



## HOMES AND SENIOR SERVICES

### POLICY & PROCEDURE NUMBER: 4.15.1

**DEPARTMENT:** *Dietary*

**SUBJECT:** *Dietary Management  
During Outbreak – Transition Diets*

**APPROVAL DATE:** July 2018

**REVIEW DATE:** Oct 2019; Dec. 2020

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#### **PURPOSE:**

In a suspected or declared gastrointestinal outbreak, all residents who exhibit acute infectious gastrointestinal symptoms will be provided with a temporary, progressive transition diet that is adjusted according to individual tolerance and is based on individual hydration and nutrition needs.

#### **OBJECTIVES:**

To support the hydration and nutrition needs of residents with acute infectious gastrointestinal symptoms.

To facilitate a return to the resident's usual diet as soon as possible.

#### **PROCEDURE:**

1. Nursing staff notifies Dietary Services of any resident who exhibits acute gastrointestinal symptoms.
2. The resident's status is monitored daily by the RN/RPN/Physician and communicated to Dietary Services for follow up by the Nutrition Manager/Food Service Supervisor (NM/FSS) and/or Registered Dietitian (RD), as required.
3. Persistent nausea, vomiting and other GI symptoms are investigated by the Physician to rule out bowel obstruction, dehydration or other more serious medical conditions, especially if the resident who is experiencing symptoms is an *isolated* case.
4. Nursing staff maintains a list of any affected residents on each unit and document their status including their diet modifications, on an ongoing basis.
5. Affected residents are reviewed and the list is updated by Nursing staff prior to *each* meal. Dietary Services is notified at least 30 minutes prior to meal service. **NOTE:** Most residents with acute infectious GI symptoms will be on temporary tray service.

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6. Progressive Transition Diets, as described below, are introduced and fluid consumption is encouraged to replace losses.
  7. Routine use of laxatives should be placed on hold when a resident is experiencing acute GI symptoms, and the need for laxatives should be reassessed by the care team following the resident's recovery.

**Three-Step Progressive Transition Diets**

**Step One: Temporary Clear Fluid Diet**

For the first 24 – 48 hours, fluids from the **Clear Fluid Diet** list are given every hour, with a *minimum of 1500 ml given over 24 hours*.

*Clear Fluid Diet consists of:*

- Clear juices, such as grape, apple and cranberry; NO tomato, prune or any juice with pulp
- Popsicles
- Plain gelatin (Jell-O)
- Clear chicken, beef or vegetable broth
- Clear *weak* tea or decaffeinated coffee; NO regular coffee containing caffeine
- Honey, sugar
- Ginger ale
- Water
- Fruit flavoured clear supplement (such as Boost Fruit Beverage<sup>TM</sup>) after first 24 hours

**After the first 24 hours**, the resident is assessed by Nursing staff and either:

- progresses to **Step Two**, or
- remains at **Step One**, depending on the results of the assessment.

**Step Two: G.I. Light Diet**

After the first 24 to 48 hours, the resident progresses to a **G.I. Light diet** for a 24-hour period.

*G.I. Light Diet consists of:*

- Clear fluids as allowed on Clear Fluid Diet (see above), *plus*:

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- Cream of wheat; oatmeal if tolerated (may be served with *small* amount of lactose-reduced milk)
- Yoghurt (with active culture, if available); NO fruit or seeds
- Dry white toast/bread/English muffins/bagels, plain soda crackers, jelly or honey
- Mildly seasoned broth-based soup (e.g. Chicken noodle)
- Plain sandwich made with egg/salmon/chicken (may include small amount of mayonnaise) or smooth peanut butter; NO cheese
- Plain tender, well-cooked meats, poultry, fish
- Plain or mashed potatoes, NO milk or gravy
- Plain pasta or rice
- Cooked carrots, yellow or green beans, squash, sweet potato. NO peas, corn or beans (such as baked, lima, kidney) due to skins; NO gassy vegetables
- Banana (ripe), applesauce, soft canned fruits. Avoid heavy syrups and fruits sweetened with sorbitol.
- Lactose-reduced milk, soy or rice beverage
- A *complete liquid nutrition supplement* (low fibre, lactose free), such as Ensure<sup>TM</sup> or Ensure Plus<sup>TM</sup>, Boost 1.0<sup>TM</sup> or Boost 1.5<sup>TM</sup>, may also be considered.

In both **Step One** and **Step Two**, the following is considered:

- Diabetic residents are given sugar containing clear fluids as a source of carbohydrate, and have their blood glucose levels monitored frequently.
- MedPass 2.0 is placed “on hold” for 48 hours, or until symptoms subside.
- Gastrolyte<sup>TM</sup>, Pedialyte<sup>TM</sup>, Gatorade<sup>TM</sup>, Powerade<sup>TM</sup>, or GeriAid<sup>TM</sup>, if available in the Home and if other interventions are unsuccessful.

**Step Three: Previously Prescribed or “Usual” Diet**

After 24 hours on the G.I. Light diet, the resident progresses to his/her usual diet.



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- a) The resident resumes his/her usual diet, with none of the restrictions described in steps one or two above for the management of GI symptoms; all foods on his/her “usual” diet is allowed.
  - b) The resident is monitored to ensure he/she remains symptom free.

### **References, Resources and Regulations:**

Ontario Regulation 79/10 made under the Long-Term Care Homes Act, 2007, Section 68

Nestle Product Guide, 2015

Nestle Nutrition Resource Manual for Long Term Care 2010, 2-23

Krause’s Food and Nutrition Therapy 12<sup>th</sup> Ed 2010

“Clear Liquid Diet”, Manual of Clinical Dietetics, ADA/DC 6<sup>th</sup> Edition, 2000, page 655