

PATIENT MEAL SERVICE, FOOD AND NUTRITION - CHW

POLICY®

DOCUMENT SUMMARY/KEY POINTS

- This policy specifically applies to the provision of an oral diet (food) to inpatients.
- The Food Services Department and the Department of Nutrition and Dietetics work together to provide the patient meal service.
- An individual menu will be produced to meet the nutritional needs of the child within the constraints of his/her condition.
- Where possible, cultural needs are acknowledged and meals provided.
- Menus are based on the Australian Dietary Guidelines "Eat for Health" 2013, ACI Nutrition Standards for paediatric inpatients in NSW Hospitals 2011, Diet specifications for Paediatric inpatients in NSW Hospitals 2012, NHMRC Infant Feeding Guidelines 2012.
- Food Safety standards will be maintained in accordance with the Australia & New Zealand Food Standards Code to ensure the food we serve is safe. External audits of Food Safety Plans in both Food Services and the Formula Room will ensure optimal standards are maintained.

CHANGE SUMMARY

- This document has been updated to reflect new and reviewed standards that have been published including the Australian Dietary Guidelines, ACI Nutrition Standards and Therapeutic Dietary Specifications 2012 and the 2012 NHMRC Infant Feeding Guidelines. Recent incidents involving food and inpatients have also necessitated the revision of this document.
- Changed operating procedures within the Department of Food Services that include, but are not limited to, new reporting lines of responsibility within NSW Health are also reflected in this document.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st December 2015	Review Period: 3 years
Team Leader:	Manager	Area/Dept: Nutrition and Dietetics CHW

READ ACKNOWLEDGEMENT

- Staff who must read and acknowledge they understand the contents of this policy.
 - Managers Food Services and Nutrition and Dietetics, Food Service Dietitian
- Staff that should be aware of the policy include:
 - Food Service Supervisors, Diet Office supervisors, Dietitians, Dietary Assistants.
 - Medical and Nursing staff
- This policy is to be included in the Orientation checklist for all new staff within the Department of Nutrition and Dietetics, CHW

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Background

This policy should be read in the broader context of The Children's Hospital at Westmead (CHW) supporting the provision of a healthy diet for all children, both well and unwell. It is recommended that breastmilk should be the primary source of nutrition for infants and, where this is not possible, from commercially prepared infant formula.

This hospital supports breastfeeding (for more information see [Infant Feeding: 0 – 12 Months - Breastfeeding Guideline](#)) and provides enteral and parenteral nutrition support for those children and adolescents unable to meet their nutritional requirements through oral intake (Department of Nutrition and Dietetics Enteral Support Clinical Practice Guidelines). CHW has a Formula Room that; fortifies breastmilk as required, provides a range of standard and specific clinical infant formulae, provides enteral nutrition formulae and supplements for children and adolescents.

The Food Service Department at The Children's Hospital at Westmead functions under the direction of NSW HealthShare and will follow all procedures/directives inherent in that.

This policy specifically applies to the provision of an oral diet (food) to inpatients.

Patient Meal Service - General Principles

The Food Services Department and the Department of Nutrition and Dietetics work together to provide the patient meal service. Effective communication between both departments ensures that an appropriate service meets the needs of patients. Review and amendments to this service are based on nutritional issues, patient feedback and service issues.

The following general principles guide the patient meal service for food and nutrition at CHW. These are consistent with the [NSW Health Nutrition Care Policy](#) (PD2011_078)

1. Food intake should meet the nutritional needs of the child within the constraints of his/her current condition.

- Provision of safe, appropriate and adequate food and fluid that is appealing, has variety in colour, texture, taste and aroma, and which patients enjoy.
- A menu that takes into account developmental, psychosocial, cultural and religious needs of patients and maximising opportunities for patients to consume the age-appropriate number of serves from each of the core foods groups to meet their RDI targets.
- Where possible, a patients' nutritional requirements should be provided from food and fluid. Unless there are clear clinical indicators, oral supplements should not be a substitute for food or be relied on to achieve adequate nutrition.
- Procedures and routine nursing care should not take place at meal times. If this is unavoidable, food and fluids should be saved for the child, as per Food Safety guidelines.
- For patients with above-average nutrient needs due to their age, disease state and/or the impact of treatment, access to adequate quantities of appropriate foods and fluids must be able to be chosen when patients' nutritional needs are higher.

- Nutritional requirements for children differ from adults so differing quantities of food groups are needed to meet needs for growth and development. Developmental and age-related diets for children of ranging ages are required to ensure that serving sizes, type of food and texture of foods offered are suitable and that the diet meets nutrient needs for age.
- Menus should be designed to address a range of therapeutic diets to meet requirements of clinical conditions due to specific disease states, texture modified food and fluids and cultural or religious dietary needs and practices.
- Large serves of food and fluid may overwhelm a sick child and result in refusal. It is better to provide small quantities of food and fluids, and offer between meal snacks.
- Snacks are an important part of total food and fluid intake in children. Nutritious snacks should be offered 2 times per day, for morning tea and afternoon tea. Supper should be offered in wards, where appropriate.
- Realistic breaks between meals and snacks are important - neither too short nor too long. Flexibility in the timing of meals and snacks to meet the child's appetite and need is necessary. The time space between the evening meal and breakfast should be no longer than 13 hours.
- Over-consumption of fluids, (milk, juice or soft drink) may reduce food intake. However, sick children often prefer to drink rather than eat and in the short term this is not a problem. Ideally in these circumstances, the drinks provided should be nutrient dense.
- A parent/carer is not provided with meals through the patient meal service unless there are extenuating circumstances where the parent/carer is unable to leave the child's bedside. This may potentially be due to the need for breastfeeding, infection control restrictions or on compassionate grounds. Provision of meals to a parent will be for a limited period of time and assessed on a case by case basis.

2. Feeding in childhood should establish a foundation for healthy eating habits throughout life.

Menus for inpatients, which are developed by the Departments of Nutrition & Dietetics and the Department of Food Services, are based on the NHMRC Australian Dietary Guidelines, 2013. These guidelines will need to be adapted to accommodate patients requiring medically indicated therapeutic diets.

There are five principal recommendations featured in the Australian Dietary Guidelines relevant to our paediatric services are listed below. Refer to the appendix for the patient menu framework.

Guideline 1

- To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs
 - Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.

Guideline 2

- Enjoy a wide variety of nutritious foods from these five groups every day:

- Plenty of vegetables, including different types and colours, and legumes/beans
 - Fruit
 - Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
 - Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
 - Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)
- And drink plenty of water.

Guideline 3

- Limit intake of foods containing saturated fat, added salt, added sugars and alcohol
 - a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.
 - Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.
 - Low fat diets are not suitable for children under the age of 2 years.
 - b. Limit intake of foods and drinks containing added salt.
 - Read labels to choose lower sodium options among similar foods.
 - Do not add salt to foods in cooking or at the table.
 - c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.

Guideline 4

- Encourage, support and promote breastfeeding

Guideline 5

- Care for your food; prepare and store it safely

3. Children and their parents should be consulted in determining what food the child should have.

- Daily menu selections should provide children and their parents the opportunity to select appropriate and preferred foods.
- Many combinations of foods and fluids will result in an adequate and appropriate diet. Requests for specific foods should be discussed with the dietary assistant or dietitian.
- The menu and food service system should be flexible to accommodate individual preferences and cultural requirements whenever possible.
- Staff involved in the nutritional care of children should recognise the need of many parents to indulge their children's request for high fat, high sugar snack foods and fluids

whilst the child is sick. If the intake of such foods and fluids is detrimental to overall nutritional intake over a longer term then counselling should be provided by the nursing, medical staff or dietitian, where appropriate.

4. Food in hospital plays an important social role for the child.

Meals and eating should be a non-threatening, relaxed and familiar part of the admission.

- Meal times should be happy social occasions
- The serving plates and tableware should be appropriate for the child's age and abilities.
- The food provided should be appealing and of suitable texture.
- Nursing staff should deliver the meals and snacks to the patients and provide assistance with feeding.

5. The food and fluids offered to children should be safe.

- Food Safety standards will be maintained in accordance with the Australia & New Zealand Food Standards Code to ensure the food we serve is safe. Both the Department of Food Service and the Department of Nutrition and Dietetics (Formula Room) maintain Food Safety Plans that are independently audited, at least annually.
- The standards used minimise the food safety risk from foods and fluids for immunocompromised patients.
- The CHW Food Safety Committee will provide support for this outcome to both the Department of Food Services and the Department of Nutrition and Dietetics.
- Infants should only be fed fluids prepared or poured in the Formula Room. Microwave heating of bottles or "prop feeding" is not allowed as per CHW Infant Feeding: 0 - 12 months - Formula Feeding and Introduction of Solids Guideline No: 0/C/13:9028-01:00
- Hot fluids are not allowed in the patient areas (parent rooms excepted).
- Nuts and other small, hard foods should not be offered to children less than 5 years. This includes confectionery items with sticks, eg lollipops.
- Peanut butter for snacks should be available "on request" from nursing staff at ward level.
- Children under 5 years should be under the direct supervision of a responsible adult whilst eating.

If meals are to be brought from home or from somewhere that is a distance from the hospital, parents should follow the information provided by NSW HealthShare "Guidelines for bringing occasional food to patients" factsheet to ensure that this food is safe. This is available via the SCHN website or via the link: http://www.schn.health.nsw.gov.au/files/attachments/hs12-007a_foodsafety-factsheet.pdf

Therapeutic diets and risk mitigation

The provision of oral diets (food) at The Children's Hospital at Westmead includes due consideration of:

- **Therapeutic Diets for specific dietary needs**

The ACI Therapeutic Diet Specifications for Adults and for Children give guidance about the type and quantities of foods that would be suitable for paediatric in-patients on a range of therapeutic diets. These diets include age-appropriate developmental diets; nutrient / food modified diets for specific medical conditions; texture-modified diets and diets for religious and cultural practices.

- **Risk mitigation procedures**

Patients diagnosed with severe food allergies, some metabolic conditions and those prescribed the ketogenic diet are identified within the food production process as "High Alert" patients. This is because their meal provision demands highly accurate food selections and errors in the production process can have immediate and significant clinical consequences.

A designation of "High Alert" generates a range of procedures in both departments that monitors and cross checks strategic points in the production process. These points include:

- dietitian confirmation that the patient is at high risk and documentation in patient notes
- cross checking the accuracy of menu selection entry into the CBORD food management system
- clear communication systems of identified patients across both departments
- verbal communication and documentation requirements for diet office and ward.
- priority on the meal plating line that requires multiple independent confirmation steps that the food on the plate aligns with that of the order.
- meals for "High Alert" patients are prepared in a separate kitchen area
- identifying stickers are used for some food products
- use of red trays for High Alert patient meals
- separate delivery of individual High Alert patient meals to wards

Two wards are designated "nut free" areas due to the nature of the food service they receive and/or the clinical population they manage. These are Emergency Ward & Hall Ward.

Menu Review Processes

Issues relating to the menu will be reviewed through:

- Patient Meal Service meetings (monthly)
- Patient Meal Satisfaction Surveys
- Food Safety Committee (every 4 months): Reports to SCHN Improvement and Safety Committee

Patient Menu - Framework

A nutritious diet from a variety of foods and fluids is encouraged for patients who are on a full or therapeutic diet. The menu should offer a variety of foods based on the Australian Dietary Guidelines for Children and Adolescents, 2013. For patients on a therapeutic diet, a selective menu should be offered based on their dietary requirements.

The [Nutrition Standards for Paediatric Inpatients in NSW Hospitals](#) outlines:

1. Nutrient goals – target amounts of each key nutrient that the standard menu needs to provide to enable the majority of patients to meet their individual nutrient requirements based on NHMRC Nutrient Reference Values.
2. Minimum menu choice standards: the minimum number of food choices and minimum serve sizes for each type of menu item provided ant main meals and mid-meals.

Together these can be used to plan and assess standard paediatric inpatient menus.

Nutrient bands define nutritional profiles within each menu item category – soup, main dishes, desserts etc., - to ensure a range of menu items are offered to meet energy, protein, fat and sodium targets and meet patient expectations.

See the [Appendix](#) for details of the CHW patient menu.

Menu pattern – Full Diet

Breakfast	Lunch	Dinner
	Soup	Soup
Hot dish (spaghetti)	Hot dish	Hot dish (meat) and/or
Hot dish (baked beans)	Hot dish	Hot dish (vegetarian) and/or
Hot dish (egg)		Hot dish (reduced fat) and/or
Hot dish (other)		Hot dish (reduced salt) and/or
		(total of 3 "hot dish" choices)
	Potato item	Mashed potato
	Steamed rice	Steamed rice
		Vegetable
		Vegetable
		Vegetable (potato item, if mashed potato is not the main selection)
Cereal (porridge)	Sandwich (meat)	Sandwich (vegetarian)
Cereal (weetbix)	Sandwich (vegetarian)	Sandwich
Cereal (cornflakes)	Sandwich (reduced fat)	
Cereal (rice bubbles)	Sandwich (reduced salt)	
Cereal (sultana bran)	Sandwich/wrap	
Cereal (just right)		
Cereal (other)		
	Mixed salad	Mixed salad
Wholemeal bread	Wholemeal bread	Wholemeal bread
White bread	White bread	White bread
Bakery product	Wholemeal roll	
	White roll	
Sugar (for cereal)		
Margarine	Margarine	Margarine
Spreads	Spreads/Sauces	Sauces
Fruit (fresh/canned)	Fruit (fresh/canned)	Fruit (fresh/canned)
	Jelly	Jelly
	Yoghurt/custard/ice cream	Yoghurt/custard/ice cream
		Dessert
Water	Water	Water
Milk	Milk	Milk
Milk (for cereal)		
Orange Juice		
Apple Juice		

Relevant food and menu quality standards and references

- ACI Nutrition Standards for Paediatric Inpatients in NSW Hospitals 2011:
http://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/160556/Nutrition-standards-for-paediatric-inpatients-in-NSW-hospitals.pdf
- ACI Therapeutic diet specifications for paediatric inpatients in NSW Hospitals 2012:
http://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0007/177514/Therapeutic-Diet-Specifications-for-Paediatric-Inpatients.pdf
- Australian Dietary Guidelines, NHMRC, 2013
- Australian Safety and Quality Framework for Health Care
- EQUiPNational Standard 12: Provision of Care
- Food Standards Australia New Zealand. (2007), Australia New Zealand Food Standards Code. Commonwealth of Australia
- SCHN Infant Feeding: 0 - 12 months - Formula Feeding and Introduction of Solids: Practice Guideline:
<http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2013-9028.pdf>
- SCHN Infant Feeding: 0 – 12 Months – Breastfeeding: Practice Guideline:
<http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2013-9030.pdf>
- NHMRC Infant feeding guidelines 2012
- NSQHS 2013: Standard 3 – Preventing and Controlling Healthcare Associated Infections describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.
- NSW Food Authority: Food Safety programs and HACCP: Food safety schemes for vulnerable persons: <http://www.foodauthority.nsw.gov.au/industry/food-safety-programs-haccp>
- NSW Health Nutrition Care Policy (PD2011_078):
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2012-9038.pdf>
- SCHN Department of Food Service (HS) Food Safety Plan (Annual external audit)
- SCHN Department of Nutrition and Dietetics (SCHN) Formula Room Food Safety Plan (Annual External audit)

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Appendix: Patient Menu – Framework details

The patient selective menu is based on a 7 day cycle with at least 3 selections at each meal. At lunch and dinner, these choices will consist of:

- one meat option
- one vegetarian option
- one reduced fat option
- one reduced salt option

Snacks also play an important part of total food and fluid intake in children, which can be obtained from the “snack trolley” (morning tea/afternoon tea/supper) or from the ward pantry supply. These snacks supplement the patients’ menu and allow access to food and beverages 24 hours/day. Wards with special needs are accommodated wherever possible. The supplies on a snack trolley or in the ward pantry include:

- Beverages: full cream/reduced fat milk, flavoured milks (strawberry, chocolate), juices (apple and orange)
- Foods: bread, margarine, spread portion packs, fruit, biscuits, ice-cream and ice blocks
- Cake of the day (afternoon tea)
- Other items as required, eg cordial

Under Guideline 2, “*Enjoy a wide variety of nutritious foods*” from the Australian Dietary Guidelines for Children and Adolescents, 2013, the menu selections and menu pattern should provide the following:

- Eat plenty of vegetables and legumes
 - a choice of vegetables will be offered with the main meal.
 - salad vegetables will be offered with sandwiches and as a side salad
 - vegetarian choices (including legumes) will be offered at all meals.
- Include fruits
 - fruit will be offered at all meals and snacks
- Include grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
 - wholegrain cereal (e.g. Weetbix, porridge) will be offered as well as more refined cereals (e.g. Cornflakes, Rice Bubbles);
 - sandwiches will be made using one slice of wholemeal and one slice of white bread
 - wholemeal and white bread will be offered at all meals
 - wholemeal and white rolls will be offered at lunch
 - wholegrain bread will be available on request
 - rice will be offered at lunch and dinner
- Include lean meat, poultry, fish, eggs, tofu, nuts and seeds, legumes / beans
 - lean meats will be purchased for the menu
 - legumes will be included in menu items on a regular basis

- bacon will not be offered routinely as a breakfast item, but will be available on the request of a dietitian for children with high fat/energy needs and poor appetites.
- Include milks, yoghurts, cheeses and/or alternatives. Reduced fat milks are not suitable for young children under 2 years, because of their high energy needs, but reduced fat varieties should be encouraged for older children and adolescents.
 - full cream milk will be offered as a beverage on the menu at all meals
 - reduced fat milk will be available at the ward level for snacks and meals
 - full fat milk will be used in cooking
 - reduced fat dairy products will be available on request (wherever possible)
 - choose water as a drink
 - water will be offered on the menu at each meal

Under Guideline 3 “*Limit intake of foods containing saturated fat, added salt, added sugars and alcohol*”, the menu selections and menu pattern will:

- Limit foods high in saturated fat. The menu will offer:
 - a reduced fat option at all meals
 - mono or polyunsaturated fats and oils will be used rather than saturated oils and fats
 - on sandwiches
 - when offered as a spread
 - in cooking
- For children under 2 years of age, full fat dairy products will be available.
- Limit food and drinks containing added salts:
 - Choice of menu items and products low in salt
 - low salt ingredients will be purchased wherever possible.
 - salt will not be added to any meal item during preparation, cooking or serving
 - fruit and vegetables will be available at all meals
 - a range of sandwich fillings will be offered daily, of which there will be a maximum of one cured meat option, eg ham, devon.
 - salt will be offered where required for medical management (eg: renal, CF patients)
- Limit intake of foods and drinks containing added sugars
 - fruit juice will only be offered at breakfast
 - fruit juice will be available for snacks
 - canned fruit, will be packed in water or light juice, not in syrup;
 - a low sugar option will always be available for dessert at lunch and tea.

Under Guideline 5 “*Care for your food; prepare and store it safely*”

- Participation in a Food Safety Program and regular auditing of Food Services