

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER: SUNDARGARH

Letter No 2057 /DHH/SNG

Date 07.05.2018

To,

The Deputy Director
Information & Public Relation Department
Odisha, Bhubaneswar.

Sub: - Regarding Publication of Advertisement.

Sir,

With reference to the subject cited above you are hereby requested to publish the advertisement in two nos of leading daily newspaper in single issue towards outsourcing for Diet service of DHH, Sundargarh. (The draft copy is given below)

REQUEST FOR PROPOSAL	
FOR OUTSOURCING OF DIET SERVICE FOR DHH, SUNDARGARH	
Adv.No. <u>2058</u> /DHH/SNG	Date: <u>07.05.18</u>
<p>Applications are invited from credible Agency/Firms/NGO's for Diet Service for DHH,Sundargarh. The Agency/Firms/NGO's/SHG must be more than three years and proven experience of working in the related field for minimum of at least three years. It is mandatory that the Agency/Firms/NGO's should have valid GST/TAN/PAN/EPF/ESI and other valid licence as per tender documents and should have an office in the Sundargarh District. Interested parties/ organizations / agencies should submit their proposal in prescribed format (Technical as well as financial bids under two bid systems) along with all supporting documents in sealed envelope separately through Speed Post/ Regd. Post. Post addressed to the CDMO CUM DISTRICT MISSION DIRECTOR, SUNDERGARH on or before <u>29.5.2018</u> up to 05 P.M in the prescribed application format available in the website http://www.sundergarh.nic.in . The application /proposals shall open on <u>30.5.2018</u> at 11 am in the office of undersigned in presence of the parties/agencies/ or their authorized representatives. The authority reserves right for cancellation / modifications of the selection without assigning any reason thereof.</p>	
<p>-Sd- Chairman Executive Committee RKS, DHH,Sundargarh</p>	

This is for your information and necessary action.

Yours faithfully,

Chief District Medical & Public Health Officer
Sundargarh.

Memo No: 2059

Dt: 07.05.18

Copy submitted to the DIPRO, Sundargarh for information & necessary action.

Chief District Medical & Public Health Officer
Sundargarh.

.Memo No: 2060

Dt: 07.05.18

Copy submitted to the DIO,NIC with enclosure with a request to upload this advertisement along with application details in the District website & report compliance to the undersigned.

Chief District Medical & Public Health Officer
Sundargarh.

Guidelines for Diet Management

Tender Reference No CDMO/RKSDHHSNG/2017-18 2058 / Dated: 07.05.18

DoH&FW

GUIDELINES FOR DIET MANAGEMENT



Contents

1.1	Key Features of the Guidelines:.....	5
1.2	Objective and Applicability of the Guidelines:.....	5
1.3	Duration of Effectiveness of the Guidelines:.....	5
2.0	Revised Cost Norm for In-door Patient's Diet:.....	5
3.0	Right to Access Diet:	6
4.0	Timing of Diet Supply:	6
5.0	Cooked and Dry Food Diet:	6
6.0	Diet Typology:	6
7.0	Outsourcing Diet Preparation & Supply:.....	7
8.0	Times of Procurement:.....	8
9.0	Quality Assurance of Raw Materials:	9
10.0	Storage of Commodities / Raw Materials:.....	9
11.0	Fuel for cooking:.....	9
12.0	Diet Certification:	9
13.0	Constituting Diet Vigilance Committee [DVC]:.....	9
13.1	Role of DVC in Monitoring & Supervision:.....	10
14.0	Role & Function of Dietetics Section in the Health Institution:	10
14.1	Role of Dietician / Nutritionist:.....	10
15.0	Sanitary Measures:.....	10
16.0	Store and Stock:	11
17.0	Cleanliness:	11
18.0	Food Handling:	11
19.0	Other Key Requirements:.....	12
20.0	Record Keeping:	12
21.0	Audit of Accounts:	12
	Annexure I	13
A 1.0	Diet Menu:	13
A 1.1	Non-Therapeutic Diet:	13
A 1.1.1	Full Diet [Adult].....	13

Tender document for Diet Management in DHH, Sundargarh
Department of Health & Family Welfare, Government of Orissa

A 1.1.2	General Diet for Children [From Six Months to Three Year].....	13
A 1.1.3	General Diet for Children [3-9 Years]	14
A 1.1.4	General Full Diet [Children]	14
A 1.1.5	Full Soft Diet [Children]	15
A 1.2	Therapeutic Diet:.....	16
A 1.2.1	Liquid Diet-Clear / Full Liquid Diet	16
A 1.2.2	Soft Diet	17
A 1.2.3	Light Diet:	18
A 1.2.4	Diet for Diabetes Mellitus	18
A 1.2.5	Diet for Cardio-Vascular Disorders	20
A 1.2.6	Diet for in Acute & Chronic Renal Disease	21
A 1.2.7	High Protein High Calorie Diet:	24
Annexure II:	Diet Prescription Slip.....	25
Annexure III:	Diet Quality Certificate	32
Annexure IV:	Stock Issue Register.....	33
Annexure V:	Indent Slip	33
Annexure VI:	Terms of Reference.....	34



List of Tables

Table 1: Revised Cost Norm	5
Table 2: Full Diet	13
Table 3: General Diets for Children [From Six Months to Three Years]	13
Table 4: General Diets for Children.....	14
Table 5: General Full Diet [Children].....	14
Table 6: Full Soft Diet [Children].....	15
Table 7: Diet menu for Paediatric	15
Table 8: Full Liquid Diet for Adults	16
Table 9: Liquid Diet by Calorie Norm	16
Table 10: Menu of Full Liquid Diet.....	17
Table 11: Full Soft Diet	17
Table 12: Weekly Semi-Solid Diet menu	18
Table 13: Diet by Calorie Norm for patients suffering from Diabetes	18
Table 14: Weekly Diet Menu for Diabetes Mellitus.....	19
Table 15: Diet by Calorie Norm for Cardio-Vascular Disorders	20
Table 16: Weekly Diet Menu for Patients of Heart Disease.....	21
Table 17: Diet by Protein Requirement	21
Table 18: Weekly Diet Menu for Chronic Renal Failure [CRF] / Chronic Kidney Disease [CKD]	23

1.0 Introduction to the Guidelines:

1.1 Key Features of the Guidelines:

- 1.1.1 These guidelines highlight the dietary practices to be followed in the public health institutions adhering to the prescribed cost norm for different category of patients.
- 1.1.2 It highlights the diet requirement of different category of patients by their disease type.
- 1.1.3 It highlights the dietary management practices to be followed in public health institutions and role of different stakeholders in the process.

1.2 Objective and Applicability of the Guidelines:

- 1.2.1 Present guidelines are meant for the public health institutions to strengthen and streamline the dietary services and its management.
- 1.2.2 These guidelines would be applicable to all the public health institutions which have required provision for in-door patients.
- 1.2.3 In case, if in-door/bed provision is not available in any health institution but based on the advice of the doctor / in-charge of the public health institution, if a person is kept under watch in such health institutions, she/he would be entitled for availing diet as per the norm of the Government.
- 1.2.4 Unless it is followed by any other notification / order of the Government, present guidelines would be applicable for all types of in-door patients superseding earlier notification/s made by Government in this connection.
- 1.2.5 This is omnibus guideline which supersedes all previous guidelines on this subject.

1.3 Duration of Effectiveness of the Guidelines:

- 1.3.1 These guidelines would be effective from April 2011 and would remain in force till further notification / order of the Government issued in this regard.
- 1.3.2 Government may issue revised circulars / notifications from time to time, if so required, after careful examination of the outcome of these guidelines. The beneficial dimensions of these guidelines would be examined after its implementation, not exceeding six months time, and if so felt necessary, further modification would be made to make it more suitable for the patients.

2.0 Revised Cost Norm for In-door Patient's Diet:

SN	Patient Category	Earlier Rate of Diet per Patient per Day	Revised Rate of Diet per Patient per Day
1	Paediatric	20.00	50.00
2	General	20.00	50.00
3	Cancer	20.00	60.00
4	TB	25.00	60.00

Note:
1. The revised cost norm is effective from 1st of April 2011

2. Till the age of 9, a patient would be considered paediatric and above the specified age, provision for adult will be applicable i.e. Rs.50/- or Rs.60/- based on the patient category
3. Cost of diet for burn cases would be Rs.60/- in line with Cancer and TB patients

3.0 Right to Access Diet:

- 3.1 Right to diet, as per the prescribed standard of diet, adhering to the quality and quantity, is reserved for all the in-door patients.
- 3.2 Any in-door patient, if not allotted with bed but admitted as in-door patient would be entitled to avail the diet as per the prescription of the doctor and advice of the dietician.
- 3.3 During admission to the in-door, every patient would have a diet advice slip [please find the format attached] which would be treated as diet entitlement slip for the in-door patients till discharged from the health institution.

4.0 Timing of Diet Supply:

The timing of diet supply to the patients is mentioned below for adherence. In no case, there should be deviation in time, not exceeding 0.30 hrs for each category of diet timing. The diet preparing and distributing contractor would be advised accordingly

1. Breakfast: Between 7.30 am to 8.00 am
2. Lunch: Between 1.00 pm to 2.00 pm
3. Dinner: Between 8.00 pm to 9.00 pm

Note: Timing of diet and times of diet provision may vary based on the diagnosis and as per the recommendation / prescription of the dietician / doctor. The hospital manager / person designated for the management of dietary services would adhere to the timing as prescribed by the doctor / dietician. Timing for patients prescribed for "full liquid diet" under therapeutic diet may vary based on the advice of the dietician / doctor.

5.0 Cooked and Dry Food Diet:

- 5.1 Dry diet would be provided to the in-door patients where provision for number of in-door patient is less than 50. The public health institutions that have more than 50 or 50 beds would be provided with cooked diet.
- 5.2 Dry diet would be provided three times i.e. during breakfast, lunch and dinner like that of cooked diet.
- 5.3 Dry diet would encompass Milk, Biscuits, Nuts/Dry Fruits, Egg, Bread and Fruits [of medium size]. If required and felt it necessary by the Dietician / Medical Officer, fresh fruit juice would be provided looking at the condition of the patient and the diagnosis.

6.0 Diet Typology:

- 6.1 In general, the health institutions should make necessary arrangement for preparation of **non-therapeutic** and **therapeutic** diet based on patient category. The therapeutic diet would encompass [1] clear liquid and full liquid diet [2] soft diet and [3] light diet.
- 6.2 This diet must be nutritionally adequate either to maintain adequate nutrition or to improve the nutritional status. Patients who need adaptations or modifications in their diet, due to illness, accident or injury, should be served modified diet until they become ambulatory patients who can be served the general diet.

- 6.3 Clear Liquid Diet would be provided to the patients in the pre or post operative stage for one or two days or based on the advice of the doctor and dietician. This diet should be completely free of any solids even those found in the milk. Only clear liquids such as tea or coffee without cream or milk, clear soup etc. should be given. This diet is to be used for a very short period of time. Full liquid diet should be given for all acute conditions before diagnosis.
- 6.4 Soft diet is intermediate between a full liquid and light diet. It should be served to patients who are convalescing from surgery, gastro-intestinal disturbances and acute infections. This diet should be nutritionally adequate and planned on the basis of a normal diet. The food should be soft in texture and consistency, easy to chew and should contain low roughage. The diet would be made of simple, easily digestible foods and should contain no harsh fibre and no rich or highly flavoured foods. It should be a high calorie-high protein diet. A slight modification of this diet may be mechanically softened or dental soft diet which requires little or no chewing.
- 6.5 The Light Diet would be very similar to a soft diet in addition to simple salads such as fruits or sliced tomato.
- 6.6 Therapeutic diet should be prepared for six different patient categories i.e. persons suffering from [1] Diabetes Mellitus [2] Cardio-Vascular [3] Acute & Chronic Renal Diseases [4] Cancer [5] TB and [6] Burning cases.
- 6.7 Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm for all category of patients based on the diagnosis. Sample diet calendar for different therapeutic and non-therapeutic diet is annexed to this guideline. The diet calendar can be changed / modified by the dietician based on the diagnosis.
- 7.0 **Outsourcing Diet Preparation & Supply:**
- 7.1 Outsourcing for diet preparation and its supply/distribution is applicable for the cooked diet only. For dry diet, the concerned health institution would procure and distribute the diet. The health institution would procure dry diet from the empanelled agencies, empanelled specifically to supply dry food items like biscuits, milk, fruits etc.
- 7.2 Preparation and distribution of diet [cooked food] would be outsourced to the private agencies at the MCHs; DHHs; Capital Hospital, Bhubaneswar; and in all sub-divisional hospitals where there is approved bed strength for in-door patients is 50 or more than 50. In suitable cases, effective Women Self Help Groups [SHGs] should also be allowed to run the canteen which includes preparation and distribution diet [cooked food].
- 7.3 At the CHC / PHC level, canteen system may be promoted within the campus of the health institution in collaboration with private agency for both in-door and out-door patients. The concerned health institution would provide space for any such interested private agency to run canteen. The canteen manager / concern agency would supply required diet to the in-door patients as per the diet norm mentioned in these guidelines and instructed by the dietician / medical officer of the concerned health institution. Apart from in-door patients, the canteen could also prepare and supply diet to outdoor patients and general public of the locality. But, the primary focus of the canteen would be serving the in-door patient with qualitative diet.
- 7.4 Existing Government / Departmental norm should be strictly followed for identification and enrolment of agency for diet preparation & distribution. The agency would be selected on **Cost and Quality** basis. Transparent tendering process should be adopted by the health institutions for the selection of the agency ensuring quality and standards of diet. The Terms

of References for the agency is annexed to the guidelines for reference [the terms of reference should be modified according to the suitability of the health institution].

- 7.5 The agency empanelled and assigned with the responsibility of preparation and supply of diet would adhere to the prescribed quality standards under specific diet category [liquid diet, semi-solid diet, diet for diabetic etc.]. The agency must agree to provide different types of diet, as per the requirement of the patient and indent placed in this regard by the dietician / hospital management.
- 7.6 The selected agency would sign a contract with the administration / management of health institution. The period of the contract would be initially for 12 months and can be extended for the same period based on the satisfactory performance of the supplier / outsourced agency. The performance of the agency must be certified by the management of the health institution before extending or renewing the contract period. During extending or renewing the contract period, the management may think of revising the conditions of the contract as per its suitability without affecting the basic objective.
- 7.7 The outsourced agency would procure raw materials only from the designated suppliers identified mutually by the health institution and the outsourced agency. If so wished, the health institution along with the outsourced agency would empanel one or more than one supplier for the supply of different items, for preparation of cooked diet. For dry diet, procurement would be done by the concerned health institution through empanelled agencies without any outsourcing.
- 7.8 For the supply of dry diet, the concerned health institution would empanel different suppliers independently. If so wished by the health institution, multiple agencies may be empanelled for different items. The agencies would be identified and empanelled through tender process following tendering norm of the Government. For tendering, quality of the items to be supplied would be fixed and lowest price, adhering to the mentioned quality would be selected for supply.
- 7.9 Every year there would be review of the price and Government may think of modifying the head wise cost based on the prevailing market rate of the commodities not exceeding the stipulated per patient cost. However, during the five year plan period, per patient cost norm would be revisited and Government may think of taking suitable action for revision of cost norm based on the market price.
- 7.10 The health institution would take care to ensure that the items [packaged ones] supplied or used for cooking have not surpassed the date of expiry. In case of perishable items, the quality of supply, as per the prescribed standard would be adhered to by the supplier / outsourced agency. In case, if the management of the hospital feels that the supplied items, perishable or non-perishable, are not up to the standard norm, they would return the items to the concerned agency on the spot of receiving. If so wished by the management, a penalty may be charged to the empanelled supplier for negligence and taking risk of providing poor quality materials. Quality review of the supplied items would be done by the dietician, members of DVC, management of the health institution and RKS from time to time.
- 8.0 Times of Procurement:**
- 8.1 Though, diet preparation and supply system would be outsourced, still, the health institution should have an eye on the quality of the raw materials procured for cooking. In case of dry diet, it is equally applicable to verify the quality of diet supplied by the outsourced agency / empanelled supplier.

8.2 The raw materials for cooking [in case of cooked diet] especially vegetables, milk etc. should be procured on daily basis, either in the morning hour and/or in the evening hour, based on the suitability. Same procedure should also be adopted for dry food procurement.

8.3 Certain non-perishable and packaged items may be procured once in a week or once in two-three days time such as condiments and would be stored properly to avoid wastage / loss.

9.0 **Quality Assurance of Raw Materials:**

9.1 The materials / commodities to be supplied by the empanelled supplier/s, either for cooking or as dry food should be in line with the quality norm of the Government. One person should be assigned at the health institution level to look after the quality aspect of the supplied items.

9.2 Quality inspection of supplied materials is mandatory for dry diet on day basis. For the raw materials supplied by different suppliers for preparation of cooked diet, quality check would be done on day basis during procurement / supply.

9.3 Procurement should be planned to ensure that expected strike/s, prolonged holidays and/or any such unprecedented circumstances should not affect the diet preparation and its supply to the in-door patients.

10.0 **Storage of Commodities / Raw Materials:**

10.1 Storage of commodities / raw materials would be the responsibility of the outsourced agency. However, it is to be monitored from time to time by the dietician / assistant dietician of the health institution or any other persons assigned for the purpose. The perishable and non-perishable items should be stored as per the storage specification norms.

10.2 Care should be taken to avoid quality degradation of the food commodities due to humidity, rodents, insects etc.

11.0 **Fuel for cooking:**

11.1 The kitchen should have LPG connection for diet preparation with provision of additional cylinder.

11.2 As far as possible, coal and wood should be avoided for cooking excluding emergency cases.

12.0 **Diet Certification:**

Diet prepared [cooked] / procured [dry diet] on day to day basis should be certified by the dietician before its distribution. The diet certification would be with regard to quality, test and its adherence to the specified menu.

13.0 **Constituting Diet Vigilance Committee [DVC]:**

For monitoring and supervision of diet preparation, distribution, ensuring diet quality and overall management of diet, Diet Vigilance Committees [DVC] will be constituted. In every Public Health Institutions [PHIs], including CHCs and Area Hospitals, DVC would be constituted taking RKS members and medical staff of the concerned hospital. ADMO Medical would head the committee along with one Sr. Doctor. RKS would nominate two members on a rotational basis to be the member of DVC. The committee members shall meet once in a month to discuss matters related to present dietary services and propose changes, if necessary. In Medical College Hospitals [MCHs] and Capital Hospital, the Deputy CMO

would head the DVC. The Hospital Administrator/Manager and selected / nominated members of Rogi Kalyan Samiti would be the member of the DVC.

13.1 Role of DVC in Monitoring & Supervision:

Diet Vigilance Committee will overall supervise the diet preparation and distribution process. The Diet Vigilance Committee would do regular surprise check to see the aspects like-quantity and quality check of the diet, timeliness in supply of diet, hygiene and other related aspects and report to the head of the concerned Public Health Institution on a periodic basis [time frame is to be decided by the CDMO/ADMO, Med]. The committee members will interact with the in-door patients on quality and quantity of diet and discuss accordingly with the outsourced agency.

14.0 Role & Function of Dietetics Section in the Health Institution:

The dietetics section would be expected to perform important functions in dietary services and management. The basic responsibility of dietetics section would be;

1. Menu Planning;
2. Food purchasing [if not outsourced and in case of dry diet supply];
3. Purchase of requisition of needed equipment and supplies;
4. Establishment and maintenance of safe food storage practices;
5. Selection, training, assignment of duties, supervision of personnel;
6. Supervision of departmental sanitation;
7. Establishment of adequate records and supervision of record keeping, budget planning, etc.

14.1 Role of Dietician / Nutritionist:

1. Periodic check of the quality of food materials
2. Diet related counselling services to the patients during admission and discharge
3. Prescribing diet for patients based on the diagnosis
4. Monitoring the food preparation process and kitchen cleanliness
5. Pre-distribution quality check of diet following self-testing procedure
6. Monitoring food handling
7. Interacting with patients and getting feedback on diet quality, diet menu etc.

Apart from this, the dietician would be responsible for the management of therapeutic diets including modifications of the general menus to meet the needs of the patient and maintaining diet records;

The dietician / in-charge or members of his/her team would prepare the diet distribution chart based on the placed indent by the ward boy/sister. The dietetics section would maintain records on day basis for the audit purpose. The dietetics section would also be responsible to deal with empanelled contractors and ensure qualitative diet supply to the patients as per the norm.

15.0 Sanitary Measures:

Required sanitary measures would be taken up in and outside the kitchen to prevent any contamination of food during its preparation or distribution. The Hospital Sanitation Committee should take up the following measures to ensure cleanliness.

1. Periodic sanitary inspection of cooking & serving equipments; at least once in a day;

2. Daily inspection of food conveyors, kitchen equipment and service equipment;
3. Supervise handling and disposing of garbage and waste;
4. Supervising cleanliness in the kitchen & taking appropriate measures

16.0 Store and Stock:

- 16.1 The agency outsourced for diet preparation [cooked diet only] would be responsible for maintaining the store and stock. The agency should assign the responsibility of store keeping to person/s recruited by him/her;
- 16.2 In case of dry diet, the health institution would maintain the store and stock; In such cases, one person would be assigned with the responsibility of the store and stock who would perform the following role.

17.0 Cleanliness:

Kitchen Staff: The kitchen staff should wear clean uniform while on duty and keeping themselves clean i.e. keeping hands cleaned properly including finger nails before cooking, limited conversation among them while cooking and serving, keeping utensils clean and maintaining kitchen cleanliness.

Dishes/Utensils: Cleaning the dishes properly, before and after the use, would be the responsibility of the outsourced agency. However, it would be monitored by the Hospital Sanitation Committee from time to time. The dishes are to be cleaned and sterilised before and after use so that possible contamination can be avoided. Before service, it should be ensured that the dishes are properly cleaned, sterilised and dried. After the use, all the soiled dishes will be collected and placed in one place for washing. The soiled dishes should be cleaned with hot and soapy water. After wash, the dishes should be cleaned to leave no water stain on the dishes. Again before serving, the dishes should be inspected and used. To avoid contamination, which is expected between the cleaning and serving, the dishes should be cleaned once again with boiled water before serving.

18.0 Food Handling:

The persons, who are handling food, should follow the followings.

1. Keeping their hands clean and use glove for serving. They should not touch food in bare hand.
2. They should wash their hands properly after visiting the toilet and before handling food.
3. Cover cuts, burns and other raw surfaces with water-proof dressings while handling food.
4. Ensure that food is supplied as per the consumption specification of foods [hot/warm/cold] and as per the direction of the dietician.
5. Cover the main food container and protect from flies and other pests before and after serving.
6. Person/s suffering from a discharging wound, sores on hands or arms, discharging nose or who is suffering from attacks of diarrhoea or vomiting should not handle food items,

either during preparation or serving. Persons with such problems should be brought in to the notice of the catering manager for taking remedial measures.

7. However, all the persons associated in diet preparation and its distribution should undergo regular free health check up in the concerned medical health institution periodically, at least once in every month and more particularly during sickness.

19.0 Other Key Requirements:

- 19.1 The food after preparation should be checked and tested by the cook at the kitchen level and further verified and certified by the dietician / medical officer in-charge. If the quality and condition of food is found unsatisfactory, it should not be served and alternative arrangement should be made by the outsourced agency.
- 19.2 Smoking in the public place including kitchen is strictly prohibited.
- 19.3 Premises should be maintained and kept clean. This involves washing floors at least three times in a day supplemented by sweeping. Using damping agents, as often as may be necessary and cleaning all walls and other surfaces at least once in a week. All cupboards, drawers and other fixtures should be kept scrupulously clean and free from all articles other than those for which they are intended.
- 19.4 Personal cleanliness on the part of the staff should be maintained. Other personal equipment/s should be washed and changed frequently.
- 19.5 The refrigerator should be kept thoroughly cleaned and defrosted at least once in a week.
- 19.6 Infestation by rats, mice and other rodents is dangerous as they can spread infection. All practicable steps should be taken to eliminate this source of infection such as maintaining the premises thorough repaired and cleaned, removing food scraps promptly and immediately, using impervious receptacles with tightly fitting covers for the storage of foods, fly-proof system etc.

20.0 Record Keeping:

Records related to diet such as number of meals supplied in a day, records of direct procurement in case of dry diet etc. are to be maintained at the health institution level. All such documents maintained must be certified / signed by the dietician with the counter sign of the RKS and the head of the institution [CDMO/MoIC etc.].

21.0 Audit of Accounts:

All the expenditures incurred towards procurement, preparation and supply of diet would be audited at the end of the financial year. In case, if so desired, management audit would be conducted by the Government on quarterly / half yearly basis.

Annexure I

A 1.0 Diet Menu:

A 1.1 Non-Therapeutic Diet:

This general or routine diet must be nutritionally adequate either to maintain adequate nutrition or to improve the nutritional status. This general or full diet may be served to ambulatory patients who are not under therapeutic diet. This diet should contain minimum number of rich foods and foods that require longer time for digestion, since hospital patients are physically less active than average normal persons. Patients who need adaptations or modifications in their diet, due to illness, accident or injury, may be served a modified diet until they become ambulatory patients who can be served the general diet. The composition of general diet highlighted below.

A 1.1.1 Full Diet [Adult]

1. This is for all adult patients who are not on therapeutic or modified diet.
2. The dietician should prepare a weekly diet calendar keeping the nutritional value intact

Table 2: Full Diet			
SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2500	2500
B	Protein	75 gm	80 gm
C	Fat	60 gm	70 gm
D	Carbohydrates	420 gm	400 gm
	Diet Specification		
1	Cereals	350 gm	350 gm
2	Bread	50 gm	50 gm
3	Pulses	50 gm	25 gm
4	Milk/Curds	550 ml	300 ml
5	Green & other Vegetables	300 gm	300 gm
6	Potato or substitutes	100 gm	100 gm
7	Butter	10 gm	10 gm
8	Fats & oils	20 gm	30 gm
9	Sugar	50 gm	50 gm
10	Seasonal fruit	150 gm	150 gm
11	Meat/Fish/Chicken or Egg	-	100 gm; 2 egg
12	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
13	Salt	10 gm	10 gm
14	Condiments	15 gm	15 gm
Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm			

A 1.1.2 General Diet for Children [From Six Months to Three Year]

Table 3: General Diets for Children [From Six Months to Three Years]		
SN	Food Items	Quantum
A	Calories	1150
B	Protein	40 gm
C	Fat	55 gm
D	Carbohydrate	125 gm
	Diet Specification	
1	Milk	1 lt.



Tender document for Diet Management in DHH, Sundargarh
Department of Health & Family Welfare, Government of Orissa

2	Bread	50 gm
3	Egg	One
4	Sugar	50 gm
5	Orange	One
6	Banana	One
7	Butter	10 gm

Note:

Attending mother of the child below six months would be provided with normal adult diet if the child is dependent upon mother's milk.

A 1.1.3 General Diet for Children [3-9 Years]

SN	Food Items	Quantum
A	Calories	1450
B	Protein	50 gm
C	Fat	65 gm
D	Carbohydrate	125 gm
Diet Specification		
1	Milk	1.25 lt.
2	Bread	50 gm
3	Egg	One
4	Sugar	50 gm
5	Orange or Banana	One
6	Tea	7 gm
7	Butter	100 gm
8	Salt	10 gm
9	Green & other leafy vegetables	150 gm
10	Potatoes [for soup]	50 gm

Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm

A 1.1.4 General Full Diet [Children]

SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2000	2000
B	Protein	68 gm	75 gm
C	Fat	45 gm	55 gm
D	Carbohydrate	350 gm	340 gm
Diet Specification			
1	Cereals	250 gm	250 gm
2	Bread	100 gm	100 gm
3	Pulses	25 gm	25 gm
4	Milk/Curds	750 ml	450 ml
5	Green & other vegetables	150 gm	150 gm
6	Potato or substitute	50 gm	50 gm
7	Butter	10 gm	10 gm
8	Fats & oil	10 gm	10 gm
9	Sugar	50 gm	50 gm
10	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
11	Seasonal fruits	150 gm	150 gm
12	Meat/Fish/Chicken or Egg		100 gm; 2 eggs
13	Salt	10 gm	10 gm
14	Condiments	10 gm	10 gm

Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm

A 1.1.5 Full Soft Diet [Children]

Table 6: Full Soft Diet [Children]			
SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	1800	1800
B	Protein	55 gm	65 gm
C	Fat	55 gm	55 gm
D	Carbohydrate	275 gm	260 gm
	Diet Specification		
1	Cereals	100 gm	100 gm
2	Pulses [Dal]	50 gm	50 gm
3	Bread	100 gm	100 gm
4	Milk/Curds	750 ml	450 ml
5	Green & other vegetables	150 gm	150 gm
6	Potato or substitute	50 gm	50 gm
7	Butter	10 gm	10 gm
8	Fats & oil	10 gm	10 gm
9	Egg or Paneer	25 gm	One
10	Sugar	50 gm	50 gm
11	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
12	Seasonal fruits	150 gm	150 gm
13	Meat/Fish/Chicken or Egg		100 gm; 2 eggs
14	Salt	10 gm	10 gm
15	Condiments	10 gm	10 gm
Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm			

Table 7: Diet menu for Paediatric			
Day	Breakfast	Lunch	Dinner
Sunday	Apple one and Bread-100gm	Rice-50gm Dalma- [Dal 15 Gm + Veg50 Gm +Potato 25 Gm] Veg Potato fry- [Veg 50gm+ Potato 25gm]	Rice-50gm Dalma- [Dal 15 Gm + Veg50 Gm +Potato 25 Gm] Veg Potato fry- [Veg 50gm+ Potato 25gm]
Monday	Apple one and Bread-100gm	Roti/Rice-50gms, Dal-15gm, Vegetable-50gm, Potato-25gm, Paneer-25gm	Roti/Rice-50gms, Dal-15gm, Vegetable-50gm, Potato-25gm, Paneer-25gm
Tuesday	Orange one and Suji Kheer	Rice-50gm Dalma- [Dal 50gm + Veg 150gm], Veg potato fry [Veg 50gm + Potato 25gm]	Rice-50gm Dalma- [Dal 50gm + Veg 150gm], Veg potato fry [Veg 50gm + Potato 25gm]
Wednesday	Banana one and Suji Kheer	Rice Khichdi [Veg 100gm + Rice 25] Potato Varta- [Potato 50gm]	Rice Khichdi [Veg 100gm + Rice 25] Potato Varta- [Potato 50gm]
Thursday	Apple one and Simee kheer	Rice-50gm Dalma- [Dal 15gm + Vegetable 75gm + Potato-25gm] Veg fry- 100gm	Rice-50gm Dalma- [Dal 15gm + Vegetable 75gm + Potato-25gm] Veg fry- 100gm
Friday	Orange one and Custard	Rice-50gm Dal-15gm Egg Curry- [Egg one]	Rice-50gm Dal-15gm Egg Curry- [Egg one]
Saturday	Banana one and Bread-100gm	Rice-50gm Dal-15gm Soyabean-20gm	Rice-50gm Dal-15gm Soyabean-20gm
Note: The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer would be the final authority to take appropriate decision on the menu without compromising the quality			



A 1.2 Therapeutic Diet:

The progressive therapeutic diet is classified as follows:

1. Liquid Diets: [i] Clear liquid and [ii] Full liquid
2. Soft diets
3. Light diets

A 1.2.1 Liquid Diet-Clear / Full Liquid Diet

Clear Liquid Diet is for patients in the pre or post operative stage for one or two days. This diet should be completely free of any solids even those found in the milk. Only clear liquids such as tea or coffee without cream or milk, clear soup etc. should be given. This diet is nutritionally inadequate but to be used for a very short period of time. Full liquid diet should be given for all acute conditions before diagnosis

SN	Food Items	Vegetarian
A	Calories	1500
B	Protein	45 gm
C	Fat	60 gm
D	Carbohydrates	190 gm
Diet Specification		
1	Milk	1 lt.
2	Bread	100 gm
3	Butter	20 gm
4	Egg / Milk	One / 100 ml milk [Veg.]
5	Green & other Vegetables [for soup]	150 gm
6	Potato or substitutes	100 gm
7	Sugar	50 gm
8	Seasonal fruit	150 gm
9	Tea / Coffee	7 gm / 15 gm
10	Salt	10 gm
Note:		
1. Patients who do not take egg may be given 100 ml of milk		
2. Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm		

Liquid diet is suitable for the conditions such as [1] Head injuries [2] Gastrostomy cases [3] Paralytic Syndrome and other conditions where patients are unable to swallow [4] First 24-48 hrs in cardiovascular disorders [5] Post operative cases [6] Severe burns etc.

SN	Particular	Diet	Quantum	
A	Diet of 1000 Calories	Milk	750 ml.	
		Sugar	50 g	
		Fruit for juice	200 g	
		Dal/protein hydrolysate*	25 g	
		Oil	10 g	
		Approx. Nutritive Value		
		Calories	980	
		Protein	30 g	
		Fat	40 g	
		Carbohydrate	125 g	
Note -if milk is not tolerated, equal amount of curd can be given; * Any high protein product.				
B	Diet of 1500 Calories	Milk	1 Litre	

Tender document for Diet Management in DHH, Sundargarh
Department of Health & Family Welfare, Government of Orissa

		Sugar	100 g
		Fruit for juice	200 g
		Vegetables for soup	200 g
		Dal/Egg	50 g
		Oil	10 g
		Approx. Nutritive value	
		Calories	1510
		Protein	50 g.
		Fat	50 g.
		Carbohydrate	215 g.
		Note -if milk is not tolerated, equal amount of curd can be given	
C	Diet of 2000 Calories	Milk	1 litre
		Curd	250 g
		Fruit for juice	2000 g
		Sugar	100 g
		Vegetables	200 g
		Rice (for gruel)	75 g.
		Cream	50 g.
		Dal/ Egg	60 g.
		Approx. Nutritive Value	
		Calories	1965
		Protein	65 g.
		Fat	65 g.
		Carbohydrate	280 g.
		Note: Liquid jelly, custard etc. can be included	

Table 10: Menu of Full Liquid Diet	
Breakfast	Milk-300ml
Mid-Morning [10.00 AM]	Plain Custard Milk-150ml 30gm Custard Sugar-5gm to 7gm
Lunch [1.00 PM]	Grinded & Stained Rice + Dal + Oil [5ml] rich in MUF & DUF
Evening Tea [4.00 PM]	Milk with/without sugar 300ml
Dinner [7.00 PM]	Rice & porridge (30gm Rice / suji sugar-5gm, milk-100ml)
Bed Time [10.00 PM]	Barley Water [15gm Barley+150ml milk] vol. 300ml
Note: The diet menu is suggestive & may be changed based on the recommendation of the dietician / medical officer	

A 1.2.2 Soft Diet

This diet is intermediate between a full liquid and light diet. It should be served to patients who are convalescing from surgery, gastro-intestinal disturbances and acute infections. This diet can be nutritionally adequate when planned on the basis of a normal diet. The food should be soft in texture and consistency, easy to chew and contain low roughage. The diet would be made of simple, easily digestible foods and should contain no harsh fibre and no rich or highly flavoured foods. It should be a high calorie-high protein diet. A slight modification of this diet may be mechanically softened or dental soft diet which requires little or no chewing.

Table 11: Full Soft Diet			
SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2250	2250
B	Protein	60 gm	65 gm
C	Fat	55 gm	60 gm
D	Carbohydrates	360 gm	360 gm
	Diet Specification		

Tender document for Diet Management in DHH, Sundargarh
Department of Health & Family Welfare, Government of Orissa

1	Rice or Dalia	200 gm	200 gm
2	Bread	50 gm	50 gm
3	Pulses	100 gm	100 gm
4	Milk/Curds	500 ml	200 ml
5	Egg or Paneer	25 gm	One
6	Green & other Vegetables	300 gm	300 gm
7	Potato or substitutes	100 gm	100 gm
8	Butter	10 gm	10 gm
9	Fats & oils	20 gm	30 gm
10	Sugar	50 gm	50 gm
11	Seasonal fruit	150 gm	150 gm
12	Meat/Fish/Chicken or Egg	-	100 gm; 2 egg
13	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
14	Salt	10 gm	10 gm
15	Condiments	15 gm	15 gm

Note:

1. Vegetables should be cooked, Mashed [Pureed] and sieved, Dieticians should prepare a detail weekly diet calendar without altering the nutritional and calorie norm
2. Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm

Table 12: Weekly Semi-Solid Diet menu

Day	Breakfast	Lunch	Dinner
Sunday	Bread-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Monday	Suji Halwa-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti/Rice-50gms,Dal-15gm,Vegetable-50gm,Potato-25gm,Paneer-25gm
Tuesday	Bread-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Wednesday	Semia-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Thursday	Custard-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Friday	Rice-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Saturday	Sugar-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml

Note:

The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer would be the final authority to take appropriate decision on the menu without compromising the quality

A 1.2.3 Light Diet:

This diet is very similar to a soft diet and includes all foods mentioned in the soft diet in addition to simple salads such as fruits or sliced tomato.

A 1.2.4 Diet for Diabetes Mellitus

Table 13: Diet by Calorie Norm for patients suffering from Diabetes

Food Items	1200 Cal	1500 Cal	1800 Cal	2000 Cal	2500 Cal
Cereals & millets.	125g	175 g	225g	225 g	350g
Pulses legumes	50 g.	50g.	50g	75g	75g