in care.

Mealtime Assistance and Eating Aids

Individual assessment of positioning for safe eating and drinking is necessary for those people who are fed by others. Refer to an occupational therapist, physiotherapist or speech therapist for assessment. The following are general guidelines.

The optimal position for safe eating and drinking is to sit upright and well supported (for example, a person's bottom reaches the back of the chair or wheelchair). Stability is important and is achieved when the person is sitting with their feet firmly on the floor or on the footplates of a wheelchair. Their arms should be resting on the table or tray of the wheelchair with elbows bent. The person assisting should be sitting at eye level and seated comfortably. Correct positioning after eating is also important. An upright position for at least 30 minutes helps with digestion. Refer to a physiotherapist, occupational therapist or speech therapist for help if the person is unable to maintain an optimal position during mealtimes.

Eating aids are self-help eating devices. There are many pieces of equipment available from local retailers, or societies who work with people who have a disability. The following table outlines some common examples of specially adapted mealtime equipment and utensils. This information is meant as a guide only.

See also

In the Monitoring Your Food and Nutrition Program section of this manual, a checklist is provided that outlines factors to consider in your dining program.

Referrals

For assessment of positioning, safe eating and drink and eating aids, refer to an occupational therapist, physiotherapist or speech therapist.



Eating Aid Examples				DESCRIPTION
CUPS AND GLASSES				<p>These come in many useful forms: insulated, weighted, plastic, clear, cut-out nose pieces, 2-1 handled, t-handled, control-flow and beverage holders.</p>
				
				
DISHES AND NON-SLIP MATERIAL				<p>High-edged and scooped: plate or bowl guards. Designed to push food against the high side of the dish. For those with poor coordination or the use of only one hand. Non-slip materials are used under dishes to prevent slipping.</p>
				
EATING HAND SPLITS, CUFFS, ARTHWRITER				<p>These assist the person in holding onto their eating utensils. Arthwriter Hand Grip is for anyone with arthritis, missing fingers or with an arm in a cast.</p>
				
UTENSILS				<p>These assist in the person's grasping, lifting and cutting of foods. For example: angled, adjustable, rocker or roller knives, bendable handles, hole-in-one utensils, pediatric easy grip, swivelled, weighted, built-up, or combination style of utensils. Plastic-coated spoons can help provide protection for teeth and lips. These are not recommended for persons with heavy biting reflexes.</p>
				
				

Common Eating Problems

Eating problems limit a person's ability to eat and drink. A Registered Dietitian should assess the person with an eating problem. A team approach (for example, caregiver, doctor, nurse, occupational therapist) should be used in assessment. Reassess the individual on a regular basis. Some common eating problems and solutions are discussed in the following table.

CONDITIONS THAT AFFECT EATING	SUGGESTIONS
Drooling	Assess for swallowing disorder (see the Dysphagia (Swallowing Disorders) section of this manual).
Dry mouth	<ul style="list-style-type: none"> • Provide ice chips, frequent sips of water or sugar-free popsicles. Have the person in care carry a water bottle with them to sip from often. • Try sugarless candy and gum to stimulate saliva. Artificial saliva substitutes (for example, Moi-Stir) are available. Consult a physician and/or pharmacist. • Provide moist foods. Moisten dry foods with soft margarine, gravy, sauces or broth.
Loss of taste and smell (which enhances taste)	<ul style="list-style-type: none"> • A mild mouth rinse of 15 ml (1 tsp.) of baking soda dissolved in 1 Litre (1 quart) of room-temperature water may be helpful to swish in the mouth before each meal or snack. • If there is a “metallic” taste, try using plastic instead of metal utensils. • Try flavouring foods with tart, sour, sweet or unusual flavours such as lemon, citrus, vinegar, pickled items and spices such as basil, oregano, rosemary, tarragon, mustard, catsup or mint. Make a fruit smoothie or milkshake with frozen cranberries. Try adding 5–10 ml (1–2 tsp.) of decaffeinated coffee grounds to a liquid supplement such as Boost®. Marinate (soak) and cook meats in sweet juices, fruit or dressings (for example, sweet and sour pork). • Try rinsing the mouth with cool black or green tea or lightly salted water to “clear” the taste buds before eating.
Thick saliva	<ul style="list-style-type: none"> • Offer warm liquids like soups, hot chocolate, Ovaltine, broth, tea or warm water to help clear the mouth of thick saliva and to wash foods down. Check with the doctor or pharmacist about preparations to dissolve and stimulate saliva. • Encourage small, frequent meals and snacks throughout the day. If nutritional supplements are needed, consider the use of commercial supplements such as Resource® Fruit Beverage. • Whole or high-fat milk may thicken the saliva but it should not be eliminated from the diet. Try skim milk followed by a hot or clear beverage, foods with cooked milk such as cream soup or puddings, or fortified soy-based beverages. • Sugar-free beverages or foods that are slightly tart or carbonated may help thin secretions. Examples are diet lemon-flavoured drinks, iced tea, sherbet, mandarin oranges, pineapple, sour lemon drops, sugar-free lemonade, sugar-free orange-flavoured drinks or sugar-free popsicles. Tolerance may vary, especially if there are sores in the mouth. • Encourage frequent oral rinsing with club soda or a baking soda rinse (1 ml/1/4 tsp. of baking soda mixed in 250 ml/1 cup of water), especially before and after eating. • Caffeine and spicy foods and beverages should be limited as they irritate the mouth. • Consider using a humidifier in the home.

Eating and Behaviour Challenges

A person's eating patterns develop early in life and affected by:

- Being exposed to a variety of foods.
- Role-modelling of desired eating behaviours.
- The age of the person, temperament, emotional state, health and development.
- Genetic make-up (for example, preferences for sweet foods).
- Recognition of hunger and fullness cues.
- Environmental factors (for example, social context, lighting).

Eating and behaviour challenges tend to be more common in children and adults with development delays. It is important to determine if the behaviour is a concern before a management plan can be started. Situations that may be a challenge include:

- a change in growth or weight-gain combined with food refusal.
- long-term food or texture restrictions resulting in limited intake or not enough nutrition (for example, restricting iron-rich foods resulting in anemia).
- delayed feeding skills, such as poor self-feeding.
- unusual habits such as a compulsive eating, drinking excess fluids, eating large amounts of frozen food or eating non-foods (for example, dirt, clay).
- very long or short mealtimes.
- tantrums, outbursts, throwing food, gagging, spitting out or vomiting at meals.
- inappropriate moods around food or mealtimes, including anxiety or distress.
- eating too fast, rumination (that is, chewing repeatedly for an extended period) and regurgitation (that is, bringing up partly digested food).
- stealing or hiding food.

An assessment by a psychologist should answer the following questions:

- Is there a medical or psychological reason for problem eating?
- Who is most concerned by the eating problem (that is, the person in care or others)?
- Are growth or possible nutrition deficiencies an issue? Does food need to be fortified?
- Are there any oral or physical problems limiting the ability to eat?
- Is the person presenting a risk to himself or herself?

A referral should be made to a Registered Dietitian if there is poor feeding over a long period of time. Behaviour strategies may not always be enough to manage the problem. Disturbed eating behaviours may lead to low body weight, obesity, extreme pickiness and nutritional deficiencies.

Referrals

Often difficult eating and behaviour challenges require support programs. Refer the person in care to a psychologist or educational programmer.

Eating-Behaviour Solutions

Some solutions to address eating-behaviour problems include:

- 1. Offer new foods repeatedly.** It is normal for someone to reject a food the first time it is offered. Offer the food repeatedly in a supportive way. Sometimes five to ten exposures are necessary for a food to be accepted.
- 2. Provide a happy, safe, relaxed social context at meals.** Staff can influence food intake. For example, discussing food dislikes can affect how persons in care accept a food. Staff members also provide direct and indirect examples of eating behaviour. Recognition, praise and approval reinforce appropriate behaviour. Staff should talk pleasantly to the person in care at meals, but not just about food. For disruptive behaviours review possible reasons. Are there any distractions at mealtimes? Has there been a change in medication? Is the person constipated, dehydrated or in pain? Is the person positioned correctly?
- 3. Provide discipline and support.** Provide consistent, appropriate limit-setting and routine at mealtimes. Avoid distractions such as the television so that the person in care can learn normal eating behaviour including recognizing when they are full. Emotional support, encouragement and affection around eating are important. Most people can regulate their intake to meet requirements by increasing or decreasing their intake at subsequent meals. To support healthy eating patterns:
 - Provide appropriate foods. The care provider's role is to provide appropriate food in a supportive environment. The person in care's role should be to select what and how much they want to eat. This is the division of responsibility. Encourage the person to experience new foods by providing familiar foods and reducing the pressure to eat.
 - Avoid bribery because it does not work and can make the situation worse.
- 4. Be responsive.** Appropriate responses to readiness and emotional issues promote healthy eating behaviours. Avoid hurrying the person to eat. Children in particular need to register hunger and fullness and enjoy the social aspect of mealtimes.

For children

Persistent poor feeding often may indicate chronic childhood illnesses. This requires a referral to a physician.

Overeating and the Environment

The following provides some suggestions to prevent overeating.

- Store tempting foods in less-convenient locations (such as in a basement or top cupboard).
- Do not leave serving bowls and platters on the dinner table. Keep second servings a safe distance away.
- Provide sufficient non-food oriented activities during the day. Exercise-based programs such as walking, dancing or playing sport are ideal.
- Discourage "grazing" by focusing only on food. Have the person eat only when sitting down, and do this at a distraction-free table.

- Illustrate normal portion control. Pre-serve the portions and allow no “refills.” Repackage foods into smaller containers. Avoid eating straight from packages.
- Get rid of the cookie jar, or replace it with a fruit bowl.
- Make healthier foods more visible. Wrap tempting foods in foil to make them less visible. Place healthier foods in the front of the refrigerator.
- Avoid multiple bowls of the same food (for example, at parties) because they stimulate eating.
- At buffets avoid having more than two different foods on a plate at the same time.
- To discourage overeating in an environment where food is plentiful (for example, at a party), arrange foods into organized patterns.
- Use tall, narrow glasses instead of short, wide ones, and smaller bowls, plates and spoons rather than larger ones.

Suggestions for Special Mealtime Activities

Social interaction can be increased by using the dining room for celebrations. Preparing food in special ways and using simple decorations give a change of pace to meals. Some ideas that you might wish to consider:

Birthday Parties and Theme Days:

Valentine's Day	BC and Canada Days	Robbie Burns Day
St. Patrick's Day	Oktoberfest	Chinese New Year
Thanksgiving	Halloween	Hannukah
Easter	Christmas	Idul Fitri (HariRaya)
Mother's/Father's Day	New Years' Eve	Remembrance of the Dead

Sporting Events:

Stanley and Grey Cup	Commonwealth Games	Special Olympics
Baseball World Series	Super Bowl	Canada Games
Tennis Cups	Olympics	FIFA World Cup

Ethnic Meals:

French	South Asian	Asian: Chinese, Japanese, Thai,
German	French Canadian	Indonesian, Vietnamese,
Greek	Aboriginal	Korean
Italian	East Indian African	Mexican
Hawaiian	Jamaican	Cajun

Other:

Home anniversary dinner	Christmas in July	Ship's galley (seafood)
Indoor picnic in January	Western barbecue	

Cultural, Religious and Personal Considerations

Food is much more than just a physical necessity. For many, it represents comfort, security and a sense of belonging. For others, food may be an expression of religion. It is important to respect culture, identity and personal preferences. To help meet personal preferences, consider keeping breakfast flexible to resemble the person in care's meal pattern at home. Breakfast offers familiar foods and is most comforting. Individual food preferences can be easily addressed (for example, selection of juices, cereals).

Obtain information on specific food practices by talking to the person in care, their family and facility staff who share similar cultural practices and by consulting books, etc. For example, with all religions there are different ways of practicing. Some of the more common ethnic groups include South Asians from India, Pakistan and East Africa where religion plays a significant role in dietary laws; Jewish people who follow a kosher diet; and Chinese people who may favour rice, fish, chicken, pork, green vegetables and soup with all meals. The information should include:

- How is food normally served and eaten? On a plate, or in a bowl? With a fork, spoon, soup spoon, Chinese soup spoon or chopsticks? Scooped up with roti?
- Is food served plain or with sauces? Are vegetables usually served raw, cooked or pickled?
- Is there a “most preferred” food (for example, rice, noodles, potatoes, soup)? Is this food served at every meal?
- Are there forbidden foods or food combinations? Are there foods that are served during illness, or at celebrations?
- Are dairy products eaten on a regular basis? Are they served hot or cold? Are they cooked with rice or tapioca? Are they served as buttermilk or yogurt?

There are many things that can be done to suit preferences. These include having equipment for items (for example, rice steamer) that could make food preparation easier. You can also try ethnic foods for all those in care or have staff attend ethnic cooking classes. Check food stores and suppliers for ethnic foods and encourage family members to bring in foods that may provide comfort to the person in care. Often only small changes are needed. For example, someone originally from China could be served baked chicken chopped in a bowl of rice with sauce and cooked vegetables, to be eaten with chopsticks. A South Asian person could be served the baked chicken with rice, plain cooked vegetables and chutney. A vegetarian could be served tofu or beans with vegetables and rice. Sauces and spices such as chutneys or oyster sauce can be provided on the side.

Developing Food Skills

Persons in care should be assisted in maintaining or in developing skills for daily life. The nutrition care plan should provide information on participation in meal-planning, grocery shopping and food preparation, if appropriate. It should also indicate the level of supervision required to ensure safety. Some ideas for developing food skills include:

- Provide a variety of food experiences. Visit the fruit and vegetable section of a store or go to a bakery. Talk about the different foods – their colours, shapes and sizes, types, etc. A vegetable garden also provides for introduction to new foods.
- Where needed, use pictures, colour and/or food models. A speech therapist can help with other communication ideas.
- For those in wheelchairs or who need to sit while cooking, hang an unbreakable mirror at an angle above the stove. This will help them see into the pots on the stovetop.
- Non-slip materials such as Dycem are great for opening jars. Paint-can openers and bottle-openers can also be used to pry apart a lid and jar.
- Place a piece of non-slip plastic shelf-lining under a dish to keep it from sliding. Provide pots, pans and utensils with flat handles. They are much easier to grip. For larger pots and pans, choose ones with handles on each side so that they can be lifted without gripping.
- For those in wheelchairs, remove the doors and shelves from cabinets under the sink.
- Put a lazy Susan on a refrigerator shelf or cabinet shelf so items can be reached easily. Keep frequently used items near the front of the cabinets. Consider having pull-out shelves installed in cabinets.
- Those in wheelchairs can set a flat board on their lap to help carry things around the kitchen.
- To stabilize a mixing bowl, set it in a drawer and shut the drawer against the bowl's sides. Lean against the drawer to keep pressure on the bowl's sides. This prevents it from moving as you stir.
- Provide an extended reacher for reaching things on higher shelves.
- To make the fridge or cabinet doors easier to open, tie a loop of ribbon or rope around the door handle. A person can slip their arm through the loop and pull the door open.
- Put a towel or fabric mat under appliances on the counter. This makes it easier to pull the appliance to the front of the counter.
- Use a long-handled spoon to help lift pot lids. Bowl and teapot tippers can help a person hold onto an item.
- Pot stabilizers prevent pots and pans from being dropped or slipping while stirring items.

EXAMPLES OF SPECIALLY ADAPTED EQUIPMENT



Pot Stabilizer



Universal Turner



Extended Reacher



Teapot Tipper



Tap Turner



Clip-on Vegetable Peeler

- Chairs or stools with wheels can help reduce the amount of walking the person has to do.
- Clip-on vegetable peelers can be helpful to those with a weak grip.

Where those in care participate in food activities, ensure there is adequate supervision. This protects the safety of the person in care. It also ensures that food is safely prepared and handled.

Suggested Resources

Cooking as a Therapeutic Recreation Activity. For ideas, visit: www.recreationtherapy.com/tx/txcook.htm

Mental Aerobics and More Mental Aerobics. These are resource manuals of mentally stimulating group activities including numerous food-related activities. To order, visit: www.mentalaerobics.net

Mindless Eating. Available at: <http://mindlesseating.org>

Ellyn Satter and the Division of Responsibility in Feeding. Available at: www.ellynsatter.com

To find psychologists in your area visit the Psychologist Referral Service at: www.psychologists.bc.ca/referral.html

SECTION 11: EMERGENCY PLANNING

Emergency Menu

Emergency Supplies, Equipment and Food Checklist

Emergency plans for handling disasters will ensure that the needs of those in care continue to be met. Food is important in any emergency because it provides comfort, satisfies hunger and helps decision-making. The main things to consider when feeding those in care in an emergency include:

1. Provide safe water and food.

- Store 2.5–5 L ($\frac{1}{2}$ –1 gallon) per person per day. This water will be required for drinking, food preparation, brushing teeth, other basic hygiene needs and washing dishes. Store an alternative water supply in sturdy, opaque plastic jugs or bottles. Avoid using milk or other similar containers because the plastic becomes brittle. Fill the bottle halfway with water. Add chlorine bleach (it must contain 5.25% sodium hypochlorite and be less than one year old) in the amount listed below. Note: this procedure can also be used to purify water during the emergency.

WATER AMOUNT	WATER IS CLEAR	WATER IS CLOUDY
1 L (1 quart)	2 drops	4 drops
5 L (about 1 gallon)	8 drops	16 drops
25 L (about 5 gallons)	2.5 ml ($\frac{1}{2}$ tsp.)	5 ml (1 tsp.)

Purification tablets may be used, but they have a short shelf life.

Finish filling the bottle to the very top. Spread melted candle wax around the top of the rim and screw the lid on tightly. Date and label the bottle (“Purified Drinking Water”). Store this in a cool, dark place. Inspect the supply regularly. Replace any questionable-looking supplies. This water can be added to foods to prevent contamination.

2. Pre-plan, keep it simple and prioritize.

The plans you develop should take into account all types of disasters that include:

NATURAL	INDUSTRIAL	SOCIAL/POLITICAL	FACILITY
<ul style="list-style-type: none"> • Fire • Flood • Earthquakes • Weather (snowstorms, tornadoes) • Disease outbreak (for example, influenza) 	<ul style="list-style-type: none"> • Food recalls • Hazardous material spills • Heating, water, power disruptions or failures • Explosion • Mid-air crash 	<ul style="list-style-type: none"> • Labour disruptions, strikes • Civil disturbances, riots • Bomb threat or hostage-taking 	<ul style="list-style-type: none"> • Medication interruptions • Disruptions in food service and laundry • Sewage backups • Search for missing person in care • Internal evacuations

- Procedures should be simplified. Meals should be simple, familiar and acceptable. Make sure you have at least one alternative way to cook your food (for example, camp stove, sterno stove, barbecue, fondue pot, chafing dishes). Never burn charcoal indoors because it could cause carbon monoxide poisoning. As part of the emergency planning process you may want to meet with the family/support persons of the persons in care as well as people in the neighbourhood.

Emergency Menu

An emergency menu and food supplies for at least three days should be in place. Some emergency planning organizations recommend supplies for up to seven days. A five-day plan should allow for sufficient time for help to arrive. When selecting foods for emergency supply:

- Keep a supply of canned foods and dry mixes or other foods that require little or no cooking or refrigeration in case utilities (for example, electricity) are disrupted.
- Store foods that require little or no water for preparation and that will not increase thirst. Liquids from canned foods can be used as water in cooking.
- Store foods that will meet the needs of those in care requiring special diets. Include foods needed for those on therapeutic or texture-modified diets. For puréed diets, jarred baby foods could be used.
- Store some of the food in portable containers (for example, in case you need to leave the home). Large ice chests with wheels are a good choice.

Some examples of these for each of the food groups are provided in the following table:

GRAIN PRODUCTS	VEGETABLES AND FRUIT	OTHER
<ul style="list-style-type: none"> • Biscuit/muffin mixes • Hot and cold cereals (small individual packages may work best) • Cookies and crackers • Canned noodles • Rice • Rice cakes, crisp breads and rusks • Bars (for example, bran, granola) • Foil-wrapped Rice Krispie squares 	<ul style="list-style-type: none"> • Canned fruit and vegetables • Canned or dehydrated soups • Dried fruit • Canned or tetrapak fruit and vegetable juices • Instant potatoes, dried scalloped potatoes • Root vegetables (potatoes, carrots, yams, onions, winter squash) apples, oranges. These keep their quality for several months if stored in a cool place • Thickened beverages for those with dysphagia 	<ul style="list-style-type: none"> • Hot chocolate powder, instant coffee and tea • Honey and jam • Vegetable oil • Bottled water - two additional litres (2 gallons) of water per person per day for cooking and cleaning • Sugar and sugar substitutes (or artificial sweeteners) • Coffee whitener • Energy bars • Formulas for tube feeding and commercial supplement or meal replacement drinks if necessary • Thickening products for fluids (if needed)
MILK / MILK ALTERNATIVES	MEAT AND ALTERNATIVES	
<ul style="list-style-type: none"> • Ultra-High Temperature (UHT) milk or fortified soymilk (milk in a tetrapak container) • Skim milk or soy milk powder • Canned evaporated milk • Instant pudding mix or canned puddings • Shelf-stable processed cheese spreads 	<ul style="list-style-type: none"> • Canned meats and fish (for example, corned beef, luncheon meats) • Nuts and seeds • Peanut or other nut butters • Canned beans, lentils, etc. • Puréed foods for those on dysphagia diets 	

Emergency Menu (Sample) for General Diet

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., raisins) Bread, margarine, peanut butter, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Instant breakfast Dried fruit (e.g., apricots) Bread, margarine, cheese, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., prunes) Bread, margarine, peanut butter, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., bananas) Graham crackers, hazelnut butter, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., mango) Rice cakes, margarine, peanut butter, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., pineapple) Rusks, margarine, cheese spread, jam Tea/coffee	Juice*, UHT** milk/fortified soy milk** Cold cereal/ granola bars Dried fruit (e.g., dates) Graham crackers, hazelnut butter, jam Tea/coffee
Snack	Juice* / water	Juice* / water	Juice* / water	Juice* / water	Juice* / water	Juice* / water	Juice* / water
Lunch	Juice* Chicken noodle soup w/ unsalted crackers Ham salad sandwich Mixed vegetables Chocolate pudding cup	Juice* Cream of mushroom soup w/ unsalted crackers Chicken salad sandwich Sliced beets Canned peaches	Juice* Tomato soup w/ unsalted crackers Canned shrimp Peas Bread w/ margarine Tapioca pudding cup	Juice* Chili con Carne Bread or Roll w/ margarine Carrots Fruit cocktail	Juice* Macaroni and cheese Flaked chicken Stewed tomatoes Applesauce	Juice* Minestrone soup w/ unsalted crackers Canned salmon Pickled beets Canned apricots	Juice* Creamed tuna and peas on bread Sweet potatoes (canned) Chocolate pudding cup
Snack	Juice* Applesauce	Juice* Raisins	Juice* Rice Krispie square	Juice* Trail mix	Juice* Oatmeal cookie	Juice* Vegetable crackers	Juice* Ginger snaps
Dinner	Juice* Canned beef stew Instant mashed potatoes Melba toast w/ margarine Fruit cocktail	Juice* Pork and beans Corn Bread w/ margarine Vanilla pudding cup	Juice* Noodles and meat sauce Green beans Bread w/ margarine Canned pears	Juice* Canned ham Cheese slices Sliced beets Flatbread Pineapple chunks	Juice* Mashed beans Tortilla shell Corn Canned mandarin oranges	Juice* Scalloped potatoes made with canned ham Mixed green and wax beans Fruit cocktail	Juice* Beef ravioli Bean salad (assorted canned beans) Mixed vegetables Canned cherries
Snack	Juice* Digestive cookies	Juice* Bran crunch cookies	Juice* Cinnamon snaps	Juice* Butterscotch pudding cup	Juice* Fig newtons	Juice* Social teas	Juice* Arrowroot cookies

*Pre-packaged juice **Ultra High Temperature (or reconstituted evaporated or skim milk powder acceptable)

Serve those on puréed diets cereal, crackers, cookies or crustless bread soaked in liquid; canned puréed meat, pudding, puréed fruits and vegetables. Provide tomato or nectar juices to persons in care who need thickened fluids. Where applicable, ensure that there is an adequate supply of enteral formula. If the water supply is unsafe for drinking, be sure to follow water-purification procedures when reconstituting evaporated or powdered milk, juices, soups or beverages

During the emergency use the foods in your refrigerator. Next use the frozen foods in your freezer. Canned foods and mixes are used last.

On the previous page you will find a sample seven-day emergency menu that you may want to adapt to the needs of your facility.

To prevent emergency foods from being thrown out, set up a plan where you use the items that are close to their expiry date as part of your menu.

On the government publications website, you will find:

- Blank Emergency Menu Planning Forms. Be sure to check that your menu meets the guidelines of *Eating Well with Canada's Food Guide*.
- A blank Emergency Product Inventory/Rotation form.
- A checklist for emergency equipment, supplies and food (this is located on the following page also).

These may be used in developing and implementing your emergency plan.

Suggested Resources

Health Canada, Emergency Food Service: Planning for Disaster. 2007. Available at: www.phac-aspc.gc.ca/emergency-urgence/pdf/emfood_e.pdf

North Shore Emergency Management Office. Available at: www.nsemo.org

Provincial Emergency Program. Available at: www.pep.bc.ca

Health Canada. Available at: www.hc-sc.gc.ca

Public Safety Canada. Available at: www.psepc-sppcc.gc.ca

See also

Blank electronic copies of the Emergency Menus, the Emergency Kit – Product Rotation/Inventory and the Emergency Supplies, Equipment and Food Checklist forms can be obtained on the BC government publications website at: www.publications.gov.bc.ca and look up “Forms To Accompany the *Meals and More Manual*.”

Emergency Supplies, Equipment and Food Checklist

Below is an emergency kit that would sustain eight to ten people for three to five days. Extra lines are included to add any items specific to your home

Kit

- 2 – rolling toolboxes
 - 4 – 47.5-cm (19”) toolboxes
 - 1 – pack lashing or bungee cords (to strap kit together)
-
-

General Equipment and Supplies

- 10 – thermal emergency blankets
 - Lighters
 - 1 – first aid kit
 - 2 – 3 pk flashlights with batteries
 - 2 – 3 pk camping bath tissue
 - Battery-powered (or hand-crank) radio with 2 packages batteries
 - 1 – multi-tool kit that includes gas shut-off wrench, pliers, tools
 - 8-10 activity and puzzle books
 - Coins (for pay phones)
 - 8 – 22.5 L (5 gallon) collapsible water jugs
 - Whistle
 - Matches (waterproof)
 - Paper, pens, pencils
 - Plastic sheeting (for shelter)
 - 10 raincoats
 - 1 barbecue and accessories
 - 2 – pk emergency candles
 - Fire extinguisher
 - Stove and fuel (butane, lighter fluid)
 - Funnels
 - Garbage can
 - Map of building
 - 2 sets of heavy gloves
-
-

Cleaning Supplies

- 1 bottle of bleach to treat water
 - 2 bottles dish detergent
 - 2 bottles hand sanitizer
 - Absorbent material for cleaning
-
-

Personal Hygiene

- 2 tubes toothpaste
 - 2 rolls duct tape
 - Feminine products
 - 10 toothbrushes
 - 2 bottles multi-purpose soap
-
-

Kitchen Supplies

- Oven mitts
 - Large metal spoons
 - Kitchen utensils
 - Ladles
 - Knives
 - Can opener with blades
 - Bottle opener
 - Mixing bowls
 - Dishpan
 - Saucepan
 - Scoop
-
-

- Scissors or all-purpose knife
 - Strainer
 - Tongs
 - Frying pan (non-electric)
-
-

Disposables and Paper Supplies

- 2 rolls plastic wrap
 - 2 rolls aluminum foil
 - 3 – 16-piece plastic cutlery set
 - 3 – 16-pk disposable bowls
 - 3 – 16-pk plastic plates
 - 3 – 16-pk disposable cups
 - 2 packages garbage bags
 - 10 disposable aprons
 - 2 packages disposable cloths
 - 2 packages Flex straws
 - 1 pack of moist towelettes
 - 1 large pack of paper napkins
 - 1 – 4-pack paper towels
 - 1 pack scouring pads
 - 4 – facial tissue packages
-
-

Food Items

- 4 – 12-pk bottled water
 - 24 – 1 L (4 cup) tetra packs of 100% juice
 - 24 – 1 L (4-cup) tetrapacks of UHT milk or fortified soy milk
 - 1 large jar peanut butter
 - 1 large jar jam
 - 1 package tea bags
 - 1 jar instant coffee
 - 6 – 12-pk granola bars
 - 4 cans tuna or salmon
 - 8 cans luncheon meat
 - 4 cans baked beans
 - 15 large cans assorted vegetables
 - 15 large cans assorted fruit
 - 15 large cans ready-to-eat items (e.g., stew, noodles)
 - 15 large cans ready-to-eat soups
 - 1 box instant mashed potatoes
 - 4 boxes assorted crackers
 - 6 boxes assorted cookies
 - 2 large bags dried fruit
 - 6 packages assorted instant puddings (or 20 individual pudding cups)
-
-

Additional Items

- Health information
 - Emergency contact information
 - Extra vehicle keys
 - Maps
 - Cash
 - Small axe, crowbar and other emergency tools.
 - Medications of those in care
 - Over-the-counter medications such as fever reducers, pain relievers and cough drops
-
-

SECTION 12: CONSIDERATIONS FOR CHILDREN

Common Nutrition Concerns in
Children from 1 to 19 Years

Positive Nutrition and Development of
Eating Skills for Children with Disabilities

Some small facilities focus their services on children only. In this section, nutrition and food items related to children are highlighted.

Monitoring Your Food and Nutrition Program. The checklists outlined in Section 1 of the manual also apply to facilities for children. Review and complete these as indicated.

Individual Nutrition Care Planning. Section 2 of this manual also applies to children. Children with developmental disabilities are more likely to have nutrition-related problems. The nutrition screening form *When to Refer to a Registered Dietitian* will identify nutrition-related concerns. Some nutrition concerns for different stages of childhood are discussed later in this section.

Nutrition care plans should be updated every six months for children. Tracking growth is also important. Measure the height or length of those persons in care under the age of 19 at least every six months. Weight should be measured and recorded once a month. The child's growth rate must be assessed at least once a year by a health specialist (for example, a doctor, pediatrician, Registered Dietitian, childhood nurse). Any weight loss requires a referral to a Registered Dietitian.

Food and Fluid Textures and Special Diets. Sections 3 and 4 of this manual provide information to be used only on a temporary basis until a Registered Dietitian consults with the person in care.

Healthy Eating, Menu Planning, Meal Preparation and Service. Sections 4–11 of this manual also applies to children. Menus should be consistent with the current *Canada's Food Guide*. They should also provide foods that balance energy and nutrients with children's ages, appetites, activity, and special needs (for example, culture). The recommended servings for different age groups are:

	CHILDREN			TEENS	
	2-3 yrs	4-8 yrs	9-13 yrs	14-18 yrs	
	Girls and Boys			Females	Males
Vegetables and Fruit	4	5	6	7	8
Grain Products	3	4	6	6	7
Milk and Milk Alternatives	2	2	3-4	3-4	3-4
Meat and Alternatives	1	1	1-2	2	3
Oils and Fats	30–45 ml (2–3 Tbsp.) of unsaturated fat, including oil used for cooking, salad dressings, margarine and mayonnaise.				

On the following page is an example of menus for young children (1 to 6 years) that provides an idea of food portions to serve for 1 to 2 years, 2 to 4 years and 4 to 6 years.

Menus for Young Children (1 to 6 Years)

	1 TO 2 YEARS	2 TO 4 YEARS	4 TO 6 YEARS
Breakfast			
Meat/Alternatives	30 grams (1 oz.) of cheese	30 grams (1 oz.) of cheese	30 grams (1 oz.) of cheese
Grains	75 to 125 ml (1/3 to 1/2 cup) dry cereal 1/2 to 1 slice toast	125 ml (1/2 cup) dry cereal 1 slice toast	125 ml (1/2 cup) dry cereal 1 slice toast
Fruit	1/2 fruit or 60 ml juice (2 oz.)	1/2 fruit or 60 ml juice (2 oz.)	1 fruit
Milk/Milk Alternatives	125 ml (4 oz.) whole milk	180 ml (6 oz.) whole or 2% milk	180 ml (6 oz.) whole or 2% milk
Morning Snack	1/2 fruit	1/2 fruit	1/2 fruit
Lunch and Dinner			
Meat/Alternatives	35 to 45 grams (1 to 1 1/2 oz.)	45 to 60 grams (1 1/2 to 2 oz.)	60 grams (2 oz.)
Grains	35 to 45 ml (2 to 3 tbsp.) rice or noodles	45 to 60 ml (3 to 4 tbsp.) rice or noodles 1/2 slice bread	60 ml (1/4 cup) rice or noodles 1/2 slice bread
Vegetables	35 to 45 ml (2 to 3 tbsp.) of vegetables	45 to 60 ml (3 to 4 tbsp.) of vegetables	60 ml (1/4 cup) of vegetables
Fruit	1/2 fruit	1 fruit	1 fruit
Milk/Milk Alternatives	125 ml (4 oz.) whole milk	180 ml (6 oz.) whole or 2% milk	180 ml (6 oz.) whole or 2% milk
Afternoon Snack	2 cookies (for example, social tea or arrowroot)	2 cookies (for example, social tea or arrowroot)	4 cookies (for example, social tea or arrowroot)
Evening Snack	125 ml (4 oz.) whole milk 2 cookies (for example, digestive or oatmeal)	180 ml (6 oz.) whole or 2% milk 2 cookies (for example, digestive or oatmeal)	180 ml (6 oz.) whole or 2% milk 4 cookies (for example, digestive or oatmeal)

Note: Menus include water, fats and oils and condiments

As part of meal planning ensure that furniture and eating utensils are suitable so that the children can enjoy mealtimes. Nutrition education for children should be part of the facility program. Staff should encourage positive experiences with food and eating.

Lunches to go are a big part of a child's nutrition. Refer to Section 7 for ideas. Here are some additional tips for lunch menus:

- Build a “make-your-own sandwich” pack. Buy a reusable foodsaver with compartments and pack it with vegetables (for example, green pepper, tomato), meat (for example, sliced turkey) and cheese. Include some whole grain bread or crackers. Kids like the idea of building their own lunch.
- Pack dry cereal (for example, Cheerios, Shreddies) or breadsticks with lunch instead of chips.
- Try pasta or potato salad with added vegetables and cheese.
- Try putting previously rejected foods in interesting containers: colourful foodsavers or very small baggies may make it seem like a different food altogether.
- Include an ice pack to keep cold foods cold, or a thermos to keep hot foods hot. Try an “edible ice pack”: freeze an orange and use it as the ice pack so that by lunchtime the orange will be thawed out and lunch will still be cold

Sometimes children will not eat a lunch packaged for them as it may seem like too much food for them. Try presenting lunch as a variety of healthy snack foods. Children may be more interested in eating smaller amounts of various foods. Try smaller sizes and amounts of foods.

Common Nutrition Concerns in Children from 1 to 19 Years

The following outlines some common nutrition concerns for those between the ages of 1 and 19 years. There are some key nutrients to pay attention to in this stage of life. These include vitamin A, vitamin C, vitamin E, calcium, iron and zinc. The following table outlines some food sources of each of these. These should be considered in food planning.

NUTRIENT	MAIN FOOD SOURCES
Vitamin A	Liver, dark green leafy vegetables, yellow/orange vegetables, milk, cheese, eggs, apricots, cantaloupe
Vitamin C	Citrus fruit, tomatoes, melons, strawberries, kiwi fruit, sweet peppers, potatoes, cabbage, broccoli
Vitamin E	Vegetable oils (soybean, flax seed, sesame), margarine, mayonnaise, walnuts, peanuts, pecans, wheat, rice, corn, leafy vegetables, eggs, and milk and milk alternatives
Calcium	Milk and milk alternatives, fortified soy products, kale, broccoli, mustard greens, canned fish with bones
Iron	Liver, lean meat, egg yolks, legumes, shrimp, oysters, whole grains, iron-enriched cereals, dried fruits, dark green vegetables
Zinc	Milk, liver, shellfish, herring, wheat bran

You should also provide enough fibre (offer plenty of fruits, vegetables and whole grain items) and fluids (offer plenty of milk, water, pure 100% unsweetened fruit juices).

Toddlers (1–3 years)

This is a good time to help form good eating habits. Toddlers need enough energy for active play and growth. However, they do not need adult-size portions. Servings should be a quarter to a third of the size of an adult portion. Small, frequent meals should be provided and serving sizes increase with age. A rough rule of thumb for the serving size of meat is 15 ml (1 Tbsp.) per year in age. Growth as well as mental and physical development must be watched. Toddlers need more fat than adults to provide energy and help with their nervous system development. For the toddler, provide 1.3 L (about 5–6 cups) of fluids a day and about 19 grams (about $\frac{3}{4}$ ounce) of fibre a day. Some nutrition-related concerns during this life stage include:

Appetite and Picky Eaters

As the toddler's growth slows, their appetite often drops off too. The toddler may be less interested in eating. Do not force or bribe a child to eat. Your responsibility is to provide nutritious foods. It is the child's responsibility to choose when and how much to eat.

Some children may avoid fruit and vegetables. Some tips to encourage intake of this food group include:

- Add thinly cut, grated or pureed vegetables to sauces, chili or casseroles.
- Offer the child a smoothie made with fruit and milk.
- Have the child help pick out vegetables and dip for a snack.
- Make frozen fruit kabobs by putting cut-up fruit on a skewer and freezing them.

Food Allergies and Adverse Food Reactions

Intolerance to foods may cause adverse reactions. However, they are not true allergies. A true allergy involves an immune response. Undiagnosed food allergies or intolerance in children should be assessed by a physician. In addition, a referral to a Registered Dietitian is needed to determine safe foods to serve. Immediate resource information about specific food allergies and intolerances can be obtained from the Dial-A-Dietitian website as well as the Canadian Food Inspection Agency (see Suggested Resources). To prevent food allergies, routine foods in the diet should be rotated. New foods should be presented one at a time to monitor reactions.

Weight

Early signs of excess weight and obesity can occur in the toddler years. Check with the child's physician about the child's growth. Exercise and healthy foods are encouraged.

Risk of Choking

Foods that may cause choking in children under 3 years of age include:

- nuts (alone or in foods)
- hot dogs
- seeds
- pieces of raw fruit and vegetables
- small candies
- popcorn
- whole grapes

Children should sit down for snacks to reduce the risk of choking. Foods should be cut into very small pieces (for example, no bigger than the size of a Cheerio) until 22 months of age.

Iron Deficiency

Not eating enough foods that are sources of iron is very common in children. Provide iron-rich foods (see table in Common Nutrition Concerns in Children from 1 to 19 Years in this section of the manual). Also, limit milk to 750 ml (3 cups) a day, as the child's stomach is small and may have no room left for iron-rich foods.

Preschoolers (4–5 years of age)

In preschoolers growth has slowed down. Appetite reduces and activity levels increase. By this time, most children have all their baby teeth, so they chew most foods. Fat in the diet is still important for nervous system development. Provide the preschooler with 1.7 L (about 6–7 cups) of fluids a day. About 25 grams (1 ounce) of fibre a day is also needed.

Preschoolers are ready to learn, so this is a good time to shape their eating habits. Some nutrition-related concerns include dental caries and weight. Tooth decay results when bacteria in the mouth feed on carbohydrates and produce acid that erodes tooth enamel. Sugary, sticky foods should be avoided. Regular brushing should be encouraged. If weight is a concern, have the physician assess the preschooler's growth.

School-Aged Children (6–13 years)

Most school-aged children are influenced by peer pressure. Role-modelling and involving the child in meal preparation help shape healthy eating. Try not to categorize foods as good or bad because this can lead to abnormal views about eating. Growth in school-aged children continues at a slow and steady pace. Sexual development can start between the ages of 8 and 9 years. This changes nutrition needs for both boys and girls. For boys between 9–13 years provide 2.4 L (9–10 cups) of fluids; provide 2.1 L (8–9 cups) for girls. Provide between 25 and 31 grams (about 1 to ¼ ounce) of fibre. Some nutrition-related concerns during this life stage include:

Nutrition, Hyperactivity and “Hyper Behaviour”

Hyperactivity is not caused by a poor diet, but a poor diet may be a factor in a hyperactive child’s life. Some children may be sleepless, restless and tense due to caffeine found in cola drinks. Regular sleep times, mealtimes and activity are important. Hyperactivity management may include work on the child’s behaviour, counselling and/or medication. Consult with a physician.

Weight and Body Image

Obesity is linked with a lack of activity (for example, watching television, computer use). Females are prone to distorted body image. This can lead to trying diets, restricting foods and developing other behaviours that affect their health. Encourage a healthy body image (acceptance of body type).

Calcium and Vitamin D

Calcium and vitamin D are needed to ensure that bones develop to their full potential. Often soft drinks replace fluid milk or milk alternatives. Diets that are low in calcium tend to be low in other nutrients, so focusing on calcium intake can help to ensure an overall healthy diet.

Adolescents (14–18 years)

Adolescence is when puberty occurs. Nutritional needs are influenced by the adolescent’s rapid growth, changes in body make-up and levels of activity. Growth spurts tend to occur in girls around 10–11 years of age and in boys around 12–13 years. These growth spurts last about 2 years. Girls tend to gain more body fat during this time and boys gain more muscle.

Teenagers make more choices for themselves. Peer pressures influence them strongly. They learn about nutrition from various sources. Their food choices are often related to a desire to achieve a particular body shape, clear up acne or improve their athletic performance.

Energy needs vary greatly depending on growth, body size and activity level. Choices made now will affect a teenager’s future health. In the case of obesity, for example, excessive dieting, which results in low calcium intake and low body weight, can lead to osteoporosis in later life. Calcium-rich foods include the milk and milk alternatives. Aim to drink at least 3 cups of milk and fluid milk alternatives per day. Calcium is also found in many non-dairy foods, or added to other foods, such as juice, cereal and bread. Iron is

needed to replace menstrual losses in girls and to support the growth of muscle in both boys and girls. The fluids needs for teenage boys is 3.3 L (13–14 cups) a day and 2.3 L (9–10 cups) a day for girls. This amount includes fluids found in foods. You should offer a variety of fluids; at least 1.5 L (6 cups). Female adolescents need 26 grams (about 1 ounce) of fibre a day for females and male adolescents need 38 grams (about 1 ½ ounces) of fibre a day. Some nutrition-related concerns during this life stage include:

Food Choices

Snacking and eating-out are a large part of food intake so healthy choices are important. Peer influence is strong. Provide nutritious foods and reliable nutrition information.

Weight and Body Image

Weight gain is part of adolescence. A reduction in physical activity can contribute to weight problems. Issues around body image may also emerge in both boys and girls. These can lead to eating disorders. Going on some type of diet may lead to an eating disorder.

Lifestyle Factors

Smoking, alcohol and illegal drug use can also affect nutritional status. Tobacco influences hunger, weight and nutrition status. Smokers tend to eat less fibre, vitamin A, Beta-carotene, folate and vitamin C. It can also increase the need for certain nutrients (for example, vitamin C)

Pregnancy

Adolescents who become pregnant tend to have nutrition challenges. Many health regions have prenatal nutrition programs for high risk pregnant moms including adolescents. Contact the health region office for more details.

Positive Nutrition and Development of Eating Skills for Children with Disabilities

Care providers who have daily hands-on experience often find ways to meet the special needs of the child in their care. Flexibility and trial and error are the keys to successful mealtime management. If problems persist, contact the person in care's physician. Seating position options for small children include the care provider's lap, high chair or car seat. The following table offers guidelines for these.

POSITION**GUIDELINES****Caregiver's Lap**

- The child's shoulders are forward and, if possible, the arms are forward.
- The head is centred and supported by the caregiver's arm.
- The child's hips are flexed and close to an angle of 90 degrees.
- To make a deeper seat to prevent the child's legs from extending at the hips, position the lower part of upper leg's calf muscle to rest across the knee.

Seating Systems

- For head support, place a rolled towel or small pillow behind the child's neck.
- For trunk support, position a rolled towel or small pillow between the child's side and the side support of the seat.
- Other specially designed seating systems (for example, corner seat) may be used.

When you are helping the child to eat remember to sit at eye level. When feeding, pat the mouth instead of wiping it and avoid touching the lips. When spoon-feeding, the spoon should fit comfortably in the mouth. Place the spoon on the middle or back two-thirds of the person's tongue. For cup-drinking, place the cup rim on the person's lower lip. Hold the cup in this position and tip gently as sips are taken. Avoid pouring the liquid into the mouth.

Suggested Resources

ActNow BC. Fueling and Cooling the Young Athlete. Available at:
www.actnowbc.ca/EN/families/fueling_and_cooling_the_young_athlete

BC HealthGuide. Healthy Eating for Children. Available at:
www.healthlinkbc.ca/kbase/topic/special/tn9188/hlthtool.htm

BC HealthGuide. Helping Your Toddler to Eat Well - Sharing the Responsibility with Your One to Three-Year-Old. Available at: www.healthlinkbc.ca/healthfiles/hfile69d.stm

Canadian Food Inspection Agency, Food Allergies and Intolerances Consumer Fact Sheets. Available at: www.inspection.gc.ca/english/fssa/labeti/allerg/allerge.shtml

Caring For Kids, Healthy Eating. Available at:
www.cps.ca/caringforkids/healthybodies/heathyeating.htm

Community Nutritionists Council of BC. Allergy Aware - School and Childcare Settings. Available at:
www.bcsta.org:8080/docushare/dsweb/Get/Document-30472/Allergy%20Aware%20School%20and%20Childcare%20Settings.pdf

Dial A-Dietitian, www.dialadietitian.org

Dietitians of Canada, Healthy Start for Life. Available at:
www.dietitians.ca/healthystart/content/resources/faq_4.asp

Dietitians of Canada. Is My Child Growing Well? Available at:

www.fraserhealth.ca/HealthTopics/HealthyLiving/NutritionInfo/Documents/ChildGrowingWellEnglish.pdf

Ellyn Satter Resources. Ellyn has published a number of resources about feeding relationships and eating.

Available at: www.ellynsatter.com

Fraser Health. What Really Happens When We Diet? Available at:

www.fraserhealth.ca/HealthTopics/HealthyLiving/NutritionInfo/Documents/HappensDiet.pdf

Health Canada and Winnipeg Regional Health Authority. Kids in the Kitchen

www.wrha.mb.ca/healthinfo/prohealth/nutrition/files/Nutrition_2.pdf

Contains lessons plans, recipes and nutrition activities for children aged 6–11 years.

Kids' Nutrition Tours. Available at:

www.saveonfoods.com/foodnutrition/nutrition_tours_kids.htm

Community Nutritionists Council of BC. Lunches To Go. Available at:

www.bced.gov.bc.ca/health/lunches_to_go.pdf

Kids in the Kitchen www.youville.ca/english/links.html

