



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

Adult Diet Criteria for Menu Database

Nutrition & Food Services
Winnipeg, Manitoba

Intentionally left blank

Table of Contents

Acknowledgements	i	Feeding and Swallowing Management	8-1
When to Consult a Dietitian	v	Finger Foods – Non Compendium	8-1
How to Order a Diet	v	Texture Modifications	
Key Nutrients in Eating Well with Canada’s Food Guide	vi	Soft	8-2
		Soft / Minced	8-4
		Minced	8-6
		Total Minced	8-8
		Total Minced / Pureed - Non-Compendium	8-10
		Pureed	8-11
		Blenderized	8-12
Standard	1-1	Viscosity Modifications	8-13
Standard	1-1	Thick Fluid – Nectar	8-13
LTC Standard	1-2	Thick Fluid – Honey	8-14
Partum	1-3	No Fluids Combined with Solids	8-15
Six Small Meals	1-4		
Fluids	2-1	Food Allergies	9-1
Restricted Fluid	2-1	Allergy – Egg	9-1
Clear Fluid	2-2	Allergy – Fish and Shellfish	9-2
Full Fluid - Non-Compendium	2-3	Allergy – Milk Protein	9-4
		Allergy – Peanut	9-5
		Allergy – Tree Nuts	9-6
		Allergy – Sesame/Mustard Seed	9-7
		Allergy – Wheat	9-8
		Limited Standard	9-9
Energy/Carbohydrate Modifications	3-1	Food Sensitivities	10-1
Controlled Carbohydrate	3-1	Gluten Free	10-1
Controlled Carbohydrate / Snack	3-2	Low Lactose	10-3
Controlled Carbohydrate Gestational / Snack	3-3	Low Sodium Benzoate	10-4
High Energy	3-4	Low Sulphite	10-5
		Diet and Food Preferences	11-1
Mineral Modifications	4-1	Kosher Style	11-1
≤ 100 mmol Sodium	4-1	Kosher	11-2
< 90 mmol Sodium	4-3	No Beef	11-3
≤ 100 mmol Sodium Pureed - Non-Compendium	4-5	No Bell Peppers	11-4
< 90 mmol Sodium Pureed - Non-Compendium	4-6	No Celery – Non Compendium	11-5
50 – 60 mmol Potassium	4-7	No Chocolate	11-6
High Potassium	4-11	No Citrus	11-7
1000 mg (32 mmol) Phosphorous	4-12	(Orange, Lemon, Lime, Grapefruit)	
Low Copper	4-13	No Mushroom	11-8
		No Onion	11-9
Fat Modifications	5-1	No Pork	11-10
Modified Fat	5-1	No Poultry	11-11
Controlled Fat	5-3	No Strawberry and Raspberry	11-12
		No Tomato	11-13
Protein Modifications	6-1	Vegan	11-14
40 & 50 gram Controlled Protein	6-1	Lacto-Vegetarian	11-15
60 gram Controlled Protein	6-3	Ovo-Vegetarian	11-16
70 & 80 gram Controlled Protein	6-5	Lacto-Ovo-Vegetarian	11-17
High Energy/High Protein	6-7	Pesco-Vegetarian	11-18
		Pollo-Vegetarian	11-19
Fibre Modifications	7-1		
Controlled Fibre	7-1		
Fibre Enriched	7-2		

Table of Contents (Con't)

Test Diets	12-1
Caffeine Free	12-1
Other Diets	13-1
Low Iodine	13-1
Low Oxalate	13-2
Low Tyramine	13-3
Esophagectomy - Non-Compendium	13-4
NPO or TPN or Tube Feeding	13-6
TPN or Tube Feeding with Tray	13-7
References	14-1

Acknowledgements

The Winnipeg Regional Health Authority Nutrition and Food Services would like to acknowledge the following dietitians, physicians, nurses, speech language pathologists, pharmacists, occupational therapists, university professors and industry professionals for their hard work, professional contribution and unfailing dedication in the development, revision and review of this Diet Compendium:

Allergy Expert Review Group

Dayna Weiten, RD, Chair, Health Sciences Centre
Alison Cummins, RD, WRHA Nutrition and Food Services
Julie Gislason, RD, WRHA Nutrition and Food Services
Dr. Wade Watson, Pediatric Allergist, Health Sciences Centre
Donna Granke, Food Safety Specialist, Canadian Food Inspection Agency, Winnipeg

Reviewers

Dr. Warrington, Allergist, Health Sciences Centre
Audrey Giesbrecht-Seddon, RD, Health Action Centre
Clinical Dietitians Leadership Group, WRHA

Cardiac Expert Review Group

Cheryl Rayter, RD, Chair, Grace Hospital
Nancy Doern-White, RD, Health Sciences Centre
Marta Kulczycky, RD, St. Boniface General Hospital
Mavis Lam, RD, Seven Oaks General Hospital
Lora Montebruno-Myco, RD, Heart and Stroke Foundation of Manitoba
Carolyn Somerville, RD, The Wellness Institute at Seven Oaks General Hospital

Reviewers

Dr. Donald Duerksen, Medical Director, WRHA Nutrition and Food Services
Martina Gornik, RD, Kinsmen Reh-Fit Centre
Dr. David Mymin, Cardiologist, Lipid Clinic, Health Sciences Centre
Dr. Kevin Sanders, Medical Advisor, Cardiac Rehabilitation, Wellness Institute at Seven Oaks General Hospital
Dr. C. Davis, Clinical Pharmacy Specialist, ICU - Grace Hospital
Clinical Dietitians Leadership Group, WRHA
Chairs, Expert Review Groups

Diabetes Expert Review Group

Colleen Rand, RD, Chair, Diabetes Program Specialist, WRHA
Lori Bohn, RD, Seven Oaks General Hospital
Donna Butterworth, RD, Concordia Hospital
Julie Gislason, RD, WRHA Nutrition and Food Services
Amy Hui, RD, Diabetes Research Group
Jillian Paulmark, RD, St. Boniface General Hospital
Andrea Plett, RD, Youville Diabetes Education Resource
Aimee Bowcott, RD, Victoria General Hospital
Melani Gillam, RD, Health Sciences Centre, Diabetes Education Centre

Reviewers

Wendy Borody, RD, Health Sciences Centre
Debbie Edie Lamont, RD, Health Sciences Centre
Caroline Lang, RD, Health Sciences Centre
Nicole Aylward, RD, Health Sciences Centre
Lori Bohn, RD, Seven Oaks General Hospital
Lori Holuk-Siddal, RD, St. Boniface General Hospital
Dr. Liam Murphy, Head of Endocrinology
Sharon Zeiler, RD, Canadian Diabetes Association
Clinical Dietitians Leadership Group, WRHA

Feeding and Swallowing Expert Review Group

Julie Gislason, RD, Chair, WRHA Nutrition and Food Services
Indira Mike, SLP, Health Sciences Centre
Kathy Ladd, RD, Health Sciences Centre
Marta Kulczykyj, RD, St. Boniface General Hospital
Madeleine Kunzler, RD, Riverview Health Centre
Coralee Hill, RD, Deer Lodge Center

Reviewers

Speech Language Pathology Leadership Group, WRHA
Clinical Dietitian Leadership Group, WRHA

GI/ Surgery Expert Review Group

Laura Toews, RD Co-Chair, St. Boniface General Hospital
Leanne Lawless, RD Co-Chair, Grace General Hospital
Jackie Zander, RD, St. Boniface General Hospital
Elizabeth Chagas, RD, Health Sciences Centre
Danielle Ambrosi, RD, St. Boniface General Hospital

Reviewers

Dr. Donald Duerksen, Gastroenterologist, St. Boniface General Hospital; Medical Director, WRHA Nutrition and Food Services
Dr. Duncan Inglis, General surgeon, Grace General Hospital
Dr. Andrew McKay, General surgeon, Health Sciences Centre
Dr. Mark Taylor, General surgeon, St. Boniface General Hospital
Dayna Weiten, RD, Health Sciences Centre
Dr. Cliff Yaffe, General Surgeon, St. Boniface General Hospital
Clinical Dietitians Leadership Group, WRHA

Hepatic Expert Review Group

Cheryl Rayter, RD, Chair, Grace Hospital
Donna Butterworth, RD, Concordia Hospital
Jennifer Dunits, RD, St. Boniface General Hospital
Nikki Klos, RD, Health Sciences Centre

Reviewers

Alison Cummins, RD, WRHA Nutrition and Food Services
Dr. Donald Duerksen, Medical Director, WRHA Nutrition and Food Services
Dr. S. Wong, Hepatologist, Health Sciences Centre
Clinical Dietitian Leadership Group, WRHA

LTC Expert Review Group

Jean Helps, RD, WRHA Nutrition and Food Services
Heather Garroni, RD, Sharon Home & Holy Family Nursing Home
Julie Gislason, RD, WRHA Nutrition and Food Services
Joyce Klassen, RD, Lions Personal Care Home
Madeleine Kunzler, RD, Riverview Health Centre
Kathy Ladd, RD, Health Sciences Centre
Liz St. Godard, RD, WRHA Senior Health Resource Team
Lisa Zappitelli, RD, Calvary Place Personal Care Home
Ad Hoc Member – Christina Lengyel, Assistant Professor, Human Nutritional Sciences,
University of Manitoba

Reviewers

Dr. David Strang, Medical Director, PCH Program
Lori Lamont, Program Director, PCH Program
Dr. Christina Lengyel, Assistant Professor, Human Nutritional Sciences, University of Manitoba
Penny Murray, Long Term Care Pharmacy Program
Clinical Dietitians Leadership Group, WRHA
Long Term Care Clinical Dietitian Practice Group

Normal Nutrition Expert Review Group

Sheryl Bates Dancho, RD, Chair, WRHA Nutrition and Food Services
Phyllis Marsch, RD, MPH, Victoria General Hospital
Talia Hassan, RD, MSc, Victoria General Hospital
Audrey Giesbrecht-Seddon, RD, Health Action Centre
Julie Gislason, RD, WRHA Nutrition and Food Services
Maria Knaus, RD, MSc, Misericordia Health Centre

Reviewers

Clinical Dietitian Leadership Group, WRHA
Linda Corby, RD, Dietitians of Canada
Marni McFadden, RD, WRHA Nutrition and Food Services
Dr. Miyoung Suh, Assistant Professor, Human Nutritional Sciences, University of Manitoba

Nutrition Risk Expert Review Group

Lisa Jaman, RD, Chair, Health Sciences Centre
Jennifer Dunits, RD, St. Boniface General Hospital
Nancy Coutris, RD, Health Sciences Centre
Elizabeth Chagas, RD, MSc, Health Sciences Centre
Diane Korbaylo, RD, Riverview Health Centre
Joanna Gies, RD, WRHA Manitoba Home Nutrition Program

Reviewers

Dr. Don Duerksen, Medical Director, WRHA Nutrition and Food Services
Joyce Loftson, RD, HIV/AIDS Clinical Dietitian, St. Boniface General Hospital
Tricia Carta, RN, Clinical Nurse Specialist, Burn Program, Health Sciences Centre
Clinical Dietitians Leadership Group, WRHA

Other Diets

Sarah Cahill, Dietetic Intern, WRHA Nutrition and Food Services
Stefanie Legault, Dietetic Intern, WRHA Nutrition and Food Services
Julie Gislason, RD, Chair, WRHA Nutrition and Food Services

Reviewers

Dianne Cardinal, RD, WRHA Nutrition and Food Services
Tamara Hamin, RD (Esophagectomy only), Health Sciences Centre
Laura Toews, RD (Fat Balance only), St. Boniface General Hospital
Lisa Jaman, RD (Esophagectomy only), Health Sciences Centre
Ellen Clement, RD (Graft vs. Host only), Health Sciences Centre
Pat Ozechowsky, RD, CNSD (Fat Balance only), Health Sciences Centre
Clinical Dietitians Leadership Group, WRHA
Dayna Weiten, RD, Health Sciences Centre

Renal Expert Review Group

Madge Ma, RD, Chair, St. Boniface General Hospital
Barb Gerard, RD, Deer Lodge Centre
Wendy Heisinger, RD, Health Sciences Centre
Renee Hyndman, RD, Seven Oaks General Hospital
Caroline Lang, RD, Health Sciences Centre

Reviewers

Dr Don Allan, Health Sciences Centre
Dr. Adrian Fine, St. Boniface General Hospital / Seven Oaks General Hospital
Dr Mauro Verrelli, St. Boniface General Hospital
Marilyn Mori, RD (Association of Nephrology Dietitians Executive Chair)
Darlene Broad, RD (Association of Nephrology Dietitians Executive Past Chair)
Lisa Wilson, RD, Health Sciences Centre
Clinical Dietitians Leadership Group, WRHA

Thank you also to Nutrition and Food Services Management for the support and commitment to the revision of the WRHA - Nutrition and Food Services Diet Compendium.

When to Consult a Dietitian

- Patient is at nutritional risk and requires assessment
- Patient requires assessment prior to enteral or parenteral feeding
- Patient requires nutrition education
- Clarification of diet order is needed
- Initial assessment in Long Term Care

How to Order a Diet

All diets and combinations of diets must be ordered from the WRHA Nutrition and Food Services Diet Compendium. The following examples of diet orders provide a baseline for diet ordering. Consult the clinical dietitian to ascertain the most appropriate diet modifications and/or restrictions. This will ensure the patient receives optimal medical nutrition therapy.

Examples:

1. Patient has had a myocardial infarction.
Diet Order: Modified Fat, ≤ 100 mmol sodium
2. Patient is a Type 1 or Type 2 diabetic.
Diet Order: Controlled Carbohydrate or Controlled Carbohydrate / Snack
3. Patient has poor dentition.
Diet Order: Soft
4. Patient is dysphagic.
Diet Order: Pureed, Thick Fluid - Honey
5. Patient has increased protein and energy requirements e.g. trauma patient.
Diet Order: High Protein/High Energy
6. Patient is allergic to walnuts.
Diet Order: Allergy - Tree Nuts
7. Patient is allergic to red food dyes and poultry. This is an example of an allergy NOT listed in the NFS Diet Compendium.
Diet Order: Limited Standard and **specify the allergens**

Key Nutrients in Eating Well with Canada's Food Guide

Enjoy a variety of foods from the four food groups.

To accommodate different food preferences, each food group includes a wide variety of choices. Eating different foods within each group will help people get all the nutrients they need.

The table below shows how each of the four food groups contributes a certain combination of nutrients to the healthy eating pattern.

SOME IMPORTANT NUTRIENTS IN THE FOOD GROUPS				
<i>Key Nutrients</i>	<i>Vegetables and Fruit</i>	<i>Grain Products</i>	<i>Milk and Alternatives</i>	<i>Meat and Alternatives</i>
Protein			✓	✓
Fat			✓	✓
Carbohydrate	✓	✓	✓	
Fibre	✓	✓		
Thiamin		✓		✓
Riboflavin		✓	✓	✓
Niacin		✓		✓
Folate	✓	✓		
Vitamin B6	✓			✓
Vitamin B12			✓	✓
Vitamin C	✓			
Vitamin A	✓		✓	
Vitamin D			✓	
Calcium			✓	
Iron		✓		✓
Zinc		✓	✓	✓
Magnesium	✓	✓	✓	✓
Potassium	✓	✓	✓	✓

Eating Well with Canada's Food Guide: A Resource for Educators and Communicators, Section 3: Make Each Food Guide Serving Count, Page 9.

DIET TYPE: STANDARD

Compendium Definition:

- 1550-2500 Kcal
- 20-35% total fat
- 45-65% carbohydrate (3-4 Servings whole grain per day)
- 10-35% protein
- 100-175 mmol Na+ per day (excludes salt package)
- 16-28 gram fibre
- 1500 mL fluid minimum
- < 300 mg cholesterol per day based on a weekly average
- Eating Well with Canada's Food Guide recommendations for minimum servings

Note: Vitamin D supplementation (400 IU) is recommended for all adults older than 50 years

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• items reserved to therapeutic diets (e.g. items with added glucose polymer or skim milk powder, low protein, gluten free, Kosher, blenderized, thickened beverages, lactaid milk, non dairy milk sub)• pureed and minced items• drained food items
Details & General Comments	
<ul style="list-style-type: none">• Small and large portions will be made compliant to this diet, but will only be sent when a preference instruction is used.	

DIET TYPE: LTC STANDARD

Compendium Definition:

- 1550 – 2000 Kcal
- 30 to 35% total fat
- 45 to 65% carbohydrate(3-4 servings whole grain per day)
- 20 to 25% protein
- ≤ 260 mmol Na+
- 21 to 30 grams fibre
- 2200 mL fluid
- Eating Well with Canada’s Food Guide recommendations for minimum servings
- Provision of planned between meal nourishments including the offer of nourishment and beverages not less than 2 hours after the evening meal as per Manitoba Health Personal Care Home Standards (14.9)

Note: This diet will be the standard used in the long term care setting, however may be used in other settings as appropriate. Above requirements may only be met through provision of between meal snacks provided from food service and/or unit supplies.

Note: Vitamin D supplementation (400 IU) is recommended for all adults older than 50 years.

CAUTION: Calcium content of diet may be less than the recommended nutrient intake (DRI), therefore, fortified foods and/or vitamin/mineral supplementation should be considered.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • All foods compliant 	
Details & General Comments	
<ul style="list-style-type: none"> • Choice is critical in the long term care population and a process to include demographically, culturally appropriate foods in the menu and to solicit and incorporate resident/patient preferences on an ongoing basis is required. • A focus on palatable, nutrient dense and fortified foods is needed to compensate for decreased intakes and relatively high nutrient requirements. • A minimum of 21 day cycle menu will be provided to allow variety as per Manitoba Health Personal Care Home Standards (14.10) • Small and large portions will be made compliant to this diet, but will only be sent when a preference instruction is used. • Fluid will be provided as 1500 mL fluid at meals, 700 mL provided at between meal nourishments, however this may be altered based on individual assessment. • Supplementation of 400 IU of vitamin D recommended for all adults over the age of 50. 	

DIET TYPE: PARTUM

Compendium Definition – Standard diet with:

- **Additional 340 – 450 Kcal/day from all food sources**

Note: For both ante and post partum clients.

Items Compliant	Items NOT Compliant
Details & General Comments	
<p>The partum diet will provide the additional Kcal from double portions of milk at lunch and supper, extra fruit serving at breakfast and a dinner roll/ margarine at supper.</p> <p>CBORD preference instructions must be added, see CBORD Diet Office Policy & Procedure 40.20.41.</p>	

DIET TYPE: SIX SMALL MEALS

Compendium Definition – Standard diet with:

- small breakfast meal limiting starch to 1 serving
- ½ serving of meat/alternate, starch and vegetables at lunch and supper meals
- standard nourishments provided at AM, PM, and HS

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none"> • standard servings of entrée, vegetable and starch at the lunch and supper meals • large serving of entrées
Details & General Comments	
<p>HOUSE DIET (nourishments)</p> <p>Standard servings of soups, desserts and beverages at lunch and supper.</p> <p><u>Standard nourishments:</u> AM – yogurt, 125 mL juice PM – cheese portion, 2 crackers, 125 mL juice HS – ½ sandwich, 125 mL juice</p> <p>*The six small meals diet should not be used for patients with poor appetites.</p>	

DIET TYPE: RESTRICTED FLUIDS

Compendium Definition – Standard diet with:

- fluids adjusted on trays to equal restriction level minus 250 mL reserve for ward use

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• all fluids are compliant including items with glucose polymer, skim milk powder and thickened beverages	<ul style="list-style-type: none">• all fluids and cold cereals are not compliant with No Fluid on Tray diet
Details & General Comments	
<p>Fluids are counted per mL. Items that are ≤ 15 mL/serving will not be counted.</p> <p>Patterns rule items selected.</p> <p>Fluids will be provided in the following descending order based on nutritional content, course replacements available (e.g. desserts) and alternatives available (e.g. fruit vs. juice):</p> <ol style="list-style-type: none">1. milk2. soup3. juice4. jello/sherbert/ice cream5. coffee/tea	

DIET TYPE: CLEAR FLUID

Compendium Definition: Temporary fluid diet with:

- clear fluids that are liquid at body temperature and leave a minimal amount of residue in the gastrointestinal tract

CAUTION: Nutritionally inadequate diet designed for short term use only. Does not meet Eating Well with Canada's Food Guide minimum recommendations for any food group. Oral nutritional supplementation should be considered if used for more than 72 hours.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• juice• tea/coffee• gelatin• clear broth• clear fluids with glucose polymer• thickened clear beverages• oral nutritional supplements• commercial protein powder	<ul style="list-style-type: none">• oral nutritional supplements with added fibre• prune juice• milk products
Details & General Comments	
<p>This diet is intended for short term use (24-48 hours) in acute gastrointestinal disturbances and as first oral fluids after surgery. Although clear fluids are commonly used as the first step in post-operative oral alimentation, evidence suggests that early oral feeding improves clinical outcomes. Solid foods, based on an appropriate individual diet prescription, should be initiated as soon as the patient will tolerate them.</p>	

DIET TYPE: FULL FLUID - Non-Compendium

Compendium Definition: Clear Fluid diet with:

- residue containing liquids
- inclusion of milk products of fluid or pudding consistency
- inclusion of pureed soup
- inclusion of refined cooked cereal

CAUTION: Nutritionally inadequate diet designed for short term use only. Does not meet Eating Well with Canada's Food Guide minimum recommendations for Meat and Alternates, Grain Products and Vegetables and Fruit. The addition of oral nutritional supplements should be considered if a patient is on this diet for more than 24-48 hours.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• oatmeal• cream of wheat	
Details & General Comments	

Intentionally left blank

DIET TYPE: CONTROLLED CARBOHYDRATE

Compendium Definition – Standard diet with:

- **50-60% of energy from carbohydrate**
- **≤ 10% of energy may be provided from sucrose**
- **≤ 30% of energy from total fat**
- **≤ 10% of energy from saturated fat**
- **25-35 grams of total fibre per day**
- **Note: Recommendations for total fibre may not be met.**
- **inclusion of artificial sweetener**
- **restriction of added sugar**
- **artificially sweetened food items may replace regularly sweetened items where appropriate**

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • thickened beverages • food items with skim milk powder • fruit juice 	<ul style="list-style-type: none"> • regular, sweetened jams, jellies, sauces and condiments • sugar • brown sugar • honey • regular syrup • canned soft drinks, juice crystals sweetened with sugar • regular hot chocolate, chocolate milk • dessert items > 23 grams carbohydrate per serving

Details & General Comments

Only artificial sweeteners not containing cyclamates or saccharin are provided.

Fruit instead of juice will be the standard at breakfast. Soup instead of juice will be the standard at lunch and supper.

Controlled carbohydrate meal planning will be based on
 65g (+/- 5) CHO at breakfast after removal of fibre
 75g (+/- 5) CHO at lunch after removal of fibre
 75g (+/- 5) CHO at supper after removal of fibre

Menu may need to be modified to achieve carbohydrate target ranges. Menu items may be made non-compliant if the carbohydrate targets are not achievable.

DIET TYPE: CONTROLLED CARBOHYDRATE / SNACK

Compendium Definition – Standard diet with:

- 50-60% of energy from carbohydrate
- ≤ 10% of energy may be provided from sucrose
- ≤ 30% of energy from total fat
- ≤ 10% of energy from saturated fat
- 25-35 grams of total fibre per day
- **Note: Recommendations for total fibre may not be met.**
- inclusion of artificial sweetener
- restriction of added sugar
- artificially sweetened food items may replace regularly sweetened items where appropriate
- inclusion of HS snack

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • thickened beverages • food items with skim milk powder • fruit juice 	<ul style="list-style-type: none"> • regular, sweetened jams, jellies, sauces and condiments • sugar • brown sugar • honey • regular syrup • canned soft drinks, juice crystals sweetened with sugar • regular hot chocolate, chocolate milk • dessert items > 23 grams carbohydrate per serving

Details & General Comments

Only artificial sweeteners not containing cyclamates or saccharin are provided.

Fruit instead of juice will be the standard at breakfast. Soup instead of juice will be the standard at lunch and supper.

Controlled carbohydrate meal planning will be based on

65g (+/- 5) CHO at breakfast after removal of fibre

75g (+/- 5) CHO at lunch after removal of fibre

75g (+/- 5) CHO at supper after removal of fibre

Menu may need to be modified to achieve carbohydrate target ranges. Menu items may be made non-compliant if the carbohydrate targets are not achievable.

HS Snack

½ Sandwich, 1x 2% milk

DIET TYPE: CONTROLLED CARBOHYDRATE GESTATIONAL / SNACK

Compendium Definition – Standard diet with:

- 50-60% of energy from carbohydrate
- ≤ 10% of energy may be provided from sucrose
- ≤ 30% of energy from total fat
- ≤ 10% of energy from saturated fat
- 25-35 grams of total fibre per day
- **Note: Recommendations for total fibre may not be met.**
- inclusion of artificial sweetener
- restriction of added sugar
- artificially sweetened food items may replace regularly sweetened items where appropriate
- inclusion of AM, PM, HS snack
- inclusion of extra milk servings

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • thickened beverages • food items with skim milk powder • fruit juice 	<ul style="list-style-type: none"> • regular, sweetened jams, jellies, sauces and condiments • sugar • brown sugar • honey • regular syrup • canned soft drinks, juice crystals sweetened with sugar • regular hot chocolate, chocolate milk • dessert items > 23 grams carbohydrate per serving

Details & General Comments

Only artificial sweeteners not containing cyclamates or saccharin are provided.

Fruit instead of juice will be the standard at breakfast. Soup instead of juice will be the standard at lunch and supper.

Double serving of milk will be provided at breakfast, lunch and supper.

Controlled carbohydrate meal planning will be based on
 65g (+/- 5) CHO at breakfast after removal of fibre
 75g (+/- 5) CHO at lunch after removal of fibre
 75g (+/- 5) CHO at supper after removal of fibre

Menu may need to be modified to achieve carbohydrate target ranges. Menu items may be made non-compliant if the carbohydrate targets are not achievable.

AM Snack

- 1 x 2 % milk
- 1 x Arrowroot/ Bran Crunch Cookies
- 1 x Cheese Portion

PM Snack

- ½ Sandwich ,1 x 2 % milk

HS Snack

- ½ Sandwich, 1 x 2% milk

DIET TYPE: HIGH ENERGY

<p>Compendium Definition – Standard diet with:</p> <ul style="list-style-type: none"> • inclusion of energy rich foods and beverages to provide additional energy \geq 500 Kcal per day • addition of glucose polymer

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • thickened beverages 	<ul style="list-style-type: none"> • food items with skim milk powder

Details & General Comments

Adults:
 Inclusion of energy rich foods and beverages to provide \geq 500 additional Kcal per day. The following additions will be the standard:

Whole milk will be served instead of 2% milk.

Items with added glucose polymer include hot cereal at breakfast, hot beverages (coffee, tea or hot water) at breakfast, lunch and dinner and juices at lunch and dinner. Items with added glucose polymer are reserved to this diet.

Other items that have glucose polymer added include soup and canned fruit. These items can be ordered as per dietitian’s request.

Oral nutritionals or nourishments will not be routinely given but may be added as per dietitian’s request.

Pediatrics:
 The following snack/nourishments are recommended to meet increased energy requirements and should be individualized based on patient assessment:

12-24 months (1000-1300 Kcal):
 AM, PM & HS snack: 1 pudding, yogurt or ice cream
 Total extra energy provided is ~330 Kcal which is a 25-33% increase

2-5 years (1200 – 1500 Kcal):
 Send whole milk versus 2% milk
 AM & HS snack: 1 pudding, yogurt or ice cream
 PM snack: 125 mL milkshake
 Total extra energy provided is ~520 Kcal which is a 35-43% increase

6-17 years (1900-2200 Kcal)
 Send whole milk versus 2% milk.
 AM snack: 1 pudding, yogurt or ice cream
 PM snack: 125 mL milkshake
 HS snack: ½ sandwich plus 1 pudding, yogurt or ice cream
 Total extra energy provided is ~740 Kcal which is a 34-39% increase

DIET TYPE: ≤ 100 mmol SODIUM

Compendium Definition - Standard diet with:

- exclusion of salt packet
- exclusion of high sodium foods (exclusion of entrees > 21.5 mmol sodium and gravies > 2.5 mmol sodium)
- inclusion of low sodium soups
- sodium free herb seasoning packet provided

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • as per coding criteria • thickened juices, 125 mL • thickened milk, 125 mL 	<ul style="list-style-type: none"> • as per coding criteria • thickened coffee
Details & General Comments	
<p>Salad/Dressing ≤ 6.0 mmol allowed as will not be provided daily.</p> <p>Course code restrictions will apply. Sodium content identified by course and meal, will be coded to allow for total sodium provision 100 mmol/d +/- 10%.</p>	

SODIUM CONTENT BY COURSE AND MEAL – ≤ 100 mmol

MEAL	COURSE	Na CONTENT (mmol)
Breakfast	Juice/Fruit	≤ 1.0
	Cereal/Sugar	≤ 10.0
	Entrée	≤ 6.0
	Toast/Muffin	≤ 6.7
	Margarine	≤ 2.2
	Jam/Jelly	0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
Total for Meal		≤ 29.0
Lunch	Soup	≤ 4.0
	Crackers	≤ 2.0
	Entrée	≤ 21.5
	Gravy/Sauce/Condiment	≤ 2.5
	Vegetable	≤ 3.0
	Starch	≤ 1.0
	or	
	Sandwich	≤ 27.0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
Seasoning/Pepper	0	
Total for Meal		≤ 43.0
Supper	Soup	≤ 4.0
	Crackers	≤ 2.0
	Entrée	≤ 21.5
	Gravy/Sauce/Condiment	≤ 2.5
	Vegetable	≤ 3.0
	Starch	≤ 1.0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
Total for Meal		≤ 43.0
Total Daily Sodium Content		≤ 115.0

Calculations are based on course code minimums i.e. nonselective menu.

DIET TYPE: < 90 mmol SODIUM

Compendium Definition - Standard diet with:

- exclusion of salt packet
- exclusion of high sodium foods (exclusion of entrees > 12 mmol sodium and gravies > 2.5 mmol sodium)
- inclusion of low sodium soups
- sodium free herb seasoning packet provided

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• as per coding criteria• thickened juices, 125 mL• thickened milk, 125 mL	<ul style="list-style-type: none">• as per coding criteria• thickened coffee
Details & General Comments	
<p>Thickened water is compliant – to be provided as per order from facility – not routinely given as there is no course code requirement.</p> <p>Course code restrictions will apply. Sodium content identified by course and meal, will be coded to allow for total sodium provision < 90 mmol/d.</p>	

SODIUM CONTENT BY COURSE AND MEAL – < 90 mmol

MEAL	COURSE	Na CONTENT (mmol)
Breakfast	Juice/Fruit	≤ 1.0
	Cereal/Sugar	≤ 10.0
	Entrée	≤ 3.5
	Toast/Muffin	≤ 5.0
	Butter (SF)	0
	Jam/Jelly	0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
Total for Meal		≤ 22.5
Lunch	Soup	≤ 4.0
	Crackers	≤ 2.0
	Entrée	≤ 12.0
	Gravy/Sauce/Condiment	≤ 2.5
	Vegetable	≤ 3.0
	Starch	≤ 1.0
	or	
	Sandwich	≤ 15.5
	Salad/Dressing	0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
Total for Meal		≤ 33.5
Supper	Soup	≤ 4.0
	Crackers	≤ 2.0
	Entrée	≤ 12.0
	Gravy/Sauce/Condiment	≤ 2.5
	Vegetable	≤ 3.0
	Starch	≤ 1.0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
Seasoning/Pepper	0	
Total for Meal		≤ 33.5
Total Daily Sodium Content		< 90.0

DIET TYPE: ≤ 100 mmol SODIUM PUREED - Non-Compendium

SODIUM CONTENT BY COURSE AND MEAL FOR PUREE DIETS - ≤ 100 mmol

MEAL	COURSE	Na CONTENT (mmol)
Breakfast	Juice/Fruit	≤ 1.0
	Cereal/Sugar	0
	Entrée and Toast/Muffin	≤ 14.6
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar/	0
	Seasoning/Pepper	0
	Cereal Sugar	0
Total for Meal		≤ 18.6
Lunch	Juice/Soup	≤ 4.0
	Entrée	≤ 14.0
	Starch	≤ 0.7
	Vegetable	≤ 3.0
	Dessert	≤ 8.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
	Gravy/Sauces	≤ 2.5
Total for Meal		≤ 44.5
Supper	Juice/Soup	≤ 4.0
	Entrée	≤ 14.0
	Starch	≤ 0.7
	Vegetable	≤ 3.0
	Dessert	≤ 8.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
	Gravy/Sauces	≤ 2.5
Total for Meal		≤ 35.2
Daily Total		≤ 98.3
* Trepuree will be offered once per day		

Calculations are based on course code minimums i.e. nonselective menu.

DIET TYPE: < 90 mmol SODIUM PUREED - Non-Compendium

SODIUM CONTENT BY COURSE AND MEAL FOR PUREE DIETS - < 90 mmol

MEAL	COURSE	Na CONTENT (mmol)
Breakfast	Juice/Fruit	≤ 1.0
	Cereal	0
	Entrée and Toast/Muffin	≤ 14.6
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar/	0
	Seasoning/Pepper	0
	Cereal Sugar	0
	Desert	0
	Total for Meal	
Lunch	Juice/Soup	≤ 4.0
	Entrée	≤ 14.0
	Starch	≤ 0.7
	Vegetable	≤ 3.0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
	Gravy/Sauces	≤ 2.5
Total for Meal		≤ 42.5
Supper	Juice/Soup	≤ 4.0
	Entrée	≤ 14.0
	Starch	≤ 0.7
	Vegetable	≤ 3.0
	Dessert	≤ 6.0
	Milk	≤ 3.0
	Hot Beverage	0
	Creamer/Sugar	0
	Seasoning/Pepper	0
	Gravy/Sauces	≤ 2.5
Total for Meal		≤ 33.2
Daily Total		≤ 94.3
* Trepuree will be offered once per day		

Calculations are based on course code minimums i.e. nonselective menu.

DIET TYPE: 50 – 60 mmol POTASSIUM

Compendium Definition - Standard diet with:

- exclusion of high potassium foods & beverages

CAUTION: Does not meet Eating Well with Canada's Food Guide minimum recommendations for Milk and Milk Products.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• as per coding criteria• as per fruits, vegetables and other foods compliant and non-compliant with 50 - 60 mmol K diet (see attached)	<ul style="list-style-type: none">• as per coding criteria• as per fruits, vegetables and other foods compliant and non-compliant with 50 - 60 mmol K diet (see attached)
Details & General Comments	
<p>Assumptions</p> <ul style="list-style-type: none">• Fluid milk limited to 125 mL per day served at breakfast.• Maximum of 5 servings of fruits and/or vegetables from the compliant list. <p>Course code restrictions will apply.</p>	

POTASSIUM CONTENT BY COURSE AND MEAL – 50-60 mmol

MEAL	COURSE	POTASSIUM CONTENT (mmol)
Breakfast	Juice/Fruit	≤ 4.0
	Cereal/Sugar	≤ 2.0
	Entrée	≤ 2.5
	Toast/Muffin	≤ 1.1
	Margarine	≤ 0.1
	Jam/Jelly	0
	Milk	≤ 5.2
	Hot Beverage	0
	Creamer/Sugar	0
	Salt/Pepper	0
Total for Meal		≤ 14.9
Lunch	Soup	≤ 4.6
	Crackers	≤ 0.2
	Entrée	≤ 7.6
	Gravy/Sauce/Condiment	≤ 1.0
	Vegetable	≤ 3.8
	Starch	≤ 2.2
	or	
	Sandwich	≤ 14.2
	Salad/Dressing	≤ 0.5
	Dessert	≤ 4.1
	Hot Beverage	0
	Creamer/Sugar	0
	Salt/Pepper	0
Total for Meal		≤ 24.0
Supper	Soup	≤ 4.6
	Crackers	≤ 0.2
	Entrée	≤ 7.6
	Gravy/Sauce/Condiment	≤ 1.0
	Vegetable	≤ 3.8
	Starch	≤ 2.2
	Dessert	≤ 4.1
	Hot Beverage	0
	Creamer/Sugar	0
	Salt/Pepper	0
	Total for Meal	
Daily Total Potassium		≤ 62.4

Calculations are based on course code minimums i.e. nonselective menu.

FRUITS AND VEGETABLES COMPLIANT WITH THE 50-60MMOL POTASSIUM DIET

Based on ½ cup serving (unless indicated), a maximum of 5 servings per day of the following choices:

Fruits & Juices

Apple – 1 small
Applesauce
Apricots – canned
Blackberries
Blueberries
Boysenberries
Cherries – 10
Crabapples
Cranberries -1 cup
Fruit Cocktail
Grapefruit - ½ small
Grapes – 15 small
Mandarin oranges – canned, fresh
Pears -canned
Peach
Pineapple
Plums –canned
Raisins – 2 tbsp
Raspberries
Rhubarb
Saskatoon berries
Strawberries
Tangerine
Watermelon – 1 cup

Apple
Cranapple
Cranberry
Grape
Lemonade
Limeade
Papaya nectar
Peach nectar
Pear nectar

Vegetables

Alfalfa sprouts – 1 cup
Asparagus
Bamboo shoots - canned
Beans (green/waxed)
Bean sprouts
Broccoli
Cabbage (red, green, Chinese) – raw, boiled
Carrots - boiled
Cauliflower – raw, boiled
Celery – 1 stalk, raw
Chives
Corn
Cucumbers
Eggplant
Leeks
Lettuce
Mixed vegetables - frozen
Mushrooms – canned, raw
Onions
Peppers (red, green, orange, yellow)
Potato – pre-soaked, boiled
Peas – green, fresh, frozen, canned
Radish – 8 small
Spinach - raw
Turnips
Water chestnuts – canned
Zucchini

FRUIT, VEGETABLES AND OTHER FOODS NON-COMPLIANT WITH THE 50-60MMOL POTASSIUM DIET

Fruit & Juices

Apricots – dried, fresh, frozen
Avocado
Banana
Cantaloupe
Dried fruit (dates, figs, peaches, pears, prunes, mango)
Honeydew melon
Kiwi
Oranges – navel, Valencia
Nectarines
Papaya
Pear- fresh
Plums – fresh
Pomegranate
Tangelos

Juices:

Orange
Passion fruit
Prune
Tangerine

Other Foods:

Chocolate
Whole nuts
Seeds (sunflower, pumpkin)
Whole wheat/grain products (100% whole wheat bread/toast/roll, multigrain)
Bran (muffins, cereals)

Vegetables & Juices

Artichoke
Bamboo shoots - raw
Beans - white
Beets
Beet greens
Blackeyed peas
Bok choy
Brussel sprouts
Carrots - raw
Chard - Swiss
Kidney beans
Lentils
Lima beans
Mushrooms – cooked, dried
Parsnips
Potato – baked, chips, fries
Pumpkin
Rutabagas
Snow peas
Soybean sprouts
Spinach - boiled
Squash
Sweet potato
Tomato
Water chestnut – raw

Juices:

Carrot
Tomato
Vegetable (V8)

****Soups/entrees/desserts containing any of the above fruits, vegetables or other foods are NON-COMPLIANT.**

DIET TYPE: HIGH POTASSIUM

Compendium Definition – Standard diet with:

- inclusion of high potassium foods and beverages to provide an additional 25 mmol of potassium per day

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• All items compliant	
Details & General Comments	
<p>Encourage juice on patient unit.</p> <p>CBORD preference instructions are required for standard additions (see CBORD Diet Office Policy & Procedure 40.20.55).</p> <p><u>Standard nourishments:</u> Breakfast – 1 Fresh banana Lunch – 125 ml orange juice Supper – 156 ml tomato juice</p>	

DIET TYPE: 1000 mg (32 mmol) PHOSPHOROUS

- Compendium Definition - Standard diet with:**
- with 10% of prescribed phosphorous levels

CAUTION: May not meet Eating Well with Canada's Food Guide minimum recommendations for Milk and Milk Products.

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• whole-grain breads/cereals• food items with skim milk powder• processed meats (e.g. wieners, sausages, canned meat)• bran
Details & General Comments	
Fluid milk limited to 125 mL per day served at breakfast.	

DIET TYPE: LOW COPPER

Compendium Definition - Standard diet with:

- exclusion of food items known to contain high levels of copper
- inclusion of only distilled water for drinking

Note: Given the variability of copper content in food, foods excluded from the diet are based on research and best practice.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • Foods and beverages prepared using tap water 	<p>Meats and alternatives</p> <ul style="list-style-type: none"> • shellfish • organ meats (e.g. liver, kidney), duck • dried beans, peas, lentils • nuts, seeds <p>Fruits and vegetables</p> <ul style="list-style-type: none"> • dried fruit • mushrooms, broccoli <p>Miscellaneous</p> <ul style="list-style-type: none"> • chocolate, cocoa • mineral water • oral nutritionals

Details & General Comments

Newly diagnosed Wilson's disease patients should follow this low copper diet. One year post diagnosis, if patient's physician considers disease to be well controlled, following a low copper diet may be discontinued. Only shellfish and liver need be excluded for patients not required to follow a low copper diet.

Given the variability of copper content in foods, achievement of a specific level of copper in the diet is not practical. Instead, patients should be advised to avoid consuming large quantities of foods known to contain high levels of copper.

Copper chelating medications (e.g. D-penicillamine) are the mainstay of therapy in achieving negative copper balance in patients with Wilson's disease. A low copper diet remains ancillary to this medical treatment (when required).

Given the limitations of the current WRHA NFS system, it is impossible to ensure all foods are prepared using only distilled or bottled water. Only distilled water should be provided to the patient for drinking purposes.

Intentionally left blank

DIET TYPE: MODIFIED FAT

Compendium Definition - Standard diet with:

- $\leq 30\%$ of daily energy intake from fat, with $\leq 7\%$ saturated fat/ trans fat
- ≤ 200 mg dietary cholesterol/day based on a weekly average
- 23-28 g dietary fibre/ day

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • as per coding criteria • skim • 2% milkette (maximum of 3 per day) • Lactaid milk • egg whites/egg substitute • thickened milk 	<ul style="list-style-type: none"> • as per coding criteria • whole & 2% milk • non-dairy milk substitute • whole eggs

Details & General Comments

Course code restrictions will apply.

Omega 3 eggs recommended if available.

Fish to be provided/ available 3x/ week.

Hot cereal with flax or bran/ high fibre cold cereal.

FAT & CHOLESTEROL CONTENT BY COURSE AND MEAL – MODIFIED FAT

MEAL	COURSE	FAT CONTENT (g)	SATURATED FAT/ TRANS FAT CONTENT (g)
Breakfast	Juice/Fruit	0	0
	Cereal/Sugar	≤ 1.0	0
	Entrée	≤ 7.0	≤ 3.0
	Toast/Muffin	≤ 1.1	≤ 1.0
	Margarine	≤ 5.6	≤ 1.1
	Jam/Jelly	0	0
	Milk	0	0
	Hot Beverage	0	0
	Creamer/Sugar	≤ 0.5	0
	Salt/Pepper	0	0
Total for Meal		≤ 15.1	≤ 5.1
Lunch	Soup	≤ 3.2	≤ 0.3
	Crackers	≤ 0.8	≤ 0.2
	Entrée	≤ 12.0	≤ 5.0
	Gravy/Sauce	≤ 1.0	≤ 0.2
	Starch	≤ 2.0	0
	Vegetable or	≤ 0.5	0
	Sandwich	≤ 17.0	≤ 5.4
	Salad/Dressing	≤ 4.0	0
	Dessert	≤ 2.0	≤ 0.8
	Milk	0	0
	Hot Beverage	0	0
	Creamer/Sugar	≤ 0.5	0
	Salt/Pepper	0	0
Total for Meal		≤ 26.0	≤ 6.5
Supper	Soup	≤ 3.2	≤ 0.3
	Crackers	≤ 0.8	≤ 0.2
	Entrée	≤ 12.0	≤ 5.0
	Gravy/Sauce	≤ 1.0	≤ 0.2
	Starch	≤ 2.0	0
	Vegetable	≤ 0.5	0
	Dessert	≤ 2.0	≤ 0.8
	Milk	0	0
	Hot Beverage	0	0
	Creamer/Sugar	≤ 0.5	0
	Salt/Pepper	0	0
Total for Meal		≤ 22.0	≤ 6.5
Daily Total		≤ 63.1	≤ 18.1

Calculations are based on course code minimums i.e. nonselective menu.

DIET TYPE: CONTROLLED FAT

Compendium Definition - Standard diet with:

- **exclusion of high fat foods and beverages**

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • fat-free and light salad dressings • skim, 1% milk, lactose-reduced milk, soy milk • 2% milkette (maximum of 3 per day) • oral nutritional supplements • margarine/ butter (maximum of 3 per day) 	<ul style="list-style-type: none"> • plain entrees with > 12 g fat/ serving • entrees including starch, vegetable and gravy > 17 g fat/ serving • processed sandwich meats • sandwiches entrees with > 17 g fat/ serving • soups > 4 g fat/ serving • all regular salad dressings • whole milk, 2%, non-dairy milk substitute • cheese with > 30% m.f., processed cheese • fried foods • cakes, pastries, bars, squares • ice cream

Details & General Comments

The controlled fat diet is used to relieve symptoms of diarrhea, steatorrhea, flatulence and abdominal pain associated with intolerance to high intakes of dietary fat and to control nutrient losses caused by ingestion of dietary fat in individuals with malabsorptive disorders. Tolerance should be monitored closely and fat level adjusted accordingly to relieve gastrointestinal symptoms and normalize fecal fat losses.

Note: There is no course code requirements for margarine or butter at lunch and supper.

Intentionally left blank

DIET TYPE: 40 & 50 gram CONTROLLED PROTEIN

Compendium Definition - Standard diet:

- within 10% of prescribed protein level
- fat levels not restricted
- some speciality low protein products provided (40 gram only)

CAUTION: Does not meet Eating Well with Canada's Food Guide minimum recommendations for Milk and Milk Products, Meat and Alternates, and Grain Products (40 gram only)

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • as per coding criteria • non dairy milk substitute 	<ul style="list-style-type: none"> • as per coding criteria
Details & General Comments	
<p>Patterns rule items selected.</p> <p>High biological protein is the preferred choice.</p> <p><u>Standard nourishments</u> (added to increase energy on 40 gram controlled protein diet): Lunch – low protein shake (0.4 gram protein per 120 mL serving) Supper – low protein shake</p>	

PROTEIN CONTENT BY COURSE AND MEAL

MEAL	EXCHANGE/ FOOD NAME	g PROTEIN	# EXCHANGES 40 g RESTRICTION	# EXCHANGES 50 g RESTRICTION
Breakfast	Juice/Fruit	≤ 1.0	1	1
	Cereal	≤ 2.0	1	0
	Cereal	≤ 2.5	0	1
	Entree	≤ 6.0	0	0
	Toast/Muffin	≤ 3.0	1	1
	LP Starch	≤ 0.2	0	0
	Jam/Jelly	≤ 0.2	1	1
	Milk	≤ 4.0	1	1
	Margarine	0	2	2
	Non-Dairy Creamer	0	2	2
Total for Meal			≤ 10.2	≤ 10.7
Lunch	Soup/Juice	0	1	1
	Crackers	0	0	0
	Entree	≤ 7.0	1	2
	Gravy/Sauce	≤ 1.0	1	1
	Veg/Salad/Drsg	≤ 2.0	1	1
	Starch	≤ 2.0	1	2
	LP Starch	≤ 0.2	1	0
	Dessert	≤ 1.0	1	1
	Milk	≤ 4.0	0	0
	Margarine	0	2	2
	Non-Dairy Creamer	0	2	2
Total for Meal			≤ 13.2	≤ 22.0
Supper	Soup/Juice	0	1	1
	Crackers	0	0	0
	Entrée	≤ 7.0	2	2
	Gravy/Sauce	≤ 1.0	1	1
	Veg/Salad/Drsg	≤ 2.0	1	1
	Starch	≤ 2.0	1	1
	LP Starch	≤ 0.2	1	0
	Dessert	≤ 1.0	1	1
	Milk	≤ 4.0	0	0
	Margarine	0	2	2
	Non-Dairy Creamer	0	2	2
Total for Meal			≤ 20.2	≤ 20.0
Low Protein Shakes (2/day)			≤ 0.8	0
Daily Total Protein			≤ 45.2	≤ 52.7

DIET TYPE: 60 gram CONTROLLED PROTEIN

Compendium Definition - Standard diet:

- within 10% of prescribed protein level
- fat levels not restricted

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• as per coding criteria• food items with glucose polymer as per coding criteria• thickened beverages	<ul style="list-style-type: none">• as per coding criteria• pancakes, waffles and French toast• food items with skim milk powder
Details & General Comments	
<p>Patterns rule items selected.</p> <p>High biological protein is the preferred choice.</p>	

PROTEIN CONTENT BY COURSE AND MEAL

MEAL	EXCHANGE/ FOOD NAME	g PROTEIN	# EXCHANGES 60 g RESTRICTION
Breakfast	Juice/Fruit	≤ 1.0	1
	Cereal	≤ 2.5	1
	Entree	≤ 7.0	1
	Toast/Muffin	≤ 3.0	1
	Jam/Jelly	≤ 0.2	1
	Milk	≤ 4.0	1
	Margarine	0	2
	Non-Dairy Creamer	0	1
Total for Meal			≤ 17.7
Lunch	Soup	0	1
	Crackers	≤ 0.6	0
	Entree	≤ 7.0	2
	Gravy/Sauce	≤ 1.0	1
	Veg/Salad/Drsg	≤ 2.0	1
	Starch	≤ 2.5	2
	Dessert	≤ 2.0	1
	Milk	≤ 4.0	0
	Margarine	0	2
	Non-Dairy Creamer	0	1
Total for Meal			≤ 24.0
Supper	Soup	≤ 0.0	1
	Crackers	≤ 0.6	0
	Entrée	≤ 7.0	2
	Gravy/Sauce	≤ 1.0	1
	Veg/Salad/Drsg	≤ 2.0	1
	Starch	≤ 2.5	1
	Dessert	≤ 2.0	1
	Milk	≤ 4.0	0
	Margarine	0	2
	Non-Dairy Creamer	0	1
Total for Meal			≤ 21.5
Daily Total Protein			≤ 63.2

DIET TYPE: 70 & 80 gram CONTROLLED PROTEIN

Compendium Definition - Standard diet:
• within 10% of prescribed protein level

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• thickened beverages• food items with glucose polymer as per coding criteria• all items compliant as per coding criteria	<ul style="list-style-type: none">• food items with skim milk powder
Details & General Comments	
Patterns rule items selected.	

PROTEIN CONTENT BY COURSE AND MEAL

MEAL	EXCHANGE/ FOOD NAME	g PROTEIN	# EXCHANGES 70 g RESTRICTION	# EXCHANGES 80 g RESTRICTION
Breakfast	Juice/Fruit	≤ 1.0	1	1
	Cereal	≤ 2.5	1	1
	Entree	≤ 7.0	1	1
	Toast/Muffin	≤ 3.0	1	1
	Jam/Jelly	≤ 0.2	1	1
	Milk	≤ 4.0	1	2
	Margarine	0	1	1
	Creamer	0	1	1
Total for Meal			≤ 17.7	≤ 21.7
Lunch	Soup/Juice	≤ 5.0	1	1
	Crackers	≤ 0.6	1	1
	Entree	≤ 7.0	2	2
	Gravy/Sauce	≤ 0.5	1	1
	Veg/Salad/Drsg	≤ 4.4	1	1
	Starch	≤ 2.5	1	1
	Dessert	≤ 5.0	1	1
	Milk	≤ 4.0	1	1
	Margarine	0	1	1
	Creamer	0	1	1
Total for Meal			≤ 29.0	≤ 29.0
Supper	Soup/Juice	≤ 5.0	1	1
	Crackers	≤ 0.6	1	1
	Entrée	≤ 7.0	2	2
	Gravy/Sauce	≤ 0.5	1	1
	Veg/Salad/Drsg	≤ 4.4	1	1
	Starch	≤ 2.5	1	1
	Dessert	≤ 5.0	1	1
	Milk	≤ 4.0	1	2
	Margarine	0	1	1
	Creamer	0	1	1
Total for Meal			≤ 29.0	≤ 33.0
Daily Total Protein			≤ 75.7	≤ 83.7

DIET TYPE: HIGH ENERGY / HIGH PROTEIN

Compendium Definition - Standard diet with:

- inclusion of additional protein and energy rich foods and nutrient fortified products including skim milk powder
- to provide additional energy ≥ 500 Kcal per day and
- $\geq 20\%$ total calories from protein per day

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • thickened beverages 	
Details & General Comments	
<p>Inclusion of protein and energy rich items to provide ≥ 500 additional Kcal per day and $\geq 20\%$ total calories from protein per day. The following additions will be the standard.</p> <p>2 – 120 ml Whole milk will be served instead of 2% milk at breakfast, lunch and dinner.</p> <p>25g skim milk powder will be added to hot cereal.</p> <p>20g skim milk powder will be added to cream soups (cream soup to be provided at lunch and dinner).</p> <p>Extra protein choice will be added to the breakfast meal.</p> <p>Other items that have glucose polymer added include hot cereal, hot beverages, soup, juice and canned fruit. These items can be ordered as per dietitian's request.</p> <p>Oral nutritionals or nourishments will not be routinely given but may be added as per dietitian's request.</p>	

Intentionally left blank

DIET TYPE: CONTROLLED FIBRE

Compendium Definition - Standard diet:

- exclusion of foods associated with ileostomy or bowel obstruction as outlined in items NOT compliant

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • oral nutritional supplements 	<ul style="list-style-type: none"> • Vegetables: bean sprouts, cabbage, raw carrots, celery, corn, cucumber skin, green/red pepper skin, lettuce, mushrooms, olives, peas, pickles, spinach • Fruits: dried fruit, fruit skins and seeds, pineapple, high fibre fruit spread • Meats and Alternatives: casing of sausages and other meats, nuts and seeds, dried peas, beans, lentils, legumes, chunky peanut butter • Other: raspberry jam, strawberry jam, coconut • oral nutritional supplements containing fibre
Details & General Comments	
<p>The controlled fibre diet is a temporary diet intended for those who are at risk for bowel obstruction and for patients with a newly created ileostomy. Once the stoma matures (generally 6-8 weeks after surgery), a standard diet will likely be well tolerated.</p> <p>This diet is not intended as a transition diet postoperatively, nor to replace the former “bland” or “light” diet.</p>	

DIET TYPE: FIBRE ENRICHED

Compendium Definition - Standard diet with:

- an emphasis on high fibre foods to provide 10-15 grams of dietary fibre per day from a variety of sources above which the standard diet provides

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• oral nutritional supplements with added fibre	
Details & General Comments	
<p>The purpose of the fibre enriched diet is to increase fecal bulk and promote regularity. Laxation is the beneficial physiological effect. Adequate fluid intake is required with the intake of high fibre foods. Additional water may be provided on the units.</p> <p>Breakfast includes a high fibre hot/cold cereal, fruit (instead of juice), and prune sauce. Extra serving of salad will be provided.</p>	

DIET TYPE: FINGER FOODS – Non Compendium

Definition for Diet Criteria for Menu Database Development: Standard diet, modified with:

- foods that are easy to pick up without utensils
- hot liquids/ soups served in double handled mugs
- gravies and sauces served on the side

Individuals receiving this diet may require assistance with preparation of certain food items. e.g. meat cut up into serving size pieces.

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • dry cold cereals; hot cereals in a mug; bread/toast; rolls; pancakes; waffles; french toast; muffins; scones; crackers; bagels, croissants; plain pasta; perogies <p>Eggs</p> <ul style="list-style-type: none"> • omelets; hard boiled <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • fresh and drained canned fruit <p>Vegetables</p> <ul style="list-style-type: none"> • cooked vegetables in pieces that are easy to pick up; boiled or baked potato, french fries <p>Salads</p> <ul style="list-style-type: none"> • carrot and celery sticks; tomato wedges; cucumber slices; pickled beets; bean salad <p>Meat and alternates</p> <ul style="list-style-type: none"> • roast meat/poultry, chops, patties cut into strips/chunks; chicken fingers/nuggets; breaded fish, fish sticks; bacon; sausages; wieners; sandwiches; burgers; pizza <p>Soups</p> <ul style="list-style-type: none"> • all <p>Desserts</p> <ul style="list-style-type: none"> • cakes; squares; cookies; tarts; gelatin; puddings; ice cream; sherbet; custard; yogurt 	<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • rice; pasta dishes <p>Eggs</p> <ul style="list-style-type: none"> • scrambled, poached <p>Fruits</p> <ul style="list-style-type: none"> • canned fruit with juice; applesauce <p>Vegetables</p> <ul style="list-style-type: none"> • creamed corn; mashed or whipped vegetables or potatoes; scalloped potatoes <p>Salads</p> <ul style="list-style-type: none"> • finely chopped coleslaw, shredded lettuce/carrots <p>Meat and alternates</p> <ul style="list-style-type: none"> • casseroles; meat/ fish or poultry served in sauces
Details & General Comments	

DIET TYPE: SOFT

Compendium Definition - Standard diet, modified with:

- **soft to chew foods**

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • soft bread/toast; soft rolls; soft bagels; croissants; pancakes; waffles; french toast; muffins; scones; cooked and cold cereals; soft moist rice; crackers, soft moist pasta; perogies <p>Eggs</p> <ul style="list-style-type: none"> • all <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • soft fresh or canned fruit <p>Vegetables</p> <ul style="list-style-type: none"> • soft cooked (double blanched), canned or whipped cooked vegetables; soft cooked potatoes; cooked cabbage <p>Salads</p> <ul style="list-style-type: none"> • Finely chopped coleslaw; fresh tomato; pickled beets; bean salad made with soft cooked (double blanched) or canned vegetables; chopped/shredded lettuce; shredded carrots <p>Meat and Alternates</p> <ul style="list-style-type: none"> • moist soft meats/poultry; soft casseroles; fish; soft sandwiches e.g. minced fillings or shaved/ thinly sliced-meats; smooth peanut butter, sausage patty; soft cheese portion; cottage cheese <p>Soups</p> <ul style="list-style-type: none"> • regular cream and stock soups; broth soup <p>Desserts</p> <ul style="list-style-type: none"> • soft, moist cakes, pies, squares, cookies/bars with or without finely chopped nuts and/or soft dried fruit; puddings, custards, sherbet, ice cream, gelatin; mousse; yogurt <p>Miscellaneous</p> <ul style="list-style-type: none"> • tiny seeds (e.g. raspberry, strawberry, poppy seed) found in jams and baked goods; ground nuts; soft dried fruit 	<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • hard crunchy cereal (e.g. granola); crusty rolls <p>Fruit</p> <ul style="list-style-type: none"> • hard fresh fruit (e.g. whole apple); firm canned fruit (e.g. pineapple) <p>Vegetables</p> <ul style="list-style-type: none"> • hard fresh vegetables (e.g. whole raw carrot, whole raw celery, cucumber with skin, and whole raw broccoli); crispy fried potatoes with skins; baked potato with skin <p>Salads</p> <ul style="list-style-type: none"> • tossed salad; dill pickle <p>Meat and alternates</p> <ul style="list-style-type: none"> • solid dry meats (e.g. roast beef, roast pork, plain baked ham, pork chop); bacon

DIET TYPE: SOFT (Continued)

Details & General Comments

Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.

- dry crackers or cookies served alone
- hard boiled egg
- peanut butter
- dry hard toast, bagels, croissants
- dried fruit / nuts
- fruit / vegetables with tough skins e.g. tomato wedge, bean salad, grapes
- chopped / shredded lettuce; coleslaw
- crispy fried potatoes
- crispy fried fish
- wieners
- sticky squares e.g. rice krispie square, puffed wheat cake

Note: It may be necessary to provide extra sauce or gravy.

DIET TYPE: SOFT/MINCED

Compendium Definition - Soft diet, with the inclusion of;

- some plain minced meats when the soft textured meat is not suitable.

Note: This diet may be modified to provide minced meat, vegetables and pureed fruit as required.

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • soft bread/toast; soft rolls; soft bagels; croissants; pancakes; waffles; french toast; muffins; scones; cooked and cold cereals; soft moist rice; crackers, soft moist pasta; perogies <p>Eggs</p> <ul style="list-style-type: none"> • all <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • soft fresh or canned fruit; minced/pureed fruit <p>Vegetables</p> <ul style="list-style-type: none"> • soft cooked (double blanched), canned, minced or whipped cooked vegetables; soft cooked potatoes <p>Salads</p> <ul style="list-style-type: none"> • finely chopped coleslaw; fresh tomato; pickled beets; bean salad made with soft cooked (double blanched) or canned vegetables; shredded lettuce/carrots <p>Meat and Alternates</p> <ul style="list-style-type: none"> • moist soft or minced (processed through a mincer) meats/poultry; soft casseroles; fish; soft sandwiches e.g. minced fillings; soft cheeses; shaved/thinly sliced meats; smooth peanut butter; sausage patty; soft cheese portion; cottage cheese <p>Soups</p> <ul style="list-style-type: none"> • regular cream/stock soups (with soft/minced meat and soft well cooked vegetables without skins/seeds); broth soups 	<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • hard crunchy cereal (e.g. granola); crusty rolls <p>Fruit</p> <ul style="list-style-type: none"> • hard fresh fruit (e.g. apple); firm canned fruit (e.g. pineapple) <p>Vegetables</p> <ul style="list-style-type: none"> • hard fresh vegetables (e.g. whole raw carrot, whole raw celery, cucumber with skin, and whole raw broccoli); crispy fried potatoes; baked potato with skin <p>Salads</p> <ul style="list-style-type: none"> • tossed salads, dill pickle <p>Meat and Alternates</p> <ul style="list-style-type: none"> • solid dry meats (e.g. roast beef, roast pork, plain baked ham, pork chop); crispy fried fish; wieners; bacon <p>Desserts</p> <ul style="list-style-type: none"> • chewy, hard and/or dry cakes, squares, cookies and bars <p>Miscellaneous</p> <ul style="list-style-type: none"> • seeds (e.g. sunflower)

DIET TYPE: SOFT/MINCED (Continued)

Items Compliant	Items NOT Compliant
<p>Desserts</p> <ul style="list-style-type: none"> • soft, moist cakes, pies, squares, cookies/ bars with or without finely chopped nuts and/or soft dried fruit; puddings; custards; sherbet; ice cream; gelatin; mousse; yogurt <p>Miscellaneous</p> <ul style="list-style-type: none"> • tiny seeds (e.g. raspberry, strawberry, poppy seed) found in jams and baked goods; ground nuts; soft dried fruit 	
Details & General Comments	
<p>Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.</p> <ul style="list-style-type: none"> • dry crackers or cookies served alone • hard boiled egg • peanut butter • dry hard toast, bagels, croissants • dried fruit/ nuts • fruit/ vegetables with tough skins e.g. tomato wedge, bean salad, grapes • chopped/ shredded lettuce; coleslaw • sticky squares e.g. rice krispie square, puffed wheat cake <p>Note: It may be necessary to provide extra sauce or gravy.</p>	

DIET TYPE: MINCED

Compendium Definition - Standard diet, modified with:

- **minced meat/ poultry, fish, soft casseroles made with minced meat/ poultry**
- **minced, whipped or mashed fruits and cooked vegetables**
- **soft breads and baked products**
- **sandwiches with minced consistency fillings or cheese**
- **cream/ stock soups (with soft/ minced meat and/ soft well cooked vegetables without skins/ seeds)**

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • soft bread/toast; rolls; pancakes; waffles; french toast; muffins; scones; cooked and cold cereals; soft moist rice; crackers, soft moist pasta; perogies <p>Eggs</p> <ul style="list-style-type: none"> • all <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • minced / pureed fruit; banana <p>Vegetables</p> <ul style="list-style-type: none"> • minced, whipped or mashed cooked vegetables; creamed corn <p>Meats and Alternates</p> <ul style="list-style-type: none"> • moist meats and poultry (processed through a mincer); soft casseroles made with minced meat/ poultry; fish; soft sandwiches with minced fillings or soft cheeses; smooth peanut butter; soft cheese portion, cottage cheese <p>Soups</p> <ul style="list-style-type: none"> • cream/ stock soups (with soft/minced meat and/ soft well cooked vegetables without skins/ seeds); pureed soup; broth soup <p>Desserts</p> <ul style="list-style-type: none"> • soft, moist cakes, squares, cookies/ bars; pudding/ custard like pies; puddings; custards; sherbet; ice cream; gelatin; mousse; yogurt <p>Miscellaneous</p> <ul style="list-style-type: none"> • tiny seeds (e.g. raspberry, strawberry, poppy seed) found in jams and baked goods; ground nuts 	<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • hard crunchy cereal (e.g. granola, shredded wheat, all bran); crusty rolls; bagels; croissants <p>Vegetables</p> <ul style="list-style-type: none"> • raw vegetables; cooked vegetables not processed through a mincer, crispy fried potatoes <p>Meats and Alternates</p> <ul style="list-style-type: none"> • meat, poultry or casseroles not processed through a mincer; hard cheese; crispy fried fish <p>Desserts</p> <ul style="list-style-type: none"> • chewy, hard and/or dry cakes, squares, cookies/ bars with finely chopped nuts. <p>Miscellaneous</p> <ul style="list-style-type: none"> • seeds (e.g. sunflower), dried fruit (e.g. whole raisins)

DIET TYPE: MINCED (Continued)

Details & General Comments

If ordering the Minced diet for a patient/ resident with dysphagia, a Swallowing Assessment is recommended to determine tolerance level.

Vegetables in soup should be < 0.5 inch/ 1.25 cm, and easily mashed with a fork (National Dysphagia Diet – Level 2, p.16)

Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.

- macaroni & cheese, cheese sandwich
- dry crackers served alone
- hard boiled egg
- peanut butter
- dry hard toast

Note: It may be necessary to provide extra sauce or gravy.

DIET TYPE: TOTAL MINCED

Compendium Definition - Standard diet, modified with:

- minced entrees, minced/ whipped or mashed cooked vegetables and fruits
- exclusion of whole breads and baked products, cheese portions, cold cereals
- cream/ stock soups (with minced meat and minced vegetables without skins/ seeds)

CAUTION: Fibre content may be less than 15 grams per day. Does not meet Eating Well with Canada's Food Guide minimum recommendation for Grain Products.

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • cooked cereals; minced pasta dishes; pureed bread; pureed muffins; soft moist rice <p>Eggs</p> <ul style="list-style-type: none"> • moist scrambled eggs, soft poached eggs, pureed egg <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • minced/ pureed fruits <p>Vegetables</p> <ul style="list-style-type: none"> • minced, whipped or mashed cooked vegetables; creamed corn <p>Meats and Alternates</p> <ul style="list-style-type: none"> • moist meats or poultry (processed through a mincer); minced casseroles, formed minced fish; creamed cottage cheese <p>Soups</p> <ul style="list-style-type: none"> • cream/ stock soups (with minced meat and/ minced vegetables without skins/ seeds); pureed soup; broth soup <p>Desserts</p> <ul style="list-style-type: none"> • puddings; custards; sherbet; ice cream; gelatin; mousse; plain yogurt or yogurt with pureed fruit <p>Miscellaneous</p> <ul style="list-style-type: none"> • tiny seeds (e.g. raspberry & strawberry) found in jams 	<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • all other bread and baked products; cold cereals <p>Milk products</p> <ul style="list-style-type: none"> • hard cheese; dry cottage cheese; processed cheese <p>Meats and Alternates</p> <ul style="list-style-type: none"> • meat, poultry or casseroles not processed through a mincer; crispy fried fish, dry fish, salmon steak; cheese portion; processed cheese slices <p>Desserts</p> <ul style="list-style-type: none"> • cakes, pies, cookies, squares and bars <p>Miscellaneous</p> <ul style="list-style-type: none"> • seeds (e.g. sunflower; nuts and dried fruit)

DIET TYPE: TOTAL MINCED (Continued)

Details & General Comments

If ordering this diet for a patient/ resident with dysphagia, a Swallowing Assessment is recommended to determine tolerance level.

Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.

- items that contain pulp (e.g. creamed corn)
- ice cream, sherbet and gelatin
- consider cohesiveness of whipped or mashed cooked vegetables or pureed pasta/ casseroles
- peanut butter, cheese whiz and cream cheese (not routinely given)
- scrambled eggs
- soft moist rice

Note: It may be necessary to provide extra sauces or gravy.

DIET TYPE: TOTAL MINCED/PUREED - Non-Compendium

Compendium Definition - Total Minced diet with:
 ○ the option of pureed foods

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • items compliant to Total Minced • items compliant to Pureed diets 	
Details & General Comments	
<p>If ordering this diet for a patient/ resident with dysphagia, a Swallowing Assessment is recommended to determine tolerance level. The dietitian must individualize this diet according to patient tolerance to achieve the desired combination otherwise, only total minced food items will be given.</p> <p>Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.</p> <ul style="list-style-type: none"> • items that contain pulp (e.g. creamed corn) • ice cream, sherbet and gelatin • consider cohesiveness of whipped or mashed cooked vegetables or pureed pasta casseroles • peanut butter, cheese whiz and cream cheese (not routinely given) • scrambled eggs • soft moist rice • oatmeal <p>Note: It may be necessary to provide extra sauces or gravy.</p>	

DIET TYPE: PUREED

Compendium Definition - Standard diet, modified with:

- only liquid or pureed foods of a smooth homogeneous texture

CAUTION: Fibre content may be less than 15 grams per day. Does not meet Eating Well with Canada's Food Guide minimum recommendation for Grain Products.

Items Compliant	Items NOT Compliant
<p>Breads, cereals and pasta</p> <ul style="list-style-type: none"> • oatmeal; cream of wheat; pureed bread and muffins; pureed pasta dishes <p>Eggs</p> <ul style="list-style-type: none"> • moist pureed eggs <p>Milk products</p> <ul style="list-style-type: none"> • all <p>Fruits</p> <ul style="list-style-type: none"> • pureed fruits <p>Vegetables</p> <ul style="list-style-type: none"> • whipped or mashed cooked vegetables, moist mashed potatoes of smooth consistency <p>Meat and Alternates</p> <ul style="list-style-type: none"> • pureed meats, fish, poultry and casseroles of smooth and moist consistency <p>Soups</p> <ul style="list-style-type: none"> • pureed soups; clear broth soup <p>Desserts</p> <ul style="list-style-type: none"> • smooth puddings, custards, sherbet, ice cream, gelatin, mousse; plain yogurt or yogurt with pureed fruit 	

Details & General Comments

If ordering this diet for a patient/ resident with dysphagia, a Swallowing Assessment is recommended to determine tolerance level.

Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.

- ice cream, sherbet and gelatin
- consider cohesiveness of whipped or mashed cooked vegetables or pureed pasta/ casseroles
- peanut butter, cheese whiz and cream cheese (not routinely given)
- oatmeal

Note: It may be necessary to provide extra sauces or gravy.

DIET TYPE: BLENDERIZED

Compendium Definition - Pureed diet, modified with:

- foods blenderized to a liquid form

CAUTION: Average calories \leq 1500 Kcal/ day and fibre content may be less than 15 grams per day. Does not meet Eating Well with Canada's Food Guide minimum recommendation for Grain Products.

Items Compliant	Items NOT Compliant
Details & General Comments	
<p>HOUSE DIET Breakfast – Juice, 2 x Milk, Cream of Wheat, Brown Sugar, Hot Beverage, White Sugar, Creamer, Sugar, High Calorie Milkshake Lunch & Supper – Hot Blender Meal, Milk, Juice, Hot Beverage, Creamer, Sugar, Salt/Pepper. HS Snack – High Calorie Milkshake</p> <p>To allow flexibility in use of this diet the following items will be made compliant to this diet, but will only be provided if a preference statement is used: Pureed fruit, smooth pudding, ice cream, sherbet, thick juices, thick milk, yogurt (smooth consistency), mousses, oatmeal and pureed egg; cream soup.</p>	

DIET TYPE: THICK FLUID-Nectar

Compendium Definition – Standard diet, modified with:

- replacement of thin liquids with thick liquids of nectar consistency

This diet is intended for individuals with dysphagia. It is recommended that a swallowing assessment be completed, as a modified texture may be required.

Note: Nectar consistency is thinner than honey.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• nectar consistency beverages i.e. water, coffee, 2% milk and juice (apple, cranberry, orange juice)• thickened soup• magic cup™	<ul style="list-style-type: none">• sherbet; ice cream; gelatin• cold cereal• non thickened oral nutritionals• canned fruit packed in juice
Details & General Comments	
Commercially prepared thickened liquids are preferred. When commercially prepared thickened liquids are not available products should be thickened according to commercial thickener guidelines.	

DIET TYPE: THICK FLUID - Honey

Compendium Definition – Standard diet, modified with:

- replacement of thin liquids with thick liquids of honey consistency

This diet is intended for individuals with dysphagia. It is recommended that a swallowing assessment be completed, as a modified texture may be required.

Note: Honey consistency is thicker than nectar.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• honey consistency beverages i.e. water, coffee, 2% milk and juice (apple, cranberry, orange juice)• thickened soup• magic cup™	<ul style="list-style-type: none">• sherbet; ice cream; gelatin• cold cereals• non thickened oral nutritionals• canned fruit packed in juice.
Details & General Comments	
Commercially prepared thickened liquids are preferred. When commercially prepared thickened liquids are not available products should be thickened according to commercial thickener guidelines.	

DIET TYPE: NO FLUIDS COMBINED WITH SOLIDS

Compendium Definition – Standard diet, modified with:

- exclusion of liquids combined with solids e.g. cold cereal with milk
- thin liquids as the standard

This diet is intended for individuals with dysphasia. It is recommended that a swallowing assessment be completed.

Note: It may be necessary to provide thickened fluids.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • pureed cream, puree stock soups • thickened soup 	<ul style="list-style-type: none"> • cold cereals i.e. cold cereals with milk • crackers i.e. soup with crackers • gelatin with fruit • canned fruit packed in juice • stock or cream soups with whole vegetables, pastas or grains
Details & General Comments	
<p>Dysphagia Considerations – Certain individuals with dysphagia may have difficulty with the following items. Consider removal if appropriate/ necessary.</p> <ul style="list-style-type: none"> • dry crackers served alone • hard boiled egg • peanut butter • dry hard toast, dry hard cereal bars, bagels, croissants • dried fruit/ nuts • fruit/ vegetables with tough skins e.g. tomato wedge, bean salad, grapes, dill pickle • crispy fried potatoes • crispy fried fish • sticky squares e.g. rice krispie square, puffed wheat cake • citrus fruit • yogurt with fruit <p>Note: It may be necessary to provide extra sauce or gravy.</p>	

Intentionally left blank

DIET TYPE: ALLERGY – EGG

- Compendium Definition - Standard diet with:**
- exclusion of all known foods* containing egg

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • soy and peanut lecithin • food items with glucose polymer and skim milk powder as per coding criteria • thickened beverages • Ener G egg replacer® 	<ul style="list-style-type: none"> • whole egg • albumin • conalbumin (ovotransferrin) • dried egg • egg from all poultry • egg powder • egg protein • egg white • egg yolk • frozen egg • globulin • livetin • lipovitellin • lysozyme • meringue • mayonnaise • ovalbumin • ovoglobulin • ovomucin • ovomucoid • ovovitellin • pasteurized egg • phosvitin • Simplese® • sodium silcoaluminate • vitellin • eggnog • egg replacements – e.g. Egg Beaters® • egg lecithin • lecithin
Details & General Comments	
<p>The majority of egg allergens are found in egg white, such as ovalbumin, conalbumin (ovotransferrin) and ovomucoid.</p> <p>Egg yolks are also avoided since some egg yolk proteins may induce production of IgE antibodies and antigenic cross-reactivity may occur between egg yolk and egg white protein. It is also impossible to separate egg yolk and egg white proteins purely during food processing.</p> <p>Although cooked eggs may be tolerated in some cases all cooked and raw eggs are avoided.</p>	

DIET TYPE: ALLERGY – FISH AND SHELLFISH

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing fish and shellfish
- exclusion of artificial fish and shellfish flavouring

* excludes all components as identified on label

CAUTION: 'Natural flavouring' is included in the diet as components are undeclared.

Items Compliant	Items NOT Compliant
	<p>Shellfish;</p> <ul style="list-style-type: none"> • crab • crayfish (crawfish) • lobster • prawn/shrimp (Crevette) • surimi (reformed fish) <p>Molluscs;</p> <ul style="list-style-type: none"> • clam • oyster • scallop • mussel • octopus • sepia (cuttlefish) • squid (calamari) • snail • abalone <p>Fin Fish (all varieties; only some examples listed below);</p> <ul style="list-style-type: none"> • anchovies • bass • bluefish • char • cod • fish sticks/patties • haddock • halibut • pickerel • Pollock • salmon • sole • tuna <p>Flavourings;</p> <ul style="list-style-type: none"> • caviar/roe • fish/shellfish flavouring • fish oil • oyster sauce • worcestershire sauce (if it contains anchovies)

DIET TYPE: ALLERGY – FISH AND SHELLFISH (Continued)

Details & General Comments

Some food processing may cause reduction of allergenicity (e.g. canned salmon and tuna).

Shellfish are generally not “hidden” in foods.

A common fish allergen is the protein parvalbumin that results in an allergic reaction.

DIET TYPE: ALLERGY – MILK PROTEIN

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing milk and milk products
- exclusion of artificial butter and cheese flavouring

*excludes all components as identified on label

CAUTION: ‘Natural flavouring’ is included in the diet as components are undeclared. Does not meet Eating Well with Canada’s Food Guide minimum recommendations for Milk and Milk Products.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • coconut milk • lactate • lactic acid • lactylate • milk free margarines • non dairy creamers • non dairy toppings • nut milk • Rice Dream® • soy milk • food items with glucose polymer as per coding criteria 	<ul style="list-style-type: none"> • caseins – alpha caseins, alphas 1 & 2, beta caseins, kappa caseins, gamma caseins, rennet • caseinates (ammonium, calcium, magnesium, potassium, sodium) • whey protein – alpha lactoglobulin, beta lactoglobulin • alpha lactalbumin • lactalbumin phosphate • lactoferrin • hydrolysates (casein, milk protein, protein, whey, whey protein) • liquid and evaporated milk • fermented milk (yogurt, buttermilk) • cream • all cheeses • ice cream, ice milk • butter, butter fat • artificial butter flavour • margarine containing non-compliant ingredients • condensed milk • milk solids • milk powder • milk protein • curd • sherbet • sour cream • lactose • sugar substitute containing lactose • chocolate containing non-compliant ingredients
Details & General Comments	
<p>The heat stability of individual milk proteins vary with regards to allergenicity.</p>	

DIET TYPE: ALLERGY – PEANUT

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing peanut

* excludes all components as identified on label

CAUTION: 'Natural flavouring' is included in the diet as components are undeclared.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • soy lecithin • egg lecithin • coconut • nutmeg • water chestnuts 	<ul style="list-style-type: none"> • arachis oil • artificial nuts • hydrolyzed peanut protein • hydrolyzed plant protein • hydrolyzed vegetable protein • goober peas • goober nuts • ground nuts • lecithin • mandalonas nut • mixed nuts • nut meats • peanut butter • peanut protein • peanut extracts • peanut flour • peanut oil
Details & General Comments	
<p>Pure peanut oil is non-allergenic but contamination with peanut protein is highly probable and therefore should be avoided.</p> <p>Important to identify oil source of products. Oils can be labelled as “oil” or “hydrogenated vegetable oil” (except coconut oil, palm oil, palm kernel oil, peanut oil or cocoa butter).</p>	

DIET TYPE: ALLERGY – TREE NUTS

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing almonds, brazil nut, cashew, chestnut, filbert/hazelnut, macadamia, pecan, pine nuts, pistachio & walnut

* excludes all components as identified on label

CAUTION: 'Natural flavouring' is included in the diet as components are undeclared.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • water chestnuts • coconut • nutmeg • mace • food items with glucose polymer and skim milk powder as per coding criteria • thickened beverages as per coding criteria 	<ul style="list-style-type: none"> • almonds • artificial nuts • brazil nut • cashew • chestnut • filbert/hazelnut • hickory nuts • macadamia nuts • marzipan/almond paste • nougat • nut butters, nut oil, nut paste • pecans (Mashuga) • pesto • pine nuts (Pignolia, Pinon) • pistachio • walnuts • pure almond extract
Details & General Comments	

DIET TYPE: ALLERGY – SESAME / MUSTARD SEED

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing sesame and mustard seed

* excludes all components as identified on label

CAUTION: 'Natural flavouring' is included in the diet as components are undeclared.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• food items with glucose polymer and skim milk powder as per coding criteria• thickened beverages	<ul style="list-style-type: none">• sesame seeds• sesame oil• sesame seed flour• mustards• mustard seed• mustard seed oil• mustard flour
Details & General Comments	

DIET TYPE: ALLERGY – WHEAT

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing wheat

*excludes all components as identified on label

CAUTION: This is not a gluten free diet. May contain hydrolyzed plant protein, hydrolyzed vegetable protein and total vegetable protein. Does not meet Eating Well with Canada’s Food Guide minimum recommendations for Grain Products.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • buckwheat • cornstarch • mustard flour • rice starch • food items with glucose polymer and skim milk powder as per coding criteria • thickened beverages as per coding criteria 	<ul style="list-style-type: none"> • wheat (e.g. durum, farina, graham, semolina, triticale) • bran • bread • bread crumbs • bulgur • couscous • flour • sietan • wheat \starch
Details & General Comments	
Empty space for details and general comments	

DIET TYPE: LIMITED STANDARD

Compendium Definition - Standard diet with:

- removal of foods with greater than five ingredients
- all ingredients listed on allowed foods must not be able to be further broken down into components i.e. spices, flavour
- recognized common allergens will be included

CAUTION: All specific allergens must be stated when ordering this diet. Consult dietitian for individualization.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• Food items with less than or equal to five ingredients	<ul style="list-style-type: none">• Food items that have components
Details & General Comments	
To order this diet, see CBORD Diet Office Policy & Procedure 40.20.85. See reference manual for food detailed listing of food items allowed.	

Intentionally left blank

DIET TYPE: GLUTEN FREE

Compendium Definition – the Gluten Free diet is based on the Canadian Celiac Association Guidelines with the exclusion of:

- wheat
- rye
- oats
- barley
- triticale
- and all derivatives* thereof, e.g. wheat starch

*excludes all components as identified on the label

CAUTION: The dietary fibre content may be less than 15 grams per day.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • malt sugar (maltose) • maltol • glucose polymer • skim milk powder • gluten free thickened beverages • rice, corn and bean flours • flax • icing sugar (if no wheat starch) • oral nutritional supplements 	<p>All foods/beverages that contain ingredients designated as not allowed as per the Canadian Celiac Association's <u>Acceptability of Foods & Ingredients of the Gluten-Free Diet - Pocket Dictionary (2005)</u> and Canadian Celiac Association @ <u>www.celiac.ca</u></p> <ul style="list-style-type: none"> • baking powder (if contains component of excluded grains or unspecified) • barley • bran (oat & wheat) • bulgur • couscous • dinkel • einkorn • farro • durum wheat • farina (if made from wheat) • gluten, gluten flour • HVP/HPP (if made from wheat) • instant coffee containing components of non-compliant grains • kamut • malt, malt extract, malt flavouring, malt syrup, malted milk, malt vinegar • modified starch • mustard flour • oats, oat gum, oat flour • pasta products • rye • semolina • spelt • triticale • wheat, wheat germ, wheat starch flour • worcestershire sauce • soy sauce • graham flour • honey powder (if contains wheat)

DIET TYPE: GLUTEN FREE (Continued)

Details & General Comments
<p>The gluten free diet is used for individuals with celiac disease, and for individuals with herpetiformis dermatitis to promote healing of the small intestine and allow normal nutrient digestion and absorption. It is also used to decrease symptoms caused by sensitivity to gluten and gluten containing products and to treat the dermatitis herpetiformis rash.</p>

DIET TYPE: LOW LACTOSE

Compendium Definition - Standard diet with:

- exclusion of milk and milk products as listed
- inclusion of yogurt and lactose reduced milk

CAUTION: Information on lactose content is not readily available for all foods. Small amounts of lactose may be present as secondary ingredients in some food items.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • lactose-reduced milk • yogurt • lactic acid • lactalbumin • lactate • sodium sterylol-2-lactylate • casein • whey • butter/margarine • foods prepared with small amounts of milk (e.g. cakes, cookies, pancakes) • natural cheeses e.g. cheddar, mozzarella, colby, cream • non-dairy creamers • ≤ 30 ml cream or whipping cream • oral nutritional supplements 	<ul style="list-style-type: none"> • fresh milk, chocolate milk, buttermilk as a beverage • milk creamers • pudding • cream soups • cottage cheese, processed cheese spread • ice cream, sherbet • skim milk powder • Carnation Breakfast Anytime® • Mousse • sour cream
Details & General Comments	
<p>The low lactose diet is used to prevent or reduce gastrointestinal symptoms of bloating, flatulence, cramping, nausea, and diarrhea associated with consumption of lactose. The diet is intended for those with heightened sensitivity. A standard diet with the exclusion of milk to drink may be appropriate for those who report a mild intolerance to lactose.</p>	

DIET TYPE: LOW SODIUM BENZOATE

Compendium Definition - Standard diet with:

- exclusion of foods containing sodium benzoate*

* excludes all components as identified on the label

CAUTION: Trace amounts of sodium benzoate may be found in secondary ingredients in some food items.

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none"> • natural/ artificial flavourings – chocolate, lemon, orange, cherry, fruit, nut • sodium benzoate • benzoic acid • benzyl • benzoyl • benzoyl peroxide • parabens • methyl-p-hydroxybenzoate • propyl-p-hydroxybenzoate • propylparaben • methylparaben • heptylparaben • benzyl alcohol
Details & General Comments	
<p>Serious reactions to benzoates are very rare. Individuals should avoid benzoates as an additive if they have sensitivities or have experienced adverse reactions.</p>	

DIET TYPE: LOW SULPHITE

Compendium Definition - Standard diet with:

- exclusion of foods containing added sulphite*

* excludes all components as identified on label

CAUTION: Trace amounts of sulphite may be found in some ingredients. In Canada, manufacturers are required to label a product if it contains sulphites.

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• potassium bisulphite• potassium metabisulphite• sodium bisulphite• sodium metabisulphite• sodium sulphite• sodium dithionite• sulphurous acid• sulphur dioxide• sulphiting agents• alcoholic beverages• fresh grapes
Details & General Comments	
<p>Health Canada does not require sulphites to be labelled on alcoholic beverages.</p> <p>Sulphites are no longer permitted to be used on fresh fruits (except raw grapes) to be consumed raw.</p>	

Intentionally left blank

DIET TYPE: KOSHER STYLE

Compendium Definition – Standard diet with:

- exclusion of pork and pork products
- exclusion of shellfish and shellfish products
- exclusion of dairy and meat products served together
- exclusion of products containing meat based gelatin

CAUTION: May not meet Eating Well with Canada’s Food Guide minimum recommendations for Milk and Milk Products.

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none"> • lard
Details & General Comments	
<p>Some foods are prepared in a non-certified Kosher environment.</p> <p>CBORD preference instructions are required to prevent dairy products from being served with meat products (see CBORD Diet Office Policy & Procedure 40.20.45).</p> <p>Eggs, fish and peanut butter are considered pareve (they do not belong to either dairy or meat groups) and may be eaten with either dairy or meat products.</p> <p>Regular dishware and cutlery are acceptable for use.</p>	

DIET TYPE: KOSHER

Compendium Definition – Kosher Style diet with:

- inclusion of certified Kosher entrees (meat/alternate, starch, vegetable) at lunch and supper
- inclusion of paper plates and plastic cutlery

CAUTION: Breakfast, soup and dessert items not prepared per Kosher standards. Certified Kosher foods are not always available to meet the criteria for therapeutic and/or texture modified diets. May not meet Eating Well with Canada’s Food Guide minimum recommendations for Milk and Milk Products.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • coffee, tea & hot water served in regular mugs 	<ul style="list-style-type: none"> • pork or pork products (including lard) • foods with meat based gelatin • shellfish & shellfish products • cheese made with rennet or rennin • food items with glucose polymer and skim milk powder
Details & General Comments	
<p>Regular glassware is acceptable for use.</p> <p>CBORD preference instructions are required to prevent dairy products from being served with meat products (see CBORD Diet Office Policy & Procedure 40.20.50).</p> <p>Eggs, fish and peanut butter are considered pareve (they do not belong to either dairy or meat groups) and may be eaten with either dairy or meat products.</p> <p>Foods served during Passover must have a ‘Kosher for Passover’ designation on the label.</p> <p>To accommodate a therapeutic and/or texture modified diet, the Kosher diet will need to be changed to Kosher Style (see CBORD Diet Office Policy & Procedure 40.20.45).</p>	

DIET TYPE: NO BEEF

- Compendium Definition - Standard diet with:**
- **exclusion of all known food containing beef and veal**

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• items containing beef/veal: entrees, gravies, soups (e.g. beef noodle), beef consommé• items with small amounts of beef or veal by-products (e.g. beef tallow in baked product, beef base/broth in soup, gelatin in a dessert)
Details & General Comments	

DIET TYPE: NO BELL PEPPERS

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing green, red and yellow bell peppers

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• all peppers other than bell peppers are compliant	<ul style="list-style-type: none">• green, red and yellow bell peppers
Details & General Comments	

DIET TYPE: NO CELERY – Non Compendium

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing celery

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• celery• celery seed
Details & General Comments	

DIET TYPE: NO CHOCOLATE

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing chocolate or cocoa

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• chocolate• cocoa
Details & General Comments	

DIET TYPE: NO CITRUS (ORANGE, LEMON, LIME, GRAPEFRUIT)

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing citrus fruit

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• citric acid	<ul style="list-style-type: none">• lemons/lemon juice• oranges/orange juice• grapefruits/grapefruit juice• limes/lime juice• tangerines• kumquat
Details & General Comments	

DIET TYPE: NO MUSHROOM

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing mushrooms

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• mushrooms
Details & General Comments	

DIET TYPE: NO ONION

Compendium Definition - Standard diet with:

- exclusion of foods prepared with cooking, green and red onions
- inclusion of onion as flavouring/seasoning allowed

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• onion powder, onion salt• onion juice	<ul style="list-style-type: none">• leeks• shallots• dehydrated or dried onion flakes
Details & General Comments	

DIET TYPE: NO PORK

- | |
|--|
| Compendium Definition - Standard diet with: <ul style="list-style-type: none">• exclusion of all food items containing pork |
|--|

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• items containing pork, ham, bacon, pork sausages, gravy, soups (e.g. bean and bacon)• items containing small amounts of pork or pork by-products (e.g. gelatin, lard in baked product)
Details & General Comments	

DIET TYPE: NO POULTRY

- Compendium Definition - Standard diet with:**
- **exclusion of food items containing chicken and turkey**

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• items containing obvious chicken/turkey: entrees, gravies, soups (e.g. cream of chicken), chicken consommé• items containing small amounts of poultry by-products (e.g. chicken base/broth in soup)
Details & General Comments	

DIET TYPE: NO STRAWBERRY AND RASPBERRY

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing strawberries and raspberries

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• strawberry fruit, juice or flavour• raspberry fruit, juice or flavour
Details & General Comments	
Artificially flavoured/coloured products will not be provided as food item does not include product label and may result in confusion at bedside.	

DIET TYPE: NO TOMATO

Compendium Definition - Standard diet with:

- exclusion of all known foods* containing tomatoes

*excludes all components as identified on label

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• tomato• tomato sauce• tomato paste• ketchup• sun-dried tomato• tomato juice• tomato powder• tomato flakes
Details & General Comments	

DIET TYPE: VEGAN

Standard diet with:

- exclusion of animal products (meat, poultry), fish and shellfish
- exclusion of milk and milk products
- exclusion of eggs and egg products
- inclusion of soy beverage

CAUTION: May contain trace amounts of lard, butter, meat based gelatin or soup bases.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • insect-derived foods (e.g. honey) • foods containing insignificant amounts of animal-derived components (e.g. calcium caseinate, calcium stearate, lactose, myristic acid, etc.) 	<ul style="list-style-type: none"> • albumen (egg-derived) • desserts listing lard, butter or tallow as the primary fat source (e.g. pies, pastries, cookies) • gelatin • marshmallows • whey
Details & General Comments	
<p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p> <p>Oatmeal + Flax will be the first choice for the vegan diet.</p> <p>Note: B12 and Iron status should be monitored for individuals receiving this diet.</p>	

DIET TYPE: LACTO-VEGETARIAN

Compendium Definition - Vegan diet with:

- inclusion of milk and milk products
- soy beverage available

CAUTION: May contain trace amounts of lard, meat based gelatin or soup bases.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• insect-derived foods (e.g. honey)• foods containing insignificant amounts of animal-derived components (e.g. calcium caseinate, calcium stearate, lactose, myristic acid, etc.)	<ul style="list-style-type: none">• albumen (egg-derived)• desserts listing lard or tallow as the primary fat source (e.g. pies, pastries, cookies)• gelatin• marshmallows
Details & General Comments	
<p>To order this diet, see CBORD Diet Office Policy & Procedure 40.20.70.</p> <p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p>	

DIET TYPE: OVO-VEGETARIAN

Compendium Definition - Vegan diet with:

- inclusion of eggs and egg products
- inclusion of soy beverage

CAUTION: May contain trace amounts of lard, butter, meat based gelatin or soup bases.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • insect-derived foods (e.g. honey) • foods containing insignificant amounts of animal-derived components (e.g. *calcium caseinate, *calcium stearate, *lactose, *myristic acid, etc.) 	<ul style="list-style-type: none"> • desserts listing lard, butter or tallow as the primary fat source (e.g. pies, pastries, cookies) • gelatin • marshmallows
Details & General Comments	
<p>To order this diet, see CBORD Diet Office Policy & Procedure 40.20.70.</p> <p>*Because the Ovo-Vegetarian diet is ordered with No Milk Protein (allergy diet), the patient will not receive any known foods containing milk and milk products.</p> <p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p>	

DIET TYPE: LACTO-OVO-VEGETARIAN

Compendium Definition - Vegan diet with:

- inclusion of milk and milk products
- inclusion of eggs and egg products
- soy beverage available

CAUTION: May contain trace amounts of lard, meat based gelatin or soup bases.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• insect-derived foods (e.g. honey)• foods containing insignificant amounts of animal-derived components (e.g. calcium caseinate, calcium stearate, lactose, myristic acid, etc.)	<ul style="list-style-type: none">• desserts listing lard or tallow as the primary fat source (e.g. pies, pastries, cookies)• gelatin• marshmallows
Details & General Comments	
<p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p>	

DIET TYPE: PESCO-VEGETARIAN

Compendium Definition - Lacto-Ovo Vegetarian diet with:

- inclusion of fish and fish products
- soy beverage available

CAUTION: May contain trace amounts of lard, meat based gelatin or soup bases

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• insect-derived foods (e.g. honey)• foods containing insignificant amounts of animal-derived components (e.g. calcium caseinate, calcium stearate, lactose, myristic acid, etc.)	<ul style="list-style-type: none">• desserts listing lard or tallow as the primary fat source (e.g. pies, pastries, cookies)• gelatin• marshmallows
Details & General Comments	
<p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p>	

DIET TYPE: POLLO-VEGETARIAN

Compendium Definition - Lacto-Ovo Vegetarian diet with:

- inclusion of poultry and poultry products
- soy beverage available

CAUTION: May contain trace amounts of lard, meat based gelatin or soup bases

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• insect-derived foods (e.g. honey)• foods containing insignificant amounts of animal-derived components (e.g. calcium caseinate, calcium stearate, lactose, myristic acid, etc.)	<ul style="list-style-type: none">• desserts listing lard or tallow as the primary fat source (e.g. pies, pastries, cookies)• gelatin• marshmallows
Details & General Comments	
<p>Given the limitations of the existing sourced system, it is impossible to provide a diet which completely eliminates all animal-derived food components or foods which were manufactured using processing aids of animal origin (e.g. in the processing of table sugar from sugar cane, the sugar may have been decolorized through a cow bone filter).</p>	

Intentionally left blank

DIET TYPE: CAFFEINE FREE

Compendium Definition - Standard diet with:

- exclusion of caffeine containing foods and beverages
- exclusion of decaffeinated and herbal beverages

CAUTION: Begin diet one day prior to MIBI scan.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• food items with glucose polymer and skim milk powder as per coding criteria• thickened beverages as per coding criteria	<ul style="list-style-type: none">• coffee, caffeinated and decaffeinated• coffee flavouring• tea, caffeinated, decaffeinated and herbal• chocolate• cocoa• soft drinks/beverages with added caffeine
Details & General Comments	
<p>The accuracy of a MIBI or thallium scan is affected by caffeine intake. To ensure no caffeine is ingested during the test period, all tea and coffee have been coded noncompliant.</p>	

Intentionally left blank

DIET TYPE: LOW IODINE

Compendium Definition – ≤ 100 mmol Sodium diet with:

- intake of iodine is limited to 50 – 60 micrograms per day
- exclusion of known foods containing moderate to high levels of iodine
- order Low Iodine diet with isolation tray service

NOTE: Given the variability of iodine content in food, foods excluded from the diet are based on research and best practice.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • foods containing small amounts of egg and/or milk • foods containing soy derivative, e.g. soy bean oil, soy bean isolate, hydrolyzed soy protein • cooked cereals made without added salt • unsweetened juice from concentrate • potato without skin 	<p>Milk products</p> <ul style="list-style-type: none"> • dairy/dairy-based products including milk, thickened milk, buttermilk, chocolate milk, yogurt, cream, cheese, ice cream, sherbet, milkshakes, sour cream, pudding, cream soups <p>Meats and alternatives</p> <ul style="list-style-type: none"> • organ meats, processed and cured meats (e.g. ham, corned beef, bacon, sausage, sauerkraut) • eggs • seafood (e.g. fish, shellfish, kelp, seaweed) • soy products (e.g. soy milk, tofu, soy sauce) • beans (e.g. pinto, lima, navy, kidney, red, cowpeas, chickpea) <p>Grain products</p> <ul style="list-style-type: none"> • breads made with iodate dough conditioners • all packaged cereals • processed crackers <p>Fruits and vegetables</p> <ul style="list-style-type: none"> • canned/dried fruit, canned fruit juice • canned vegetables • potatoes with skin (french fries, sweet potato) • instant potatoes, scallop potatoes <p>Miscellaneous</p> <ul style="list-style-type: none"> • iodized salt, sea salt • sulfured molasses • chocolate, cocoa • food and medication containing Red Dye FD&C No. 3 “erythrosine” (e.g. candies, maraschino cherries, gelatin, jams/jellies) • foods containing these ingredients: iodates (e.g. potassium iodate, calcium iodate), iodides, algin, alginates, carrageenan, agar-agar, nori • oral nutritional

Details & General Comments

Assumption: Salt used in food preparation is iodized salt.

DIET TYPE: LOW OXALATE

Compendium Definition – Standard diet with:

- exclusion of food items containing moderate to high levels of oxalate (≥ 2 mg oxalate per serving)

Note: Given the variability of oxalate content in food, foods excluded from the diet are based on research and best practice.

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none"> • foods containing soy derivative e.g. soy bean oil, soy bean isolate, hydrolyzed soy protein • food containing traces of nut and seeds • foods prepared with small amounts of soya sauce or tomato • foods prepared with black pepper 	<p>Meats and alternatives</p> <ul style="list-style-type: none"> • peanuts, tree nuts, nut butters <p>Grain products</p> <ul style="list-style-type: none"> • wheat germ, wheat bran, whole wheat bread, <i>white bread</i> <p>Fruits</p> <ul style="list-style-type: none"> • gooseberries, blueberries, strawberries, raspberries, blackberries, grapes, <i>oranges</i>, tangerines, rhubarb, red currants, <i>apricots</i>, purple plums, black olives • <i>cranberries, cranberry juice, grape juice, tomato juice</i> <p>Vegetables</p> <ul style="list-style-type: none"> • <i>asparagus</i>, green and wax beans, beets and beet greens, <i>carrots</i>, celery, dandelion greens, collards, eggplant, escarole, kale, leeks, okra, parsnips, sweet potatoes, potatoes, rutabagas, spinach, summer squash, swiss chard, watercress, <i>tomatoes</i> • soybean products (e.g. tofu, soy milk) <p>Entrees</p> <ul style="list-style-type: none"> • baked beans, canned in tomato sauce • <i>entrees in tomato sauce</i> <p>Soups</p> <ul style="list-style-type: none"> • <i>tomato soup</i> <p>Desserts</p> <ul style="list-style-type: none"> • fruitcake <p>Beverages</p> <ul style="list-style-type: none"> • tea, <i>instant coffee</i>, Ovaltine™ <p>Miscellaneous</p> <ul style="list-style-type: none"> • chocolate, cocoa, carob, black pepper package, sesame seeds, marmalade

Details & General Comments

Bolded & italicized foods listed above represent foods containing moderate amounts (2-10 mg/serving) of oxalate. Dietitian may individualize diet to include foods with moderate amounts of oxalate up to a maximum of two servings/day through the supplement field (F6 screen).

DIET TYPE: LOW TYRAMINE

Compendium Definition – Standard diet with:

- exclusion of food items containing moderate to high levels of tyramine (approximately ≥ 6 mg tyramine per serving)

CAUTION: Continue diet for two weeks post discontinuation of MAOI drug therapy.

NOTE: Given the variability of tyramine content in food, foods excluded from the diet are based on research and best practice.

Items Compliant	Items NOT Compliant
<p>Milk products</p> <ul style="list-style-type: none"> • cream cheese • cottage cheese • processed cheese slices and spread • havarti cheese • ricotta cheese • sour cream • yogurt • soy milk <p>Meats and alternatives</p> <ul style="list-style-type: none"> • foods containing soy derivative (e.g. soy bean oil, soy bean isolate, hydrolyzed soy protein) • fresh sausage (e.g. breakfast sausage), wieners, ham, corned beef, bologna <p>Fruits and vegetables</p> <ul style="list-style-type: none"> • bananas (assume peel not consumed) <p>Miscellaneous</p> <ul style="list-style-type: none"> • chocolate • monosodium glutamate • meat extracts (e.g. Bovril, Oxo, gravy base) 	<p>Milk products</p> <ul style="list-style-type: none"> • aged cheeses (any cheese not listed as compliant) and foods containing same <p>Meats and alternatives</p> <ul style="list-style-type: none"> • aged and dry/fermented meats or sausages (e.g. pepperoni, salami, mortadella, summer sausage, etc.) • liver • smoked or pickled fish • fava or broad bean pods • tofu <p>Fruits and vegetables</p> <ul style="list-style-type: none"> • banana peel • sauerkraut <p>Miscellaneous</p> <ul style="list-style-type: none"> • yeast extracts (e.g. Marmite™, Vegemite™), yeast containing dietary supplements • soy sauce
Details & General Comments	
<p>Dietitian can individualize diet (to be less restrictive) for patients based on individual tolerance, as some MAOI drugs have less tyramine potentiation.</p> <p>Assumptions: No spoiled or overripe food is served and no food is served after expiry date.</p>	

DIET TYPE: ESOPHAGECTOMY - Non-Compendium

Compendium Definition – Standard diet with:

- soft to chew foods
- exclusion of bread and bread products (except pasta)
- ½ serving of entrée, starch and vegetables at lunch and supper meals
- fluid limited to 250 ml per meal

Items Compliant	Items NOT Compliant
<p>Beverages</p> <ul style="list-style-type: none"> • Coffee, tea <p>Breads and Cereals</p> <ul style="list-style-type: none"> • Cooked cereal (cream of wheat, rolled oats) • Pasta • Rice in soups or casseroles <p>Milk</p> <ul style="list-style-type: none"> • Whole milk, 2%, low lactose milk, plain yogurt, fruit flavored yogurt without seeds or skin <p>Eggs</p> <ul style="list-style-type: none"> • Scrambled, poached, pureed, omelet (made with compliant food items), egg salad filling (no vegetables) <p>Fruits</p> <ul style="list-style-type: none"> • Soft fresh or canned fruit; minced/pureed fruit <p>Vegetables</p> <ul style="list-style-type: none"> • Soft cooked (double blanched), canned, minced or whipped cooked vegetables; soft cooked potatoes <p>Soups</p> <ul style="list-style-type: none"> • Cream and stock soups <p>Meats and alternates</p> <ul style="list-style-type: none"> • Moist soft or minced (processed through a mincer) meats/poultry; soft casseroles; fish; minced sandwich fillings; shaved/thinly sliced meats, sausage patty; cooked legumes; soft cheese portion; cottage cheese; peanut butter <p>Desserts</p> <ul style="list-style-type: none"> • Jello, pudding, ice cream, sherbet <p>Miscellaneous</p> <ul style="list-style-type: none"> • Ketchup, tartar sauce, mustard • Food items with skim milk powder 	<p>Breads and Cereals</p> <ul style="list-style-type: none"> • Cold cereals • Bread / rolls / toast / crackers / bread stick, scones, pancakes, French toast, muffins • Rice (side dish) <p>Milk</p> <ul style="list-style-type: none"> • Fruit yogurt with seed or skins <p>Eggs</p> <ul style="list-style-type: none"> • Boiled <p>Fruits</p> <ul style="list-style-type: none"> • Hard fresh fruit (e.g. apple); firm canned fruit (e.g. pineapple); dried fruit; fruit skins and seeds <p>Vegetables</p> <ul style="list-style-type: none"> • Hard fresh vegetables (e.g. whole raw carrot, whole raw celery, cucumber with skin, and whole raw broccoli); vegetable skins and seeds; corn; crispy fried potatoes; baked potato with skin <p>Meats and alternates</p> <ul style="list-style-type: none"> • Solid dry meats (e.g. roast beef, roast pork, plain baked ham, pork chop); crispy fried fish; bacon; casing of sausages and other meats; nuts and seeds; coconut; hard cheese portion; crunchy peanut butter, mozzarella cheese <p>Desserts</p> <ul style="list-style-type: none"> • Cakes, cookies, brownies (with or without nuts) <p>Miscellaneous</p> <ul style="list-style-type: none"> • Jams, jelly, cranberry sauce, marmalade, relish • Food items with glucose polymer (polyose)

DIET TYPE: ESOPHAGECTOMY - Non-Compendium (Continued)

Details & General Comments

This diet is for short- term use. Fluid is limited to reduce fullness and early satiety with solids. Foods of increased caloric value are emphasized, therefore, whole milk is first choice and coffee and tea are limited. The diet limits foods high in simple carbohydrate to help prevent dumping syndrome. Certain foods are omitted to reduce the risk of abrasion to the anastomotic site. Bread and bread products are omitted from the diet to prevent formation of a large bolus which may be a choking hazard or cause damage to the anastomosis.

Note: Extra gravy and margarine should be provided.

DIET TYPE: NPO or TPN or TUBE FEEDING

Definition for Diet Criteria for Menu Database Development:

- nothing by mouth

Items Compliant	Items NOT Compliant
	<ul style="list-style-type: none">• all foods and beverages
Details & General Comments	
A tray ticket will not be printed for these diet orders.	

DIET TYPE: TPN or TUBE FEEDING WITH TRAY

Definition for Diet Criteria for Menu Database Development:

- must be ordered in conjunction with a specific diet

Items Compliant	Items NOT Compliant
<ul style="list-style-type: none">• all foods & beverages• food items with glucose polymer and skim milk powder• thickened beverages	
Details & General Comments	
TPNTRY or TFTRAY is to be used when combining enteral or parenteral feeding with oral feeding.	

Intentionally left blank

REFERENCES

Allergy

- Al-Muhsen S, Clarke AE, Kagan RS. Peanut allergy: an overview. *Canadian Medical Association Journal*, 2003, 168 (10): 1279 – 1285.
- Breen R. Food Allergen Labelling Position Paper. Food and Product Labelling Committee, Anaphylaxis Canada. May 9, 2002.
- Health Canada. Egg One of the nine most common food allergens. 2005.
- Health Canada. Fish (including crustaceans and shellfish) One of the nine most common food allergens. 2005.
- Health Canada. Milk One of the nine most common food allergens. 2005.
- Health Canada. Peanuts One of the nine most common food allergens. 2005.
- Health Canada. Sesame Seeds One of the nine most common food allergens. 2005.
- Health Canada. Tree Nuts One of the nine most common food allergens. 2005.
- Health Canada. Wheat One of the nine most common food allergens. 2005.
- Olivieri J, Hauser C. Anaphylaxis to millet. *Allergy*, 1998, 53: 109-110.
- Sampson HA. Update on food allergy. *Current reviews of allergy and clinical immunology*, 2004, 113 (5): 805 – 819.
- Sicherer SH. Clinical update on peanut allergy. *Annals of Allergy, Asthma and Immunology*, 2002, 88: 350 – 360.
- Zarkadas M, Fraser WS, Salminen J, Ham Pong A. Common Allergenic Foods and Their Labelling in Canada – a Review. *Canadian Journal of Allergy and Clinical Immunology*, 1999, 4 (3): 118 – 141.

Cardiac Expert Review Group

- ADA Evidence Analysis Library (2005). R.5. Omega-3 Fatty Acids and Disorders of Lipid Metabolism. Retrieved June 9, 2005, from <http://ebg.adaevidencelibrary.com/topic.cfm?cat=2651>.
- Ajani, UA, Ford, ES and Mokdad, AH. (2004). Dietary Fiber and C-Reactive Protein: Findings from National Health and Nutrition Examination Survey Data. *Journal of Nutrition*, 134, 1181 - 1185. (Grade B, Level II-2)
- Appel, LJ, Espeland, MA, Easter L, Wilson, AC, Folmar, S, Lacy, CR. (2001). Effects of reduced sodium intake on hypertension control in older individuals: results from the Trial of Nonpharmacologic Interventions in the Elderly (TONE). *Archives of Internal Medicine*, 161, 685-693. (Grade A, Level I)
- Bazzano, LA, He, J, Ogden, LG, Loria, CM, Whelton, PK. (2003). Dietary Fiber Intake and Reduced Risk of Coronary Heart Disease in US Men and Women. The National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study. *Archives of Internal Medicine*, 163, 1897 – 1904.
- Canadian Hypertension Education Program Recommendations, 2004.

Dietary Reference Intakes for Energy, Fibre, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (prepublication) (2002). Food and Nutrition Board, Institute of Medicine of the National Academies, Chapter 7, 936 pages. Site: <http://books.nap.edu/books/0309085373/html/1.html#pagetop>.

Erkkilä, A, Lehto, S, Pyörälä, K, Uusitupa, M. (2003). n-3 Fatty Acids and 5-y Risk of Death and Cardiovascular Disease Events in Patients with Coronary Artery Disease. *Journal of Clinical Nutrition*, 78, 65 - 71. (Grade B, Level II – 3)

Genest, J, Frohlich, J, Fodor, G, McPherson, R. (2003). Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: summary of the 2003 update. *CMAJ*, 169 (9), 921 – 924.

Hu, FB, Bronner, L, Willett, WC, Stampfer, MJ, Rexrode, KM, Albert, CM et al. (2002). Fish and Omega-3 Fatty Acid Intake and Risk of Coronary Heart Disease in Women. *JAMA*, 287, 1815 -1821. (Grade B, Level II – 3)

Hu, FB, Stampfer, MJ, Manson, JE, Rimm, E, Colditz, GA, Rosner, BA, et al. (1997). Dietary Fat Intake and the Risk of Coronary Heart Disease In Women. *New England Journal of Medicine*, 337 (21), 1491-1499. (Grade A, Level II-1)

Kris-Etherton, PM, (1999). Monounsaturated Fatty Acids and Risk of Cardiovascular Disease. *Circulation*, 100, 1253-1258. (Grade A, Level III)

Kurzer, MS. (2003). Dietary Supplement Use in Women: Current Status and Future Direction. *American Society for Nutritional Sciences, Supplement*, 1983S1986S. (Grade B, Level III)

Lichtenstein, AH, Ausman, LM, Jalbert, SM, Schaefer, EJ. (1999). Effects of different forms of dietary hydrogenated fats on serum lipoprotein cholesterol levels. *New England Journal of Medicine*, 340, 1933 - 1940. (Grade A, Level II –1)

Marchioli, R, Barzi, F, Bomba, E, Chieffo, C, Gregorio, DD, Mascio, RD et al. (2002). Early Protection Against Sudden Death by n-3 Polyunsaturated Fatty Acids After Myocardial Infarction Time-Course Analysis of the results of the Gruppo Italiano per lo Studio della Sopravvivenza nell'Infarto Miocardico (GISSI)-Prevenzione. *Circulation*, 105, 1897 – 1903. (Grade A, Level I)

Mensink, RP, Katan, MB. (1990). Effect of dietary trans fatty acids on high density and low-density lipoprotein cholesterol levels in healthy subjects. *New England Journal of Medicine*, 323, 439 - 445. (Grade A, Level II – 1)

Stone, James A. (2004). *Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention, Enhancing the Science, Refining the Art. Canadian Association of Cardiac Rehabilitation* (2nd ed.). Winnipeg: CACR.

Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood cholesterol in Adults (Adult Treatment Panel III) Final Report. (2002). *National Institutes of Health*. NIH Publication No. 02-5215.

Diabetes Expert Review Group

Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Canadian Journal of Diabetes*. 2003; 27 (S1).

Diabetes Nutrition Recommendations for Health Care Institutions: ADA Position Statement. *Diabetes Care*. 2004; 27(S1).

Evidence-Based Nutritional Principles and Recommendations for the Treatment and Prevention of Diabetes and Related Complications: ADA Technical Review. *Diabetes Care*. 2002; 25(1).

Guidelines for the Nutritional Management of Diabetes Mellitus in the New Millennium: A Position Statement by the Canadian Diabetes Association. *Canadian Journal of Diabetes Care*. 1999; 23(3).

Feeding and Swallowing Expert Review Group

Best practice where research not available.

Clinical Connections Newsletter of Dietitians in General Clinical Practice Vol XXIII, No.1 Summer 2003.

Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association, 2000.

National Dysphagia Diet: Standardization for Optimal Care. American Dietetic Association, 2002.

Network Newsletter -ADA - Summer 2002. Vol 22, No.1.

GI/ Surgery Expert Review Group

Aldoori, W. Ryan-Harshman, M. Preventing Diverticular disease. Review of recent evidence on high fibre diets. *Can Fam Physician* 2002;48:1632-1637.

Bisgaard, T., Kehlet, H., Early Oral Feeding After Elective Abdominal Surgery-What are the Issues? *Nutrition* 18:944-948, 2002.

Canadian Celiac Association. Professional Advisory Board of the Canadian Celiac Association. Position Statement on Oats. March 13, 2006.

Case, S., Gluten-Free Diet, A Comprehensive Resource Guide.

Coti Bertrand, P., et al. Lactose Consumption Could Improve Lactose Intolerance. *Clinical Nutrition Rounds CN*, Dec 2004, vol. 4, issue 10.

Difronzo, L.A., et al. Benefits of Early Feeding and Early Hospital Discharge in Elderly patients undergoing open colon resection. *J Am Coll Surg* 2003; 747-752.

Feo, CV., Romanini, B., Sortini, D., et al. Early oral Feeding after Colorectal Resection (IA) *ANZ J Surg* 2003; 74: 298-301.

Food and Nutrition Board, Institute of Medicine (2001) Dietary Reference Intakes Proposed Definition of Dietary Fibre. National Academy Press, Washington DC.

Food and Nutrition Board, Institute of Medicine (2002) Dietary Reference Intakes for Energy, Carbohydrates, Fibre, Fat, Protein and Amino Acids (Macronutrients). National Academy Press, Washington DC.

Gocmen, A., Gocmen, M, et al. Early Post-Operative feeding after Caesarean delivery. *The Journal of International Medical Research* 2002; 506-511.

Hancock, S., et al. The Clear Liquid Diet: When is it appropriate? *Current Gastroenterology Reports*. 2002, 4:324-331.

Jeffery, K.M., et al. The clear liquid diets is no longer a necessity in the routine postoperative management of surgical patients. *Am J Surg*. 1996;62;167-170.

Management and treatment of lactose malabsorption. *World JI of Gastroenterol* Jan 2006; vol 12. no. 2.

Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association, 2000.

Marlet, J.A., et al. Position of the American Dietetic Association: Health Implications of Dietary Fiber. July 2002: vol. 102, issue 7; 993-1000.

Robins, G., and Howdle, P.D., Advances in celiac disease. *Curr Opin Gastroenterol* 2005; 21:152-161.

Singh, H, Case, S Duerksen, D An update on celiac disease and the gluten free diet. *Clinical Nutrition Rounds*. t. 2003.

Stike, et al., Dairy Product-Induced Diarrhea After Bowel Surgery: A Performance Improvement Opportunity. *Nutrition in Clinical Practice* June 2001; 16:147-152.

Tsunoda, A., et al. Early Oral Feeding should be Resumed following the Resolution of Gastric Ileus. *Hepato-Gastroenterology* 2005; 52:775-779.

Hepatic Expert Review Group

Blei, A.T., Córdoba, J. and The Practice Parameters Committee of the American College of Gastroenterology. (2001). Hepatic Encephalopathy. [Practice Guidelines] *American Journal of Gastroenterology*, 96(7), 1968 – 1976.

Córdoba, J., López-Hellín, J., Planas, M., Sabín, P., Sanpedro, F., Castro, F. et al. (2004). Normal Protein Diets for Episodic Hepatic Encephalopathy: Results of a Randomized Study. *Journal of Hepatology*, 41, 38 – 43.

Dichi, J.B., Dichi, I., Maio, R., Correa, C.R., Angeleli, A.Y. Bicudo, M.H. et al. (2001). Whole-Body Protein Turnover in Malnourished Patients with Child Class B and C Cirrhosis on Diets Low to High in Protein Energy. *Nutrition*, 17, 239 – 242.

Dietitians of Canada. (2003). *Hepatitis C Nutrition Care Guidelines Course*. site: <http://www.dietitians@work.com/hepc>.

Ginès, P., Cárdenas, A., Arroyo, V., Rodés, J. (2004). Management of Cirrhosis and Ascites. [Review] *New England Journal of Medicine*, 350 (16), 1646 – 1654.

Mizock, B.A. (1999). Nutritional Support in Hepatic Encephalopathy. [Review] *Nutrition*, 15 (3), 220 – 228.

Plauth, M., Merli, M., Kondrup, J., Weimann, A., Ferenci, P., Müller, M.J. (1997). [Consensus Statement] ESPEN Guidelines for Nutrition in Liver Disease and Transplantation. *Clinical Nutrition*, 16, 43 – 55.

Runyon, B.A. (2004). Management of Adult Patients With Ascites Due to Cirrhosis. [AASLD Practice Guideline]. *Hepatology*, 39 (3), 841 – 856.

Saadeh, S., Davis, G.L. (2004). Management of Ascites in Patients with End-Stage Liver Disease. [Review] *Reviews in Gastroenterological Disorders*, 4(4), 175 – 185.

Long Term Care Expert Review Group

American Diabetes Association. (2002). Evidence-based nutrition principles and recommendations for the treatment and prevention of diabetes and related complications. Position Statement of the American Diabetes Association. *J Am Diet Assoc*; 102: 109 – 118.

American Dietetic Association. (July, 2003). Position of the American Dietetic Association: Health implications of dietary. *JADA*; 102(7): 993 – 1000.

American Dietetic Association. (December 2005). Position of the American Dietetic Association: Liberalization of the diet prescription improves quality of life for older adults in long-term care. *JADA*; 105(12): 1955 – 1965.

Andres, E. (August 3, 2004). Vitamin B12 (cobalamin) deficiency in elderly patients. *CMAJ*; 171(3): 251 - 259.

Anonymous. (Spring 2005). Lessons learned from a med-pass program trial. *Canadian Journal of Dietetic Practice and Research*; 66(1): 5.

Bender, S., Pusateri, M., Cook, A., Ferguson, M. & Hall, J. (2000). Malnutrition: Role of the two cal (R) HN med pass program. *Med Surg Nursing*; 9(6): 284 - 297.

Boonen, S, Vanderschueren, D, Haentjens, P, Lips, P. (2006) Calcium and Vitamin D in the prevention and treatment of osteoporosis – a clinical update. *Journal of Internal Medicine*; 259: 539-552.

Carrier, N, Ouellet, D, West, G (2007). Nursing home food services linked with risk of malnutrition. *Canadian Journal of Dietetic Practice and Research*. 68 (1):14-20.

Chapuy, M et al. (1992). Vitamin D3 and calcium to prevent hip fractures in elderly women. *N Engl J Med*; 327: 1637 - 1642.

Clinical Resource and Audit Group, Centre for Health and Social Research. The nutrition of elderly people and nutritional aspects of their care in long-term care settings. Final audit report. Scottish Executive, UK: pp. 39.

Dahan, A., & Altman, H. (2004). Food-drug interaction: Grapefruit juice augments drug bioavailability – mechanism, extent and relevance. *European Journal of Clinical Nutrition*; 58: 1 – 9.

Dawson-Hughes, B., Harris, S., Krall, E., & Dallal, G. (1997). Effect of calcium and vitamin D supplementation on bone density in men and women 65 years of age or older. *N Engl J Med.*; 337: 670 - 676.

Diaz-Lopez, B, Cannata-Andia, J.B. (June 2006). Supplementation of vitamin D and calcium: Advantages and risks. *Nephrol Dial Transplant*; 21: 2375-2377.

Eussen, S. J., de Groot, L. C., Clarke, R. et al. (2005). Oral cyanocobalamin supplementation in older people with vitamin B12 deficiency. *Arch Intern Med*; 165: 1167 - 1172.

Food and Nutrition Board, Institute of Medicine. (2001). Dietary reference intakes proposed definition of dietary fibre. National Academy Press: Washington, DC.

Food and Nutrition Board, Institute of Medicine. (2002). Dietary reference intakes for energy, carbohydrates, fibre, fat, protein and amino acids (macronutrients). National Academy Press: Washington, DC.

Gold, M. F. (April 1994). Bon appetit – A nutritious guide to health in long term care. *Provider*. 30 – 38.

Grandjean, A. D. et al. (2000). The effect of caffeinated, noncaffeinated, caloric and non-caloric beverages on hydration. *J Amer Coll Nutr*, 19: 591 - 600.

Hajjar, R. & Morley, J. (1996). Blood pressure disorders in the nursing home resident. *Nurs Home Med*; 4: 111 – 119.

Hayden, G. (September 2001). Innovative ways to keeping nursing home residents well nourished. *Long Term Care Interface*; 26 – 30.

Health Canada. (2004). Nutrition recommendations for Canadians. Draft recommendations on carbohydrates. Currently the Nutrition Recommendations for Canadians 1990 will not be updated. Health Canada has entered into a contract with the IOM (U.S. Food and Nutrition Board of the Institute of Medicine) and the National Academies Press to prepare a DRI Summary Report targeted to health professionals.

Health Canada. (2007). Eating Well with Canada's Food Guide. Available at http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html. Accessed February 28, 2007.

Health Canada Website. Estimated Energy Requirements. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit/1_1_1_e.html.

Hsieh, C. (December 2005). Treatment of constipation in older adults. *Amer. Family Physician*; 72(11): 2277 - 2283.

Institute of Medicine. (2002). Dietary reference intakes: Applications in dietary assessment and dietary reference for intakes for energy, carbohydrates, fiber, fat, protein and amino acids (macronutrients). <http://www.iom.edu/?SearchText=dietary%20reference%20intakes>.

Johnson, M.A, Kimlin, M.G. (2006). Vitamin D, aging, and the 2005 dietary guidelines for Americans. *Nutrition Reviews*; 64(9); 410-421.

Kamel, H. (March - April 2004). Underutilization of calcium and vitamin D supplements in an academic long-term care facility. *JAMDA*: 98 – 100.

Lee, C, & Darcy, M. (2006). Is calcium and vitamin supplementation overrated? *JADA*; 106(7): 1032 - 1034.

Lewis, D. & Boyle, K. (1998). Nutritional supplement use during medication administration: Selected case studies. *Journal of Nutrition for the Elderly*, 17(4): 53 - 59.

Naditz, A. (March/April 2004). Dining done right. *Contemporary Long Term Care*: 24 – 30.

Odlund, O et al. (2003). Energy-dense meals improve energy intake in elderly residents in a nursing home. *Clinical Nutrition*; 22(2): 125 - 131.

Osteoporosis Canada, Manitoba Chapter. (March 2006). Effects of vitamin D supplementation on falls and fracture prevention in older adults. Available from: <http://www.osteoporosis.ca/english/News/nutrition06/default.asp?s=1>.

Provincial Osteoporosis Committee. Report of the Provincial Osteoporosis Committee. (June 2002). Managing osteoporosis – A Nova Scotia approach. Appendix D.

Simon, P. A. & Dileep, N. P. (2004). Fluid and electrolytes in the elderly. Current opinion in clinical nutrition and metabolic care; 7: 27 - 33.

Smith, R. (March - April 2004). Calcium and vitamin D supplementation in the nursing home residents. *JAMDA*: S23 – S31.

The Association ADA Reports. (December 2005). Liberalization of the diet prescription improves quality of older adults in long term care. *J Am Diet Assoc*; 105(12): 1955 – 1965.

The National Academies Press. (2002). Dietary reference intakes for energy, carbohydrate, fibre, fat, fatty acids, cholesterol, protein and amino acids (macronutrients). Available from: //www.nap.edu.

Vidal-Alaball, J. et al. (2005). Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency. *Cochrane Database Syst Rev*; (3). Art. No.: CD004655 DOI: 10.1002/14651858.pub2.

Vieth, R, Bischoff-Ferrari, H, Boucher, B.J et al. (2007). The urgent need to recommend an intake of vitamin D that is effective. *Am J Clin Nutr*; 84: 18-28.

Wendland B. E. et al. (2003). Malnutrition in institutionalized seniors: The iatrogenic component. *JAG*; 51: 85 - 90.

Welch, P., Porter, J. & Endres. (2003). Efficacy of a medication pass supplement program in long-term care compared to a traditional system. *Journal of Nutrition for the Elderly*, 22(3): 19 - 28.

Normal Nutrition Expert Review Group

Brenda C Davis and Penny M Kris-Etherton. Achieving optimal essential fatty acid status in vegetarians: current knowledge and practical implications. *Am J Clin Nutr* 2003 Vol 78 (supp): 640S-646S.

Davis, RD and Vesanto, M. *Becoming Vegan: The Complete Guide to Adopting a Healthy Plant-based diet*.

Dietary Guidelines for Americans, by US Department of Health and Human Services, U.S. Department of Agriculture, accessed at www.healthierus.gov/healthy.

Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids (Macronutrients). National Academies Press, 2002 (accessed at: //www.nap.edu/openbook/0309095373/html/475.html).

Dietary Reference Intakes: Water, Potassium, Sodium, Chloride, and Sulfate. National Academies Press, 2004 (accessed at <http://www.nap.edu/books/0309091691/html/269.html>).

Gifford, K.D. Dietary Fats, Eating Guides and Public Policy: History, Critique, and Recommendations. *Am J Med* 2002; 113 (9B): 895-1065.

Health Canada, Dietary Reference Intakes Definitions, Dietary Reference Intakes, Equations to estimate energy requirement http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/nutrition/dri_tables_e.pdf.

Health Canada, Eating Well with Canada's Food Guide. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html, February 28, 2007.

Health Canada, Eating Well with Canada's Food Guide, Estimated Energy Requirements, http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit/1_1_1_e.html, February 28, 2007.

Hopkins Tanne, Janice. Americans are told to reduce sodium and increase potassium intake, News Roundup. *BMJ*, February 2004.

Nutrition Recommendations for Canadians, draft recommendations on fats, 2004 (currently the Nutrition Recommendations for Canadians (1990) will not be updated. Health Canada has entered into a contract with the IOM (U.S. Food and Nutrition Board of the Institute of Medicine) and the National Academies Press to prepare a DRI Summary Report targeted to health professionals).

Otten, J., Hellwig, JP., Meyers, L. (editors) Dietary Reference intakes: The Essential Guide to Nutrient Requirements, Institute of Medicine of the National Academies, The National Academies Press, Washington, D.C., 2006.

Position of the American Dietetic Association and Dietitians of Canada: Vegetarian Diets. Cdn J Diet
Prac Res 2003 Vol 64 (2): 62-81.

Nutrition Risk Expert Review Group

Barton A. D., Beigg C. L., Macdonald I. A., Allison S. P. A recipe for improving food intakes in elderly hospitalized patients. *Clinical Nutrition* 2000; 19:6: 451-454.

Bosaeus I., Daneryd P., and Lundholm K. Dietary intake, resting energy expenditure, weight loss and survival in cancer patients. *Am Soc for Nutr Sci* 2002; sup 3465-66S.

Prelack K., Dylewski M., and Sheridan R.L. Practical guidelines for nutritional management of burn injury and recovery. *J Burns* 2007; 14-24.

Thorsdottir I., Gunnarsdottir I. Energy intake must be increased among recently hospitalized patients with chronic obstructive pulmonary disease to improve nutritional status. *JADA* February 2002; 102:2: 247-249.

Unpublished Audit: Evaluation of Nutritional Oral Supplements Provided To Patients at Winnipeg Health Sciences Centre. Louise Oakley, April 2002.

Unpublished Audit: Nutritional Supplements Use and Management on Personal Care Units at Riverview Health Centre. Chelsa Larrío, July 2004.

Walkowiak, J. and Przyslawski J. Five-year prospective analysis of dietary intake and clinical status in malnourished cystic fibrosis patients. *J Hum Nutr Dietet* 2003; 16: 225-231.

Williams S. B., Bartsch G., Muurahainen N., Collins G., Raghavan S.S., Wheeler D. Protein intake is positively associated with body cell mass in weight-stable HIV-infected men. *Am Soc for Nutr Sci* 2003; 1143-1146.

Other Diets – Esophagectomy, GI Graft vs. Host Disease, Fat Balance, Cryptosporidium Free, Low Purine, Caffeine Free

Canada Department of Justice (2007). Canada Agricultural Products Act: Processed Products Regulations. http://laws.justice.gc.ca/en/showdoc/cr/C.R.C.-c.291/bo-ga:1_l/en.

Canada Dry (2006). Ginger Ale [Online] <http://www.canadadry.com/>.

Canadian Food Inspection Agency. (2007). Plant Products Directorate – Processed Products Inspection. <http://www.inspection.gc.ca/english/plaveg/protra/est/ch4e.shtml>.

Canella, A., & Mikuls, T. Understanding Treatments for Gout. *The American Journal of Managed Care*. 11 (15): S451-458.

Center for Disease Control and Prevention (USA). (2007) Division of Parasitic Disease: Parasitic Disease Information. http://www.cdc.gov/ncidod/dpd/parasites/cryptosporidiosis/factsht_crypto_prevent_ci.htm#12.

Center for Science in the Public Interest (1997). Caffeine Content of Foods and Drugs [Online] <http://www.cspinet.org/new/cafchart.htm>.

Dietitians of Canada. Practice-Based Evidence in Nutrition (2007). Gout: Key Practice Point: Does a diet high in purines increase the risk of gout? Does a diet low in purines reduce the reoccurrence of gouty attacks in people with gout?. [Online]

Dietitians of Canada. Practice-Based Evidence in Nutrition (2007). Gout: Key Practice Point: Does obesity increase the risk of gout? Does an energy restricted diet and/or weight loss decrease the recurrence of gouty attacks in people with gout? [Online]

Federal-Provincial-Territorial Committee on Drinking Water of the Federal-Provincial-Territorial Committee on Health and the Environment. (2004). Health Canada Guidelines for Canadian Drinking Water Quality: Supporting Documentation: Protozoa: *Giardia and Cryptosporidium*. Ottawa, ON: 1-78.

Gauvreau, J. et. al. (1981). Nutritional Management of Patients with Intestinal Graft-Versus-Host Disease, *Journal of the American Dietetic Association*, 79 (6): 673-676.

Health Canada (2007). Eating Well with Canada's Food Guide [Online] http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html.

Health Canada. (2007) Environment and Workplace Health: Giardia and Cryptosporidium in Drinking Water. http://www.hc-sc.gc.ca/ewh-semt/water-eau/drink-potab/giardia_cryptosporidium_e.html.

Health Sciences Centre (2007). Patient Services Policy and Procedure Manual: CryptoSporidium Precautions. Policy # 250.80.05: 1-2.

Lust, M., Nandurkar, S., & Gibson, P.R. (2006). Measurement of Faecal Fat Excretion: An Evaluation of Attitudes and Practices of Australian Gastroenterologists. *International Medicine Journal*, 36: 77-85.

Lyu, L., et. al. (2003). A Case-Control Study of the Association of diet and Obesity with Gout in Taiwan. *The American Journal of Clinical Nutrition*, 78: 690-701.

Mackenzie, D., Popplewell, P., & Billingsley, K. (2004). Care of Patients After Esophagectomy. *Critical Care Nurse*, 24 (1): 16-31.

Manual of Clinical Dietetics, Sixth Edition. Chicago, IL: American Dietetic Association, 2000.

MedlinePlus Medical Encyclopedia (2007). Thallium and Sestamibi stress test [Online] <http://www.nlm.nih.gov/medlineplus/ency/article/007201.htm#Definition>.

National Dysphagia Task Force. National Dysphagia Diets: Standardization for Optimal Care, American Dietetic Association Publications. 2002.

National Institute of Neurological Disorders and Stroke (2006). Neurological diagnostic tests and procedures: Electroencephalography [Online] http://www.ninds.nih.gov/disorders/misc/diagnostic_tests.htm.

Public Health Agency of Canada: Canadian Health Network (2006) What is caffeine? Is it bad for my health? [Online] <http://www.canadian-health-network.ca/servlet/ContentServer?cid=1078941134801&pagename=CHN-RCS%2FCHNResource%2FFAQCHNResourceTemplate&c=CHNResource&lang=En>.

WRHA NFS Standard Expert Review Group (2007). DRAFT Executive Summary – Standard Diets.;1-5.

WRHA NFS GI/Surgery Expert Review Group (2007). DRAFT Executive Summary – GI/Surgery Diets; 1-7.

WRHA Pediatric Compendium Working Group (2007). Executive Summary–Pediatric Standard Diets;1-5. The Clinical Guide to Oncology Nutrition 2nd Edition. American Dietetic Association; 2006; pages 126-137.

Low Sulphite, Low Sodium Benzoate

Canadian Food Inspection Agency. (2007). Sulphites - One of the nine most common food products causing adverse reactions. [Online] <http://www.inspection.gc.ca/english/fssa/labeti/allerg/sulphe.shtml>.

Encyclopedia of food additives (2006). [Online]
http://www.bizlink.com/foodfiles/PDFs/apr2006/food_encyclopedia_food_additives_apr06.pdf.

Joneja, J. Dietary management of food allergies and intolerances: A comprehensive guide. 2nd ed. Vancouver: J.A. Hall, 1998.

Jonjea, J. (2005). Sulphite Restricted Diet. Dietitians of Canada, Practice-Based Evidence in Nutrition. [Online] <http://www.dieteticsatwork.com/Pen/includes/imageserver.asp?id=440>.

Wilson, B. G., Bahna, S. L. (2005). Adverse reactions to food additives. *Ann Allergy Asthma Immunology*, 95: 499-507.

Low Copper, Low Iodine, Low Oxalate, Low Tyramine

Abbot Nutrition (2005). [Online]. http://www.abbottnutrition.ca/home_e.shtml.

Ain, K. B., Dewitt, P. A., Gardner, T. G., Berryman, S.W. (1994). Low-iodine tube feeding diet for iodine – 131 scanning and therapy. *Clinical Nuclear Medicine*, 19(6): 504-507.

Assismos, D. G., Holmes, R. P. (2000). Role of diet in the therapy of urolithiasis. *Urology Clinics of North America*, 27(2): 255-267.

Brewer, G.J. (2000). Recognition, diagnosis, and management of Wilson's disease. *Experimental Biology and Medicine*, 223: 39-46.

Brewer, J. G. (2005). Wilson's disease: clinical management and therapy. *Journal of Hepatology*, 42(1): 13-21.

Cordeiro, J. (2005). An Evidence Based Review of the Indication and Use of Low Iodine, Low Oxalate, Low Tyramine, and Low Copper Diets for the Winnipeg Regional Health Authority Diet Compendium.

Dietitians of Canada. Practice-Based Evidence in Nutrition. (2005). Food sources of trace elements. [Online]

Drug Information. (2006). [Online]. www.merck.com.

Health Canada. (2000). Questions and answers on bottled water. [Online] http://www.hc-sc.gc.ca/fn-an/securit/facts-faits/bottle_water-eau_embouteillee/fags_bottle_water-eau_embouteillee_e.html#A6.

Matarese, L.E., O'Keefe, S. J., Kandil, H.M., Bond, G., Costa, G., Abu-Elmagd, K., (2005). Short bowel syndrome: Clinical guidelines for nutrition management. *Nutrition in Clinical Practice*, 20 (5):493-502.

Mayo Clinic (2005). Wilson's disease: Treatment [Online] <http://www.mayoclinic.com/health/wilsons-disease/DS00411/DSECTION=8>.

Novartis Nutrition (2007). [Online]. <http://www.novartisnutrition.com/ca/home>.

Pluijmen, M. J., Eustatia-Rutten, C., Goslings, B. M, Stokkel, M.P., Arias, A. M., Diamant, M., Romign, J., Amit, J. W. (2003). Effects of low-iodine diet on postsurgical radioiodide ablation therapy in patients with differentiated thyroid carcinoma. *Clinical Endocrinology*, 58: 428-435.

Shimizu, N., Yamaguchi, Y., Aoki, T. (1999). Treatment and management of Wilson's disease. *Pediatrics International*, 41 (4): 419-425.

Shulman, K. I., Walker, S. E. (1999). Refining the MAOI diet: tyramine content of pizzas and soy products. *Journal of Clinical Psychiatry*, 60(3): 191-193.

Tomoda, C., Uruno, T., Takamura, Y., Ito, Y., Miya, A., Kobayashi, K., Matsuzuka, F., Amino, N., Kuma, K., Miyauchi, A. (2005). Reevaluation of stringent low iodine diet in outpatient preparation for radioiodine examination and therapy. *Endocrine Journal*, 52(2): 237-240.

Walker, S. E., Shulman, K.I., Taylor, S.A., Gardner, D. (1996). Tyramine content of previously restricted foods in monoamine oxidase inhibitor diets. *Journal of Clinical Psychopharmacology*, (16)5: 383-388.

Wikipedia. (2007). Distilled water. [Online] http://en.wikipedia.org/wiki/Distilled_water.

Youdim, M. B., Weinstock, M. (2004). Therapeutic applications of selective and non-selective inhibitors of monoamine oxidase A and B that do not cause significant tyramine potentiation. *NeuroToxicology*, 25: 243-250.

Zimmerman, D. J., Hesse, A., von Unruh, G. E. (2005). Influence of a high-oxalate diet on intestinal oxalate absorption. *World Journal of Urology*, 23: 324-329.

Renal Expert Review Group

Ahmad S. Dietary sodium restriction for hypertension in dialysis patients. *Seminars in Dialysis* 17(4):284-287, 2004.

American Dietetic Association. Chronic Kidney Disease (non-dialysis) Medical Nutrition Therapy Protocol. Chicago: American Dietetic Association, 2002.

American Dietetic Association, Dietitians of Canada. Sodium-Restricted Diet. In: Manual of Clinical Dietetics. 6th Edition. Chicago, Illinois. American Dietetic Association, 2000.

Anderson JJB, Sell ML, Garner S, Calvo MS: Phosphorus. In: *Present Knowledge of Nutrition*. Washington, DC ILSI Press, 2001.

Block GA, Hulbert-Shearon TE, Levin NW, Port FK: Association of serum phosphorus and calcium x phosphate product with mortality risk in chronic hemodialysis patients: a national study. *Am J Kidney Dis* 31:607-617, 1988.

Calvo MS, Park YK: Changing phosphorus content in the US diet: potential for adverse effects on bone. *J Nutr* 126:S1168-S1180, 1996.

Hsu CH: Are we mismanaging calcium and phosphate metabolism in renal failure? *Am J Kidney Dis* 29:641-649, 1997.

Institute of Medicine. Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D and Fluoride. Washington, DC. National Academy of Sciences, 1997.

Institute of Medicine. Dietary Reference Intakes for Water, Potassium, Sodium, Chloride and Sulfate. Washington, D.C. National Academy of Sciences, 2005.

K/DOQI™ Clinical Practice Guidelines for Bone Metabolism and Disease in Chronic Kidney Disease. *Am J Kidney Dis* 42(4), Supp 3, 2003.

K/DOQI™ Clinical Practice Guidelines for Nutrition in Chronic Renal Failure. *Am J Kidney Dis* 35(6), Supp 2, 2000.

Milas NC, Norwalk MP, Akpele L, Castaldo L, Coyne, T, Doroshenko L, Kigawa L, Korzec-Ramirez D, Scherch, LK, Snetselaar L. The Modification of Diet in Renal Disease Study. *J Am Diet Assoc.* 95:1295-1300, 1995.

National Kidney Foundation, Council on Renal Nutrition. Pocket Guide to Nutrition Assessment of the Patient with Chronic Kidney Disease, 3rd Edition. New York, NY. 2002.

Rufino M, Smetana D: Regression equation predicts dietary phosphorus intake from estimate of dietary protein intake. *J Am Diet Assoc* 96:1268-1270, 1996.

Shaldon S. Dietary salt restriction and drug-free treatment of hypertension in ESRD patients: a largely abandoned therapy. *Nephrol Dial Transplant* 17:1163-1165, 2002.

Uribarri J: K/DOQI guidelines for nutrition in long-term peritoneal dialysis patients: a dissenting view. *Am J Kidney Dis* 37:1313-1318, 2001.

