



Harmonized

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### Authorizing Prescriber(s)

All Lakeridge Health (LH) Physicians and Nurse Practitioners who prescribe oral nutrition therapy to LH patients.

### Authorized to Whom

Registered Dietitians (RD) employed at LH who have the knowledge, skill, and judgment in the selection of oral nutrition therapy (oral diets, and nutritional supplements) and texture modification.

Co-implementers: Nurses employed at LH may co-implement this Medical Directive.

### Patient Description/Population

All LH patients, including patients of the Emergency Department, who may benefit from RD consultation.

### Order and/or Procedure

RDs will select the appropriate nutrition therapy to manage, control, or improve diseases and risk factors through the manipulation of macronutrients, micronutrients, electrolytes, fibre, volume of fluid intakes, food texture, and fluid consistency including:

- Oral diets and textures as per the Diet Order Table below ([Appendix A](#))
- Oral textures already ordered by physician or Speech Language Pathologist (S-LP) and need to be added to a new therapeutic diet order
- Oral supplements and modular products as per the Oral Nutritional Supplement Order Table ([Appendix B](#)) and Oral Nutritional Formula Table ([Appendix C](#))

The nurse providing care to a patient for whom the RD has selected Oral Diet and/or texture and/or oral nutritional supplements under this directive, as co-implementer, will proceed with the oral nutrition therapy as selected by the RD.

Notify S-LP if signs of dysphagia are identified.

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Document Sponsor/Owner Group: (Inpatient Registered Dietitians, Date Approved 15SEP2017)

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## **Indications to the Implementation of the Directive**

RDs may implement this medical directive when all of the following have been met:

- A referral has been activated for the RD to assess for nutrition therapy; RD referrals may be by written order, the result of nutrition screening, or by verbal request of the patient or healthcare team.
- The RD has completed a nutrition assessment.

## **Contraindications to the Implementation of the Directive**

- Consent has not been obtained from the patient or substitute decision maker (SDM).
- The patient has conditions that contraindicate using the gastrointestinal tract including but not limited to: bowel obstruction, proximal high output fistula, and bowel perforation.
- A current *nil per os* (NPO) order exists.
- Modified textures will not be upgraded if S-LP is involved in patient's care.
- See diet, texture, and oral nutritional formula specific contraindications as per Diet Order Table below ([Appendix A](#)), Oral Nutritional Supplement Order Table ([Appendix B](#)), and Oral Nutritional Formula Table ([Appendix C](#))

## **Consent**

After completion of the nutrition assessment, the RD will present the proposed oral nutrition therapy option(s) to the patient or SDM, providing the rationale, risks, benefits, and alternatives. Prior to implementing the medical directive, consent will be obtained as appropriate.

Prior to any co-implementation of this Medical Directive, the nurse will obtain consent from the patient as appropriate to the situation, e.g. prior to assisted feeding.

## **Documentation Requirements**

In addition to standard documentation practices, the RD implementing this medical directive must document the following in the order section of the patient's health record:

- The oral nutrition therapy (with appropriate details) selected for the patient
- The name of this medical directive
- Printed name of the implementer (i.e. the RD)
- Signature of implementer including credentials

For example, Modified Diabetic diet, regular texture as per Oral Nutrition Therapy Medical Directive, A. MacIntosh RD.

Nurses (co-implementers) will document nutrition provided in the patient's health record as per standard documentation practices.



### **Review/Evaluation Process**

This medical directive will be reviewed every 2 years by Inpatient Clinical Nutrition and Interprofessional Practice.

### **References**

Lakeridge Health: Clinical Nutrition Diet Standards and Descriptions Manual.

Lakeridge Health: Oral and Enteral Formulary.

College of Dietitians of Ontario: Jurisprudence Handbook for Dietitians in Ontario.

Dietitians of Canada: Code of Ethics.

Partnership in Dietetic Education and Practice (PDEP): Integrated Competencies for Dietetic Education and Practice.



Approvals and Signatures

<b>Sponsor/Owner Group</b>	_____ Name	_____ Program
<b>Contact</b>	_____ Name	_____ Position/Title

<b>Department Chief</b>	_____ Name	_____ Signature	_____ Date
<b>Medical Director</b>	_____ Name	_____ Signature	_____ Date
<b>Program Director</b>	_____ Name	_____ Signature	_____ Date
<b>Chair of IPPC</b>	_____ Name	_____ Signature	_____ Date
<b>Chair of NPPC</b>	_____ Name	_____ Signature	_____ Date
<b>Chair of P &amp; T</b>	_____ Name	_____ Signature	_____ Date
<b>Final Approval Chair of MAC</b>	_____ Name	_____ Signature	_____ Date

<b>Authorized By</b>	_____ Name	_____ Signature	_____ Date
	_____ Name	_____ Signature	_____ Date
	_____ Name	_____ Signature	_____ Date
	_____ Name	_____ Signature	_____ Date



\*\*\*These tables must not be used independently apart from the Medical Directive\*\*\*

APPENDIX A

Diet Order Table

Order	Description	Indication	Contraindication
<b>Adult Diet Orders</b>			
Anti-Dumping Or Post Gastrectomy	Limits carbohydrate. Small meals including snacks, liquids 30 minutes after solids	Post gastric surgery and/or to reduce intestinal peristalsis to minimize dumping syndrome and early satiety. OR If an anti-dumping or post gastrectomy diet is required in the professional judgment of the RD	
Anti-Reflux	Restricts/limits chocolate, citrus, tomatoes, spices, garlic, caffeine, and fat. Eliminates foods that typically increase reflux and/or irritate the esophagus.	Gastro-Esophageal Reflux Disease (GERD), esophageal ulcers, and/or esophagitis	
Modified Diabetic Or Unsweetened	Limits simple sugars. Promotes consistent carbohydrate intake.	Diabetes mellitus, impaired glucose tolerance, reactive hypoglycemia and/or weight management	
Esophageal Or Esophageal Stent	Provides foods that are both soft and moist. Avoids carbonated beverages.	Post esophageal surgery (e.g. Nissen Fundoplication) or esophageal stent insertion and/or esophageal narrowing/stricture/spasm	
Low Fat	Limits fat to less than 50	Fat malabsorption/maldigestion, acute or chronic cholecystitis and/or	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
	grams per day.	weight management	
High Fibre	Goal of 25 grams fibre/day.	To increase fecal bulk and promote regular bowel movements	
Low Fibre or Restricted Residue	Eliminates foods with skins, seeds, unprocessed whole grains.	Post-bowel surgery and/or to reduce risk of mechanical bowel obstruction	
Gluten Free	Eliminates all foods containing gluten.	Celiac disease or gluten sensitivity	
High Calorie High Protein	Provides foods high in calories and protein.	Enhanced requirements for energy and/or protein	
Healthy Heart	Goal to limit fat, sodium and increase fibre. Limits sodium to less than 2300 mg daily.	Secondary prevention of cardiovascular disease	
Hyperemesis	Small meals including snacks, liquids 30 minutes after solids	Anyone experiencing hyperemesis.	
Halal	Foods that are permissible according to Islamic law and must, therefore, come from a supplier who uses halal practice and the prescribed method of slaughter for all meat sources, excluding fish and	Religious and/or cultural observances	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
	other sea-life.		
Kosher	Pertaining to the preparation and serving of foods according to Jewish dietary laws. Foods that are not kosher include pork, birds of prey, and seafood that lack fins and scales, such as lobster and eels.	Religious or/and cultural observances	
Lactose Reduced	Limits foods highest in lactose; however, is not lactose-free and not appropriate for milk allergy.	Lactose intolerance	Milk Allergy
Maternity	Meets requirements for pregnancy and lactation.	For pregnant or breast feeding women	
Phosphorus Low/Restricted	Limits phosphorus to less than 800 mg daily.	Renal insufficiency; high serum Phosphorus	
Potassium – High	Provides greater than 4700 mg daily	Hypokalemia	High serum potassium (Potassium greater than 5 mmol/L) with poor renal function (Creatinine greater than 200 mmol/L)
Potassium Low/Restricted	Provide 2000 - 3000 mg daily	Renal impairment and hyperkalemia	
Protein Adjusted 90 - 110 g/day	Goal for protein 90 - 110 grams/day	Specific protein needs	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
Regular/Ordinary Diet	A general diet with no therapeutic modifications.	General diet when no therapeutic modifications are indicated or consistent with care goals	
Renal - Hemodialysis	Restricts potassium, phosphorus sodium, and fluids. Increased protein requirement.	On Hemodialysis requiring electrolyte restriction and enhanced protein needs	
Renal - No Dialysis (Pre-Dialysis)	Restricts potassium, phosphorus, sodium, protein based on needs. No fluid restriction.	Requires electrolyte and protein restriction for renal insufficiency and not receiving dialysis	
Renal - Peritoneal Dialysis	Restricts phosphorus, sodium and fluid. Increased protein requirement	On peritoneal dialysis requiring electrolyte restriction with higher protein and potassium needs	
Sodium 87 mmol/2 grams	Restricts sodium to 87 mmol/2 grams (2000 mg) daily.	Requiring strict sodium restriction	
No Added Salt	Limits sodium to 3000 – 5000 mg daily	Cardiac, renal, or liver conditions	
Vegetarian - No Red Meat	Excludes beef, veal, pork. Includes poultry, fish, eggs, and milk products	For individuals that wish to exclude red meat from their diets	
Vegetarian Lacto-Ovo Or Veg+Milk+Egg	Excludes, beef, veal, pork, fish and poultry. Includes eggs and milk products.	For individuals that wish to exclude red meat, poultry and fish from their diets	
Vegetarian-Vegan	Excludes all animal products, including animal ingredients in baked goods	For individuals that wish to exclude all animal ingredients from their diets	





Order	Description	Indication	Contraindication
	(i.e. eggs, milk).		
<b>Adult Texture Orders</b>			
Dental Chopped/Cut Up (LHO, LHB, LHW, LHPP)	Foods should be cut up before serving. Foods are able to be managed with one hand or cut with one utensil.	For individuals who have limited dexterity and/or cognitive impairment. To encourage self feeding	
Dental Minced(LHO, LHB, LHW, LHPP)	Particle size should be equal to or less than ½ cm (¼ inch). Foods should be easily mashed with a fork and be moist to facilitate chewing and swallowing	For individuals with mild to moderate oral difficulty (e.g. decreased chewing ability, missing or poor dentition). Minimal chewing required to break down small lumps that are round and soft	
Dental Pureed (LHO, LHB, LHW, LHPP) Or Pureed (LHAP)	Texture should be consistent with mashed or blenderized foods with a dense, smooth consistency (e.g. yogurt, applesauce, mashed potatoes)	For individuals with poor oral phase abilities, e.g. reduced mouth sensation, mouth sores, thrush, and poor chewing ability/ edentulous	
Dental Soft (LHO, LHB, LHW, LHPP)	Foods should be “fork-tender” and contain foods that are easy to chew; foods may be naturally soft or cooked/ cut to alter texture.	For individuals who need foods that are easy to chew, with mild oral problems, e.g. mildly reduced chewing ability	
Dental Regular (LHO, LHB, LHW, LHPP) Or Regular (LHAP)	No alteration to food texture.	For individuals who can chew any food texture. No restrictions, adequate dentition and mastication	
Dysphagia Fork Mashable (LHO,	Food is soft, moist, and tender but requires some	For individuals who have swallowing/chewing difficulties and is	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
LHB, LHW, LHPP)	chewing; foods must be easily mashed with a fork; no mixed textures (thin-thick), no loose fluid; no foods that melt to liquid in mouth; no sticky or floppy foods.	at increased risk for negative nutrition, hydration and respiratory sequelae	
Dysphagia Minced (LHO, LHB, LHW, LHPP) Or Minced (LHAP)	Food is minced and requires very little chewing; uniform consistency throughout/no mixed textures or loose fluids; no foods that melt to liquid in mouth; no sticky or floppy foods.	For individuals who have swallowing difficulties and is at increased risk for negative nutrition, hydration, and respiratory sequelae (e.g. malnutrition, dehydration, weight loss, pneumonia and airway obstruction)	
Dysphagia Pureed (LHO, LHB, LHW, LHPP) Or Pureed (LHAP)	Food is blended or pureed, moist and doesn't require chewing; holds its form if spilled; uniform consistency throughout/no mixed textures or loose fluids; no foods that melt to liquid in mouth; no sticky or floppy foods	For individuals who have swallowing difficulties and is at increased risk for negative nutrition, hydration, and respiratory sequelae	
Dysphagia Soft (LHO, LHB, LHW, LHPP) Or Soft (LHAP)	Food is soft, moist tender but requires some chewing;	For individuals who have swallowing difficulties/ chewing and is at increased risk for negative nutrition, hydration, and respiratory sequelae	
<b>Fluid Orders</b>			
Full Fluids	Provides fluids, semi-solids; e.g. milk products, blended	When unable to chew, swallow or digest solid foods, transitional diet or	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
	fruit.	per patient/family request	
Clear Fluids	Contains fluids and jello that are clear. No red dye. Nutritionally inadequate.	Short-term use. Leaves no residue in the gastrointestinal tract. Transitional diet or per patient/family request	
Fluid restriction 750 - 2000 mL/day Must be combined with another diet	Dietary will provide fluids which will not exceed stated fluid amount.	Level of fluid restriction required is determined by the condition and the treatment goals	
<b>Paediatric Diet</b>			
Paediatric Regular	General diet for Paeds. Combine with Paediatric Textures for all Paeds - no coffee/tea	General diet when no therapeutic modifications are indicated or consistent with care goals.	
Paediatric Clear Fluids	Contains clear Fluids+ Jello. No red dye. Nutritionally inadequate.	Short-term use. Leaves no residue in the gastrointestinal tract	
Paediatric Tonsils/soft diet	Foods that are soft to swallow. No raw vegetables and fruits	Children undergoing tonsillectomy Gradual introduction of soft solids post op day # 1	
Paediatric Full Fluids	Provides fluids/semi-solids; milk products, blended fruit	When unable to chew, swallow or digest solid foods Transitional diet	
Paediatric Gastro	Diet is reduced in lactose and simple sugars.	Used for symptoms of vomiting or diarrhea	
Paediatric Infant	*No meal trays sent*	No meal tray sent. Infants with sole source nutrition from breast or formula	



<b>Order</b>	<b>Description</b>	<b>Indication</b>	<b>Contraindication</b>
<b>Paediatric Texture</b>			
Paed Chop/Cut Up (12-36 months)	Provides food in a form that promotes self-feeding and reduces choking risk	For children who have progressed to table solids. For children who have difficulty cutting up food and self –feeding.	
Paed Minced (9-12 months)	Particle size should be equal to or less than ½ cm (¼ inch). Foods should be easily mashed with a fork and be moist to facilitate chewing and swallowing	For children who have progressed from purees to more textured solids. For children who require a diet with very little chewing; uniform consistency throughout	
Paed Pureed	Texture should be consistent with mashed or blenderized foods with a dense, smooth consistency (e.g. yogurt, applesauce, mashed potatoes).	For children who have just begun the introduction of solids. For children with poor oral phase abilities (e.g. poor tongue base control/ movement, and/or reduced mouth sensation, and/or poor chewing ability.)	



**APPENDIX B**

**Oral Nutritional Supplement Order Table**

<b>Category</b>	<b>Order</b>	<b>Indications</b>	<b>Contraindications</b>
Oral Nutritional supplement	Oral nutritional formula 125mL or 1 container/bottle PO 1 or more times per day.	Patient unable to meet nutritional needs via food intake only.	See contraindications for each formula in <a href="#">Appendix C</a> below.
MedPass	Oral nutritional formula 30-120 mL PO 3 or more times a day administered by nursing as part of medication routine.	Patient unable to meet nutritional needs via food intake only.	See contraindications for each formula in <a href="#">Appendix C</a> below.
Protein supplement	Protein powder 1-6 packages/scoops PO, one or more times a day.	Unable to meet protein requirements via food intake only.	Galactosemia or allergy to milk or soy



**APPENDIX C**

**Oral Nutritional Formula Table**

<b>Category</b>	<b>Order/Product</b>	<b>Indications for Use</b>	<b>Contraindications for Use</b>
Standard, lactose reduced	Ensure Plus Calories OR Ensure Compact	Replete or maintain nutrition status	Galactosemia or allergy to milk or soy
Standard, lactose containing	Carnation breakfast Essential Ready-To-Drink (Nestle) (LH legacy only)	Replete or maintain nutrition status	Galactosemia or allergy to milk or soy
Alternate texture	Ensure Pudding	Replete or maintain nutrition status	Galactosemia or allergy to milk or soy
Low fat	Boost Fruit Flavoured Beverage (Nestle)	Potassium or sodium restriction and/or supplementation of clear fluid diet.	Galactosemia or allergy to milk or soy
Calorically dense	Ensure Compact TwoCal HN (LHAP site only)	Fluid restriction or volume sensitivity	Galactosemia or allergy to milk or soy
Calorically dense, low electrolyte, low carbohydrate	Nepro	Potassium, sodium, phosphorus, carbohydrate and fluid restrictions	Galactosemia or allergy to milk or soy
High protein, $\beta$ -hydroxy- $\beta$ -methylbutyrate	Ensure Enlive (LHAP Site only)	Replete or maintain nutrition status	Galactosemia or allergy to milk or soy
Semi-elemental	Vital Peptide 1.5 Cal (LH Legacy only)	Malabsorptive or maldigestive states	Galactosemia or allergy to milk or soy
Specialized with slow release carbohydrate	Glucerna Nutritional Drink	Glucose intolerance or unstable glycemic control	Galactosemia or allergy to milk or soy