



- Facility Manager
- Catering Staff
- Clinical Staff
- Catering Manager
- Clinical Manager
- Care Staff

# Nutrition Matters

June 2010

Hello and welcome to Nutrition Matters, produced by the Melbourne Dietetic Centre for Aged Care Facilities to support optimal nutrition practices. The professional dietitians at the Melbourne Dietetic Centre compile the nutrition insights offered in this newsletter.

In this issue we look at preparing a nutritious pureed menu for residents on texture modified diets.

## Preparing a Pureed Diet Menu

Texture modified foods in aged care are used to ensure residents with dysphagia (swallowing difficulty) can consume foods and fluids safely, without pain or fatigue. People with dysphagia are at risk of "aspiration" (solids or liquids accidentally entering the lungs), which can result in serious illness, including pneumonia and even death. Texture modified meals include 'soft' meals, 'minced and moist' meals (also known as just 'minced' or 'minced/mashed') and 'smooth pureed' meals (also known as just 'pureed' or 'vitamised') and this article will focus on the preparation of the 'pureed' diet type.

ened fluids and vice versa so it is important for each resident to be individually assessed for both diet type AND fluid thickness, which your Speech Pathologist will do.

### What is a pureed diet?

A pureed diet by definition is one that is smooth, moist and lump free. Components of a pureed meal are required to have a similar consistency to that of set custard: moist, yet cohesive enough to hold their shape on a spoon. No coarse fibres or textures are allowed within a pureed diet.

### How much does someone on a pureed diet need to eat?

A resident on a texture modified diet will need just as much fat, protein, carbohydrates and micronutrients as any other resident receiving a normal diet. In fact, because of the vitamising process (where some nutrients are lost and there may be other agents added - such as gravy or milk) a standard vitamised meal may appear or be bigger than a regular meal. Menu planning guidelines<sup>1</sup> recommend minimum serving sizes for standard meal items (see table 1).

**Table 1. Minimum portion sizes for a pureed diet.**

Menu Item	Standard Serve (minimum) #
Porridge	180g
Soup	180 ml
Potato	90 g
Vegetable *	60 g
Meat	90 - 120 g
Gravy	40 ml
Dessert	90 - 120 g
Yoghurt	100 - 175 g
Ice-cream	100 ml
Pureed fruit	100 g

\*provide 2 serves of vegetable per meal (in addition to potato)

# serving sizes related to cooked produce



By modifying the texture of foods we can enable residents with dysphagia to enjoy a wide variety of foods. For example, a resident may no longer be able to chew and swallow a grilled steak, but by providing a pureed steak with gravy, the

resident is still able to enjoy the beef flavour and receive the important nutrients such as iron, zinc and protein.

If a resident who suffers from dysphagia, remains on a normal texture diet they will be at high risk of: coughing, aspiration, choking (food getting stuck in throat or wind pipe, or getting lodged in their lungs), malnutrition and dehydration.

For residents who are suspected of having dysphagia, a swallowing assessment conducted by a trained Speech Pathologist is necessary. It is the Speech Pathologist who will determine what type of diet (smooth, minced and moist, or pureed) is required. It is important to note that the Speech Pathologist will also decide what level of fluid thickness is best for the resident. Although texture modified diets and thickened fluids often go hand in hand, not all residents on pureed diet will require thick-

# Preparing a Pureed Diet Menu Cont...

## Key Points

- Pureed diets are required for some residents with swallowing difficulties
- Residents on a pureed diet need just as much food as residents on a normal diet
- Supplements can be used in addition to a pureed diet but are not essential for all residents
- Presenting pureed food in an attractive and varied manner is important

## Presenting a pureed diet

Within the aged care industry it is expected that meals, including pureed meals, are prepared in an attractive manner that enhances the dining experience for residents. The simplest form of plating pureed meals is to use large scoops - 1 scoop per meal component (see picture). It is no longer acceptable to serve a pureed meal with all components mixed together, whether it is plated this way, or plated separately and then mixed together by the person feeding.



Image courtesy of Andrew Kerr Facility, Mornington, VIC

An alternative plating option is to use food moulds. Moulds help meals to look more familiar to residents, e.g. carrot vitamised and served in a mould to look like whole carrots (pictured). There are also a number of different ideas that our dietitians have seen put in practice at facilities over the years to improve and vary presentation. Some of these include: the use of different serving dishes and ramekins, the use of thickener or potato starch to help form shapes, soaking of plain biscuits/scones in thickened fluid, the use of layering in a clear dish, the use of piping bags to create patterns. These techniques require specific direction – a Melbourne Dietetic Centre dietitian can assist with the implementation of these at your facility.



Image courtesy of Andrew Kerr Facility, Mornington, VIC

## Troubleshooting – What if the meal looks too runny?

Remove any excess liquid, puree to a pâté consistency then add gravy or liquid to achieve the desired consistency. If it is still too runny, add a small amount of instant mashed potato or soft fresh breadcrumbs or a specialised commercial food thickener. If meals are regularly too runny, review the fluid content of the basic recipe.

## Other considerations

Many residents in aged care facilities consume less than dietitians may consider ideal, often being prescribed protein and energy supplements to maintain weight. Keeping pureed meals tasty and attractive is a key to maximising a resident's food intake and avoiding the need for supplements. Offering a main, cooked high protein meal twice daily increases the potential for residents to meet their nutritional needs and minimises the need for special supplements.

## Summary

Pureed diets are required for some residents with dysphagia to safely consume a wide variety of foods. To meet nutrition requirements, it is required that these residents are offered 3 meals and 3 snacks daily and that meals are comprised of nourishing foods (i.e. avoiding low calorie, diet varieties unless specified by a doctor or dietitian). At each meal and snack a resident is to be offered some food and at least one cup of fluid. For residents with poor intake, supplements may be required in addition to the menu items and these residents should be referred to a dietitian for individual assessment. If supplements are used as a standard addition for all residents on a pureed diet, this indicates the menu is likely to be inadequate and requires review by an Accredited Practising Dietitian. See Table 2 for a sample puree menu

Table 2. Sample Pureed Menu

Breakfast	Pureed porridge, Weet-bix or semolina Pureed fruit or yoghurt
Morning Tea	Dairy mousse Tea/Coffee
Lunch	Pureed chicken casserole with puree mash potato, broccoli and carrot Pureed dessert (e.g. lemon cheesecake with no base)
Afternoon Tea	Pureed fruit Tea/Coffee
Dinner	Creamy soup Pureed lamb shanks (no bones) & gravy with puree mash potato, beans and pumpkin Pureed dessert (e.g. junket or custard)
Supper	Milo Pureed fruit or Fruche

## Reference

1. Nutrition standards for menu items in Victorian hospitals and residential aged care facilities. Department of Human Services (2009)

## Further Information

Nutrition and Dietetics Manual – A guide to modified diets and meal plans for aged care facilities. Melbourne Dietetic Centre (2009)  
Diet Manual can be purchased by contacting MDC on 03 9817 1544 or [admin@mdc.id.au](mailto:admin@mdc.id.au)  
Best practice food and nutrition manual for aged care facilities. Bartl, R & Bunney, C (2004).

## Case Study

**Customer:** Yarraman Nursing Home, Southern Health, Noble Park, VIC

**Challenge:** In late 2009, Yarraman Nursing Home opened under Southern Health, and had an influx of residents who were moved from a previous residence. Initially, although residents reported they were happy with nursing and care staff and loved their new environment, there were some complaints about the food and many residents reported disliking the taste of nutritional supplements. Systems and procedures for recording and reviewing nutrition needs required reassessment and some staff training regarding thickened fluids was needed.

Management wanted some advice regarding improving these systems and was looking for some simplified forms that could be used. Yarraman also had accreditation coming up and wanted to ensure they were on top of any weight loss.

**Solution:** The Manager, Ilona Vaksman, had heard good reports of the work done by MDC dietitians at another Southern Health facility, Chestnut Gardens and so called on MDC to begin regular dietetic services.

The dietitian initially attended to all residents urgently in need of assessment and set up a screening and referral system appropriate for the facility. An MDC rep attended a Family Meeting to address the issue of food and drink brought into the facility and Food Safety resources were provided.

Continuous Improvement Meetings were set up by MDC and a regular education schedule was mapped out. In February, a Nutrition and Hydration Audit was conducted and a comprehensive report produced, which included a big list of areas of excellence within the facility, as well as highlighting some areas for improvement. The MDC dietitian also reviewed the Enteral Feeding Protocol and worked with the facility to develop new Guidelines for Dietary

Change, including implementing improvement to forms, communications systems and streamlining of documentation.

Yarraman also made use of MDC's reliable remote access, calling their dietitian for urgent phone consultation in between their regular on-site visits when needed.

**Results:** Excellent relationships have developed between the MDC dietitian and the facility staff, management and residents. Ilona is extremely happy with her MDC dietitian reporting that "the staff love her and she always is very helpful, including giving support over the phone- she always knows what Yarraman needs and I think she reads my mind sometimes!"

MDC's regular service has allowed for staff to be prepared for each dietitian visit, ensuring that efficiency of the dietitian time on site is always maximised. Since MDC have commenced services, Yarraman have shown improvements to nutrition not only for individual residents but for the whole facility.

*"In such a short time (6 months), our dietitian has assisted us with the implementation of quality processes and systems; reduced an unplanned weight loss percentage; assisted with implementation of great communication systems between her services and our clinical staff and has provided 3 education sessions that have had a large impact on all staff, especially catering services."*

*"Our dietitian's valuable input into our service, will help us, no doubt, to maintain compliance with Accreditation Standards 2.10 (Nutrition and Hydration) and 4.8 (Catering)."*

*"MDC provides a great resident-focused service and my MDC dietitian is always available to assist staff and also shares her knowledge, enabling us to provide the best possible nutrition and hydration for our residents"*

- Ilona Vaksman, Manager, Yarraman Nursing Home

## MDC "Weight Review" in Residential Aged Care

All residents in aged care facilities are required to be weighed at least monthly to monitor trends in nutritional status. We understand that it can often be difficult to interpret weights and determine what amount of weight gain or weight loss is significant for individual residents. Your facility policy may state "If a resident has a gain or loss of 2 kg within 1 month refer to the dietitian". However a 2 kg loss in a resident who is 100 kg is unlikely to be significant whereas a 2 kg loss in a resident who is 35 kg is likely to be significant. Melbourne Dietetic Centre is now offering a new service to conduct comprehensive weight screening of all residents within a facility and identify any residents with significant nutrition risk who require follow up.

### Initial weight screen

- Review of 6 months weight history for all residents
- Takes into account existing nutrition interventions
- Identifies for you who needs to be followed up

Facility weight screening will be carried out bi-annually. Repeat screens are designed as a benchmark for continuous improvement in the area of Nutrition & Hydration and monitoring progress for residents.

This service is available to facilities throughout Victoria (urban and rural sites).

If you are interested in having a comprehensive "Weight Review" conducted at your facility please contact the MDC main office on (03) 9817 1544 or email [admin@mdc.id.au](mailto:admin@mdc.id.au).





## Nursing Homes in the News

**“Residents in aged care facilities malnourished”**

MEDIA RELEASE: Dietitians Association of Australia (DAA), March 2010  
Available at [www.daa.asn.au/mediacentre](http://www.daa.asn.au/mediacentre)

“With 1 in 2 residents malnourished in residential aged care facilities, the Australia’s peak nutrition body, the DAA is calling on the government to review AFCI funding and include routine nutrition screening and better support for nursing and other care staff to feed and weigh residents and monitor their food intake.”

## The clear solution for dysphagia



RESOURCE®  
ThickenUp® Clear

The exclusive xanthan gum formulation offers a clear solution for patients and clinicians

- easy to measure
- easy to mix
- transparent
- lump-free
- odourless



Nestlé Healthcare Nutrition, 20-24 Howleys Road, Notting Hill, Victoria 3168, Australia - 1800 671 628 (toll free)  
[www.nestlenutrition.com.au](http://www.nestlenutrition.com.au) ® Reg. Trademark of Société des Produits Nestlé S.A. © 30747

## About MDC

Melbourne Dietetic Centre (MDC) is an aged-care nutrition leader in Victoria, providing specialized aged-care services of an exceptionally high professional standard.

### Why should I choose an MDC dietitian for my facility?

- ✓ Aged-care specialists
- ✓ Flexibility to work with you according to your individual needs
- ✓ We concentrate on making you accreditation-ready all the time
- ✓ Always contactable (full-time reception and after hours emergency line)
- ✓ Better value for money as effective and efficient use of time and resources
- ✓ You receive the values and experience of a cohesive team of 15 dietitians, not just a sole provider
- ✓ Access to a plethora of resources, associations, current research and best practice guidelines
- ✓ Strong focus on quality assurance and continuous improvement both internally and for your facility
- ✓ Your own Customer Partner, who keeps in regular contact with you to ensure optimum services are continually provided according to your needs

### MDC can provide your facility:

- Staff education
- Food service workshops
- Weight reviews
- Nutrition and hydration auditing
- Menu reviews and menu planning
- Assistance for passing accreditation
- Quality Assurance activities and reports
- Nutrition screening for malnutrition risk
- Comprehensive Diet Manual detailing modified diets & special meal plans
- Efficient regular or on-call clinical services
- Locum or leave cover for your regular dietitian
- Nutrition and hydration policy development



Melbourne Dietetic Centre

For further information visit [www.dietitiancentre.com.au](http://www.dietitiancentre.com.au)

47 Whitehorse Road Balwyn VIC 3103 Phone: 9817 1544 Fax: 9817 1582 Email: [admin@mdc.id.au](mailto:admin@mdc.id.au)