



2018 ADULT DIET COMPENDIUM— WRHA Nutrition & Food Services

Dietitian Expert Review Groups of the Winnipeg Regional Health Authority are revising the 2008 regional diet compendium that is utilized for reference for all diet orders available for use for standard and therapeutic diets. The review process considers Eating Well with Canada's Food Guide, best practice evidence and consideration that malnutrition is common in hospitalized patients and LTC residents.

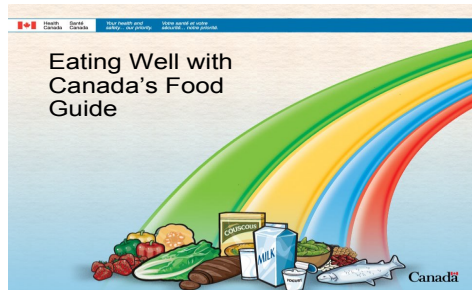
A recent Canadian study has demonstrated that **45% of hospitalized patients are admitted with malnutrition and 44% of residents in LTC are also malnourished.**

<http://www.wrha.mb.ca/extranet/nutrition/malnutrition.php>

Malnutrition is associated with:

- **Increased hospital length of stay (2-3 days longer)**
- **Increased readmission rates (2 x increase)**
- **Increased mortality (7x increased risk in 2 years)**

The goal of this compendium is to provide diets that are appropriate to an individual's medical condition but also to ensure that the diet is palatable and contains sufficient protein, calorie and micronutrient content to address the malnutrition that is so prevalent in hospitalized patients and LTC residents. While many of the diets that have been available in the past will continue to be available, there are some significant changes to the new compendium.



STANDARD DIETS

Diets will now be reflective of age and perinatal status

Standard (Regular) 18-69y/o

Standard (Regular) 70 plus

Perinatal

- Eating Well with Canada's Food Guide recommendations for minimum servings based on age or perinatal status.

- Vitamin D supplementation is recommended for all adults older than 50 years.

Perinatal

- Pregnant and breastfeeding women are encouraged to take a daily multivitamin supplement containing folic acid (400 micrograms/day) and iron (16-20 mg/day).

Practice Changes

- **minimum calories increased from 1550 kcal/ day to 1800 kcal minimum/ day**

- **primary sources of carbohydrate to be fruits, vegetables, whole grains and legumes**

- **increase protein provided**

- **upper limit of sodium reduced by 1035mg (45mmol/ day) for 18-69 y**

- **fluid provided at bedside and reduced on meal trays**

- **> 50 y/o recommend 400 IU Vitamin D after 10 days length of stay.**

Key points for the above diets:

- A minimum of **1800 kcal per day** (Perinatal extra 340-450 kcal/day) based on a weekly average
- **20-35% total fat**
- **45-65% carbohydrate**
- **75 grams minimum of protein per day on meal trays**
- **≤ 2300 – 3000 mg (100 – 130 mmol) sodium per day** (sodium is liberalized for age 70 plus to allow variety).
- **19 - 25 gram fibre per day**, based on 1800 kcal/day and weekly average
- 1000 mL fluid daily minimum on meal trays

Cardiac Diet = Standard Diet



The **Standard Diet** meets the requirements for cardiac disease and therefore will be the diet prescribed for patients hospitalized with cardiac disorders.

Modified Fat Diet will be deleted

Low sodium diet remains available for those with CHF



Food Preference Diets—No significant changes

No Beef	No Pork	No Celery—Add New	No Mushroom — add mushroom powder to non compliant
No Chocolate	No Poultry	No Bell Pepper – change to No Bell/Chili Pepper— add jalapeno, chili and chipotle to non compliant	Vegan
No Citrus	No Strawberry/ Raspberry		Lacto Vegetarian
No Onion	No Tomato		Ovo Vegetarian
			Lacto-ovo Vegetarian

Mineral Modifications

Low Copper—**minor changes to foods allowed**

Test Diets/ Other Diets

Caffeine Free

Low Tyramine—**minor changes to foods allowed**

NPO

Tube Feeding

TPN

DIABETES

Controlled Carbohydrate or Controlled Carbohydrate/ Snack

Standard diet with:

- consideration of carbohydrate distribution
- inclusion of artificial sweetener (not containing cyclamates)
- restriction of added sugar
- artificially sweetened food items may replace regularly sweetened items where appropriate
- provision of snack as required

LTC Consideration

Due to high risk for weight loss, sarcopenia and functional decline, the priority for these residents is different than those in the acute care setting.

The *Standard 70 Plus* diet is recommended for residents with diabetes. A Registered Dietitian will assess residents and will determine appropriate diet based on individual needs.

Practice Changes – Foods Not Allowed

- Juice
- Dessert items >21 g CHO
- Single serving breakfast starches exceeding 25 g CHO after removal of fiber
- Entrees in sauces with added sugar



For further questions contact :

Julie Gislason, RD

Regional Manager Clinical Systems

E-mail: jgislason@wrha.mb.ca

Acknowledgements

Thank you to the Registered Dietitians, Physicians, and Nurses that have participated in the Expert Review Groups and review of the executive summaries for these diets.

Also, to Nutrition and Food Services Management for the support and commitment to the revision of the WRHA Nutrition & Food Services Diet Compendium.