



DEPARTMENTAL POLICY & PROCEDURE

Entity Name & Region: Clinical Nutrition Services-WR

Subject: Diet & Food: Ordering, Routinely Available & Choices

Original Date: Version 1 August 2012

Effective: August 2012

Reference: 028010-14 Version 1

Replaces Number: New

Targeted Employees/ Departments: Clinical Nutrition Department, Food Services Department, Catering Services, Nursing Department and Physicians

1. Purpose:

1.1 To define the policy and establish applicable on procedure that will serve as guidelines for all staff involved in ordering meals (regular, therapeutic diets & nutritional supplements) for patients through the automated ordering system.

1.2 To ensure that a variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is regularly available.

1.3 To ensure that food is appropriate for the patient's age according to cultural and dietary preferences, and plan of care is available.

1.4 To ensure that the patient and the patient's family participate in planning and selecting of foods when appropriate.

2. Definitions:

2.1 KAMC-J: refer to King Abdul-Aziz Medical City-Jeddah

2.2 Hospital Information System Dietary Procedure: refers to the online computer system for ordering patients' meals.

2.3 Therapeutic Diets: refer to modified food served to patients as prescribed by the Physician, Clinical Dietitians and ordered by Nursing Department.

2.4 Enteral Formula: refers to nutritional supplements (either ready to feed or reconstituted formula, infant formula, medical devices) served to patients as prescribed by the Physicians Clinical Dietitian and ordered by Nursing Department.

2.5 Patients: refer to male and female eligible persons for treatment at KAMC-J.

2.6 System's Users: All authorized staff will be trained and will be required to utilize the automated system as part of their regular operational activities.

2.7 Regular diet: A diet that is nutritionally balanced for adult patients that do not require any diet modifications. It provides approximately 2500-3000kcal and 100-150g protein per day. It provides the Dietary Reference Intakes (DRI) for all nutrients.



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2.8 Clear Liquid Diet: Consists of clear fluids or foods that are liquid at body temperature and leave a minimal amount of residue in the GI tract. It does not meet the DRI for all nutrients.

2.9 Blenderized Liquid Diet: Consists of fluids and foods blenderized to a liquid form for patients who are unable to chew, swallow or tolerate solid foods. DRI can be met with this diet, depending on the volume the patient can tolerate.

2.10 High Protein High Calorie Liquid Diet: As Blenderized Liquid Diet, but provides 120-150% of DRI for protein and energy.

2.11 Diabetic Liquid Diet: As Blenderized Liquid Diet, but consistent with diabetes care guidelines.

2.12 Pureed Diet: Consist of thick, smooth, homogenous food with pudding-like consistency. It does not contain any coarse textures and supplementation might be required to reach the DRI depending on the patient's intake.

2.13 Mashed/Minced Diet: Consists of mashed or minced foods that require a minimum chewing. Depending on the individual's intake, supplementation might be required to achieve the DRI.

2.14 Soft diet: Includes foods modified in texture to promote ease of mastication, usually patients who have limited chewing ability, but tolerate a wider variety of textures than a liquid or blenderized diet.

2.15 High Fiber Diet: A regular diet with the emphasis on fiber-rich foods. It provides approximately 10-13g fiber /1000kcal/day, i.e. about 25-30g fiber/day.

2.16 High Protein High Calorie Diet: Consists of foods that are energy and protein dense, usually higher in fat. In general it provides 120-150% of the DRI for protein and energy.

2.17 Light/Bland Diet: A diet where foods that are known to aggravate GERD such as fried foods, citrus foods, gas producing vegetables and strong spices are excluded.

2.18 Low Fiber Diet: Contains less indigestible carbohydrates with the aim to reduce the frequency and volume of fecal output while prolonging the intestinal transit time.



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2.19 Diabetic Diet: Following the healthy diet guidelines, high in fiber, low in fat and sodium with controlled amounts of carbohydrates and energy at regular times during the day.

2.20 Gestational Diabetes Diet (GDM Diet): Controlled energy diet with carbohydrate intake restricted to 35 - 40% of daily energy intake.

2.21 Reducing Diet: Follows the healthy eating guidelines while restricting the daily energy intake of the individual to produce an intake deficit of about 500kcal/day to realize a 0.5-1kg weight loss per week.

2.22 Low Fat Diet (Low Cholesterol Diet): A diet where the quantity and types of fat in the diet are restricted. Cholesterol intake is limited to 300mg/day, saturated fats to <10% of daily energy intake, poly-unsaturated fats up to 10% and mono-unsaturated fats up to 15% of daily energy intake.

2.23 Low Salt Diet: A diet where the intake of sodium is limited to 2400-3000mg/day, unless otherwise indicated.

2.24 Renal Diet: A diet that should be individualized for each patient. In general it is indicated for patients with pre-end-stage renal disease that are not on replacement therapy. Restrictions of protein and phosphorous are indicated unless otherwise requested. Protein restriction to 0.6-0.8g/kg/day and phosphorous restriction to 8-10mg/kg/day are indicated. Sodium is restricted to 2000mg/day. Potassium restriction is only considered when indicated. It does not meet the DRI and supplementation of micronutrients is usually indicated. For patients on replacement therapy (hemodialysis) the protein restriction is 1.0-1.2g/kg dry body weight/day.

2.25 Hepatic Diet: A diet that should be individualized for each patient, but generally will provide a minimum of 0.5-0.8g/kg/day protein, 200mg sodium and 25-35kcal/kg/day to promote and maintain nitrogen balance, promote liver regeneration and manage fluid retention. This diet might be deficient in some nutrients and not meet the DRI.

2.26 Low Potassium Diet: This diet limits the potassium intake from food to 2000- 2500mg (40-60mmol) potassium/day. It might be used in conjunction with the renal Diet when indicated and does not meet the DRI for nutrients such as calcium, iron, vitamin C, Folate and B vitamins.

2.27 High Potassium Diet: Provides an additional 2000-5000mg (50-100mmol) potassium/day.



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2.28 Vegetarian Diet: Meat, fish and chicken are excluded from the diet and replaced with plant based protein sources.

2.29. Diet for Age (DFA): Food appropriate for the infant or toddler's age is provided according to the following age groups: 4- 6 months; 6-9 months; 9-12 months; 12-18 months; >18months.

2.30 Anti Diarrhea Diet: A diet that limits refined carbohydrates and concentrated sweets while still providing sufficient protein to sustain growth and development.

2.31 QCPR: QuadraMed Computerized Patient Record

3. Policy Statements:

3.1 All inpatients must have orders for food in their records.

3.2 Based on the patient's assessed needs and plan of care, the patient's Physician, Clinical Dietitian and Nurse, order appropriate food or other nutrients for the patient.

3.3 When possible, patients are offered a variety of food choices consistent with their nutritional status.

3.4 When families provide food, they are educated about the patients' diet limitations.

3.5 Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices.

4. Procedures:

4.1 CIMS (Clinical Information Management System) shall provide all system users with an access to the Food Services Automated System as well as the Food Services Contracts Operations, Support Services with a system facility linked to monitor food services requests.

4.2 Diet List Program will be utilized by Food Services Department system users. The particulars of the print-out of this system will contain the following:

4.2.1 Meal Code



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4.2.3 Patient Name

4.2.4 MRN (Medical Record Number)

4.2.5 Age

4.2.6 Gender

4.2.7 Nationality

4.2.8 Diet Tray (Meal type)

4.2.9 Admission Date

4.2.10 Sitter

4.2.11 Isolation

4.2.12 Hold Tube Fast/NPO

4.2.13 Known Allergies

4.3 Nursing Responsibilities:

4.3.1 Nursing will initiate a request upon admission, by updating the Food Services System for meals required.

4.3.2 Nursing will update the Food Services System immediately when the patient is discharged, transferred; out-on pass or the diet is on hold. Once the patient's diet is resumed, the Nursing Unit must inform the Food Service's Dietitian/Diet Technician to deliver the resumed diet.

4.3.3 Nursing will notify the Clinical Dietitian of Clinical Nutrition Department for clinical requirements as directed by the Physicians for new patients on diet or supplement.



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4.3.4 Once the order is entered by the physician, will interfere with the Clinical Nutrition Services.

4.3.5 The Clinical Dietitian update patient's recommended diet in QCPR

4.4 Food Services Department & Food Services Contractor Responsibilities:

4.4.1 Will provide a qualified Food Service Dietitian: who will check, manage, prepare and issuing of Meals ,Therapeutic Diets and Enteral Formula for patients based on the requests of ordering physicians, Clinical Dietitian or Nursing Services.

4.4.2 Will provide a qualified Food Service Diet Technicians: to take food preferences of the patients specifically on regular diet by providing selective menu/food choices, this will be done one (1) day prior of serving the selective food.

4.5 Food Service Contractor's Dietitian Responsibilities:

4.5.1 Shall prepare menu for variations either by:

4.5.1.1 Offering Menu of the Day (7 day menu for 4 weeks or 4 week cycle menu) which shall be revised every 6 months for the consistent food variations to be coordinated with the Chef.

4.5.1.2 Or providing 2 day Selective Menu for selection every Breakfast, Lunch, Dinner following cut off time.

4.5.2 Diet Technicians will go to the ward to provide the Selective Menu List to the patient prior one (1) day prior of serving the food and to be collected by the end of the day.

4.5.3 Will check food tray every meal, snacks, enteral formula prior to delivery to the patients.

4.5.4 Will interpret therapeutic diets related to food and drug interactions in every tray line.



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4.5.5 Will estimate food preparation amounts and adjusts recipes as needed for the purpose of meeting mandated nutritional requirements, projected meal requirements, and minimizing waste.

4.5.6 Will inspect food items and/or supplies for the purpose of verifying quantities and specifications of orders and/or complying with mandated health requirements.

4.5.7 Will assist Diet Technicians and Food Service Staff (e.g. oversight/preparation of food and beverage items, transport preparations, temperature monitoring, etc.) for the purpose of ensuring the department objectives are clear.

4.6 Food Service Contractor's Diet Technicians Responsibilities:

4.6.1 Shall take food preferences of the patients on regular and therapeutic diets.

4.6.2 Shall perform food tray checking in the tray line ensuring food preferences are provided and therapeutic diet lists are included on the food tray.

4.6.3 Shall acknowledge the notification of Nursing Unit regarding resumed diet and enteral formula and to be delivered as soon as possible.

4.6.4 Shall observe patient food intake and report progress and dietary problems to Food Service Dietitian.

4.6.5 Shall plan diets or guide individuals and families in food selection based upon nutritional needs and established guidelines.

4.6.6 Shall only provide meals on the basis of NGHA approved requests, i.e., received and properly entered into the Hospital Information Systems Dietary Procedure. No meals/diets can be provided on the basis of telephone/verbal requests.

4.7 Patient Meal Orders:

4.7.1 Patient meals can only be ordered by Nursing Staff, Physician and Clinical Dietitian.



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4.7.2 Patient meals must be ordered through the Hospital Information System Dietary Procedure on-line computer system (QuadraMed).

4.7.3 Patient meal orders must be accompanied by the Badge Number of the authorized personnel entering the order.

4.7.4 Patient meals delivered by Food Services Contractor to the ordering department are for consumption by a valid current patient only.

4.7.5 All employees are forbidden to consume a patient meal.

4.7.6 Patient Meal Orders Originating from the Wards - Patient meal orders must be identified by a valid (MRN) medical record number.

4.8 The following diets are routinely available and should be requested as per the meal ordering procedure:

4.8.1 For any diet not mentioned in the policy the Clinical Dietitian should be contacted to review the diet order and plan a diet accordingly.

4.8.2. The Clinical Dietitian shall provide written instructions to the Food Service Contractor for those diets not routinely available.

5. Equipments/Forms:

None

6. Related References:

6.1 Joint Commission International Accreditation Standards for Hospitals (JCIA), the Forth (4) Edition, 2011.

6.2 APP: 1429-11”Food Services: Ordering, Monitoring & Billing”



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7. Appendices:

None

8. Recommendations:

None