

SELECTIVE MENU

POLICY

Selective menus provide extra choices for residents with liberalized diets. Physician's diet order must be adhered to.

PROCEDURE

1. Diets should be liberalized preferably to a Regular diet per resident's choice. NAS, Consistent Carbohydrates, or Liberal House Renal are less restrictive than stricter therapeutic diets.
2. Consistencies need to be ordered. Resident also has the right to choose the consistency they feel they can tolerate.
3. The selective menus should be given to those with liberalized diets unless the filled-out menu is critiqued for compliance to diet as ordered by the Director of Food and Nutrition Services, CDM, DTR, or other clinically qualified nutrition professional before service.
4. If the selective menu is given to a resident that has a consistency order other than Regular, it needs to be clearly noted on the menus and the consistency as ordered must be adhered to unless the resident refuses the consistency modification. The Informed Consent (Negotiated Risk) of Treatment process should then be utilized.
5. When selection sheets have been completed, resident selections should be reviewed for appropriate nutrition and balanced diet selections by the Director of Food and Nutrition Services, CDM, DTR, or other clinically qualified nutrition professional. Distribute selective menus far enough in advance of meal service so that production can be accurate. When the selections made do not provide adequate nutrition, the missing food groups should be provided along with the RD's choices. When the resident continues to select inadequate amounts of food, the Director of Food and Nutrition Services, CDM, DTR, or other clinically qualified nutrition professional should counsel with the resident regarding proper nutrition choices. Document counseling, however, ultimately resident has the right to choose.
6. Recipes should be provided for all menu items with diet modifications.
7. On trayline, refer to therapeutic spreadsheets for appropriate portioning and consistencies per resident's diet order.
8. For stricter diets, i.e. 2 Gram, Renal, Heart Healthy, Diabetic/Calorie, the Director of Food and Nutrition Services, CDM, DTR, or other clinically qualified nutrition professional should personally interview resident for food preferences and encourage liberalization of the diet where appropriate.
9. When selective menus are used, it is not necessary to obtain food preferences because they have a choice of what they eat every meal. For those residents who do not have selective menus or do not fill them out, food preferences must be obtained.