

# PATIENT MEAL SERVICE, FOOD AND NUTRITION POLICY®

## DOCUMENT SUMMARY/KEY POINTS

- This policy highlights the processes and key documents involved in optimising the nutritional care of children and young people during their hospital stay.
- HealthShare and the Departments 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.
- This document has been modified to be appropriate as a Network document rather than site specific for CHW.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> June 2023	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Dietitian	<b>Area/Dept:</b> Nutrition & 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/ Nutrition Assistants.
  - Medical and Nursing staff

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## Background

This policy should be read in the broader context of The Sydney Children's Hospital Network supporting the provision of a healthy diet for all children, both well and unwell.

Hospital food is an essential part of patient care. A 2014 study on malnutrition, obesity and nutritional risk of Australian paediatric patients found that 15 per cent of Australian paediatric inpatients are malnourished and five-and-a-half per cent experience severe malnutrition. Children who are malnourished are also at an increased risk of infection, poor growth and development, longer hospital stays and increased morbidity and mortality.

Nourishing food can encourage patients to eat well, aiding their recovery from surgery or illness. Hospitals have a responsibility for ensuring that appropriate systems and processes are in place to both identify and manage nutritionally vulnerable patients as well as ensuring that all patients have access to food and hydration appropriate to their needs.

There are many factors which can influence a patient's nutritional status whilst in hospital. The quality, quantity, or appearance of the meal/food as well as pain, anxiety and confusion, chronic disease or surgery can affect a patient's appetite. A patient's developmental stage, physical or cognitive state may mean that a patient is unable to self-feed or understand the menu or ordering system. The system itself can also play a part in determining a patient's nutritional state. Meals need to be positioned or sited in such a way that patients can reach and eat them without disruption or avoidable interruptions. Nutritional intake must be monitored and recorded to ensure patients receive the appropriate food choice or alternative nutrition.

A healthy, nutritious diet is essential for all children's growth and development. When children are unwell, good nutrition is even more important as it can aid recovery. During illness and recovery, nutritional requirements increase. This may be due to increased losses through vomiting and diarrhoea, or an increase in metabolic rate that uses up a child's energy stores more quickly. Sick children are particularly vulnerable to nutritional deficits. Poor nutrition leads to weight loss, a reduced immune response to infection, delayed wound healing and increased risk of pressure sores, and an increased length of hospital stay.

It is recommended that breastmilk should be the primary source of nutrition for infants and, where this is not possible, commercially prepared infant formula.

The Network supports breastfeeding. For more information see:

- [Infant Feeding: 0 - 12 months - Formula Feeding and Introduction of Solids](#) practice guideline.
- [Infant Feeding: 0 - 12 months - Breastfeeding](#) practice guideline.

Enteral and parenteral nutrition support is provided for those children and adolescents unable to meet their nutritional requirements through oral intake. Refer to:

- [Enteral Feeding Tubes and the Administration of Enteral Nutrition](#) practice guideline.
- [Parenteral Nutrition](#) practice guideline.

CHW has a Formula Room that fortifies breastmilk as required. The Formula Rooms at CHW and SCH provide a range of standard and specific clinical infant formulae, provides enteral nutrition formulae and supplements for children and adolescents.

Food Services across SCHN function 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 patients.**

## Patient Meal Service - General Principles

The Food Service Department and the Department of Nutrition and Dietetics at each site 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 principles from ACI Nutrition Standards for paediatric inpatients in NSW hospitals underpin the provision of a paediatric patient-focused menu / meal service:***

1. NSW Health acknowledges a duty of care to ensure access to safe, appropriate, and adequate food and fluid as an essential component of patient care and treatment.
2. The menu will offer food choices that are appealing, and which patients enjoy. This will assist them to meet their nutritional requirements.
3. Menu design will be based on the needs of the local hospital population, and will apply best practice principles in menu planning, taking into account the developmental, psychosocial, cultural and religious needs of patients.
4. The menu design and choices offered will maximise the opportunities for patients to consume the age-appropriate number of serves from each of the core food groups.
5. The *NHMRC Nutrient Reference Values for Australia and New Zealand* will be the basis for developing menu standards that are adequate in nourishment and hydration. Menus should provide sufficient food and beverages to enable all patients to at least meet their RDI targets. <https://www.nhmrc.gov.au/sites/default/files/images/nutrient-reference-dietary-intakes.pdf>
6. Many patients will have above-average nutrient needs due to their age, disease state and / or the impact of treatment. The hospital meal service will enable access to adequate quantities of appropriate foods and fluids to be chosen when patients' nutritional needs are higher.
7. Where possible, a patient's 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. (Oral supplements may be either nutrition formulae or vitamin and mineral supplements for children over the age of one)
8. Within a meal and over the day, variety with respect to food colour, texture, taste, aroma, and appearance will be offered to patients.
9. The effectiveness and usefulness of these standards will be reviewed and evaluated on a regular basis as part of a commitment to continuous service improvement.

The overall goal is to provide safe, nutritious, and appetising high-quality meals of sufficient variety that meet the needs of paediatric patients.

- Some children may request discretionary food be brought in from home or retail outlets. Staff will need to monitor the amount of discretionary food consumed by the patients and if it affects their overall nutritional health or intake, counselling may be required by nursing or medical staff or dietitian.

***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.

- Mealtimes 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 or Patient Support Assistants should deliver the meals and snacks to the patients and provide assistance with feeding.
- Interruptions during mealtimes (e.g., ward rounds, blood tests) should be minimised.

## Therapeutic diets and risk mitigation

Wards and dining areas should be adequately staffed at mealtimes and the importance of providing timely and individualised assistance with eating and drinking should be recognised in work allocations. A system for the development and assessment of new food products, packaging, dinnerware and cutlery for ease of accessibility and useability by patients should be in place. Such a system must include consultation with appropriate stakeholders (e.g. consumers).

***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. HealthShare and the Departments of Nutrition and Dietetics (Formula Rooms) maintain Food Safety Plans that are independently audited, at least annually.
- The standards used minimise the food safety risk from foods and fluids for immune-compromised patients.
- The SCHN has food safety committees to provide support for this outcome to both HealthShare and the Departments 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  
<https://www.schn.health.nsw.gov.au/policies/pdf/2013-9028.pdf>.
- 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, e.g., 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](http://www.schn.health.nsw.gov.au/files/attachments/hs12-007a_foodsafety-factsheet.pdf)

### ***Therapeutic Diets for specific dietary needs***

The *ACI Therapeutic Diet Specifications for Adults and for Paediatric Inpatients* give guidance about the type and quantities of foods that would be suitable for paediatric inpatients 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.

<https://www.aci.health.nsw.gov.au/resources/nutrition/nutrition-food-in-hospitals/nutrition-standards-diets>

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.

CHW High Alert Policy: Food Allergy (IgE) - High Alert Meal Service - CHW

<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3974>

A number of wards are designated “nut free” areas due to the nature of the food service they receive and/or the clinical population they manage.

## **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.

ACI [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 at 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.

## Governance

In accordance with the NSW Ministry of Health Nutrition Care Policy (PD2017\_041), an governance system for Food and Nutrition Services is required. This currently is via SCHN Best Care Governance Committee overseeing and monitoring the effectiveness of the foodservice system in meeting consumers' needs.

An organisational approach should be used in the development and implementation of processes that measure the adequacy and accuracy of the Food Service system for meeting the needs of consumers.

Patient satisfaction should be routinely measured, and results actioned. This process helps maximise patient intakes, therefore influencing nutrition status. HealthShare conduct paediatric meal satisfaction surveys 3 times per year at each site.

Issues relating to the menu will be reviewed through:

- NSW Health Share Patient Meal Satisfaction Surveys (3 x/year)
- SCHN Improvement and Safety Committee
- SCHN Food and Nutrition Governance Committee
- SCHN Best Care Governance Committee

## Education and Training

All relevant staff should receive training and education relevant to the scope of the policy at both initiation of employment and regularly throughout their employment. Staff should be familiar with all relevant policies and procedures.

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## 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](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](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
- Food Standards Australia New Zealand. (2016), Australia New Zealand Food Standards Code. Commonwealth of Australia
- SCHN Infant Feeding: 0 - 12 months - Formula Feeding and Introduction of Solids (Policy: 2013-9028): <http://webapps.schn.health.nsw.gov.au/epolicy/policy/5297>
- SCHN Infant Feeding: 0 – 12 Months – Breastfeeding (Policy 2013-9030)  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4128>
- NHMRC Infant feeding guidelines 2012 <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>
- NSQHS Standards 2017 <https://www.safetyandquality.gov.au/standards/nsqhs-standards>
- NSW Food Authority: Food Safety programs and HACCP: Food safety schemes for vulnerable persons: <https://www.foodauthority.nsw.gov.au/industry/audits-and-compliance/food-safety-programs-haccp>
- SCHN Nutrition Care Policy (Policy: 2012-9038)  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4754>:
- NSW Health Nutrition Care Policy  
[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017\\_041.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_041.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)
- Simple Nutrition Screening Tool for Pediatric Inpatients. JPEN White et al.2014
- SCHN Anaphylaxis and Generalised Allergic Reaction (GAR) practice guideline  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4578>