

# program instruction

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## NEW YORK STATE OFFICE FOR THE AGING

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October 7, 1982

**SUBJECT:** Dissemination of Additional Sections of the Guidelines  
for Home Delivered Nutrition Services Manual

**TO:** Area Agency on Aging Directors

The purpose of this PI is to transmit additional chapters of the Guidelines for Home Delivered Nutrition Services Manual which was sent to you in July, 1981. Specific sections included are:

- IX. Special Diets
- X. Food Safety & Sanitation
- XI. Food Packaging & Delivery Systems

Additional sections are in preparation. Questions concerning the manual or request for extra copies should be addressed to your field team nutritionist, or call Dorothy M. Diggins, Program Development Unit at 518-474-4382.

Enc.

**FYI:** Nutrition for the Elderly Project Directors  
Consulting Dietitians

## IX. SPECIAL DIETS

Although the term "special diet" usually denotes dietary modification for health reasons, the home delivered nutrition service program recognizes three categories; health, religious, and ethnic. The regulations state that...

"The nutrition service provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals. [§1321.147(d)]

The availability and accessibility of foods, special equipment requirements, access to caterers or products needed, and trained personnel will all enter into a decision on whether it is feasible to provide special diets.

### Health Related

Every effort must be made to assist those who need diet modification to maintain or improve health status. However, no one is expected to provide stringent modification especially since "generally only one meal is provided and there is no way to control and monitor eating habits for the remainder of the day." [Fed. Reg./Vol. 4, No. 63/Monday March 31, 1980 Rules & Regulations, p. 21142] Drastic modifications are not feasible, but more important they are not safe without continuous guidance by a qualified dietitian and close medical supervision, neither of which is available from most Home Delivered Nutrition Services. Therefore, diets below 1200 calories, protein below 44 gms., sodium restriction below 2 gms., or combinations of several restrictions should not be attempted.

It is "possible to provide simple modified meals" such as restricted calorie, carbohydrate, sodium, etc. Appendix D contains diet modifications that can reasonably be provided in nutrition service programs for the elderly and have been in affect in the congregate meal program since 1975.

### Procedures

1. For every individual requiring one of the three modifications, the home delivered nutrition service provider must have on file a written and dated order from the participant's physician, clinic, or public health nurse/dietitian/nutritionist representing the physician. The written order must be renewed every six months and can be done by phone as long as it is documented by the person who contacted the physician. (See Appendix E for Example)

2. Attached to the file copy of the physician's prescription, a written verification by the dietitian that the special diet limitations were discussed with the physician, or someone representing the physician and that person understands only simple modifications are available and are limited to those mentioned. (Appendix F.)
3. Nutritional assessment by a dietitian is required for each individual in need of a health-related special diet. This will ensure the appropriateness of the diet as well as determine the extent of follow-up counseling needed for the participant, family, or friends.
4. Individual counseling by a qualified dietitian must be provided when that person deems it necessary. Physicians will welcome this assistance in the dietary treatment of their patients. This approach will develop another linkage within the community to provide a better and more comprehensive service.

#### Religious and Ethnic Meals

It is important to consider the religious and ethnic difference of participants within each program and how this can be realistically addressed. The publication, "Understanding Food Patterns in the U.S.A."<sup>1</sup> gives an excellent review of food patterns of most cultural and ethnic groups. The influx of other Asian peoples into the U.S. may add other cultural differences not discussed here but needing consideration in some areas.

Differences in food patterns might be addressed by utilizing minority contractors/caterers. One does not, for example, necessarily need a Kosher kitchen to provide Kosher meals. This can be done through a caterer, a sub-contract with a Jewish Community Center or by purchasing Kosher frozen meals.

The feasibility of providing meals which address religious or ethnic differences depends on several factors:

- o How close the meal preparation site is to the source of food;
- o The variety of the available food supply;
- o Whether there is sufficient demand; and
- o Whether staff is trained in special meal preparation.

Each situation is different, and for some, even ten special meals could turn a normally well run program into a less efficient operation when staff must cope with different preparation methods, seasoning, recipes, etc. If it is determined that it isn't feasible to provide different cultural meals on a daily basis, it might be possible to offer special meals for the entire project, on a monthly basis, making it a festive occasion and a learning experience. Trying new foods and hearing about the histories of different cultural groups can be a rewarding experience.

## X. FOOD SAFETY AND SANITATION

Delivery of a safe, nutritious and palatable meals is of utmost importance in a home delivered nutrition service for the elderly for several reasons. Older people withstand the effects of food poisoning less readily than younger people. Contaminants introduced into food that is unwisely purchased, improperly stored, handled or prepared can make participants ill. Safe food handling techniques practiced at all times minimize chances for a food borne illness outbreak.

Investigations of foodborne illnesses which have occurred in the past taught us the five most common food handling errors that cause people to be ill.

### o FAILURE TO PROPERLY REFRIGERATE FOOD

This can apply to raw ingredients, partially prepared items, or ready-to-serve foods, e.g., cooling hot foods in large, deep containers which causes them to cool very slowly.

### o HOLDING FOODS AT INCUBATING TEMPERATURES (45°F to 140°F)

As with improper refrigeration, this can happen in all stages of preparation, e.g., thawed foods at room temperature for long periods of time before cooking.

### o PREPARING HAZARDOUS FOODS SEVERAL HOURS OR A DAY BEFORE

This allows germs that contaminate food to grow to sufficient numbers to cause illness.

### o INFECTED EMPLOYEES WHO PRACTICE POOR PERSONAL HYGIENE

Germs from employees sneezing and coughing or from infected wounds on their hands can spread and contaminate food.

### o CROSS-CONTAMINATION

Raw ingredients and soiled equipment often are contaminated with germs that can cause illness. If these germs are spread to ready-to-serve food by storing raw and cooked items improperly or by using soiled equipment, then the germs spread to the prepared food.

Understanding that these problems do occur and how they occur will help eliminate them from a home delivered meals operation. The principles and methods of controlling these and other improper food handling practices will be discussed here. The principles can be summarized in three words:

### o Contamination, Temperature and Time

Ingredients should be free from contamination and should be protected against contamination when they are stored, prepared and served. Food must be prepared as close as possible to the

time of service and food held at proper temperature  
for as short a time as possible before serving.

A. Preventing Contamination

1. Purchase wholesome food from an approved source.

Wholesome foods do not contain filth or spoilage, and do not pose a health hazard. A suspect food is considered unwholesome until proven otherwise. Diligently protect your participants by not using:

- o Swollen, rusted, or badly dented cans;
- o Meat, poultry, or fish with off odors, or color;
- o Eggs that have cracks and checks;
- o Fresh vegetables and other produce unless they have been thoroughly washed to remove all soil and pesticides;
- o Cereal and cereal products that show evidence of insect infestation and dirt.

An approved source means that:

- o the items have been purchased and received in good condition from a known purveyor;
- o that meats have been graded and inspected by USDA;
- o eggs are Grade A fresh, or USDA inspected frozen or dried;
- o foods are not canned at home;
- o frozen products, particularly meat, fish, etc., that have been delivered partially thawed are not accepted.
- o the item is not wild game.

2. Train all employees and volunteers in good personal hygiene and food handling techniques.

One of the most common ways that a contaminant is introduced into food is through personnel handling of the food. The following practices must be instilled in all food service personnel:

- o Keep hands clean and away from mouth, nose, hair or skin  
Hands must be washed before starting work, after using the toilet, after smoking, handling garbage and after touching hair, face or clothing.

- o Do not work with symptoms of a communicable disease or an open, infected wound.

Employees with colds, diarrhea, vomiting must not be allowed to work. All cuts and sores must be covered with clean waterproof dressing or glove and the infected employee should not work in a food preparation area.

- o Keep clean and wear a minimum of jewelry.

Employees must wear clean clothing, and keep jewelry at a minimum. The latter can be a safety hazard around equipment as well as a source of contamination.

- o Hair restraints must be worn by all food handlers.

The restraint is worn to prevent hair from falling onto or into the food. All hair must be covered including beards. Hair-nets and hats worn on the back of the head do not provide acceptable protection.

- o Do not smoke or eat in a food storage preparation/service area.

3. Instituting training in safe and proper food handling techniques.

Contaminants can also be introduced into food by poor food handling techniques and other poor practices.

Be certain that

- o Utensils are used whenever possible for handling food.

Although plastic gloves are intended to provide a measure of safety, experience has shown that they are often inappropriately used. With plastic gloves, a measure of security is felt and it is easy to forget that they must be changed after touching face, hair, picking something off the floor, etc.

- o Food is kept covered during storage preparation and transport.

Contamination during these stages of food handling can be dust, dirt, drippage, flooding, spillage and chemicals on food contact surfaces and germs. To prevent this type of contamination food must be covered or in a protected container when not in preparation. Store food in covered containers and transport in vehicles that are dry, clean, and well ventilated.

- o Food that has been served, discard.

Once food has been served, it must not be re-served. The only exceptions to this rule is for pre-wrapped crackers, sugar, salt, etc., in containers that are intact, unopened, and undamaged.

- o Single service items are used only once.

This rule applies not only to paper and plastic coated items but includes cottage cheese containers, other plastic food containers like sour cream containers, yogurt containers, margarine, etc., and a host of other one-use food containers. In general, these items do not meet the the cleanability requirement and they may give off toxic chemicals that contaminate food after re-use.

- o Toxic items such as cleaners, sanitizers, pesticides, and drain cleaners are away from food.

- o Animals are kept out of food preparation and serving areas.

4. Control insect and rodent infestation by:

- o Eliminating their food supply
- o Storing garbage in clean containers with tight-fitting lids.
- o Storing food supplies in places inaccessible to insects and rodents.
- o Cleaning up spills as soon as they occur.
- o Developing a daily cleaning schedule and seeing that it is followed.
- o Keeping them out of food storage, preparation and serving areas by use of screens and screen doors, by plugging or covering holes with concrete or metal flashing, by eliminating cracks in walls, pipe chases and other access points in the building.

After the above steps have been taken, contact a certified pest control operator (exterminator) for routine pest control program.

5. Select equipment designed to do the job.

- o Equipment must be used for the purpose for which it was designed. Hot and cold holding devices are designed only to hold food for a short period of time during service, not to keep food warm or cold for long periods of time. These pieces do not replace the practice of cooking in small batches and portioning immediately. The cold food holding units do not replace adequate refrigeration. Also, commercial freezers are meant to keep frozen, not to freeze foods for later use.
- o Washing facilities for pans, utensils and equipment must be sufficient to handle the largest anticipated workload and to accommodate the size of pans, etc., in use.

When manual dishwashing has been permitted, (check with local Health Dept.) items must be scraped, washed in clean soapy water, rinsed in clean, clear water and then either sanitized in 170° water or in an approved chemical sanitizer. All sanitized items must be air dried.

If mechanical washing is used, commercial machines are required. Check with the local Health Department for specifics on acceptable washing methods.

6. Training employees to use paper towels that are conveniently located.

B. Temperature

Bacteria that cause food borne illnesses are favored when the food medium is between 45° and 140°F. Temperatures in this range allow germs to grow. When temperatures drop below 45°F, the germs stop growing, but usually aren't killed. Temperatures above 140°F kill many germs and stop all of them from growing but 165°F temperatures are needed to kill some germs that cause food borne illnesses. Other germs can form a hard protective coating called a spore that can protect them for hours at boiling temperatures, although they cannot grow at these temperatures. The shorter holding period for food at danger zone temperatures, the safer the food will be.

Some practices that will safeguard food are:

- o Reheating food rapidly to internal temperature of 165° and hold until served.
- o Cook poultry and dressing separately until each has reached an internal temperature of 165°F.

- o Cook pork to an internal temperature of 150°F or until the meat is white.
- o Use meat thermometer to evaluate doneness.
- o Cook continuously, in small batches to minimize the time between cooking and serving.
- o Keep to a minimum the length of time food temperatures are in the danger zone 45°F - 140°F.
- o Cook food rapidly. Rapid cooling is a critical factor in preventing food borne illnesses. The following methods can be used to cool foods to a safe temperature.
  1. Immerse pans of food or plastic wrapped foods in ice baths.
  2. Immerse packaged foods or pans in cold running water.
  3. Place food in shallow (four inches or less deep) containers when refrigerating. Stock-pots should not be used for holding foods in refrigerators.
  4. Use walk-in refrigerators with circulating air rather than reach-in refrigerators for initial chilling. Where walk-in refrigerators are not available, use reach-in refrigerators with circulating air rather than those without circulating air for initial chilling. Do not line shelves with aluminum foil or other materials since the lining prevents air circulation.
  5. Defrost high protein frozen foods such as meat and meat products in the refrigerators.
  6. Agitate foods such as sauces and gravies while cooking. Stir other liquid items with a spoon while cooking.
  7. Use cold ingredients when preparing cold menu items.

C. Time

Time is a major factor to be controlled in order to prevent food borne illness. Germs can grow, if given time, during the storage of raw ingredients, at all stages of preparation, portioning, and transportation. The closer to the preparation time the food is consumed, the less chance of a problem occurring if the food is contaminated. This is why it is particularly important to plan a delivery system for home delivered meals that

will allow a minimum of time to get the food to the participant. In addition to food safety, a lengthy routing system will also have adverse effects upon the quality of the meal and nutrient retention.

Food continues to cook while being held. With long holding periods, vegetables become mushy, meat and other protein foods get tough and tend to dry out. Studies have shown that nutrient losses can be considerable when food is held exposed to heat and steam/water. Relatively large amounts of thiamin, riboflavin and ascorbic acid can be lost this way. Thiamin can be a particular problem if the menu planned barely meets 1/3 RDA and there is a loss of the nutrient during preparation holding and delivery.

Too great an emphasis cannot be placed on a delivery system that is as short as possible. A short route not only provides participants with palatable meals but it helps to insure its safety and much needed nutrient content.

## XI. FOOD PACKAGING AND DELIVERY SYSTEMS

### A. Introduction

This section is designed to assist program personnel in reviewing and upgrading current operations as well as in planning for a new service in the areas of workflow:

- o food
- o packaging
- o delivery

Home delivery systems must provide the participant with a safe, nutritious, and palatable meal. Home delivered meals require special consideration since they must maintain proper temperatures, good quality without change in taste, texture, and nutriture during transport. To achieve these objectives, the program must be planned and operated as a complete system including the elements of menu planning, purchasing, preparation, packaging and delivery.

Examination of currently operating systems to identify potential improvements is essential to efficient program operation. A workflow chart will assist in detecting bottlenecks that can be eliminated to allow for an unimpeded service. Work schedules for each type of worker act as guides to basic duties and as a means of coordinating workflow. Your consulting dietitian can assist you in the development of both a workflow chart and work schedules for each worker.

The placement and selection of equipment such as vegetable steamers allow some of the meals to be cooked while meals for another earlier route are being assembled. Portable steam and work tables permit the packaging of meals to be done away from the main flow of traffic to provide a more efficient packaging activity. When a cold meal is prepared as a second meal for participants, both it and the cold components of the main meal can, with proper pre-planning, be packaged either the previous afternoon or early that morning and refrigerated until needed when there is adequate refrigeration space.

### B. Packaging Material

Principles of contamination, time, and temperature, apply directly to packaging and delivery systems. Meals must be packaged in clean, non-toxic, disposable containers which are tightly covered to prevent contamination and spillage and maintain temperatures. Styrofoam and aluminum are the two basic materials which are used for three compartment trays (see Figures 1, 2, 3)

Although there are always new developments, the following criteria should be used in selecting a packaging system. Materials used must:

#### 1. Maintain proper temperatures i.e.,

- o Cold foods: 45° or below.
- o Hot foods: 140° or above.

2. Be non-porous;
3. Maintain the flavor and aroma of food;
4. Have sufficient compartments to accommodate the menu;
5. Close tightly to retain temperatures and prevent contamination and spillage;
6. Be easy to handle and fit into transport carriers in a systematic and efficient way;
7. Be tightly sealed easily;
8. Be easy to stack;
9. Be made of non-toxic materials; and
10. Be capable of utilizing the space available in the carriers.

In the selection of any packaging materials, consideration must be given to the type of instruction that will be necessary for the home-delivered meal participant to facilitate handling of the package.

#### C. Transport Carriers

Carriers must meet the same criteria as the packaging materials as well as being easily cleanable for reuse. They need to be durable and made of material that can be washed and sanitized inside and out on a daily basis. Carriers must hold the temperature of the food by ice-pack, hot-pack, heated tiles or be mechanically heated or cooled.

The size and weight of the carrier will determine the number of personnel needed to move them into transport vehicles and will also determine their placement within the vehicle. Critical time can be lost at the home of a participant if food carriers are not conveniently located for ease and quick removal of individual meal components. Carriers should be able to be placed in the vehicles in such a way that it is unnecessary to keep the door of the vehicle open while assembling cold and hot meal components.

In the development of a transport system the main thrust should be directed toward the quick delivery of the meal. If one considers the time spent from the arrival of the delivery van at the home of the participant, assembling hot and cold components, and carrying them to the door of the individual, waiting for the bell to be answered, and going into home a minimum of 5 minutes will have passed. This means that the carrier selected should hold a maximum number of 12 meals in order to keep the delivery time within an hour or so. This does not take into account the length of time it takes to come from the point of preparation to the first delivery point.

Whenever considering the purchasing of transport carriers the following questions will be helpful determining which would be best for your particular operations.

1. How many trays will the carrier hold?
2. Are they designed for a maximum of 12 meals?
3. What are the heating and chilling elements necessary to maintain temperatures?
4. Will extra refrigerator/freezer space be needed to chill carriers or freeze elements that go into the carriers?
5. If an element is needed to keep food hot, is there adequate kitchen equipment. That is, is there sufficient oven space to heat trays and prepare meals?
6. If boiling water is needed to heat the elements, is there sufficient space to do this?
7. Will the carriers maintain temperatures? That is, is the insulation sufficient?
8. Can the cold components be bagged and packed into carriers and the carriers refrigerated until the delivery time?
9. Will the carriers fit conveniently in the transport vehicles?
10. How many people will be required to tote the carriers from the packaging area to the transport vehicle?
11. Is the carrier cleanable with a minimum of seams where dirt can collect?
12. Can the carriers be put through a dishwasher? Can they be washed and sanitized?
13. How many routes are needed?
14. What will be the range of time needed for delivery?

Appendix A<sub>2</sub>  
NUTRITION EVALUATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Medical Status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

a) Medication – (Include both prescriptions and over the counter) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Special Diet – if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c) Food Allergy – yes  no  if yes, type: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Weight: Current Actual or Estimated Weight: \_\_\_\_\_ lbs. Estimated weight change over previous six months:

\_\_\_\_\_ lbs. Increase  or decrease

3. Appetite: Good  Poor  Comments: \_\_\_\_\_

4. Kitchen Facilities: Describe and note comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Marketing: Frequency \_\_\_\_\_ by whom \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. a) Usual Meal Time Hours: Morning \_\_\_\_\_ Evening \_\_\_\_\_  
Mid-day \_\_\_\_\_ Snack \_\_\_\_\_

b) Description of Usual Meal Pattern:

Morning

Mid-morning

Mid-day

Mid-afternoon

Evening

Bedtime Snack

This client has been approved to receive \_\_\_\_\_ meals per day \_\_\_\_\_ days per week. (From Home-Delivered Nutrition Service & Supportive Service Assessment).

Other weekday meals provided by \_\_\_\_\_ and consisting of \_\_\_\_\_

Assessment of Nutritional needs: \_\_\_\_\_

Plan Care — if handicapped, indicate type of aids required: \_\_\_\_\_

**General Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Dietitian:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** *Use space below and reverse side for additional comments*

APPENDIX A-3

NUTRITION SERVICE INFORMATION FOR PARTICIPANTS

The following information should be given in writing to each Home Delivered Nutrition Service participant:

- o The purpose of the program and eligibility criteria;
- o What the individual can expect in terms of periodic follow-up, re-evaluation, and counseling;
- o Procedure for special diets, if applicable;
- o The availability of meals on weekends, holidays, and weather-related emergencies;
- o Suggestion for an emergency food supply to keep on hand;
- o Meal delivery schedule;
- o Name and phone numbers of program contact person;
- o Procedure for cancelling a meal;
- o Policy regarding suggested contributions and the manner in which contributions will be collected and accounted for; and
- o Encouragement to consume the hot meal when it arrives and the correct handling of the second cold meal, if applicable.

## APPENDIX D

### SUGGESTIONS FOR A SECOND HOME DELIVERED MEAL

When the assessment indicates that it is necessary to provide two meals to an individual the second meal, of necessity, must be cold. However, it can be attractive, tasty, provide variety to the days intake, and can be calculated with the hot noon meal to meet nutrient needs (See Section VI. Nutritional Requirements). The following guidelines will provide some ideas for sandwiches served as part of this second meal.

#### A. General Choices

Egg Salad	Sliced Tongue
Sliced Egg	Sliced Chicken or Turkey
Tuna Salad	Veal Salad
Swiss Cheese	Processed Cheese
American Cheese	Cold Cuts - i.e. bologna, liverwurst salami, etc.
Chicken or Turkey Salad	
Ham	Peanut Butter
Ham Salad	Peanut Butter and Cheese
Pastrami	Peanut Butter and Onion
Corned Beef	Sardines
Roast Meats - i.e.	Salmon Salad
roast beef	Shrimp
lamb	
veal	
pork	

#### B. High Sodium Content

Because of the high sodium content sandwiches made from these fillings are not permitted to be served to those who must limit their sodium (salt) intake.

American Cheese	Processed Cheese
Ham	Cold Cuts - i.e. bologna, liverwurst salami, etc.
Ham Salad	
Pastrami	
Corned Beef	

#### C. Low Protein/high fat Content

The sandwiches below are not acceptable as part of a home-delivered meals component because of low protein/high fat content:

- Cream Cheese and Jelly
- Cream Cheese and Olive
- Cream Cheese and Bacon
- Cream Cheese and brown bread
- Bacon, lettuce and tomato
- Bacon

APPENDIX D

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Consider varying a second meal by incorporating some cold plates to replace sandwiches. As an example:

- Cottage Cheese Fruit Plate
- \* Sliced Ham, Egg Salad, Macaroni/Potato Salad Plate
- \* Cheese, Ham, Roast Beef, Macaroni/Potato Salad Plate  
Tomato stuffed with chicken salad/egg salad, tuna or  
turkey salad
- Tuna and Macaroni Salad
- Tuna Salad/Salmon Salad, Potato Salad Plate
- Cold Sliced Beef Plate
- Sliced roast meat, cheese with potato/macaroni salad,  
bean salad
- Egg Salad, Tuna Salad Plate
- \* Cold Cuts (bologna, salami) cheese, bean salad, sliced tomatoes

\* Because of the inclusion of high sodium products these may not be used when a restricted sodium intake is important.

APPENDIX E<sub>1</sub>

SODIUM (SALT) RESTRICTED DIET

DO NOT SERVE

1. Smoked, cured, or dried meat and cheeses, including

Ham	Salted & Dried Cod & Herring
Bacon	Smoked Salmon
Sausage	Sardines
Cold Cuts	Frankfurters
Corned Beef, Chipped Beef	Meats Koshered by Salting
Pastrami	Anchovies & Cavier
Salt Pork	*Cheese--Processed (i.e., American) or spreads

2. Seasonings and condiments, including

Salt	Soy Sauce
Ketchup or Chili Sauce	Worcestershire Sauce
**Mustard	Garlic Salt
Relishes	Onion Salt
Pickles & Olives	Horseradish

3. Snack Foods, including

Saltines	Pizza
Salt-topped crackers & bread	Fritos
Potato Chips	Cheese Curls
Pretzels	Salted Popcorn
Salted Nuts	

4. Miscellaneous foods, including

Canned soups	Bouillon
Gravies, Sauces	Sauerkraut
Tomato Juice	Meat Tenderizer
V-8 Juice	

\* May have Cottage Cheese

\*\* Mustard may be prepared by the following method

1½ Tablespoons Dry Mustard

Water or Vinegar

Mix Mustard with enough Water or Vinegar to make a smooth paste

SPECIAL INSTRUCTIONS:

1. No special foods are needed for this diet.
2. Regular meats, vegetables, fruits, bread, milk, butter and desserts may be used.
3. Food may be prepared the same as usual.
4. Garlic powder and onion powder may be used.

APPENDIX E<sub>2</sub>

RESTRICTED CARBOHYDRATE & CALORIES FOR

DIABETIC & WEIGHT REDUCTION DIETS

DO NOT SERVE

1. Sugar, jam, jellies, marmalades, honeys, syrups and relishes such as sweetened cranberry relish.
2. Sweet desserts such as pies, pastries, cakes, cookies, pudding, jello and sweetened canned fruit and fruit juices.
3. Fried foods, scalloped or creamed foods.
4. Sauces, gravies.
5. Two starches at the same meal.

Example: potato and corn  
 potato and lima beans  
 potato and parsnips

6. Condensed milk, chocolate milk, cocoa, milkshake, sweetened soft drink

SAMPLE MENU.

Meat (3 oz.) . . . . .	Hamburg Patty, 3 oz.
Vegetable (2 serv.) . . . . .	Mashed Potato, ½ cup
	Lettuce and Tomato Salad
Enriched Bread (1 serv.) . . . . .	1 Roll
Butter (1 tsp.) . . . . .	Butter, 1 tsp. (or Margarine, 1 tsp.)
Dessert . . . . .	Unsweetened Apricots, 4 halves
Beverage . . . . .	Milk, 8 oz.

The following portions are equal to ½ cup of dessert. Use fresh or unsweetened:

Apple	1 sm.-2" diam.	Mango	½ sm.
Applesauce	½ cup	* Orange	1 sm.
Apricots, fresh	2 med.	* Orange Juice	½ cup
Apricots, canned	4 halves	Papaya	1/3 med.
Apricots, dried	4 halves	Peach	1 med.
Banana	½ sm.	Peach, canned	2 halves
Berries	1 cup	Pear	1 sm.
Blueberries	2/3 cup	Pear, canned	2 halves
* Cantaloupe	¼-6" diam.	Pineapple	½ cup
Cherries	10 large	Pineapple, canned	2 slices
Dates	2	Pineapple Juice	1/3 cup
Figs, canned	2	Plums	2 med.
Figs, dried	1 sm.	Plums, canned	4 halves
Fruit Cocktail	½ cup	Prunes, dried	2
* Grapefruit	½ sm.	Raisins	2 tbsp.
* Grapefruit Juice	½ cup	* Strawberries	1 cup
Grapes	12	Tangerine	1 large
Grape Juice	½ cup	Watermelon, cubed	1 cup
Honeydew Melon	1/8 (7")		

\* High in Vitamin C. Other juices listed if enriched with Vitamin C would meet the daily requirement for ascorbic acid.

## APPENDIX E<sub>3</sub>

### MODIFIED FAT DIET

#### DO NOT SERVE

1. Frankfurters, sausage, cold cuts, bacon, other fatty meats
2. Duck, skin on chicken and turkey
3. Fatty fish such as smelts, brook trout, mackerel, butterfish, herring, shad, fish canned in oil, tuna, sardines and salmon
4. All cheese except cottage cheese
5. Whole milk, chocolate milk, milkshakes
6. Fried or creamed foods
7. Nuts and peanut butter
8. Avocado
9. Muffins, biscuits, popovers and other quick breads, doughnuts, waffles, griddle cakes
10. Desserts made with whole milk, eggs, cream, butter, margarine, shortening, oil, lard, coconut, chocolate, suet
11. Ice Cream
12. Pies, pastries
13. Meat drippings, gravies, sauces, mayonnaise or salad dressings
14. Cream soups, cream sauces made with whole milk
15. Potato chips and similar snack foods, buttered popcorn

#### SPECIAL INSTRUCTIONS

1. Trim all fat from meat.
2. Bake, broil or boil meats.
3. Do not serve sauces or gravies.
4. Use skim milk.
5. One teaspoon (pat) butter or fortified margarine is allowed.

Appendix F

SAMPLE DIET ORDER

Patients Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

My patient may participate in the modified diet program and meals as discussed. *(Check one only)*

Modified Calories/Carbohydrate diet

Modified Sodium diet

Modified Fat diet

Comments – if any:

\_\_\_\_\_

Please return in the enclosed stamped self-addressed envelope.

DR. \_\_\_\_\_

Appendix G

SAMPLE OF CORRESPONDENCE WITH PHYSICIAN

Dear Doctor \_\_\_\_\_

We are pleased to meet the need of your patient \_\_\_\_\_ for Home Delivered Nutrition Service. Our program provides, to the homebound elderly, one hot meal five days a week designed to provide one-third of the recommended dietary allowances for major nutrients. If after an assessment, it is considered in the best interest of the participant, two meals providing two-thirds of the recommended dietary allowances will be available.

In addition, we are prepared to offer the following modified meals:

1. carbohydrate/calories (unsweetened fruit, fresh fruit - substituted for sweet).
2. sodium - substitute entries will be made for ham, franks, corned beef, etc.
3. fat - no fried foods, gravies and substitutes for ham, pork, franks, cheese dishes - skim milk provided.

These diets will be provided upon request from participant's physician and will need to be renewed every six months. As part of this modified diet program, participants will be given nutrition counseling by me to assist in planning meals at home.

As we discussed on the phone, we ask that you complete and return the attached form to us.

Sincerely,

\_\_\_\_\_  
Consulting Dietitian