

# GUIDELINES FOR SPECIAL DIETS IN HOSPITALS AND RESIDENTIAL CARE

**PRODUCED BY:**

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This booklet is intended to be a guide to special diets for any patient admitted to hospital or residential care within Southern Health NHS Foundation Trust area. This booklet does NOT replace individualised dietary advice from dietitians. Please consult your local Nutrition and Dietetic Department with any individual queries (see below)

The information in this booklet must not be altered without prior permission from Southampton, Portsmouth or Hampshire Hospitals dietitians.

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## HEALTHY EATING

### WHAT IS HEALTHY EATING?

Healthy eating encourages a wide variety of foods. This ensures a good balance of all the nutrients is maintained. Foods should be eaten from the four main food groups:

- ★ Milk and dairy foods.
- ★ Meat, fish and alternatives, e.g., pulses (beans, peas, lentils).
- ★ Fruit and vegetables – aim for a minimum of 5 portions a day.
- ★ Bread, other cereals and potatoes.

The National Food Guide, 'The Eatwell Plate' (shown below) suggests the proportion each group should contribute to our daily intake. This also includes foods that have a high proportion of fat and/or sugar, which should be included in moderation as part of a healthy diet.

A diet high in fibre and low in fat, sugar and salt is found to have many health benefits, including a reduced risk of heart disease, diabetes and some cancers.

## The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Department of Health in association with the Welsh Assembly Government, the Scottish Government and the Food Standards Agency in Northern Ireland

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### WHO NEEDS TO HAVE A HEALTHY DIET?

Most healthy people will benefit from a healthy diet. In hospital this may include a whole range of people, e.g. people with coronary heart disease.

- ★ Patients with hyperlipidaemia, i.e., cholesterol above 4 mmol/l and/or fasting triglyceride level of less than 2.1 mmol/l

### WHO DOESN'T NEED A HEALTHY DIET?

- ★ Patients who have a poor appetite and/or intake.
- ★ Patients recovering from major surgery.
- ★ Patients who have increased nutritional requirements, e.g., recovering from trauma, surgery or malabsorbing e.g. Crohns, ulcerative colitis, pancreatitis.

## WEIGHT REDUCING DIET

### WHAT IS A WEIGHT REDUCING DIET?

A weight reducing diet aims to reduce the energy intake to approximately 60% of the patient's requirements. It should contain all the other nutrients necessary for health.

### WHO NEEDS A WEIGHT REDUCING DIET?

A weight reducing diet is for patients who would benefit from losing weight, i.e. BMI greater than 26

### WHO DOESN'T NEED A WEIGHT REDUCING DIET?

- ★ Patients who are under or normal weight (BMI less than 26 kg/m<sup>2</sup>).
- ★ Patients who are waiting for or have recently had surgery, or recovering from trauma.
- ★ Patients who are chronically ill.
- ★ Patients who have a poor intake.

### PRACTICAL POINTS

- ★ Weigh the patient regularly, i.e. weekly. A suitable rate of weight loss would be ½-1 kg (1-2 lb) per week.
- ★ Ensure the patient knows what foods and drinks are suitable for in between meals.
- ★ Suitable locker foods include:
  - ★ Sugar-free drinks (squash and carbonated)
  - ★ Artificial sweeteners for beverages
  - ★ Fresh fruit

## VEGETARIAN AND VEGAN DIET

### WHAT IS A VEGETARIAN DIET?

A diet which excludes meat, fish, poultry and their products from meals whilst providing a healthy balanced diet

### WHO NEEDS A VEGETARIAN DIET?

This diet is not medically prescribed but is followed for moral, ethical, religious or social reasons. Patients desire to follow a vegetarian diet should always be accommodated.

### PRACTICAL POINTS

Ask patients what type of vegetarian diet they follow at home.

- ★ Pescatarians avoid meat and meat products but usually eat fish and shellfish

- ★ Lacto-vegetarians avoid meat, fish, eggs and poultry but will have dairy produce

- ★ Lacto-ovo-vegetarians avoid meat, fish and poultry but will have dairy produce and eggs (usually free range)

- ★ Vegans avoid all animal products

## SOUTH ASIAN DIETS

Discuss the patients' individual needs with them/their family. Everyone with have individual beliefs and these should be respected.

The table below indicates general principles only and can be used for guidance.

**It is not a substitute for a discussion with the patient.**

### PRACTICAL POINTS

	VERY STRICT HINDUS AND SIKHS	MOST OTHER HINDUS	MOST OTHER SIKHS	MOST MUSLIMS
<b>EGGS</b>	x	Possibly	Probably	✓
<b>MILK</b>	✓	✓	✓	✓
<b>YOGHURT</b>	✓	✓	✓	✓
<b>BUTTER/GHEE</b>	✓	✓	✓	✓
<b>CHEESE</b>	Probably not	Possibly	Possibly	Possibly
<b>CHICKEN</b>	X	Possibly	Possibly	Halal
<b>MUTTON</b>	X	Probably not	Possibly	Halal
<b>BEEF</b>	X	X	X	Halal
<b>PORK</b>	X	X	Probably not	X
<b>FISH</b>	X	Probably not	Possibly	
<b>LARD</b>	X	X	X	X

#### Hindus

- ★ Many Hindus fast during festivals and on religious days

#### Sikhs

- ★ Fasting is forbidden in the religion but may be practiced

#### Muslims

- ★ General principle that every food is lawful (Halal) unless declared to be unlawful (Haram)
- ★ Some may accept Kosher foods
- ★ There are festivals in the Islam calendar where Muslims are expected to fast (e.g. Ramadan)
- ★ The Muslim Food Board (UK) produces a regular update of Halal manufactured foods available in the UK

## JEWISH DIETS

Discuss the patients' individual needs with them/their family. Everyone with have individual beliefs and these should be respected.

The table below indicates general principles only and can be used for guidance. **It is not a substitute for a discussion with the client.**

### PRACTICAL POINTS

PERMITTED	PROHIBITED
Fish which have fins and scales	Shellfish
Ox, lamb, mutton, goat, venison	Pig – and all pig products
Chicken, turkey, duck, goose, partridge, pheasant	Birds of Prey

NB

1. Meat of birds and animals must be slaughtered and prepared to render them Kosher.
2. Meat and milk must be kept apart in cooking and must not be eaten at the same meal.

## DIABETIC DIET

### WHAT IS A DIABETIC DIET?

People with diabetes are encouraged to eat a balanced diet, consisting of regular meals. Snacks may be needed for those on insulin or oral hypoglycaemic agents e.g. gliclazide, glipizide. The diet should be low in fat and all drinks should be sugar free. Sensible weight loss is promoted for overweight diabetics if they are not acutely unwell.

### WHO NEEDS A DIABETIC DIET?

People with:

- ★ Type 1 and Type 2 diabetes.
- ★ Gestational diabetes.
- ★ Impaired glucose tolerance
- ★ Reactive hypoglycaemia (more detailed information will be required for this group).

### PRACTICAL POINTS

- ★ All meals should contain a starchy carbohydrate food (bread, potato, rice, pasta or low sugar breakfast cereal) as a large portion of the meal
- ★ Aim for at least 5 portions of different fruit and vegetables each day (not including potatoes). Intake should be spread throughout the day
- ★ If the patient is trying to lose weight, weigh them regularly i.e. weekly
- ★ Ensure the patient knows what foods and drinks are suitable for in between meals
- ★ If a patient's appetite is reduced the restrictions on fat can be relaxed
- ★ Digestive and oat biscuits and fruit or plain cakes are best choices from the drinks trolley at mid-morning and mid-afternoon
- ★ If a patient has an insulin pump or is carbohydrate counting then discuss their needs individually
- ★ Suitable locker foods include:
  - ★ Artificial sweeteners for drinks/cereals
  - ★ Sugar free squash and diet fizzy drinks
  - ★ Fresh fruit
  - ★ Plain semi-sweet biscuits, crackers, crispbreads and water biscuits
  - ★ Fruit buns.

**NB Diabetic products are not advised**

## HIGH FIBRE DIET

### WHAT IS A HIGH FIBRE DIET?

A high fibre diet provides an increased amount of dietary fibre. The normal diet is modified by increasing the intake of wholemeal bread and whole grain cereals, fruit and vegetables.

A high fibre diet aims to:

- ★ Increase the volume and weight (bulk) of the residue (stool) that reaches the colon, e.g. to relieve constipation.
- ★ Increase gastro-intestinal motility, e.g. to relieve constipation

### WHO NEEDS A HIGH FIBRE DIET?

A high fibre diet is beneficial in the treatment and prevention of constipation which may occur in:

- ★ Uncomplicated diverticular disease
- ★ Distal colitis

### WHO DOESN'T NEED A HIGH FIBRE DIET?

A high fibre diet is not suitable for patients with:

- ★ Stenosis or narrowing of the intestinal lumen, e.g. strictures or adhesions.
- ★ A poor appetite (as a high fibre diet is more bulky).
- ★ If the patient has a poor fluid intake.

### PRACTICAL POINTS

- ★ Assist patients in choosing higher fibre options on the main menu e.g.
  - **Breakfast:**
    - Orange juice, fruit
    - Weetabix, Branflakes, Shredded Wheat, Shreddies, Fruit and Fibre, Porridge,
    - Wholemeal or granary toast
  - **Lunch and Dinner:**
    - Patients should be encouraged to choose items that have a lot of vegetables e.g. casseroles/hotpots etc and large serving of vegetables, beans, salad, e.g. coleslaw
    - Wholemeal roll, wholemeal sandwich, whole-wheat crackers, oatcakes etc
    - Fresh fruit, fruit salad or other fruit based puddings

- **Snacks:**
- Fresh fruit salad, dried fruit, whole-wheat crackers, oat cakes, crisp breads, cereal bars
- ★ Encourage an adequate fluid intake (at least 8- 10 cups fluid daily)

## LOW FIBRE DIET

### WHAT IS A LOW FIBRE DIET?

A diet that is low in dietary fibre. Dietary fibre is the part of plants humans are unable to digest.

### WHO NEEDS A LOW FIBRE DIET?

A low fibre diet may be required in the following situations:

- ★ Diarrhoea – to reduce volume, frequency of bowel motions and possible pain, for example in:
  - ★ exacerbation of ulcerative colitis or Crohn's disease
  - ★ exacerbation of diverticulitis
  - ★ following bowel surgery – pouch formation, ileoanal anastomosis.
- ★ Narrowing of gut lumen – to prevent the formation of an obstruction bolus by high fibre foods, e.g. sub-acute obstruction due to strictures or adhesions.

### WHO DOESN'T NEED A LOW FIBRE DIET?

A low fibre diet is not the same as a light diet or soft diet often used peri-operatively.

### PRACTICAL POINTS

- ★ This diet is often temporary, do check with the patient and medical team as to how long it is required for
- ★ There are strict **low residue bowel preparation regimens** that need to be followed prior to a medical procedure. Follow any instructions/guidelines the patient may have.

## **HIGH PROTEIN, HIGH ENERGY DIET**

### **WHAT IS A HIGH PROTEIN, HIGH ENERGY DIET?**

A high protein, high energy diet should provide a higher than average amount of both energy (calories) and protein.

### **WHO NEEDS A HIGH PROTEIN, HIGH ENERGY DIET?**

This diet is suitable for people with:

- ★ History of unacceptable weight loss or patients who are underweight (medium or high MUST score, BMI less than 19)
- ★ Patients with increased requirements due to recent surgery, presence of pressure ulcers, cancer.
- ★ People with a poor appetite, history of self neglect who are unable to manage a full diet.

### **WHO DOESN'T NEED A HIGH PROTEIN, HIGH ENERGY DIET?**

- ★ If the patient has elevated urea and/or creatinine levels – discuss with Doctor
- ★ Patients with a good appetite – encourage larger portions and extra snacks

### **PRACTICAL POINTS**

- ★ Use full cream milk for all drinks, cereal etc
- ★ Give extra portions as requested
- ★ Small, frequent meals should be encouraged; therefore, extra nutritious snacks (e.g. cheese and biscuits, sandwiches) should be given as requested
- ★ Add extra butter/margarine and grated cheese etc to meals e.g. vegetables and potatoes
- ★ Avoid low calorie/diet foods

### **MONITORING**

- ★ Check weight once or twice a week and follow MUST care plan
- ★ Monitor oral intake of food, fluids and sip feeds on food and fluid charts.
- ★ If patients intake remains poor e.g. managing less than half of meals, few/no oral nutritional supplements refer to Doctor or dietitian (as per MUST care plan)

## ORAL NUTRITIONAL SUPPLEMENTS

An oral nutritional supplement is a product (usually liquid or semi solid) designed to provide additional energy and/or protein, vitamins and minerals to supplement an inadequate food intake.

### WHO NEEDS NUTRITIONAL SUPPLEMENTS?

- ★ Patients who have problems swallowing may benefit from texture appropriate nutritional supplements if a high protein/high energy diet alone is not adequate
- ★ Patients who have a reduced oral intake.
- ★ Patients who have increased nutritional needs, e.g. cancer, following surgery, to help promote wound healing.
- ★ Patients who have excessive nutrient losses, e.g. patients with inflammatory bowel disease, burns

### WHO DOESN'T NEED NUTRITIONAL SUPPLEMENTS?

- ★ Patients who should not have an excessive amount of protein in the diet, e.g. renal impairment, liver disease.
- ★ Patients who have a milk protein intolerance (seek dietetic advice regarding alternatives)

### PRACTICAL POINTS

- ★ Commercial supplements, e.g. Fresubin energy, Fortisip compact, Fortijuice, Forticreme, Fresubin crème need not be stored in the fridge, unless opened, but are **best served chilled**.
- ★ Discard any opened cartons or reconstituted drinks which are not refrigerated after 4 hours
- ★ An opened supplement can be stored in the fridge with the lid back on for a maximum of 24 hours
- ★ Once a powder supplement has been reconstituted it should be kept in the fridge for a maximum of 24 hours
- ★ Liquid supplements should be shaken well before opening
- ★ Supplements should be taken in between or after meals to avoid spoiling the appetite
- ★ Blood sugar levels should be monitored in patients with diabetes

### MONITORING

- ★ Record the patient's oral intake (including nutritional supplements) on the fluid chart or food and fluid chart
- ★ Monitor the patient's body weight on a regular basis e.g. once or twice a week as per MUST care plan

## **SOFT FORK MASHABLE DIET FOOD TEXTURE DESCRIPTORS E**

### **WHAT IS A SOFT FORK MASHABLE DIET, TEXTURE E?**

A soft fork, mashable diet consists of food which is soft, tender and moist. Food is easily mashable with a fork and will require little chewing. Any food that cannot be mashed should be pureed. A variety of foods should be provided to ensure a balanced diet.

### **WHO NEEDS A SOFT FORK MASHABLE DIET?**

Patients who have been diagnosed as having oropharyngeal dysphagia. Advice should always be sought from a Speech and Language therapist regarding suitable consistency.

### **PRACTICAL POINTS**

- ★ Avoid foods that are:
  - Chewy e.g. toffee, tough meat
  - Crunchy e.g. crisps, nuts, muesli
  - Crumbly e.g. dry biscuits or cake, toast, pastry
  - Stringy e.g. green beans, rhubarb, celery, onion
  - Mixed consistencies e.g. yoghurt with bits of fruit, minestrone soup, mince and thin gravy
  - Vegetable and fruit skins, seeds or pips e.g. peas, grapes
  - Bones and skin of fish or meat
  - Husks e.g. granary bread, sweetcorn
- ★ Avoid hard or large lumps of food
- ★ Foods should be served with extra gravy, sauce or custard of a thick consistency
- ★ Encourage a variety of foods
- ★ Encourage high energy foods, where possible. In general avoid low fat, low sugar or diet products. However some patients may need to be aware of healthy eating principles
- ★ Encourage foods high in soluble fibre e.g. fruit, vegetables and oats where possible
- ★ Check with Speech and Language Therapist or Doctor if sandwiches are allowed
- ★ Avoid jelly, ice cream or sorbets if patient is on thickened fluids

## **THICK PURÉE DIET FOOD TEXTURE DESCRIPTORS C**

### **WHAT IS A THICK PUREE DIET, TEXTURE C?**

A thick puree diet consists of food which has been pureed or has a puree texture. It does not require any chewing and should be completely smooth with no “bits”. It should be moist and not consist of any loose fluid. A thick puree holds its shape on a plate or when scooped. It can be eaten with a fork and it does not drop through the prongs. The prongs of a fork should make a clear pattern on the surface. It can be piped, layered or moulded. It cannot be poured and does not “spread out” if spilled.

A variety of foods should be provided to ensure a balanced diet.

### **WHO NEEDS A THICK PUREE DIET, TEXTURE C?**

Patients who have been diagnosed as having oropharyngeal dysphagia. Advice should always be sought from a Speech and Language therapist regarding suitable consistency.

### **PRACTICAL POINTS**

- ★ Encourage a variety of foods
- ★ All pureed diets should be treated as high energy and foods fortified where possible, unless otherwise specified by the Doctor or dietitian.
- ★ Encourage foods high in soluble fibre e.g. pureed fruit, pureed vegetables or pulses e.g. lentils
- ★ Foods should be pureed and served separately. If possible, use divided plates
- ★ If possible, serve brightly coloured foods next to paler foods to enhance presentation.
- ★ Check that no hard pieces, crusts or skins have formed during cooking/heating/standing BEFORE serving

## GLUTEN FREE

### WHAT IS A GLUTEN FREE DIET?

A gluten free diet avoids all sources of gluten. Gluten is a type of protein found in wheat and other cereals e.g. rye and barley.

### WHO NEEDS A GLUTEN FREE DIET?

A gluten free diet is the treatment for coeliac disease and dermatitis herpetiformis. The diet needs to be followed for life and needs to be strictly adhered to even if a patient appears to have no symptoms if gluten is consumed.

### PRACTICAL POINTS

- ★ Encourage a variety of foods, ensuring all food is gluten free
- ★ Fresh meat, fish, eggs, cheese, milk, fruit and vegetables can be safely included in the diet providing they have not been processed
- ★ Gluten containing foods e.g. bread, cereals, pasta should be substituted with gluten free alternatives (these are available on prescription and can also be purchased in major supermarkets)
- ★ Check all manufactured food for the presence of gluten. If at all unsure as to whether a product is gluten free then it should be avoided. Further information can be found in Food and Drink Directory produced by Coeliac UK ([www.coeliac.org.uk](http://www.coeliac.org.uk))
- ★ Use separate butter/margarine to avoid cross contamination
- ★ Use clean cutlery for jams and other spreads to avoid getting gluten containing crumbs in the jam
- ★ Use separate bread boards, knives and toasters for products containing gluten and gluten free products
- ★ Oats should be avoided unless they are known to be free from contamination with gluten
- ★ Encourage non gluten containing sources of fibre, e.g. fruit and vegetables, lentils, beans, pulses and high fibre gluten free bread, pasta and crackers
- ★ A calcium rich diet should be encouraged. A minimum of 1500 mg of calcium per day is recommended, speak to a Doctor or dietitian for further advice
- ★ Vitamin D supplementation should be considered in patients with coeliac disease who have little exposure to sunlight

## WHEAT FREE

### WHAT IS A WHEAT FREE DIET?

A wheat free diet avoids all sources of wheat and products containing wheat.

### WHO NEEDS A WHEAT FREE DIET?

People with a wheat allergy or intolerance. This may not always be medically confirmed but may be self reported.

### PRACTICAL POINTS

- ★ Encourage a variety of foods, ensuring all food is wheat free
- ★ Fresh meat, fish, eggs, cheese, milk, fruit and vegetables can be safely included in the diet providing they have not been processed
- ★ Gluten free foods will **NOT** be suitable for a wheat free diet unless they state they are wheat free as well
- ★ Avoid cross contamination by using clean cutlery for jams and other spreads to avoid getting wheat containing crumbs in the jam
- ★ Use separate butter/margarine to avoid cross contamination
- ★ Check all manufactured food for the presence of wheat. If at all unsure as to whether a product is wheat free then it should be avoided
- ★ Encourage non wheat containing sources of fibre, e.g. fruit and vegetables, lentils, beans , pulses and high fibre wheat free bread, pasta and crackers

## LACTOSE FREE OR LOW LACTOSE DIET

### WHAT IS A LACTOSE FREE DIET?

Lactose is a form of carbohydrate (a “milk sugar”) found in milk and milk products. In this diet sources of lactose are reduced or avoided. Milk products which contain lactose include cream, milk powder, yogurts, evaporated milk, condensed milk, cheese etc

.

### WHO NEEDS A LACTOSE FREE DIET?

Some individuals lose the ability to digest lactose after infancy. This is more common in certain population groups.

Some patients develop a temporary lactose intolerance following a gastrointestinal infection or gastrointestinal damage. This usually resolves in a matter of weeks.

### PRACTICAL POINTS

- ★ Encourage a variety of foods, ensuring all food is lactose free or low in lactose
- ★ Tolerance to lactose can vary between individuals. Some individuals may tolerate low lactose foods e.g. butter/margarine and hard cheese. Discuss with the individual and/or the dietitian (where available)
- ★ Calcium enriched soya, rice, oat or almond milk or low lactose milk should be encouraged instead of cow's milk

## NUT FREE DIET

### WHAT IS A NUT FREE DIET?

A diet that contains no nuts, nut products or traces of nuts. Although peanuts are not technically nuts (they are legumes) they are regarded as a nut for the purposes of this diet.

### WHO NEEDS A NUT FREE DIET?

Some individuals have a nut allergy. In a nut allergy the body becomes sensitive to nut protein and the body's immune system produces antibodies to the nut protein. Symptoms can range from mild to life threatening. In severe cases patients can develop an **anaphylactic reaction** shortly after eating or touching a nut containing food. The treatment for nut allergy is **total avoidance of all nuts**.

### PRACTICAL POINTS

- ★ All nuts should be avoided. This includes:
  - **Nuts:** nuts, chopped nuts, flaked nuts, mixed nuts, nut butters, nut flavours, nut extracts
  - **Peanuts:-** groundnuts, monkey nuts, peanut butter, arachis oil, groundnut oil, peanut oil ( unless known to be refined)
  - **Almonds:-** marzipan, ground almonds, praline, frangipane
  - **E471 and e472 a-e (Emulsifiers/stabilizers):-** Derived from Refined peanut oil
  - **Hydrolysed Vegetable Protein (HVP):-** Found in many processed foods and may be derived from peanuts
- ★ All manufactured products should be checked with the manufacturer to check that they are nut free
- ★ Removing the nuts from a dish does not make it nut free as contamination will have occurred.
- ★ Crockery and cutlery used for nut allergic person should not come into contact with nuts or nut products to avoid contamination
- ★ In residences where a nut allergic person lives it is best to aim to keep the entire home a nut free zone
- ★ Creams and cosmetics should also be checked as some may contain nut oil e.g. arachis oil. Check with a pharmacist before using

## MAOI

### Monoamine-Oxidase Inhibitors: Anti depressant drugs

#### WHAT IS A MAOI DIET?

A diet that avoids sources of tyramine

#### WHO NEEDS AN MAOI DIET?

Patients who are prescribed monoamine- oxidase inhibitor drugs for depression e.g. Phenelzine, Isocarboxazid. These are an older type of antidepressant which are used less frequently than other antidepressants. If foods high in tyramine are eaten whilst taking these drugs a potentially fatal rise in blood pressure can occur.

#### PRACTICAL POINTS

- ★ Avoid food that is suspected of being stale or “ going off”
- ★ Foods to use with caution and in small amounts only include: avocados, caffeine, chocolate, peanuts, coconuts and brazil nuts
- ★ Avoid venison, game, rabbit, shrimp paste, salami, black pudding and pepperoni
- ★ Avoid pickled , smoked or salted herrings
- ★ Avoid flavoured textured vegetable protein e.g. Quorn
- ★ Avoid mature cheeses
- ★ Avoid sauerkraut, broad bean pods and banana skins
- ★ Avoid yeast and meat extracts e.g. Oxo, Bovril, marmite, stock cubes , gravy browning and crisps and snacks flavoured with these e.g. twiglets and marmite crisps
- ★ Avoid soy sauce (fermented soya bean extract)
- ★ Avoid alcohol or low alcohol drinks
- ★ Avoid ginseng and yeast supplements
- ★ Fresh meat, fish, eggs, vegetables, salads, milk, cream, cottage cheese, curd cheese and cream cheese can all be used freely

## REDUCED SALT DIET

### WHAT IS A REDUCED SALT DIET?

A balanced diet without the addition of salt. Salt is the biggest source of sodium in the diet (2 g sodium = 5 g salt). Salt should not be added to food and very salty foods should be avoided.

### WHO NEEDS A REDUCED SALT DIET?

This diet is sometimes recommended for patients with reduced liver or kidney function. This should avoid the storage of fluid which can cause the ankles or abdomen to swell (oedema or ascites).

Reducing the salt in the diet can also help to reduce hypertension (high blood pressure)

### PRACTICAL POINTS

- ★ **Follow the individual advice given to the patient by their Doctor or dietitian.** It is recommended that healthy adults have no more than 6 g salt per day
- ★ Follow any fluid restrictions that have been recommended
- ★ Avoid readymade products
- ★ Avoid adding salt at the table
- ★ Avoid salt substitutes – they are often high in potassium that also often has to be restricted
- ★ Avoid more than 100g (4 oz) of hard cheese per week
- ★ Avoid bacon, ham, processed meats and salted, pickled or tinned fish in brine
- ★ Avoid marmite or yeast extracts e.g. Bovril, marmite, Oxo, pickles and chutneys
- ★ Avoid salted crisps or nuts and peanut butter
- ★ Avoid packet or tinned soup
- ★ Avoid instant cereal snacks e.g. savoury rice, pot noodle etc

## **REDUCED POTASSIUM**

### **WHAT IS A REDUCED POTASSIUM DIET?**

A diet where the potassium content (a naturally occurring mineral) is reduced.

### **WHO NEEDS A REDUCED POTASSIUM DIET?**

Potassium excretion is regulated by the kidneys. If these are not working properly the amount of potassium in the diet needs to be regulated. Therefore this diet is sometimes recommended for patients with renal (kidney) problems or those who are taking medications which may cause blood potassium levels to rise. Too much potassium in the blood, which cannot be excreted, can cause a fatal cardiac arrest (heart attack)

### **PRACTICAL POINTS**

- ★ **Follow the individual advice given to the patient by their dietitian or Doctor**
- ★ Milk and dairy products e.g. cheese and cream may be restricted
- ★ Certain fruits and fruit juices may need to be restricted
- ★ Check which drinks and snacks are allowed with the patient's dietitian or Doctor
- ★ Avoid salt substitutes as these are often high in potassium, e.g. Lo-salt, pan salt, Selora

## **REDUCED PHOSPHATE**

### **WHAT IS A REDUCED PHOSPHATE DIET?**

A diet where the phosphate content (a naturally occurring mineral) is reduced. In the UK milk and dairy products provide the most concentrated sources of phosphorous. Meat, fish, eggs, nuts, fruit, cereals and vegetables also provide significant amounts of phosphorous.

### **WHO NEEDS A REDUCED PHOSPHATE DIET?**

Phosphate restriction is necessary in the management of some types of renal (kidney) disease as the kidney is responsible for regulating the amount of phosphorous in the body.

### **PRACTICAL POINTS**

- ★ **Follow the individual advice given to the patient by their dietitian or Doctor**
- ★ Individuals are likely to have an allowance for milk, eggs and cheese
- ★ Some individuals may be prescribed phosphate- binding medications to help lower their phosphate levels (e.g. Calcichew, calcium 500, calcium acetate (phosex), Renagel, Alucaps or Aludrox). These should be taken just before phosphate containing meals and snacks to be effective.

## **BASIC GUIDE TO SETTING UP A TUBE FEED**

If the dietitian is unavailable e.g. evenings or weekends or there is no access to a dietitian please proceed with the following guidelines:

- ★ **ALWAYS refer to your local tube feeding starter regimens and guidance**

The following points must be considered:

- ★ Doctors must review blood results/electrolyte balance and correct/start any abnormalities whilst instigating feed. Bloods should be rechecked daily and micronutrient deficiencies supplemented until established on full feeding regimen/clinically stable
- ★ **Refeeding risk must be considered and local refeeding guidelines followed**
- ★ Estimating basic requirements:
  - An average non-obese person who is not at risk of refeeding syndrome requires 25- 30 kcal per kg body weight (Schofield,1985) and approximately 1 g per kg protein (Elia,1990)
  - In obese patients (BMI greater than 30) use approximately 75% of estimated requirements
  - In patients who are fluid overloaded, oedematous or have ascites use estimated dry weight to calculate requirements
- ★ Ensure that there is at least a 4 hour rest period from feeding every 24 hours
- ★ It is often difficult to achieve fluid balance via tube feeding in the first 24-48 hours of setting up a feed and alternative fluid is likely to be required. As a guide, a patient requires 30 -35 mls of water per kilogram (Tyler, 1989)
- ★ Care should be taken in patients with diabetes. Follow local guidelines and monitor blood sugar levels.