

Utah State Hospital

Nutrition Care

Policies and Procedures

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Chapter I: Nutrition Care Staff

Section 1: Dietitians

1. CHIEF CLINICAL DIETITIAN

Reports to: Food Service Manager/Assistant Superintendent

Date Reviewed/Revised: 2/95, 5/98, 6/01, 11/04, 10/10

Department: Food Services

POLICY

The Chief Clinical Dietitian is responsible for the nutritional aspects of patient care.

PURPOSE

To assure adequate and appropriate nutrition care to all USH patients.

PROCEDURE

The Chief Clinical Dietitian shall meet specified qualifications and perform all required duties and responsibilities.

1.1. QUALIFICATIONS

POLICY

The Chief Clinical Dietitian employed by USH shall be certified in the state of Utah and registered by the Commission on Dietetic Registration of the American Dietetic Association and shall have sufficient continuing education to maintain registration status.

PURPOSE

To assure adequate qualifications of the chief clinical dietitian employed by USH.

PROCEDURE

At the time of interview and prior to hiring, a candidate must show evidence of registration.

The chief clinical dietitian shall keep documentation of certification, registration, continuing education credits, or eligibility for registration in his/her personnel file.

1.2. PRINCIPLE DUTIES AND RESPONSIBILITIES:

- 1.2.1. Responsible for nutrition assessments and consultations, development, implementation, and review of nutrition care plans for patients on therapeutic diets or at nutrition risk, and documentation of such services provided.

- 1.2.2. Maintains regular ongoing communication with nursing staff and treatment team to ensure patient nutrition needs are met.
- 1.2.3. Teaches nutrition education and food safety to patients, patient families, patient groups, Food Service staff, and other USH staff as needed.
- 1.2.4. Maintains an efficient program of documentation and communication of modified diets and diet changes.
- 1.2.5. Approves menus and makes modifications as needed. Plans menus for all special diets according to approved diet manual.
- 1.2.6. Monitors meal service for quality and accuracy of regular and modified diets.
- 1.2.7. Maintains a controlled snack program which adheres to both patient and budgetary requirements.
- 1.2.8. Assists in the supervision, training, and evaluation of staff dietitian, diet technician, diet cooks, and servers.
- 1.2.9. Evaluates Nutrition Care Services on an ongoing basis and develops and maintains a program of continuous quality improvement.
- 1.2.10. Reviews and revises clinical dietetics policies and procedures as needed.
- 1.2.11. Attends unit staff meetings, clinicals, food production meeting, interdisciplinary meetings, and other meetings as needed or assigned.

2. STAFF DIETITIAN

Reports to: Chief Clinical Dietitian

Date Reviewed/Revised: 2/95, 5/98, 6/01, 11/04, 10/10

Department: Food Services

POLICY

The staff dietitian is responsible for the nutritional aspects of patient care.

PURPOSE

To assure adequate and appropriate nutrition care to all USH patients.

PROCEDURE

The staff dietitian shall meet specified qualifications and perform all required duties and responsibilities.

2.1. QUALIFICATIONS

DATE REVISED OR REVIEWED: 9/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04, 10/10

POLICY

Any dietitian employed by USH shall be certified in the state of Utah and registered by the Commission on Dietetic Registration of the American Dietetic Association and shall have sufficient continuing education to maintain registration status. College graduates completing an approved dietetic program who are eligible for registration may under-fill as a dietitian for six months, but must be registered and certified by their six month review.

PURPOSE

To assure adequate qualifications of any dietitian employed by USH.

PROCEDURE

At the time of interview and prior to hiring, a candidate must show evidence of registration or registration eligibility.

All staff dietitians shall keep documentation of certification, registration, continuing education credits, or eligibility for registration in his/her personnel file.

Until registered and certified as a dietitian, a dietitian eligible for registration must have any chart notes reviewed and signed off by a staff dietitian.

2.2. PRINCIPLE DUTIES AND RESPONSIBILITIES:

- 2.2.1. Responsible for nutrition assessments and consultations, development, implementation, and review of nutrition care plans for patients on therapeutic diets or at nutrition risk, and documentation of such services provided.
 - 2.2.2. Maintains regular ongoing communication with nursing staff and treatment team to ensure patient nutrition needs are met.
 - 2.2.3. Teaches nutrition education and food safety to patients, patient families, patient groups, Food Service staff, and other USH staff as needed.
 - 2.2.4. Approves menus and makes modifications as needed. Plans menu for all special diets according to approved diet manual.
 - 2.2.5. Monitors meal service for quality and accuracy of regular and modified diets.
 - 2.2.6. Maintains a controlled snack program which adheres to both patient and budgetary requirements.
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Food Service/Clinical Dietetics Policies & Procedures

- 2.2.7. Assists in the supervision, training, and evaluation of staff dietitian, diet technician, diet cooks, and servers.
 - 2.2.8. Evaluates Nutrition Care Services on an ongoing basis and develops and maintains a program of continuous quality improvement.
 - 2.2.9. Reviews and revises clinical dietetics policies and procedures as needed.
 - 2.2.10. Attends interdisciplinary meetings as needed.
 - 2.2.11. Maintains an efficient program of documentation and communication of modified diets and diet changes.
 - 2.2.12. Attends unit staff meetings, when requested; clinicals, when requested; food production meeting, as needed; and other meetings as needed or assigned.
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Chapter I: Nutrition Care Staff

Section 2: Diet Technician

DATE REVISED OR REVIEWED: September 1987, 2/89, 11/90, 3/91, 1/92, 3/93, 9/94, 2/95, 5/98, 6/01, 11/04, 10/10

POLICY

USH shall employ a diet technician to assist the dietitian(s).

PURPOSE

To assist the dietitian(s) in providing appropriate nutrition care to all USH patients.

PROCEDURE

The diet technician shall perform all duties and responsibilities as assigned by the dietitian(s).

2.1 QUALIFICATIONS

DATE ISSUED: 9/88

DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04, 11/10

POLICY

The diet technician shall have sufficient knowledge and skills to perform duties and responsibilities as assigned. Preference shall be given to candidates who are Diet Technician Registered, have post-high school education or training, have an educational background in nutrition or health sciences, and/or prior experience in food service.

PURPOSE

To assure the diet technician has training and dietetic knowledge and skills to perform job responsibilities.

PROCEDURE

The diet technician shall be orientated and trained by the dietitian(s) in policies and procedures and job responsibilities.

The diet technician shall not perform clinical nutrition care services without supervision until he/she demonstrates adequate knowledge and skills for the specific type of service.

Documentation of registration shall be kept in the personnel file.

2.2 PRINCIPLE DUTIES AND RESPONSIBILITIES:

- 2.2.1** Conducts an initial nutrition assessment on all new patients using established risk parameters to determine if a patient should be referred to the dietitian for a more in depth assessment.
 - 2.2.2** Completes diet consults and/or follow-up evaluation and charting as assigned by dietitian(s).
 - 2.2.3** Instructs patients on certain specified diets as determined by the dietitian and charts-accurately in the medical record.
 - 2.2.4** Keeps dietary records current and accurate. Prints and distributes diet reports and labels.
 - 2.2.5** Modifies diet menus and inputs diet production numbers.
 - 2.2.6** Supervise meal service of diets, particularly for accuracy of special diets.
 - 2.2.7** Spot checks diet cook's work to ensure procedures and diets are being followed appropriately.
 - 2.2.8** Assists in maintaining good sanitation and safety procedures within the kitchen.
 - 2.2.9** Performs quality assurance duties as assigned.
 - 2.2.10** Distributes and collects food service questionnaires, as needed.
 - 2.2.11** Teaches nutrition groups or in-services as assigned by the dietitian(s).
 - 2.2.12** Attends production meeting to communicate information to kitchen staff as needed.
 - 2.2.13** Performs other duties as assigned by the dietitian(s).
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Chapter I: Nutrition Care Staff

Section 3: Dietetic Students

DATE ISSUED: 9/88

DATE REVISED OR REVIEWED: 2/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04, 11/10

POLICY

USH dietitians shall provide education and training for dietetic students who are in an American Dietetic Association (ADA) accredited program.

PURPOSE

To assist in training dietetic students in an ADA accredited program.

PROCEDURE

1. The director of the program shall coordinate with the Chief Clinical Dietitian the hours and days the student is to be at USH.
2. The director shall also give objectives to be achieved by the dietetic student.
3. All dietetic students shall be directly supervised by a USH staff dietitian when performing any patient care services.
4. Students shall be oriented to hospital policies and procedures and comply with HIPPA regulations.

Chapter II: Nutrition Care Protocols

Section 1: Procedures and Standards

1.1. POLICIES AND PROCEDURES

DATE ISSUED: 9/88

DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91, 5/92, 3/93, 2/95, 5/98, 6/01, 11/04, 11/10

POLICY

The dietitian(s) shall be responsible for the development, review and revision of the policies and procedures pertaining to the nutritional aspects of patient care.

PURPOSE

To assure appropriate nutrition care is provided to patients.

PROCEDURE

At least every three years, the dietitian(s) shall review the Nutrition Care Policies and Procedures to assure compliance with current TJC (The Joint Commission on Accreditation on Health Organizations) standards.

1. The dietitian(s) shall revise policies as needed.
2. The dietitian(s) shall be responsible to see that the policies and procedures are communicated to and followed by applicable staff.
3. If a nutrition policy requires approval from medical or nursing services, the policy shall be reviewed and approved by the respective service.

1.2. STANDARDS OF CARE

DATE ISSUED: 9/85

DATE REVISED OR REVIEWED: 9/86, 9/87, 9/88, 2/89, 3/91, 1/92, 3/93, 2/95 5/98, 6/01, 11/04, 11/10

POLICY

The nutritional aspects of patient care shall be based on current standards of practice.

PURPOSE

To assure adequate and appropriate nutrition care to all patients.

PROCEDURE

1. The current Recommended Daily Intakes of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences shall be used as a guide in developing standards of nutrition care and evaluating adequacy of diets.
2. The American Dietetic Association's Nutrition Care Manual shall be used as a standard for clinical care and therapeutic diets.
3. The Nutrition Care Manual shall be reviewed and updated at least every three years.
4. Revisions to The Nutrition Care Manual shall be approved by the hospital medical staff.
5. The Nutrition Care Manual shall be available for medical staff upon request.
6. School Breakfast and National School Lunch Program guidelines are used to plan breakfast and lunch menus in order to provide appropriate meals to school age children.

Chapter II: Nutrition Care Protocols

Section 2: Patient Care

2.1 NUTRITION ASSESSMENT

DATE ISSUED: 11/87

DATE REVISED: 9/88, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 3/02, 11/04

POLICY

All patients shall be assessed for nutrition risk upon admission.

PURPOSE

To evaluate and document the nutrition status of newly admitted patients and identify those at risk in order to provide appropriate nutrition care.

PROCEDURE

1. The initial nutrition screen shall be completed by nursing within 8 hours of admission. Any patient determined to be at high risk shall be evaluated by the dietitian within 24 hours of receipt of High Risk-Stat Consult email. High risk criteria shall include:
 - 1.1. Recent weight loss
 - 1.2. Difficulty chewing or swallowing
 - 1.3. Food allergies
 - 1.4. Diagnosis of diabetes or kidney disease
 - 1.5. Currently taking an MAOI medication
 - 1.6. Receiving IV's
 - 1.7. A medically ordered diet for diabetes, tube feeding, low sodium, puree, or gluten free
 - 1.8. Possible history of eating disorder
 - 1.9. Fasting for greater than or equal to 4 days
 2. A nutrition assessment shall be completed by the dietitian/diet technician on all new patients within 14 days after admission date and documented in the patient's chart in a DINUTR note.
 3. The following criteria shall be used to determine an abnormal assessment:
 - 3.1. BMI ≥ 30 or BMI < 20 ; BMI ≤ 5 th%ile or ≥ 95 th%ile for children or youth
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- 3.2. Albumin 3.4 g/dL or less
- 3.3. FBS/Glucose >100 mg/dL
- 3.4. Cholesterol levels ≥ 240 ; 200-239 and patient accepts offer for consultation; ≥ 200 for children or youth.
- 3.5. Triglycerides ≥ 200 ; 150-199 and patient accepts offer for consultation.
- 3.6. Below normal hemoglobin or hematocrit
- 3.7. Diagnosis of diabetes, malnutrition, eating disorder, AIDS, Crohns, cystic fibrosis, dysphagia, kidney disease, cancer, pregnancy, Parkinson's disease, or dementia.
- 3.8. Currently taking an MAOI or in the past 3 weeks prior to admit (Nardil, Parnate, Marplan, Isoniazid).
- 3.9. Documented or reported food allergies
4. Any patient with an abnormal assessment shall be referred to the dietitian. Any other dietary concerns identified in the assessment or special diet orders or requests shall be referred to the dietitian.
5. The dietitian shall complete a follow-up nutrition assessment within 3 days following an abnormal assessment and document the results in the patient's chart in a DIDATA note.

2.2 PROVISION OF DIETS

DATE ISSUED: 9/88

DATE REVISED OR REVIEWED: 2/89, 9/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04, 12/08, 11/10

POLICY

Appropriate therapeutic diets are provided when ordered or needed.

PURPOSE

To provide therapeutic diets for patients when needed.

PROCEDURE

1. New diet orders shall be initiated by the attending physician or registered nurse practitioner, and are recorded in the patient's chart.
 2. All diet orders or requests for diet consultations shall be emailed to "Dieticians Diet". Such an email is considered verification of the physician's order for a diet other than
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regular and cancels all previous diet orders. The new order shall include any part of the previous order that is to be continued.

3. A verbal order from nursing staff shall be accepted for one meal only, and then the diet order must be received via email in order for the patient to continue receiving the therapeutic or modified diet.
4. If no order is received for a newly admitted patient, a regular diet shall be assumed appropriate and shall be sent. Patients admitted after the kitchen is closed shall be given a meal from the unit supplies.
5. A test diet shall be provided when ordered by the MD/RNP. All special test diets or NPO orders shall be ordered at least 24 hours prior to the meal service time and include duration of the order.
6. When a patient has been transferred to another unit, the receiving unit shall notify the kitchen of the transfer.
7. A list of patients on modified diets shall be sent to each unit weekly.
8. Diets may be individualized to take into account patient food tolerances and preferences.
9. Patient and/or family member shall be given nutrition education regarding therapeutic diets and written materials as appropriate.
10. Diet instruction shall be provided upon discharge if requested. Requests must be received 24 hours prior to discharge.
11. Upon discharge of a patient to another facility, diet information shall be forwarded to the facility when medically indicated or requested.

2.3 TUBE AND ENTERAL FEEDINGS

DATE ISSUED: 9/84

DATE REVISED OR REVIEWED: 9/85, 9/86, 9/87, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

Tube feedings may be provided to meet the nutrition needs of patients who are unable or unwilling to consume an adequate diet by mouth.

PURPOSE

To provide adequate nutrition until the patient is able eat adequately on his/her own.

PROCEDURE

1. Tube feedings are ordered by MD/RNP and shall include: supplement, amount, rate, and times of feedings.
2. A diet consult shall be sent to the RD when a tube feeding is considered or ordered.
3. Only commercially prepared formulas shall be used for tube feedings. The house formula is Boost Plus but other commercially prepared formulas shall be provided if Boost Plus does not meet the nutrition needs of the patient as determined by the dietitian and MD/RNP.
4. Nursing shall be responsible for ordering formulas from the warehouse and for proper storage of tube feeding formulas on the unit.
5. The warehouse shall be responsible for ordering and storing an adequate supply of frequently used formulas.
6. Nursing shall be responsible for administering tube and enteral feedings.
7. The dietitian shall monitor the nutrition status of patients on tube or enteral feedings and evaluate nutrition adequacy and appropriateness of feeding orders.

2.4 DRUG/FOOD INTERACTION COUNSELING FOR PATIENTS

DATE ISSUED: 09/88

DATE REVISED OR REVIEWED: 06/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 10/98, 6/01, 11/04

POLICY

The dietitian/diet technician shall monitor the use of four drug types which have significant drug-food-nutrient interaction and require diet instruction and/or nutrient supplementation.

PURPOSE

To identify and instruct patients about their medications which have significant drug/food interactions.

PROCEDURE

1. All patients receiving any one of the four monitored drugs shall be instructed concerning drug nutrient interaction and recommended nutrient supplements, if applicable.
 - 1.1. MAOI (including Marplan (isocarboxazid), Nardil (phenelzine), Parnate (tranylcypromine), Isoniazid): Any time a patient is prescribed a monoamine oxidase inhibitor (MAOI), the MD/RNP shall also order an MAOI diet, and the dietitian shall instruct the patient on MAOI diet recommendations.

- 1.2. Isoniazid: Any time a patient is prescribed Isoniazid, the MD/RNP shall order 50 mg Pyridoxine.
- 1.3. Phenytoin Sodium: Any time a patient is prescribed Phenytoin Sodium (Dilantin), the MD/RNP shall order 1 mg folic acid.
- 1.4. Coumadin: No supplementation required.
2. Monthly, the dietitian/diet technician shall run a computer screen on all patients receiving the drugs being monitored to determine if patients are receiving the nutrition supplements recommended.
3. The dietitian/diet technician shall compare the list with the previous month's screen to determine new patients on the drugs being monitored.
4. The dietitian/diet technician shall monitor the pharmacy reports to determine whether the required diet or supplements are ordered. If not, the requirement shall be charted in the patient's chart and a recommendation for supplementation shall be made.
5. If a patient is to be discharged on an MAOI, Dilantin, Coumadin or Isoniazid, nursing shall notify the dietitian within 24 hours of the patient's discharge to allow dietitian/diet technician to review the recommended diet or supplements with the patient. Another patient information sheet shall be given to patient, if necessary.

2.5 MONITORING OF NUTRITION CARE

DATE ISSUED: 09/84

DATE REVISED OR REVIEWED: 3/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

The nutrition care of patients shall be monitored by the dietitian(s).

PURPOSE

To determine if the nutrition needs of each patient are being met.

PROCEDURE

1. Patients at high risk shall be monitored at least once a month. Follow-up nutrition care shall be charted in a DIDATA note.
 2. Patients at moderate risk shall be monitored every other month and the follow-up shall be charted in a DIDATA note.
 3. Patients who are low risk but are receiving modifications of the regular diet are monitored quarterly and a follow-up DIDATA note shall be charted.
 4. Patient requests to communicate with dietitian shall be arranged through unit staff through an email to "Dieticians Diet". Patients should not call nutrition care staff.
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2.6 RECORDING IN MEDICAL RECORD

DATE ISSUED: 9/84

DATE REVISED OR REVIEWED: 9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

Information pertinent to the nutrition care of a patient is recorded in the patient's medical record by the dietitian(s)/diet technician.

PURPOSE

To support and justify the nutrition care given, to provide legal documentation of the interaction between patient and nutrition care staff, and to serve as an avenue of communication among the health care team.

PROCEDURE

1. Information that should be recorded:
2. Confirmation of diet order or diet change (DIDATA note).
3. Initial nutrition assessment (DINUTR note).
4. Medical Nutrition Therapy (DIDATA note).
5. Nutrition care and discharge plan (DIDATA note).
6. Nutrition education (DIDATA note for an individual patient, NTGRP note for group education).
7. Food/drug interaction counseling (DIDRUG note).

Chapter II: Nutrition Care Protocols

Section 3: Provision of Meals and Snacks

3.1 Therapeutic and/or Modified Diets

DATE ISSUED OR REVIEWED: 9/85, 9/86, 10/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04, 2/05, 11/10

POLICY

Therapeutic and/or modified diets shall be provided as needed.

PURPOSE

To assure that each patient receives his/her prescribed diet.

PROCEDURE

1. An appropriate diet shall be ordered by a MD/RNP when a patient is newly admitted.
 - 1.1. The diet order shall be checked and noted when the nutrition assessment is conducted. If “regular or as per dietitian” is checked it is assumed the dietitian has the authority to determine an appropriate diet.
 2. Notification of all modified orders shall be sent via e-mail. After 3 pm on Saturdays or all day Sunday, any special diet orders or food allergies shall be communicated to the Food Service Supervisor (44716) in addition to an e-mail to “Dieticians Diet” for follow-up on Monday.
 3. All modified diets shall be requested from the kitchen at least two hours prior to the meal service time via telephone and a follow-up e-mail shall be sent to “Dieticians Diet”.
 4. For patients on modified diets, a diet card/list, which includes patient name, unit, and diet, shall be kept on the serving line to be used as a guide in serving. When a diet order needs to be changed, the procedure used for ordering new diets shall be followed and changes noted by the dietitian on the diet card/list.
 5. When patients come to the cafeteria for meals, unit staff shall be available to assist when needed.
 6. When a patient is not able to come to the cafeteria for a meal, unit staff shall notify Food Service on a tray request form at mealtime or shall call in advance. A tray shall be marked with the patient’s name and unit staff shall take the tray to the unit.
 7. The dietitian(s)/diet technician shall observe serving lines periodically to verify that patients on modified diets are receiving the correct diet.
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3.1.1 DIET REFERENCE MATERIAL

DATE ISSUED OR REVISED: 2/05

POLICY

A diet reference book that includes specific information needed to provide therapeutic diets shall be available for Food Service staff.

PURPOSE

To have basic dietary information available for temporary use in order to provide therapeutic diets until a dietitian is available for further clarification and/or guidelines.

PROCEDURE

1. A Diet Reference Book will be provided for each serving line and at the diet cook station.
2. The Diet Reference Book shall include information on diets that are of a temporary nature including:
 - 2.1. Clear Liquid
 - 2.2. Full Liquid
 - 2.3. GI diets
 - 2.4. Dental Soft
 - 2.5. Refeeding
3. The Diet Reference Book shall also include information on therapeutic diets used longer term where further clarification or information is needed. These diets include:
 - 3.1. Mechanical Soft modifications
 - 3.2. MAOI
 - 3.3. Egg Free
 - 3.4. Gluten Free
 - 3.5. Milk Free

3.1.2 FOOD FOR THERAPEUTIC OR SPECIAL DIETS

DATE ISSUED OR REVISED: 7/86, 9/87, 9/88, 6/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

Appropriate foods shall be available for patients with special dietary needs.

PURPOSE:

To meet the nutrition needs of patients on special or therapeutic diets.

PROCEDURE

1. Appropriate foods shall be available for diabetic, low sodium, low fat, vegetarian, vegan, high fiber, milk free, no spicy, puree, soft, gluten free, and mechanical soft diets.
2. If a patient has other special dietary needs, appropriate foods shall be purchased and prepared as needed.
3. Nutrition supplements are available as needed.
4. Requests for items not on the menu will be honored when possible for patients with strong preferences and those observing recognized religious dietary laws. The dietitian shall be responsible for the decision to allow or disallow such requests.

3.2 SNACKS

DATE ISSUED OR REVISED: 7/86, 9/87, 2/89, 9/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

Snacks shall be available as appropriate to meet the nutrition needs of patients.

PURPOSE

To provide additional nourishment as needed.

PROCEDURE

1. An evening snack is provided for all patients.
 2. If the regular evening snack is not appropriate an alternative shall be provided.
 3. Between meal snacks for individual patients may be ordered by the MD/RNP following the same procedure as ordering special diets. The dietitian may also initiate between meal snacks for patients.
 4. The diet technician shall be responsible to see that the patient snack labels are printed for the diet cook.
 - 4.1. The computer printed labels shall include the following information: Unit, time of snack, patient's name, and food to be given.
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- 4.2. The diet cook shall follow the printed snack labels in preparing all between-meal snacks. Each snack shall be placed in a small paper bag and the individual patient's label placed on the bag.
- 4.3. For units receiving meals on the unit, snacks shall be sent with the breakfast meal. For units coming to the cafeteria, snacks shall be set out on the cafeteria serving line and unit staff shall be responsible for seeing that snacks are picked up, brought to the unit and given to the patient at the appropriate time.

3.3 WEEKLY FOOD ORDERS

DATE ISSUED OR REVISED: 7/86, 2/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

Units may order a limited selection of food to have on hand for patients who refuse meals or who are admitted after meal service.

PURPOSE

To ensure that food is available on unit if needed.

PROCEDURE

1. Unit staff shall be responsible for proper ordering, storage and distribution of weekly food orders.
2. Weekly food order forms shall be submitted via email five working days before the expected fill date. Orders shall be submitted on Monday and shall be filled and delivered or available for pick-up Friday.
3. Weekly food order forms and additional food request forms from units shall be reviewed by Food Service management every six months.
4. The attending physician must provide approval in order for a unit to receive caffeinated coffee. Approval must be obtained yearly.

3.4 SUPPLIES FOR MEDICATION ADMINISTRATION

DATE ISSUED OR REVIEWED: 5/98, 6/01, 11/04

POLICY

To reduce the possibility of food/drug interactions, it is preferable that patients be given water for taking medications. However, it is recognized that patient medication compliance often improves when a flavored drink is provided. Therefore, when needed, patients can be offered sugar-free punch with medications. Patients should not be given 100% fruit juices (apple, cranberry, grape, orange, or prune) with medications because of the potential for food/drug

interactions. Grapefruit juice, in particular, has been identified as having harmful interactions with some medications and is not available through Food Service at USH.

PURPOSE

To have supplies available for administering medications.

PROCEDURE

Sugar-free punch mix and other supplies used for the administration of patient medications, shall be ordered according to the following procedure:

1. Allowed items shall be ordered from Food Service via an email to "Dieticians Diet", and shall include unit, items needed, and amount required.
2. Orders must be received Tuesday by 8:00 a.m.
3. Orders shall be filled by the diet cook or other designated Food Service employee and shall be delivered or available for pickup by Thursday.
4. Orders must be within established limits.
 - 4.1. Up to 15 packages (enough to make 30 gallons) of sugar-free punch mix per week
 - 4.2. Canned juices when ordered by an MD or RN
 - 4.3. Up to eight packages of grahams and eight packages of saltines per week for patients that need to take medication with food
 - 4.4. Applesauce may be needed by some patients when taking certain medications and will be provided when ordered.
5. For needs that are exceptions to this policy, contact the dietitian(s)

Chapter II: Nutrition Care Protocols

Section 4: Clinical Dietetics Menu

4.1 MENU STANDARDS

DATE ISSUED: 9/84

DATE REVISED OR REVIEWED: 9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01, 11/04

POLICY

The current Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences shall be used as a reference in developing the menu along with the current USDA guidelines, and National School Breakfast and Lunch standards.

PURPOSE

To ensure that patients receive a nutritionally adequate diet.

PROCEDURE

1. The dietitian(s) shall evaluate all menus for nutrition adequacy.
2. Where a special diet does not meet these standards, this is noted in the patient's chart and recommendations for diet changes are communicated.

4.2 MENU PRODUCTION SHEETS POSTING AND FILING

DATE ISSUED: 9/88

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POLICY

The production sheets contain all menu items for regular, therapeutic, and/or modified diets.

PURPOSE

To coordinate purchasing, production, and service of meals and to ensure patients are served correct diets.

PROCEDURE

1. The Food Service Manager shall be responsible to see that production sheets are written and posted in the kitchen at least one week in advance.
 2. A diet census sheet shall be completed weekly and used to project production numbers for diets.
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3. Productions sheets for all menus and diets shall be approved by a Dietitian.
4. Production sheets shall be kept on file for four years.
5. A copy of the weekly menu shall be distributed via e-mail to each unit.