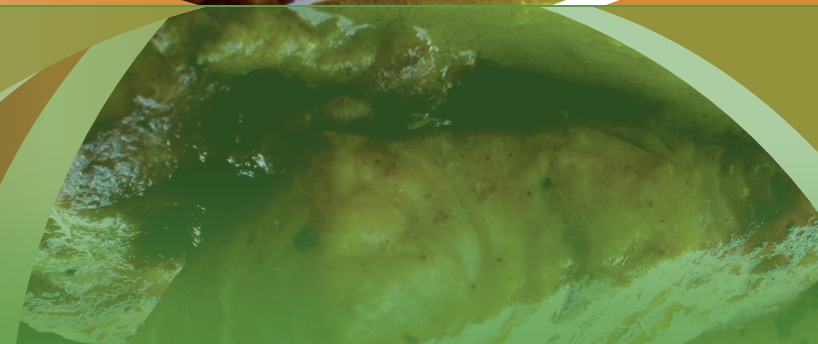


# QUEENSLAND HEALTH

Nutrition Standards  
for Meals and Menus  
Revised 2022



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**Disclaimer:** These Standards have been prepared to assist menu planning in Queensland Health Facilities to meet patient and client needs. Menu planning shall be a collaborative process and include input from dietitians, foodservice managers and other key stakeholders. This document does not replace or remove local assessment processes that should be considered during menu planning. Information within these standards is current at time of publication.

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Revised 2015, 2018 and 2022



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Originally written by Queensland Health Nutrition Standards Working Party, and first published in 2011.  
This is version four of Queensland Health's Nutrition Standards for Meals and Menus, and will remain current until reviewed.

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## FOREWORD

It is my pleasure to present the 3rd revision of the *Queensland Health Nutrition Standards for Meals and Menus (Revised 2022)*. Originally published in 2012, these standards have been implemented across Queensland Health and have been used to provide a sound nutritional basis to inform menus and food contracts in our facilities.

The *Queensland Health Nutrition Standards for Meals and Menus* provides a framework to enable health facilities to meet the nutritional requirements of patients, residents and clients. They aim to improve the health outcomes and experiences of those in our care by providing both quality meals and appropriate nutrition, reducing the need for costly supplements and extensive dietetic input. In conjunction with the *Foodservice Best Practice Guidelines* the standards continue to set out overarching principles that ensure a quality, patient-focused, food and nutrition service.

The 3rd revision of the *Queensland Health Nutrition Standards for Meals and Menus* incorporates feedback and changes for document useability and practicality with alignment to new evidence and literature published in the last five years. The document also supports services to meet the National Aged Care Quality Standards (2019).

Implementation of these *Standards* in Queensland Health facilities will not only continue to improve patient, resident, and client satisfaction and outcomes but is also a cost-effective way of providing nutrition treatment for malnourished and nutritionally vulnerable people in our care.



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Shaun Drummond Chief  
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## PURPOSE

The *Nutrition Standards for Meals and Menus* (NSMM) are designed to provide a framework to assist menu planning in hospitals, sub-acute, residential aged care and mental health facilities managed by Queensland Health (QH). This framework aims to meet the nutritional requirements of the majority of patients, residents, consumers and clients taking into account length of stay, age, nutritional status and type of facility. These Standards are designed to be used in conjunction with the *Statewide Food Service KPI*<sup>1</sup> which inform aspects of foodservice provision, menu delivery, type and quality of meal service and allergen management in foodservices.

The NSMM are intended to be used by dietitians and foodservice managers in the design and assessment of menus and recipes. These Standards provide baseline requirements for general patient and resident menus. However, they do not replace the need for individual assessment of patients' nutritional status or needs.

These standards are based on the premise that patients in QH hospitals and residential aged care homes are predominantly unwell or frail and have different nutritional requirements to the general public. *The Food Modelling System – Foundation and Total Diets*<sup>2</sup> are not applicable as these recommendations aim to meet the nutritional needs of healthy populations.

However, increasing numbers of aged care residents and short stay acute patients are overweight or obese and mental health consumers are generally younger, tend to have longer lengths of stay<sup>3,4</sup> and are known to experience increased rates of chronic disease.<sup>5,6</sup>

A preventative health approach is warranted in menu design and choices in addition to traditional higher energy and protein options for these groups, and as such, the *National Health and Medical Research Council's Nutrient Reference Values*<sup>7</sup> recommendations for chronic disease prevention and *The Australia Dietary Guidelines 2013*<sup>2</sup> were considered in the development of the section outlining choices for menus to residential facilities including mental health and aged care consumers and some of the menu options for acute patients, particularly the short stay cohort.

**This document is presented in four sections as follows:**

**Section 1 outlines:**

**Section 2 outlines:**

- meal component nutrition specifications.

**Section 3 indicates how these principles are put into practice in a menu including:**

- minimum menu choices required across the day and minimum menu choices required across the cycle.

**Section 4 outlines:**

- a user guide to assist with menu review process; and
- definitions used throughout the document.

# SECTION 1 NUTRITION STANDARDS

Nutrition Standards for Meals and Menus



# NUTRITION Standards

## 1.0 OVERARCHING PRINCIPLE

**Aim:** Food provision shall meet the nutritional requirements of the majority of patients, residents, consumers and clients, taking into account age, clinical need, nutritional status, psychosocial needs, cultural and religious diversity and length of stay.

BACKGROUND/RATIONALE	STANDARDS
<p>Patients in hospital are usually acutely ill or suffering from chronic diseases and this increases their nutritional risk. There is significant evidence that poor oral intake in addition to clinical treatment or medical disease is responsible for poor nutritional status of patients in hospital.<sup>8,9,10,11</sup></p> <p>The literature supports a link between poor nutrition status, recovery from illness, increased complications, length of hospital stay and increased costs.<sup>12,13,14</sup> Recent evidence suggests that a systems-level approach through implementation of multidisciplinary, system-level interventions may be more efficient and cost effective in reducing hospital acquired malnutrition, compared with existing dietetic care.<sup>15</sup> The literature also supports that identifying nutritionally at-risk patients or residents and implementing appropriate nutritional support, can present cost savings through reduced length of stay and health complications.<sup>16</sup></p> <p>The <i>Statewide Food Service Key Performance Indicators</i><sup>1</sup> and <i>Best Practice Guidelines</i><sup>17</sup> have been developed to ensure a client focus and should be used in conjunction with these standards.</p> <p>This overarching principal applies to the patient groups included in Sections 2.0 – 9.0: Adults – Acute, Maternity, Paediatrics, Residential Aged Care, Mental Health and Acquired Brain Injury, Vegetarian and Vegan and those on Therapeutic and Medical Diets.</p>	<p><b>1.1</b> Menu planning will be undertaken as a collaborative process and will include dietitians, foodservice managers and other key stakeholders to ensure nutrition, financial, psychosocial, choice and quality goals are met.</p> <p><b>1.2</b> An accredited practising dietitian (as per DA)<sup>#</sup> will be available to assess the food and menu as meeting these NSMM and the requirements (cultural, religious, age, psychosocial, nutritional status) of the population in the facility.<sup>17</sup></p> <p><b>1.3</b> The menu is reviewed by an accredited practicing dietitian biennially.<sup>1</sup></p> <p><b>1.4</b> Patients/residents/clients are able to access at a minimum, three main meals and three mid-meals each day.<sup>1</sup></p> <p><b>1.5</b> Serve size variations* are offered on the menu.</p> <p><b>1.6</b> The facility will endeavour to accommodate cultural and religious food preferences within the restrictions and constraints of food supply issues.</p> <p><b>1.7</b> The facility will endeavour to meet the patients/clients/resident's nutritional requirements through the provision of nourishing foods. Oral nutrition supplements should not be used as a substitute for food unless clinically indicated.<sup>18</sup></p>

**Note:** \*Refer to pp 47 for definitions on serve sizes

<sup>#</sup>Dietitians Australia, Accredited Practising Dietitian Program. [www.dietitiansaustralia.org.au](http://www.dietitiansaustralia.org.au)



## 2.0 ADULT: ACUTE (EXCLUDING SHORT STAY PATIENTS)

**Aim:** The food offered provides choice, variety and meets the nutritional needs of the majority of patients, including those with higher protein and energy requirements.

BACKGROUND/RATIONALE	STANDARDS
<p>Assessment of length of stay (LOS) in 2011 and 2014 at seven and two QH hospitals respectively, indicated that 60% – 75% of occupied bed days (OBD) are patients staying longer than seven days where these patients had an average LOS of 14.7 to 22.4 days (refer to Appendix 1 p 50). Reassessment of 7 sites in 2018 identified that 27 – 60% of OBD are patients staying longer than seven days with an average LOS of 17 days.</p> <p>The literature also supports that identifying nutritionally at-risk patients or residents and implementing appropriate nutritional support, can present cost savings through reduced length of stay and health complications.<sup>16</sup></p> <p>Patients assessed with or at risk of malnutrition, or who are admitted for more than seven days in acute facilities, need access to extra food choices and higher energy/protein options at meals and mid-meals. This will increase the likelihood of meeting nutritional and psychosocial needs.</p> <p>Studies measuring the effects of providing energy dense meals and snacks to hospitalised patients<sup>19,20,21,22</sup> reported an increase in energy and protein intake when fortified food was provided. One study<sup>21</sup> that looked at fortification of food found a cooked breakfast resulted in the highest increase in energy and protein intake.</p>	<p><b>2.1</b> Adult facilities shall have systems in place to identify patients who are at nutritional risk or are malnourished.<sup>23</sup></p> <p><b>2.2</b> The long stay menu shall provide a minimum choice across cycle length of 35 hot main meals with choices as outlined in Section 3 Minimum Menu Choice (p 27 – 30).</p> <p><b>2.3</b> The long stay menu shall provide the opportunity to choose three main meals and three mid-meals each day. At least two mid meals are substantial i.e. group 1 or 2 (refer to Meal Component Table p 27).</p> <p><b>2.4</b> The long stay menu shall provide fortified options for:</p> <ul style="list-style-type: none"> <li>• hot cereal;</li> <li>• soup;</li> </ul> <p>Fortified foods will meet the nutrition targets outlined in Section 2 Meal Component Specifications (p 19 – 23).</p> <p><b>2.5</b> The long stay menu shall provide a hot protein breakfast choice for all texture levels, including full, easy to chew, minced &amp; moist and pureed. (refer to Definition – Breakfast Protein p 46 and Meal Component Table p 22).</p>

### 3.0 ADULT: ACUTE (SHORT STAY PATIENTS)

**Aim:** An additional menu may be provided for patients staying less than seven days. The menu offered shall meet average requirements for protein and energy for the patient group.

BACKGROUND/RATIONALE	STANDARDS
<p>Patients who are in hospital less than seven days are considered short stay. These individuals, if not assessed as being at nutritional risk, do not require extensive choice on the menu or high energy/high protein options at all mid-meals.</p> <p>Nutrition screening will be carried out to identify those patients at risk and needing the long stay menu.<sup>23</sup></p> <p>Assessment of LOS at seven QH hospitals indicated that between 81 to 95% of patients admitted to these hospitals stay less than seven days (refer to Appendix 1 p 50 – 51 for detailed LOS data and analysis). Assessment of proportional LOS at these seven sites in 2018 indicated that approximately 50% of OBD are patients staying longer than seven days with an average LOS of 17 days.</p> <p>A short stay menu (refer to p 47 for definition) provides an opportunity to offset any potential increased costs associated with the long stay menu. In this instance the long stay menu is intended to be targeted to patients/residents that have the highest nutritional needs.</p>	<p><b>3.1</b> An alternative menu for short stay patients (LOS less than seven days) shall have minimum choices across the menu cycle as outlined in Table 1.0 Adult Acute Minimum Choice (p 27 – 30) to meet the average requirement for non-nutritionally compromised adults.</p>

## 4.0 MATERNITY

**Aim:** The food provided shall meet the majority of nutritional requirements of pregnant and breastfeeding women.

BACKGROUND/RATIONALE	STANDARDS
<p>During pregnancy there are increased nutritional requirements.<sup>25,26</sup> Nutrients can generally be met with a normal healthy diet as provided by the long stay menu. However elevated iron, iodine and folate requirements need consideration in menu planning. Dietary supplementation of iodine<sup>27</sup> and folate<sup>7,25</sup> are required during pregnancy, and for iodine to be continued during breastfeeding.<sup>27</sup></p> <p>Sufficient choice should be provided to allow appropriate options for patients who are overweight, obese or have gestational diabetes. Breastfeeding women have increased energy and fluid requirements, thus require access to additional food and fluid choices.<sup>7</sup></p> <p>Where dietary intake is compromised due to hyperemesis gravidarum or other complications, a therapeutic diet and/or nutritional supplement(s) may be required.</p> <p>Pregnant women and their unborn child are considered at high risk of listeriosis. Current Food Standards Australia and New Zealand (FSANZ) recommendations outline pregnant women should take care with their food choices.<sup>29,30</sup> Facility food safety programs should identify and mitigate listeria risks for maternity patients.</p>	<p><b>4.1</b> Pregnant and breastfeeding women shall be provided with the long stay menu (refer to Standard 2.0 Adult: Acute (p 9) in acute facilities to assist in meeting the increased energy, protein and micro-nutrient requirements.</p> <p><b>4.2</b> Pregnant women shall be provided access to fresh water, sufficient snacks and other fluids.</p> <p><b>4.3</b> Pregnant women shall be provided with access to nutritional supplements (as assessed by a dietitian) if required.</p>

## 5.0 PAEDIATRICS

**Aim:** The food provided shall meet the nutritional requirements for the majority of children, and are appropriate for age and development.

BACKGROUND/RATIONALE	STANDARDS
<p>Nutrition Standards are designed to provide a guideline for menus for children over 12 months. Children under 12 months will have their nutritional needs met by a combination of food and breastmilk or formula.<sup>31</sup> Under 12 months, infant food needs are dependent on the stage of weaning and extent of breast or bottle feeding and will need to be individually assessed or guided by the carer. Solid foods are usually introduced at around six months and not before four months of age.<sup>32</sup> While transitioning to family meals, infants require suitable texture modified foods including puree, mashed, cut up and finger foods. For more information on infant feeding please refer to the “Baby’s first foods” resource on Queensland Health Nutrition Education Materials Online.<sup>33</sup></p> <p>LOS data (2018) supports that 40% of bed days are children who stay less than seven days. 60% of bed days are children who stay longer than seven days and have an average LOS of 17.5 days (refer to detailed LOS data in Appendix 1 p 51).</p> <p>A 2014 study on malnutrition, obesity and nutritional risk of Australian paediatric patients found that 15% of Australian paediatric inpatients are malnourished and 5.5% experience severe malnutrition. 18.7% of patients were overweight or obese.<sup>34</sup> Therefore, it is important for paediatric menus to be flexible to meet a wide scope of requirements across all age ranges. To encourage children to eat sufficient food to meet their nutritional requirements, meal choices should be child friendly, nutritious and appealing with a balance between healthy options and familiar or favourite meals.<sup>35</sup></p> <p>Adolescents in paediatric facilities or units will sometimes require larger servings or the adult acute long stay menu.</p>	<p><b>5.1</b> Paediatric patients in an acute facility shall have access to a menu with 35 hot meal choices across the menu cycle and choices equivalent to those outlined in Table 2 Paediatric Minimum Menu Choice (p 34 – 37).</p> <p><b>5.2</b> Choices shall be available for children requiring therapeutic diets eg. cystic fibrosis, gluten-free.</p> <p><b>5.3</b> All paediatric menus shall be free of whole nuts and nut pastes where possible.</p> <p><b>5.4</b> Choices shall be available for children with food allergies and intolerances.</p> <p><b>5.5</b> Choices for suitable weaning foods with appropriate textures shall be available for infants weaning onto a solid food diet.</p> <p><b>5.6</b> Honey shall not be given to infants under the age of 12 months due to the risk of botulism.<sup>36</sup></p>

## 6.0 RESIDENTIAL AGED CARE

**Aim:** Both the food and dining environment should meet the nutritional and psychosocial needs of residents including those with higher protein/energy requirements and those requiring texture modified meals, whilst providing choice and variety.

BACKGROUND/RATIONALE	STANDARDS
Each consumer is supported to exercise choice and independence with regard to their food and meal choices. <sup>37</sup> Menus offered will have adequate variety, quality and quantity in accordance with residents' individual nutrition needs including special dietary, medical, religious or cultural requirements. <sup>38, 39</sup>	<b>6.1</b> Residents in aged care homes shall receive a menu with a cycle of no less than 14 days and minimum choices across the menu cycle equivalent to those outlined in Table 3 Residential Aged Care Minimum Menu Choice (p 38-41).
Recommended dietary intakes per day of Vitamin B2, B6, D, calcium and protein increase with ageing. <sup>40</sup> Providing adequate omega 3 fats has been shown to benefit cognitive ability in elderly populations. <sup>41, 42</sup>	<b>6.2</b> A hot and cold protein breakfast choice shall be offered to residents on full and easy to chew textured diets each day. A fortified hot cereal will be available every day.
Older adults have higher protein requirements ( $\geq 1.2\text{g/kg/d}$ ) to help minimise age-related sarcopenia, a common condition contributed to by anabolic resistance, sedentary lifestyle and common illnesses. <sup>43, 44</sup> There is evidence to suggest that optimum protein synthesis is approximately 30g per meal, and therefore to meet daily requirements, consumption should be spread equally across three main meals. <sup>44, 45, 46</sup>	<b>6.3</b> A hot protein breakfast choice shall be offered to all residents on minced and moist and pureed diets each day.
Elderly persons are at risk of inadequate dietary intake, including but not limited to, chewing/swallowing difficulties, dementia, changes to metabolism and other common illnesses. With most nutrient requirements being similar or higher in ageing and total energy (kilojoules) targets being lowered compared to younger adults – all residents should be assessed on admission and reviewed as necessary by the Dietitian. <sup>39, 46</sup> Choice and variety of texture modified diets through food fortification and finger foods (refer to p 46 for finger food definition) are all highly desirable. <sup>38, 47, 48</sup> These can facilitate increased oral intake, independence and self feeding. <sup>39, 49, 50</sup>	<b>6.4</b> Protein options shall be offered at all 3 main meals to ensure adequate consumption per meal-time can be achieved.
The use of moulded pureed and minced & moist texture modified meals improves visual presentation, food recognition and intake. <sup>74</sup>	<b>6.5</b> Additional food and/or fluid supplements shall be available as required including accessible snack options any time of the day and night.
A study that measured the effects of providing energy dense meals and snacks to the institutionalised elderly <sup>48</sup> reported an increase in both energy and protein intake when fortified food was provided. Another study <sup>21</sup> also looked at fortification of food and found a cooked breakfast resulted in the highest increase to energy and protein intake.	<b>6.6</b> Finger food options shall be available when required for those residents who are identified as benefiting from them.
Constipation and dehydration are also common issues in elderly persons for various reasons, thus encouraging appropriate food and fluid intake will be beneficial. <sup>41</sup>	<b>6.7</b> The menu shall provide fortified options for hot cereal and soup for full and texture modified diets. Fortified foods will meet the nutrition targets outlines in Section 2 Meal Components (pp19 - 23)
An increase in the incidence of overweight and obese residents in residential aged care has been evident over recent years necessitating the availability of healthier menu options with a goal of maintaining weight while increasing lean body mass. <sup>51, 52</sup>	<b>6.8</b> Use moulded puree and minced & moist texture modified meals where possible.
	<b>6.9</b> High protein, lower energy options shall be available for residents requiring weight management.
	<b>6.10</b> Fish as a rich source of omega 3s shall be offered at least 3 times a week on the menu either in hot meals, salads or sandwiches.
	<b>6.11</b> The menu shall aim to provide 25-35g/d of fibre from a variety of sources. <sup>41</sup>
	<b>6.12</b> Residents shall have the opportunity to have input into menu choices and menu reviews. If residents are unable to have input, family members can be consulted on preferred menu choices or for input into menu reviews.



## 7.0 MENTAL HEALTH

**Aim:** The food provided shall meet the psychosocial, nutritional and physical health needs of consumers and support healthy choices with a focus on chronic disease prevention and management.

BACKGROUND/RATIONALE	STANDARDS
<p>Mental health and acquired brain injury consumers represent a diverse patient population, whose longer length of stay is one important factor in determining their nutritional requirements. Individuals with severe mental illness experience double the rates of obesity compared to the general population and are at significantly higher risk of chronic disease, including: cardiovascular disease, type 2 diabetes and associated risk factors such as dyslipidaemia and hypertension.<sup>5,6</sup> These diet-related disorders are the primary cause of morbidity and mortality in this population who experience a 13-25 year shortened life expectancy.<sup>5</sup></p> <p>The menu is an important tool to manage and minimise risk of chronic disease for patients/residents with mental health problems. Designing menus that adhere to Suggested Dietary Targets (SDTs) and Acceptable Macronutrient Distribution Ranges (AMDRs)<sup>7,46</sup> can assist the management of emotional eating behaviours that can result in under or over nutrition.<sup>54</sup> Research suggests a Mediterranean diet helps facilitate the consumption of important nutrients linked to depression prevention.<sup>55</sup></p> <p>Individuals with mental illness and acquired brain injuries tend to experience increased appetite and/or decreased satiety as a side-effect of some medications.<sup>56</sup> Hence, fortified meals are generally not indicated for this population group. However, swallowing difficulties are prevalent in individuals with acquired brain injuries<sup>57</sup>; therefore, a texture modified menu (including easy to chew, minced &amp; moist and puree), with fortified options, will be required by some individuals.</p> <p>To improve fatty acid profile and reduce the risk of chronic diseases such as dementia and stroke, fish should be included on the menu 3 times a week.<sup>46, 58</sup></p>	<p><b>7.1</b> In mental health and acquired brain injury settings the menu shall consist of a minimum cycle length of 14 days with choices equivalent to those outlined in Table 4 Mental Health and Acquired Brain Injury Minimum Menu Choice (p 38-41).</p> <p><b>7.2</b> Facilities shall have systems in place to identify consumers who are at nutritional risk or are malnourished.</p> <p><b>7.3</b> Where practicable options shall be available for consumers with food allergies and intolerances.</p> <p><b>7.4</b> Healthy meal options (eg low fat, reduced salt) shall be available at all main meals and mid-meals and these options shall be promoted, including local policies to address overconsumption of unhealthy options by consumers who access food from outside the facility.</p> <p><b>7.5</b> The menu shall aim to provide at least three fish meals per week.<sup>46</sup></p> <p><b>7.6</b> Unsaturated spreads shall be provided for use to consumers.</p> <p><b>7.7</b> The menu shall aim to provide at least 25 – 30 grams of fibre per day.<sup>7</sup></p> <p><b>7.8</b> Fresh drinking water shall be available at all times. The supply of chilled water is encouraged where practical.</p> <p><b>7.9</b> Consumers shall be informed of menu choices prior to meal service. Copies of written menus are accessible to consumers.</p> <p><b>7.10</b> Facilities are to have a seven day ‘finger food’ menu available for high secure units. This menu shall align with dietary targets to ensure that nutritional requirements are met. If a consumer requires ‘finger foods’ for greater than seven days, or on a frequent basis, a dietitian shall review to ensure adequate variety.</p>

## 7.0 Mental Health

BACKGROUND/RATIONALE	STANDARDS
<p>The style of meal service allows patients to choose meals and mid-meals, ideally at point of service.<sup>59</sup> Variety and choice to prevent menu fatigue is important to increase satisfaction with the food provided and to prevent excessive food consumption from nutritionally poor sources outside the menu.</p> <p>Caffeinated beverages should be limited, as overconsumption may exacerbate some psychiatric conditions and reduce the effectiveness of some psychotropic medications.<sup>60</sup></p> <p>Constipation is prevalent in this group<sup>61</sup>; therefore, the menu should promote adequate and consistent fibre and fluid intake.</p>	<p><b>7.11</b> Consumers shall have the opportunity to have input into menu choices and menu reviews.</p> <p><b>7.12</b> For consumers who are unable to communicate menu preferences, ensure variety in meal choices, record likes/dislikes and/or consult with family and/or friends to ensure individual needs are met.</p> <p><b>7.13</b> Decaffeinated beverages should be available at all meals, with limits to caffeine containing beverages set in some units.</p>

**Note:** Patients with an acute ABI to be offered options as per acute adults long stay menu (p 9).

## 8.0 VEGETARIAN AND VEGAN

**Aim:** The food offered shall meet the nutritional requirements of the majority of patients choosing to follow a vegetarian or vegan diet.

BACKGROUND/RATIONALE	STANDARDS
<p>Patients following a vegetarian or vegan diet may do so for personal, cultural or religious reasons.</p> <p>Vegetarian diets can be healthy when carefully planned and monitored. Adequate variety of suitable nutritious foods are required to meet individual patient or resident needs.</p> <p>Protein quality of meals needs to be balanced to include all amino acids over the day which requires careful planning and inclusion of legumes, nuts, seeds, soy products and wholegrains across the three meals.<sup>62</sup></p> <p>Studies have identified the following nutrients to be at risk when following a vegetarian/vegan diet:</p> <p>Protein<sup>63, 64</sup>, Iron<sup>7, 63-66</sup>, Zinc<sup>7, 64-66</sup>, Iodine<sup>64, 67</sup>, B12<sup>7, 63-66</sup>, Calcium<sup>7, 64-66</sup>, Vitamin D.<sup>64-66</sup></p> <p>Supplementation with at-risk nutrients may be needed to meet nutritional requirements when patients are longer stay.</p>	<p><b>8.1</b> At least two vegetarian/ (including one vegan) options shall be available to choose each day (these can include hot meals, salads and sandwiches) but a minimum of at least one hot vegetarian/vegan choice shall be offered every day. Depending on frequency of the requirement for vegetarian/vegan options in the facility, these options may or may not appear on the menu the patient receives but do need to be included on the master menu so that appropriate options will be available if required.</p> <p><b>8.2</b> Acute adult and paediatric facilities shall where practical integrate vegetarian choices into the long stay menu.</p> <p><b>8.3</b> A variety of protein sources shall be available to vegetarian and vegan patients including milk, cheese, egg, legumes, tofu, nuts, seeds and textured vegetable protein products (with the exception of nuts in paediatric wards or facilities). Milk alternatives (eg. soy milk) shall be fortified with calcium and B12 and contain an equivalent level of protein to cow's milk.</p>

## 9.0 THERAPEUTIC AND MEDICAL DIETS

**Aim:** Patients identified as requiring therapeutic diets shall have food provided that meets this need, with the aim of also achieving overall nutritional requirements and psychosocial needs.

BACKGROUND/RATIONALE	STANDARDS
<p>Patients with multiple diet requirements will exist within QH facilities. Every facility should have a process of identifying patients with therapeutic dietary needs.</p> <p>There are four broad categories of therapeutic diets:<sup>68</sup></p> <ol style="list-style-type: none"> <li>1. Those that restrict or eliminate particular food items (e.g. allergy or fluid)</li> <li>2. Those that reduce or increase the level of particular nutrients (e.g. low fat or high fibre)</li> <li>3. Those that quantify the level of particular nutrients (e.g. 50g protein diet)</li> <li>4. Those that specify the appropriate texture or presentation of food (eg. Easy to chew or cold food).</li> </ol> <p>Not all therapeutic diets can meet individual nutrition requirements, and a Dietitian should determine the adequacy and make recommendations to meet individual patients/residents' need. Some therapeutic diets are short term and are not expected to meet nutritional requirements, examples include clear fluid diets, investigative diets.</p> <p>Integrating therapeutic diets creates efficiencies for foodservices, therefore a majority (~90%) of these diets should be integrated into the long stay or short stay menu with minimum impact on the overall nutritional profile of the menu cycle. This integration should not compromise the quality and taste/acceptability of the overall menu for the majority of patients (eg. low salt, reduced fat). As not all therapeutic diets can be successfully integrated, special foods may need to be obtained to meet this therapeutic requirement, however the expectation is no more than 10% of diets should require special food.<sup>1</sup></p> <p>Some diets that may be difficult to integrate include: very low fat, gluten free, electrolyte modified (eg. low sodium, low potassium), allergy, milk free or metabolic (eg. ketogenic) diets. Examples of diets suitable to be integrated into a main menu include:</p> <ul style="list-style-type: none"> <li>• Easy to chew, high fibre, low fibre, protein restricted, fat modified (e.g. suitable for people on cardiovascular diets), carbohydrate modified (for example, suitable for patients with diabetes) and low lactose.</li> <li>• Texture modified diets (minced &amp; moist and puree) should follow the menu choice on the main menu as closely as possible.</li> </ul>	<p><b>9.1</b> Every facility shall have a process of identifying patients with therapeutic dietary needs before a meal is served to the patient.</p> <p><b>9.2</b> Common therapeutic diets used in a facility shall be integrated into the standard menu without unnecessary restrictions.</p> <p><b>9.3</b> There is a process to record and modify menus to accommodate patient likes and dislikes (where possible) when long stay patients are placed on a therapeutic and/or medical diet with reduced choice.</p> <p><b>9.4</b> A dietitian shall determine the adequacy of any therapeutic diets for individual patients/residents that are not available on the main menu.</p> <p><b>9.5</b> Texture modified diets shall comply with the <i>International Dysphagia Diet Standardisation Initiative</i>.<sup>69, 70</sup> Additional textures may be provided where dietitians and speech pathologists can provide evidence that textures in the Standards are not sufficient to meet the needs of the patients/residents/clients.</p> <p><b>9.6</b> Fluid containing foods of the correct texture shall be available at all meals and mid meals to patients/clients/residents requiring thickened fluids to maximise fluid intakes.</p> <p><b>9.7</b> All patients on texture modified diets shall receive fortified food options and substantial mid-meal options of suitable texture.</p>



## SECTION 2

### MEAL COMPONENT SPECIFICATIONS

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#### Nutrition Standards for Meals and Menus







## **NUTRITION STANDARDS MEAL COMPONENT SPECIFICATIONS**

These specifications were adapted from the *Victorian Nutrition Standards for Menu Items*<sup>71</sup>. Some nutrient targets have been modified, removed or relaxed to ensure patient, resident, consumer and client needs are met with a specific focus on protein and energy requirements.

Each category of meal is divided into groups based on the nutritional value of the meal. These can be used for assessing pre-made products or for recipe analysis when preparing and cooking meals. The User Guide on pages 43 – 47 explains how these can be used in menu design.

## MAIN (PROTEIN) DISHES (HOT AND COLD)

- Meat to be trimmed of excess fat, skin and unnecessary bone.
- Products should contain minimal amounts of added sodium but enough to achieve a tasty product. Note that a selection of dishes with less than 10mmol (230mg) sodium/serve will be required.
- Added fat to be poly or mono unsaturated. Note that a selection of dishes with less than 15g of total fat/serve will be required.
- The nutritional analysis for this category should not include potato, rice and pasta unless it is an ingredient in the dish itself eg. lasagne and is analysed as weight of final cooked product.

	GROUP 1	GROUP 2	GROUP 3
<b>Description</b>	<p>Predominantly cuts of meat such as roasts, grills and fish (i.e. 100% meat content)</p> <p>The meat component must not weigh less than 100g per serve*</p>	<p>High meat/meat alternative content dishes (i.e. 66% meat content)</p> <p>The meat/meat alternative content must not weigh less than 100g per serve*</p> <p>(ovenable crumbing and batter accepted in this category)</p>	<p>Product is even mix of meat/meat alternative and vegetables/rice/pasta (i.e. 30% meat/meat alternative content)</p>
<b>Example Dishes</b>	<p>Roast Beef</p> <p>Grilled Fish</p> <p>2 egg omelette</p>	<p>Beef rissoles and gravy</p> <p>Chicken Chasseur</p> <p>Lentil Burger</p>	<p>Spaghetti Bolognese</p> <p>Chicken Stir-fry</p> <p>Chick pea &amp; vegetable curry</p>
<b>Serve Size<sup>#</sup></b>	Dry, greater or equal to 100g	130g – 160g	150g – 180g
<b>Energy</b>		Greater or equal to 700kJ per serve	Greater or equal to 700kJ per serve
<b>Protein</b>		Greater or equal to 15g per serve	Greater or equal to 10g per serve
<b>Other</b>	No added salt		

<sup>#</sup> The maximum serve size for Texture C Smooth Pureed is 120g.

\* Texture C – Smooth Pureed dishes are permitted to contain less than 100g of meat per serve and more than 10 mmol/100g sodium.

## SOUPS

	GROUP 1	GROUP 2
<b>Description</b>	<b>Provides significant protein and energy May have vitamins and minerals added</b>	<b>Provides moderate protein and energy</b>
<b>Serve Size</b>	160 – 200ml	160 – 200ml
<b>Energy</b>	Greater or equal to 600kj per serve	Greater or equal to 400kj per serve
<b>Protein</b>	Greater or equal to 8g protein per serve	Greater or equal to 5g protein per serve

**Note: Fortification of Soups** – add skim/full cream milk powder or replace water with milk, cream, cheese, pureed lentils/legumes or yoghurt. Group 1 and Group 2 soups are considered fortified soups.

## SANDWICHES

	GROUP 1	GROUP 2
<b>Description</b>	<b>Provides significant protein and energy</b>	<b>Provides healthy sandwich option</b>
<b>Example dishes</b>	Ham and cheese sandwich (1 x 30g slice ham and 1 x 20g slice cheese)  Salmon and cream cheese sandwich (40g tinned salmon and 1 tbsp cream cheese)	Ham and tomato sandwich (1 x 30g slice ham) Egg and lettuce sandwich (1 x 50g egg)
<b>Serve Size</b>	2 slices bread (4 points)	2 slices bread (4 points) prefer wholegrain or other high fibre low GI option
<b>Energy</b>	Greater or equal to 1,250kj per serve	Less than or equal to 1250kj per serve
<b>Protein</b>	Greater or equal to 15g protein per serve	Greater or equal to 8g protein per serve
<b>Other</b>	Include a vegetable component if appropriate	Include a vegetable component if appropriate

## DESSERTS

	GROUP 1	GROUP 2	GROUP 3
<b>Description</b>	<b>Desserts with a significant level of energy and moderate protein</b>	<b>Desserts with a moderate level of energy and protein</b>	<b>Desserts that have a varying nutrient value</b>
<b>Example Dishes</b>	<ul style="list-style-type: none"> <li>Cheesecake</li> <li>Chocolate or banana cake</li> </ul>	<ul style="list-style-type: none"> <li>Baked egg custard</li> <li>Rice pudding</li> </ul>	<ul style="list-style-type: none"> <li>Apple crumble</li> <li>Apricot strudel</li> </ul>
<b>Serve Size</b>	90 – 120g*	90 – 120g*	Not less than 50g
<b>Energy</b>	Greater than 800kj per serve	Greater than 500kj per serve	Greater than 300kj per serve
<b>Protein</b>	Greater or equal to 5g per serve	Greater or equal to 4g per serve	No target set
<b>Fat</b>	No restriction	Less than or equal to 7g per serve	No target set

\*Excludes mousse and whips which should weigh greater than or equal to 60g.

## HOT BREAKFAST PROTEIN

	GROUP 1	GROUP 2
<b>Description</b> Serve Size 50 – 100g	<b>Breakfast dishes with a significant level of protein and moderate energy</b>	<b>Breakfast dishes with a moderate level of protein and energy</b>
<b>Example dishes</b>	<ul style="list-style-type: none"> <li>Savoury mince</li> <li>Bacon &amp; tomato omelette</li> </ul>	<ul style="list-style-type: none"> <li>Pancake (2x 45g) and syrup</li> <li>Baked beans + hash brown</li> </ul>
<b>Protein</b>	8g or greater	5g or greater
<b>Energy</b>	Greater or equal to 550 kJ	Greater than or equal to 550 kJ

## FORTIFICATION OF HOT CEREALS (see p 47 for definition)

To provide additional nutrition, fortification of hot cereals is required. Fortification aims to increase the protein and/or energy density.

### HOT CEREAL

<b>Fortified Hot cereal (150 - 180 g)</b>
Energy 550kj or greater
Protein 10g or greater
Fortification with - Skim/full cream milk powder, cream, evaporated milk, protein/energy supplement

## SNACK/MID-MEALS

	GROUP 1	GROUP 2	GROUP 3
<b>Description</b>	<b>High protein, high energy snack</b>	<b>Low protein, high energy snack</b>	<b>Healthy snack (low fat, no added sugar, high fibre)</b>
<b>Examples</b>	<ul style="list-style-type: none"> <li>• Cheese and crackers</li> <li>• Cheese scone</li> <li>• Sandwich one slice bread (two points) with a protein filling</li> <li>• Nuts (<b>not paediatrics</b>)</li> <li>• Yoghurt</li> <li>• Custards</li> </ul>	<ul style="list-style-type: none"> <li>• Chocolate</li> <li>• Potato crisps</li> <li>• Extruded snacks</li> <li>• Dried fruit</li> <li>• Sweet biscuits (2 – 3)</li> <li>• Savoury biscuits (2 – 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Sandwich one slice high fibre bread (two points) with a low fat protein filling</li> <li>• Low fat yoghurt</li> <li>• Low fat cheese and crackers</li> <li>• Fresh fruit or no added sugar tinned fruit</li> <li>• Water crackers &amp; hommus</li> </ul>
<b>Energy</b>	Greater than 500kj	Greater than 500kj	Less than 800kj
<b>Protein</b>	5g or greater	No target set	No target set



## PORTION SIZES FOR MEAL ITEMS

The following table identifies portion sizes for individual meal items that are not included in the Groups nutritional specifications. Variations to serve sizes may occur for therapeutic/medical diets or on a dietitian's request.

MENU ITEM	PORTION SIZE
Fruit juice (100% juice)	100 – 120ml
Hot cereal (porridge, semolina)	150 – 180g
Ready to eat cold cereal	Not less than 20g
Milk for cereal	Not less than 100ml
Pancakel	90 – 100 g (may be 2 pancakes to achieve this weight)
Bread/roll	1 slice or equivalent
Yoghurt	100g as snack or dessert component <b>Note:</b> not less than 150g if served as a sole dessert item
Cheese	Not less than 20g
Butter or margarine	Not less than 7g
Starchy vegetable	90 – 120g
Rice/pasta	75 – 120g
Non–starchy vegetable	60 – 80g
Fruit, canned and drained	Not less than 80g
Fruit, fresh	1 medium piece or 2 small pieces (equivalent to ~ 150g)
Ice Cream	Not less than 50g
Tea, coffee, cordial or milk based drinks	150 – 200ml

# SECTION 3 MINIMUM MENU CHOICE

Nutrition Standards for Meals and Menus



## HOW TO USE THE MINIMUM MENU CHOICE TABLES

*There are several patient categories covered in this section including:*

- Adult acute – short stay and long stay appear in the same table but in separate columns
- Paediatric
- Texture Modified – acute, residential aged care and Mental Health and Acquired Brain Injury
- Adult long stay including Residential Aged Care, Mental Health and Acquired Brain Injury.

*For each of the patient categories in this section there are tables for:*

- Breakfast
- Lunch and Dinner combined
- Mid-meals.



*Tables within this section outline:*

- **The minimum number of choices available to be offered including:**
  - **Minimum menu choice required per day:**
    - › eg. the standard acute menu requires a minimum of two hot main meals a day (could be served at lunch or dinner or both)
    - › eg. the short stay acute menu requires a minimum of one hot main meal a day (could be served at lunch or dinner).
  - **Minimum menu choice required across the menu cycle:**
    - › eg. the standard acute menu requires a minimum of 35 hot meal choices per cycle, with at least 14 being full choices and 21 being easy to chew choices
    - › eg. the short stay acute menu requires a minimum of 14 hot meal choices per cycle, with at least 7 being easy to chew choices.
  - **Minimum menu choices required across the meal groups:**
    - › eg. the standard acute menu recommends that one of the two hot main meals should be a group 1 or 2 meal and a second choice can be a group 1, 2 or 3 meal. Refer to p 28
    - › eg. the short stay acute menu recommends that the main hot protein can be from either group 1, 2 or 3. P 28.



**Table 1: Adult Acute – Minimum Choice**

BREAKFAST	SHORT STAY MENU		LONG STAY MENU		LONG STAY MENU EXAMPLES	
	Per day	Per cycle	Per day	Per cycle	Today's choice	Choices across the cycle
Cold cereal – low fibre	1	2	1	2	Puffed Rice	Puffed Rice, Corn flakes
Cold cereal – high fibre	1	2	2	3	Muesli Wheat Biscuit	Muesli, Wheat Biscuit, Sultana & Bran Flakes
Hot cereal	0	0	1	1	Porridge	Porridge
Cold protein	1	1	1	2	Yoghurt	Yoghurt, Banana Smoothie
Hot protein	0	0	1	At least 3 Grp 1 Total 5 choices	Baked beans + hash brown	Baked beans + hash brown, scrambled egg, cheese & bacon omelette, Chipolatas + baked beans, Poached eggs + tomato, Pancakes + syrup
<b>Bread/toast/roll</b> <i>low fibre</i>	1	1	1	1	White bread	White bread
<b>Bread/toast/roll</b> <i>high fibre</i>	1	1	2	2	Multigrain bread, fruit bread	Multigrain bread, fruit bread
Fresh fruit	1	2	1	2	Banana	Banana, apple
Tinned fruit and/or juice	1 (juice or fruit)	2	1 juice and/ 1 fruit	2 juice 2 fruit	Orange juice peaches	Orange juice, apple juice and/or peaches, prunes
Milk	Full & low fat Non dairy (↑Ca <sup>2+</sup> & B12)	On cereal and in drink	Full & low fat Non dairy (↑Ca <sup>2+</sup> & B12)	On cereal and in drink	Full fat, 2% fat, Ca <sup>2+</sup> & B12 fort, soy milk	Full fat, 2% fat, Ca <sup>2+</sup> & B12 fort, soy milk

**Table 1: Adult Acute – Minimum Choice (continued)**

MAIN MEAL lunch and dinner	SHORT STAY MENU		LONG STAY MENU		SUGGESTED MENU EXAMPLES	
	Per day	Per cycle	Per day	Per cycle	Today's choice	Choice across the cycle
<b>Soup</b> (No nutrition target)	No minimum set. Include for seasonal variety		0	0	0	0
<b>Soup</b> Groups 1 and 2	0	0	1 x group 1 or group 2	7 x group 1 or group 2	Pea & Ham soup	<b>Grp 1</b> – pea & ham, beef & vege, lentil, minestrone <b>Grp 2</b> – Chicken & corn, Creamy pumpkin, Tomato & bacon, Potato & leek
<b>Main hot protein</b> Groups 1, 2 and 3	1 x group 1, 2 or 3	14 minimum* (at least 7 easy to chew) (at least 1 vegetarian choice every day)	1 x group 1 or 2  2 <sup>nd</sup> choice 1 x group 1, 2 or 3	35 minimum 14 x full 21 x easy to chew# (at least 1 vegetarian choice every day)	Roast Beef  Chickpea curry	p 56 – 65
Starchy vegetable or alternative (eg. rice/pasta/cous cous)	1	2	1	4 starchy veg** 2 alternatives (as starchy choice)	Roast potato	Mashed sweet potato, roast potato, Mashed potato, roast sweet potato Alternate starchy choices – Rice, noodles, pasta, cous cous
Orange vegetable	1	3	2	3	Mashed pumpkin Carrot	Mashed sweet potato, carrot, mashed or roast pumpkin
Green/brassica vegetable	1	4	2	4	Cauliflower au gratin Beans	Cauliflower au gratin, beans, brussel sprouts, peas, broccoli

**Note:** Need at least one vegetarian hot option every day. See Std. 8.1 p 16

\* some of the easy to chew choices available on the menu can also be minced choices and included in both choice lists



**Table 1: Adult Acute – Minimum Choice (continued)**

MAIN MEAL <i>lunch and dinner</i>	SHORT STAY MENU		LONG STAY MENU		SUGGESTED MENU EXAMPLES	
	Per day	Per cycle	Per day	Per cycle	Today's choice	Choice across the cycle
Side Salad Minimum 4 vegetables	1	1	1	1	<b>Lunch:</b> Lettuce, tomato, carrot sticks, cucumber	0
Main Salad 1 x 100g meat or meat alternative 1 x starchy serve (15g CHO) 4 x vegetables*	1	7 x meat or meat alternative  4 x starchy serve	1	10 x meat or meat alternative* 4 x starchy serve	<b>Dinner:</b> Corn beef Rice salad Lettuce & tomato Cucumber & beetroot	See menu p 56 – 65 for meat/alternative choices Rice Salad, Potato salad, Pineapple, Pasta salad (15 g CHO) Lettuce & tomato Cucumber, beetroot, capsicum, carrot
<b>Sandwich</b> Groups 1 and 2	1 x group 1 or group 2	7 x group 1 or group 2	1 x group 1 1 x group 2	7 x group 1* 7 x group 2*	<b>Lunch:</b> Ham & cheese <b>Dinner:</b> Chicken & cranberry (healthy choice)	See menu p 56 – 65 for choices
<b>Dessert</b> Groups 1, 2 and 3	1 x group 2 or 3	7 x group 2 or 3	1 x group 1 or 2 2 <sup>nd</sup> choice 1 x group 3	7 x group 1* 7 x group 2* 5 x group 3*	<b>Lunch:</b> Apricots & custard <b>Dinner:</b> Lemon cheesecake & ice cream	See menu p 56 – 65 for choices
Tinned fruit and dairy	1 x tinned fruit and dairy	4 x tinned fruit and dairy	or tinned fruit and dairy	4 x tinned fruit and dairy		
Fruit – fresh	2 (1 easy to chew fruit)	3	2 (1 easy to chew fruit)	3	<b>Lunch:</b> Apple <b>Dinner:</b> Fruit in season	Apple, banana, fruit in season
Bread/roll – low fibre	2	2	2	2	<b>Lunch:</b> White bread <b>Dinner:</b> White roll	White Bread, white breadroll
Bread/roll – multigrain	2	2	2	2	<b>Lunch:</b> m/grain bread <b>Dinner:</b> m/grain roll	Multigrain bread, Multigrain breadroll

\* some salad vegetables would change from day to day to add variety

**Note:** There is a requirement for 2 vegetarian/vegan options each day which can be hot meals, salad or sandwiches See Std 8.2 p16.

\* Room Service Model – see note on page 46

**Table 1: Adult Acute – Minimum Choice (continued)**

MID MEALS <i>Morning Tea, Afternoon Tea and Supper</i>	SHORT STAY MENU		LONG STAY MENU		SUGGESTED MENU EXAMPLES	
	Per day	Per cycle	Per day	Per cycle	Today's Choice	Choice across the cycle
<b>Snack</b> Groups 1, 2 and 3	1 x group 1  1 x group 3 1 x not specified	3 x group 1 3 x group 3	1 x group 1 1 x group 2 1 x group 3	4 x group 1 4 x group 2 2 x group 3	Cheese & biscuits  Fruit cake  Low fat NAS yoghurt	<b>Grp 1:</b> Cheese & biscuits, fruit yoghurt, nuts, ½ cheese sandwich <b>Grp 2:</b> Fruit cake, muffin, potato crisps, ½ vegemite sandwich <b>Grp 3:</b> Low fat cheese & crackers, low fat NASugar yoghurt, ½ plain/wholemeal scone, water crackers & hommus.
High protein/energy supplement	0	0	1	3	Chocolate milk	Chocolate milk, Fortified fruit juice supplement, high protein milk supplement
Drinks	Tea, coffee, water, cordial, milk drink		Tea, coffee, water, cordial, milk drink		Tea, coffee, cordial, milk drink, water	

**Table 2: Texture Modified Menus Acute, Residential Aged Care, Mental Health – Minimum Choice**

BREAKFAST	Texture Modified menu		Suggested Menu Examples*	
	Per day	Per cycle	Today's choice	Choice across the cycle
Cold cereal – low fibre	1 minced & moist <i>0 pureed</i>	1 minced & moist <i>0 pureed</i>	Puffed rice	Puffed rice, corn flakes
Cold cereal – high fibre	1 minced & moist <i>0 pureed</i>	1 minced & moist <i>0 pureed</i>	Wheat flake biscuits	Wheat flake biscuits
Hot cereal	1 minced & moist <i>1 pureed</i>	1 minced & moist <i>1 pureed</i>	Porridge <i>Puree Porridge</i>	
Cold protein	1 minced & moist <i>1 pureed</i>	1 minced & moist <i>1 pureed</i>	Smooth Yoghurt <i>Smooth Yoghurt</i>	Smooth Yoghurt, banana smoothie <i>Smooth yoghurt, banana smoothie</i>
Hot protein	1 minced & moist <i>1 pureed</i>	3 minced & moist <i>3 pureed</i>	Savoury mince <i>Puree savoury mince</i>	See menu pp 63 – 64 for choices across cycle
Bread/toast/roll – low fibre	0	0		
Bread/toast/roll – high fibre	0	0		
Tinned fruit/juice	1 juice 1 fruit minced & moist <i>1 fruit pureed</i>	3 juice 3 minced & moist <i>3 pureed</i>	Orange juice	Orange juice, apple juice, prune juice Minced & moist or <i>puree</i> diced peaches + pears, peaches, pears
Milk	Full fat	On cereal & in drinks	Full fat milk	Full fat milk

**Table 2: Texture Modified Menus Acute, Residential Aged Care, Mental Health Choice (continued)**

MAIN MEAL lunch and dinner	Texture Modified Menu		Suggested Menu Examples	
	Per day	Per cycle	Today's Choice	Choice across the cycle
<b>Soup</b> Groups 1 and 2	1 x group 1 or 1 x group 2	7 x group 1 or group 2	<i>Pureed Pea &amp; ham</i>	<b>Grp 1:</b> <i>Pea &amp; ham, beef &amp; vege, lentil, minestrone, chicken &amp; vege</i> <b>Grp 2:</b> <i>Chicken &amp; corn, Creamy pumpkin, Tomato &amp; bacon, Potato &amp; leek</i>
<b>Main hot protein</b> Groups 1, 2 and 3	1 x group 1 or 2-- minced & moist <i>1 x group 1 or 2-pureed</i> 2 <sup>nd</sup> choice* 1 x group 1, 2, 3 or 4 minced & moist and pureed	21 – minced & moist (residential) 14 – minced & moist (acute) <i>21 pureed (residential)</i> <i>14 pureed (acute)</i>	Minced roast beef & gravy Minced chick pea curry <i>Pureed roast beef &amp; gravy</i> <i>Pureed chick pea curry</i>	See menus on p 63 – 64 to see choice across menus
Starchy vegetable or alternative**	1 minced & moist* <i>1 pureed</i>	2 minced & moist* <i>2 pureed</i>	Mashed potato <i>Pureed potato</i>	Mashed/ <i>pureed</i> sweet potato, mashed/ <i>pureed</i> potato
Orange vegetable	2 minced & moist* <i>2 pureed</i>	3 minced & moist* <i>3 pureed</i>	Mashed pumpkin, mashed carrot <i>Pureed pumpkin, pureed carrot</i>	Mashed or <i>pureed</i> sweet potato, carrots, pumpkin
Green/Brassica vegetable	2 minced & moist* <i>2 pureed</i>	4 minced & moist* <i>4 pureed</i>	Mashed or <i>pureed</i> Cauliflower au gratin, Mashed or <i>pureed</i> beans	Mashed/ <i>pureed</i> Cauliflower au gratin, peas, beans, broccoli

**Note:** \*if on minced & moist diet, pureed options can be substituted  
 \*\*starchy vegetable alternative includes pasta, rice, noodles

**Table 2: Texture Modified Menus Acute, Residential Aged Care, Mental Health Choice (continued)**

	Per day	Per cycle	Today's Choice	Choice across the cycle
<b>Dessert</b> Groups 1, 2 and 3	1 x group 1 minced <i>and pureed*</i>	7 x group 1 or group 2	<b>Lunch:</b> Mashed Apricots & custard <i>Pureed apricots &amp; custard</i>	See menus on pp 63 – 64 to see choice across menus
Tinned fruit and dairy	2 <sup>nd</sup> choice 1 x group 1, 2 and 3 minced & moist <i>pureed or pureed*</i> fruit & dairy	7 x group 3 4 <i>pureed tinned fruit &amp; dairy</i> (2 minced*)	<b>Dinner:</b> Lemon Cheesecake & ice cream* <i>Lemon cheesecake (without base) &amp; ice cream*</i>	
Fruit – fresh	1 minced & moist 0 <i>pureed</i>	1 minced & moist 0 <i>pureed</i>	Mashed banana	

\*Ice cream not allowed on thickened fluid diets.

**Table 2: Texture Modified Menus Acute, Residential Aged Care, Mental Health & Acquired Brain Injury – Minimum Choice (continued)**

<b>MID MEALS</b> <i>Morning Tea, Afternoon Tea and Supper</i>	Long stay menu		Texture Modified menu	
	Per day	Per cycle	Per day	Per cycle
<b>Snack</b> Groups 1 and 2	2 x group 1 or 2 minced & moist**  2 x group 1 or 2 <i>pureed</i>	**3 x group 1 for both minced & moist and pureed **3 x group 2 for both minced & moist and pureed	Smooth yoghurt, mashed fruit. Soft cake with custard <i>Smooth yoghurt &amp; pureed fruit</i> <i>Chocolate mousse</i>	<b>Grp 1:</b> Smooth yoghurt + mashed fruit, Fruit smoothie, High protein custard + mashed fruit, <b>Grp 2:</b> Soft cake with custard, Chocolate mousse, custard + mashed fruit  <b>Grp 1:</b> <i>Smooth yoghurt &amp; pureed fruit, Fruit smoothie, High protein chocolate custard</i> <b>Grp 2:</b> <i>Chocolate mousse, Pureed cake &amp; custard, custard + pureed fruit</i>
High protein/energy supplement	1	3 ( <i>desirable to have multiple flavours of the supplements available</i> )	HP milk supplement	HP Milk supplement, HP fruit supplement, HP pudding supplement
Drinks*	Tea, coffee, water, cordial, milk drink		Tea, coffee, water, cordial, milk drink	Tea, coffee, water, cordial, milk drink

**Note:** \*\*Please note that some of the snack choices for the minced & moist texture can be the same as those provided for pureed texture.

\*Hydration is important in this group, so offer a variety of appropriate textured fluids are offered ie. thickened tea, coffee, cordial, milk, water and includes dairy desserts not just liquids

**Table 3: Paediatric Minimum Choice**

BREAKFAST	NO. SERVES/PER DAY /AGE				PER CYCLE	SUGGESTED MENU EXAMPLES	
	1–3	4 – 8	9 – 13	14 – 18		Today's choice	Choice across the cycle
Cold cereal – low fibre	2	2	2	2	2	Puffed rice	Puffed Rice, Corn flakes,
Cold cereal – high fibre	2	2	2	2	2	Wheat-flake biscuit	Wheat flake Biscuit, Sultana & Bran Flakes
Hot cereal	1	1	1	1	1	Porridge	
Cold protein	½	1	1	1	3	Vanilla Yoghurt	Vanilla Yoghurt, Chocolate milk, Banana Smoothie
Hot protein	½*	1*	1*	1*	3	Baked beans & hash browns	Scrambled egg, Cheese omelette,
Bread/toast/roll – low fibre	1	1	1	2	2	White toast	White Toast
Bread/toast/roll – high fibre	1	1	1	2	2	Fruit toast	Fruit toast, Wholemeal Toast
Fresh fruit	1	1	1	1	2	Banana	Banana, Apple, Mandarin^
Tinned fruit/juice	1	1	1	1	2 fruit 2 juice	Peaches/Orange juice	Peaches, Diced two fruits, Orange juice, apple juice
Milk	Full & low fat	Full & low fat	Full & low fat	Full & Low fat	2 (on cereal & milk drinks)		

\*As requested by the Dietitian – to be available but not necessarily printed on the menu.



**Table 3 Paediatric Minimum Choice (continued)**

MAIN MEAL <i>lunch and dinner</i>	NO. SERVES/PER DAY/AGE				PER CYCLE	SUGGESTED MENU EXAMPLES	
	1–3	4 – 8	9 – 13	14 – 18		Today's choice	Choice across the cycle
<b>Main hot protein</b> Groups 1, 2 and 3	1 x ½ Grp 1 or 2 2 <sup>nd</sup> choice* 1 x ½ Grp 1, 2, 3	1 x Grp 1 or 2 2 <sup>nd</sup> choice 1 x Grp 1,2, 3	1 x Grp 1 or 2 2 <sup>nd</sup> choice 1 x Grp 1,2,3	1 x Grp 1 or 2 2 <sup>nd</sup> choice 1 x Grp 1,2,3	35 minimum 14 x full 21 x easy to chew	Roast Beef Chickpea curry	See menus on p 56 – 61 to see choice across menus
Starchy vegetable or alternative	2 x ½	2 x ½	2	2	4 starchy veg 2 alternate (as starchy choice)	Roast potato	Mashed sweet potato, roast potato, Mashed potato, Sweet potato, Chips, Rice, noodles
Orange vegetable	2 x ½	2 x ½	2	2	3	Mashed pumpkin	Mashed sweet potato, carrot, mashed or roast pumpkin
Green/Brassica vegetable	2 x ½	2 x ½	2	2	4	Cauliflower au gratin	Cauliflower au gratin, beans, peas, broccoli
Main Salad 100g meat/meat alternative 1 x CHO serve 4 vegetables	<i>As requested</i> ½ serves meat & vege	<i>As requested</i> 100g meat & ½ serve vege	<i>As requested</i> 100g meat & full serve vege	<i>As requested</i> 100g meat & full serve vege	7 x meat or meat alternatives 4 x CHO 4 x vegetable	Chicken tenders Rice salad Lettuce, tomato Beetroot, Celery	See menu p 56 – 61 for meat/alternative choices Rice Salad, Potato salad, Pineapple, Pasta Salad, Lettuce & tomato, Celery, beetroot, capsicum, carrot
Side Salad – minimum 4 vegetables	<i>As requested</i>	<i>As requested</i>	<i>As requested</i>	<i>As requested</i>		Carrot sticks, celery sticks, tomato pieces, Capsicum sticks	Carrot sticks, Celery sticks, Capsicum sticks, tomato pieces
<b>Sandwich/wrap</b> Groups 1 and 2	½ Grp 1 or Grp 2	1 x Grp1 or 1 x Grp 2	1 x Grp1 or 1 x Grp 2	1 x Grp1 or 1 x Grp 2	9 x group 1 or group 2	Ham & cheese wrap Egg & lettuce swich	See menus on p 56 – 61 to see choice across menus

**Table 3: Paediatric Minimum Choice (continued)**

MAIN MEAL lunch and dinner	NO. SERVES/PER DAY/AGE				PER CYCLE	SUGGESTED MENU EXAMPLES	
	1–3	4 – 8	9 – 13	14 – 18		Today's choice	Choice across the cycle
Hot finger foods	½ serve*	½ serve*	1 serve*	1 serve*	5	Vege Spring Rolls	Vege spring rolls, Chicken tenders, arancini balls, Falafel Balls, Fish fingers
<b>Dessert</b> Group 2, 3 or Fruit & dairy dessert	½ Grp 2, 3 or dairy & fruit dessert	1 Grp 2, 3 or dairy & fruit dessert	1 Grp 2, 3 or dairy & fruit dessert	1 Grp 2, 3 or dairy & fruit dessert	7x Grp 2 or dairy & fruit dessert	<b>Lunch</b> Apricots & custard <b>Dinner</b> Peaches & ice cream	See menus on p 56 – 61 to see choice across menus
Fresh fruit	2	2	2	2	3	Banana, fruit in season	Banana, apple, fruit in season (not orange unless cut up)*
Bread/roll – low fibre	2	2	2	2	2	White bread/roll	
Bread/roll – high fibre	2	2	2	2	2	Wmeal bread/roll	
Milk – Full & low fat	1	1	1	1			

**Note:** \* As requested by the Dietitian – to be available but not necessarily printed on the menu

^fruits with tough skins eg. Oranges, should only be provided if they are cut up.

Need at least one vegetarian/vegan hot option every day. See Std. 8.2 p 16

**Table 3: Paediatric Minimum Choice (cont)**

MID MEALS <i>Morning Tea, Afternoon Tea and Supper</i>	NO. SERVES/PER DAY/AGE				PER CYCLE	SUGGESTED MENU EXAMPLES	
	1–3	4 – 8	9 – 13	14 – 18		Today's choice	Choice across the cycle
<b>Snack</b> Groups 1, 2 and 3	2 x Grp 1 2 x Grp 2 2 x Grp 3				4 x group 1 4 x group 2 4 x group 3	<b>Grp 1</b> – Cheese & biscuits, Yoghurt, 2 x ¼ ham swich <b>Grp 2</b> – Sponge cake, chocolate mousse <b>Grp 3</b> – Low fat cheese & crackers, low fat NASugar yoghurt	<b>Grp 1</b> – Cheese & biscuits, Yoghurt, ½ ham swich, Chocolate custard, Cheese scone, ½ chicken swich <b>Grp 2</b> – Sponge cake, chocolate mousse, ½ vegemite swich, Cheese spread & crackers <b>Grp 3</b> – Low fat cheese & crackers, low fat NASugar yoghurt, ½ plain/ wholemeal scone, fresh fruit
Drinks	Plain milk – full & low fat, milk drink  Water available at all times (after meals and between meals). Access to low fat and skim milk, soft drinks and cordial on request.				Not specified	Plain milk, milk drink.  Water available at all times (after meals and between meals). Access to low fat and skim milk, soft drinks and cordial on request.	Plain milk, milk drink.  Water available at all times (after meals and between meals). Access to low fat and skim milk, soft drinks and cordial on request.

**Table 4: Residential Care including Aged Care and Mental Health - Minimum choice**

BREAKFAST	STANDARD MENU		SUGGESTED MENU EXAMPLES	
	Per day	Per cycle	Today's choice	Choice across the cycle
Cold cereal – low fibre	1	2	Puffed Rice	Puffed Rice, Corn flakes
Cold cereal – high fibre	2	3	Muesli Wheat – flake Biscuit	Muesli, Wheat flake Biscuit, Sultana & Bran Flakes
Hot cereal	1	1	Porridge	Porridge
Protein – cold	1	2 <sup>`</sup>	Yoghurt	Yoghurt, Banana Smoothie, bircher muesli
Protein – hot <sup>*</sup>	3 days per week for MH. Every day for aged care	5 <sup>*#</sup>	Baked beans + tomato	Baked beans + tomato, scrambled egg, cheese omelette, Chipolatas, Poached egg
Bread/roll/toast – low fibre	1	2	White bread	White bread, white bread roll
Bread/roll/toast – high fibre	2	2 (wholegrain for Mental Health)	Wholemeal/Wholegrain bread, Fruit bread	Wholemeal, multigrain, white hi fibre bread. Wholemeal, multigrain roll. Fruit bread, wholemeal breakfast muffin
Fresh fruit	1	3 <sup>*</sup>	Banana	Banana, apple, fruit in season
Tinned fruit <sup>**</sup> or Portion Controlled juice <sup>**</sup>	1	4 fruit 2 juice	Orange juice and/or peaches	Orange juice, apple juice, prune juice, peaches, prunes, diced 2 fruits, pears, fruit compote
Milk	Full & low fat Non dairy (↑Ca <sup>2+</sup> & B12)	On cereal and in drink	Full & 2%, Non dairy (↑Ca <sup>2+</sup> & B12)	Full fat, 2% fat, Ca <sup>2</sup> & B12 fortified soy milk

**Note:** <sup>\*</sup>Healthy breakfast options should be available in all facilities with some higher protein & energy options for Aged Care and identified clients

<sup>#</sup>If MH or Aged Care are in an acute hospital – menu choices to align with acute menu options

<sup>\*\*</sup>no added sugar

**Table 4: Residential Care including Aged Care and Mental Health - Minimum choice (continued)**

MAIN MEAL <i>lunch and dinner</i>	STANDARD MENU		SUGGESTED MENU EXAMPLES	
	Per day	Per cycle	Today's choice	Choice across the cycle
Soup (powder base)	No minimum set. Include for seasonal variety			
<b>Soup</b> Groups 1 and 2	1 Grp 1 or 2 (Aged Care only)	7	Pea & Ham soup	<b>Grp 1</b> – pea & ham, beef & vege, lentil, minestrone <b>Grp 2</b> – Chicken & corn, Creamy pumpkin, Tomato & bacon, Potato & leek
<b>Main hot protein</b> Groups 1, 2 and 3	1 x group 1 or 2  2 <sup>nd</sup> choice 1 x group 1, 2, 3 or alternative	35 choices <sup>Ω</sup> 14 x full 21 easy to chew (at least 1 vegetarian choice every day)	Roast Beef  Chickpea curry	See menu p 57 – 62 for meat/alternative choices.  <sup>Ω</sup> Include fish/seafood 3 times a week on menu as per Std 7.5 on p 14
Starchy vegetable or alternative	1	4	Roast potato	Mashed/roast sweet potato, mashed/roast potato, Rice/pasta, noodles
Orange vegetable	2	3	Mashed pumpkin Carrot	Mashed sweet potato, carrot, mashed or roast pumpkin
Green/brassica vegetable	2	4	Cauliflower Beans	Cauliflower, beans, brussel sprouts, peas, broccoli
Side Salad Minimum 4 vegetables	1	1	<b>Lunch:</b> Lettuce, tomato, carrot sticks, cucumber	
Main Salad 100g meat/meat alternative 1 x Starchy (15g CHO) serve 4 x vegetables	1	10 x meat/meat alternative <sup>Ω</sup> 4 x CHO choices 4 x vegetables	<b>Dinner:</b> Corn beef Rice salad Lettuce & tomato Cucumber & beetroot	See menu pp 56 – 61 for meat/alternative choices <sup>Ω</sup> Include fish/seafood 3 times a week on menu as per Std 7.5 on p 14 Rice Salad, Potato salad, Pineapple, Pasta salad, Lettuce & tomato Cucumber, beetroot, capsicum, carrot

**Table 4: Residential Care including Aged Care and Mental Health – Minimum choice (continued)**

MAIN MEAL lunch and dinner	STANDARD MENU		SUGGESTED MENU EXAMPLES*	
	Per day	Per cycle	Today's choice	Choice across the cycle
Salad Dressing (Low Joule)	1	3	French dressing (portion control preferred for MH)	French dressing, mayonnaise, vinaigrette dressing.
<b>Sandwich</b> Groups 1 and 2	1 x group 1 for identified clients 1 x group 2	7 x group 1 <sup>Ω</sup> 7 x group 2 <sup>Ω</sup>	<b>Lunch:</b> Ham & cheese <b>Dinner:</b> Chicken & cranberry	See menu p 56 – 61 for choices <sup>Ω</sup> Include fish/seafood 3 times a week on menu as per Std 7.5 on p 14 Bread to be high fibre low GI (white or wholemeal) for MH
<b>Dessert</b> Groups 1, 2, 3 and tinned fruit & dairy	1 x group 1 for identified clients 1 x group 2 Include a group 3 for variety  1x tinned fruit and dairy every day	7 x group 1 7 x group 2 7 x group 3 4 x tinned fruit & dairy	<b>Lunch:</b> Apricots & custard  <b>Dinner:</b> Low fat trifle	See menu pp 56 – 61 for choices
Fruit – fresh	2 (includes mid-meals)	5	<b>Lunch:</b> Apple <b>Dinner:</b> Fruit in season	Apple, banana, fruit in season
Bread/roll/toast – low fibre	2	2	<b>Lunch:</b> White bread <b>Dinner:</b> White roll	White Bread, white breadroll
Bread/roll/toast – high fibre	2	2 (wholegrain for Mental Health)	<b>Lunch:</b> w/ meal bread <b>Dinner:</b> w/ meal roll	Wholemeal/wholegrain bread, wholemeal breadroll, white high fibre bread

**Note:** <sup>Ω</sup> Include fish/seafood 3 times a week on menu as per Std 7.5 on p14



**Table 4: Residential Care including Aged Care and Mental Health – Minimum choice (continued)**

MID MEALS <i>Morning Tea, Afternoon Tea and Supper</i>	LONG STAY MENU			
	Per day	Per cycle	Today's choice	Choice across the cycle
<b>Snack</b> Groups 1, 2 and 3	Three per day. 1 x group 1 or 2 (for identified clients) 3 x group 3	3 x group 1 6 x group 2 7 x group 3	Raw nuts, ½ vegemite sandwich (wholegrain/ multigrain), Low fat yoghurt	<b>Grp 1:</b> Cheese & biscuits, fruit yoghurt, nuts, ½ cheese sandwich, raw nuts <b>Grp 2:</b> Fruit cake, muffin, potato crisps, chocolate bar <b>Grp 3:</b> Low fat yoghurt, Low fat cheese & wholemeal crackers, water crackers & hommus, fresh fruit, fruit yoghurt, low fat muffin, ½ vegemite wholegrain sandwich, ½ banana wholegrain sandwich
High protein/energy supplement	As requested by Dietitian		As requested by Dietitian	
Drinks	Tea, coffee, water, fruit juice (aged care ) no added sugar cordial, milk drink (low fat options) Decaffeinated options		Tea, coffee, water, fruit juice (aged care), no added sugar cordial, milk drink (full & low fat options) Decaffeinated options	Tea, coffee, water, fruit juice (aged care) no added sugar cordial, milk drink (low fat options). Decaffeinated options



## SECTION 4

### USER GUIDE

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Nutrition Standards for Meals and Menus



# USER GUIDE: PUTTING IT ALL TOGETHER

## Section 1: Nutrition Standards

Section one outlines each Nutrition Standard including the aim, background and rationale.

The Nutrition Standards are measurable and should be used to assess if a site's menu, as well as supporting processes and systems, are able to meet these Standards:

- You should be able to answer 'yes' or 'no' to each Nutrition Standard statement:
  - › If you answer *yes*, can you provide the evidence if required?
  - › If you answer *no*, then this may be an area for improvement unless there is reasonable justification as to why it has not been met.

## Section 2: Meal Component Specifications

Section two provides nutritional information on meal components setting minimum limits for specific nutrients to ensure nutritional adequacy of the menu. The tables outlined in Section 3 Minimum menu choice are based on these specifications.

### Section 2 outlines:

- The **meal categories** i.e. main protein, soup, sandwiches, desserts, fortified items, hot breakfast proteins and mid-meal snacks.
- The **meal component specifications** are displayed as groups under each category. The specifications provide the definition, some examples, recommended serve sizes as well as the energy and protein requirements for each group.
- Portion sizes for non-grouped items are listed separately.

## Section 3: Minimum Menu Choice

Section three provides the framework for structuring meals across the day as well as across the menu cycle. In order to maximise patient intake, the menu standards aim to provide a number of choices (as a minimum) that are available to patients per day and per cycle. To ensure maximum choice for main meal hot protein, menus need to offer a total of 35 choices per cycle. Refer to p 45 to calculate the number of main meal hot protein serves to offer each day based on menu length.

### Tables within this section outline:

- The minimum number of choices available to be offered including:
  - **Minimum menu choice required per day:**
    - › eg. the long stay acute menu requires a minimum of two hot main meals a day (could be served at lunch or dinner or both)
    - › eg. the short stay acute menu requires a minimum of one hot main meal a day (could be served at lunch or dinner).
  - **Minimum menu choice required across the menu cycle:**
    - › eg. the long stay acute menu requires a minimum of 35 hot meal choices per cycle, with at least 14 being full choices and 21 being easy to chew choices
    - › eg. the short stay acute menu requires a minimum of 14 hot meal choices per cycle, with at least 7 being easy to chew choices.
  - **Minimum menu choices required across the meal groups:**
    - › eg. the long stay acute menu recommends that one of the two hot main meals should be a group 1 or 2 meal and a second choice can be a group 1, 2 or 3 meal (p 20).
    - › eg. the short stay acute menu recommends that the main hot protein can be from either group 1, 2 or 3 (p 20).



## USING THE STANDARDS TO DEVELOP YOUR MENU

1. Determine the length of your menu cycle.
2. List all the items you have available that you plan to use on your menu.
3. For each item that has a meal component specification (main hot protein, soup, sandwiches, dessert and snacks) place them into the 'best fit' group. See Appendix 3 for menu examples.
4. Note recommended serve size ranges for other non-grouped meal items.
5. Ensure you have adequate quantity of meal items for your menu. You can check by looking at the recommended minimum number of items per cycle under Section 3.
6. Consider vegetarian and vegan choices in menu planning – see Section 1 Nutrition Standards.
7. Consider what diets can be provided from the main menu and what diets need a separate menu.
8. With the above information you can begin to develop your master menu. (the menu that sits in the kitchen to inform all possible choices for different diet requirements).
  - a. Menu planning should ensure that the overarching principles in section 1 Nutrition Standards are met.
  - b. Menu planning principles such as ensuring variety, colour, texture, taste, appearance and budget should be used to guide your menu development.



## Sample calculations for main hot protein across different menu cycle lengths

You will need to know the length of your menu cycle to work out how many choices you should offer per day. Below is an example of different menu cycle lengths and the number of choices you need to provide daily to meet the standards eg. 35 choices per cycle for long stay menus and residential care menus.

Repeats are the number of meals that can appear more than once within a cycle once the minimum requirements for variety have been met. Repeats are worked out by multiplying the number of choices per day by number of days in the cycle, then deduct the number of recommended choices (eg. 35 or 28) from the total to see how many repeats would be acceptable.

### Adult Acute, Residential Aged Care and Mental Health: Long stay menu

MAIN MEAL Hot Protein	Room Service	7 day (Acute only)	14 day		21 day	
Lunch	Total of 35 hot choices (include any all day breakfast choices)	2 choices	1 choice	2 choices	1 choice	1 choice
Dinner		3 choices	3 choices	2 choices	1 choice	2 choices
Possible Repeats <sup>#</sup>		No repeats	7 repeats	15 repeats	7 repeats	28 repeats

<sup>#</sup>repetitions are only necessary if the 35 meals are the minimum – it is possible to reduce repetition by having additional choices available.

For texture modified meals with a total of 14 (acute)/21 (residential) minced & moist and 14 (acute)/21 (residential) pureed choices, the daily choices would be as follows:

### Texture Modified Menu

MAIN MEAL Hot Protein*	7 day Adult Acute	14 day Adult Acute	14 day Residential	21 day Residential
Lunch	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed	1 Soft & Bite Sized 1 Minced and Moist 1 Pureed	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed
Dinner	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed	1 Soft & Bite Sized 1 Minced and Moist 1 Pureed	1 Soft & Bite Sized 1 Minced & Moist 1 Pureed
Possible Repeats	No repeats	14 repeats each texture	7 repeats each texture	21 repeats each texture

**Note:** \*can use the same meat with different sauces/gravies to increase variety.

## DEFINITIONS AND ABBREVIATIONS

### Breakfast Protein

Refers to items available that contribute significantly to protein intake.

**Hot** – Examples include eggs, sausages, savoury mince, bacon or baked beans. **Note:** spaghetti is not high in protein but can be offered in addition to one of the higher protein choices.

**Cold** – Includes yoghurt, cheese or milk drinks (eg. smoothie), cold boiled eggs, cold meats.

### CHO

Carbohydrate

### Choice

The number of available options, either over a day or within the cycle.

### Finger Foods

Finger foods may be useful to assist intake and independence. These items do not require utensils thus enable patients to eat these foods on their own without feeding assistance. Examples include sandwiches, meat balls, quiches, cheese sticks, or sweet potato wedges.

### Fortification of Menu Items

To provide additional nutrition, fortification of certain meal components including hot cereals, soups, vegetables and dessert is required. Fortification aims to increase the protein and/or energy density of the meal component.

**See p 23 for further details.**

### Fruit

Citrus and tropical fruits are a good source of Vitamin C and should be included each day. The intent is to have a small range of fresh fruit in season that is available for all texture levels so include at least one soft fresh fruit each day that can be mashed or minced.

### 'Healthy' meal options

These meal options are lower in saturated fat, total fat, energy and/or salt than other items offered. The Dietitian will assess what options are suitable for patient groups.

### High fibre cereals

These should provide at least 3g fibre per serve.

### Integrated Menu

Refers to a menu structure that enables the most common diets to be ordered from the main menu without compromising taste and nutritional adequacy. Commonly integrated diets are fibre modified, carbohydrate modified, fat modified, low lactose and soft texture diets. Some diets are more difficult to integrate into the main menu and may require a separate menu e.g. electrolyte modified diets. However it is recommended that suitable items from the main menu be used where possible.

### Long stay menu

Long stay patients and those assessed as malnourished or at risk of malnutrition in acute facilities, need to have access to higher energy/protein food choices to increase the likelihood of meeting their elevated nutritional requirements. The long stay hospital menu will provide nutrient dense menu options including the following fortified items: a cold and hot protein choice at breakfast, fortified cereal, vegetable, soup and mid-meals to meet nutritional targets and maximize patient/resident/client/consumer choice. This menu is intended to be offered as the standard or general menu in acute adult facilities with the exception of short stay patients i.e. patients staying less than 7 days who would be offered a short stay menu.

### LOS

Length of stay.

### Main menu

All foods available through the standard meal service, not requiring to be made up 'specially' as in an individual therapeutic diet.

### Meats and Meat Alternatives:

The foods in this group (i.e. red meats, poultry, fish, egg, nuts and legumes) are very valuable sources of protein as well as being a major source of a number of minerals and vitamins, such as iron, zinc, vitamin B12 and, in the case of fish, omega-3 fats.<sup>4</sup>

Red meats are particularly good sources of iron, zinc and B12, and include beef, veal, and lamb. A range of red meats should be offered across the menu cycle so that there is at least one red meat choice each day on the menu.

A range of poultry, pork, eggs, fish and meat alternatives (i.e. legumes, nuts or seeds) should be considered in menu planning to provide variety and additional nutrients i.e. omega-3 fats in fish.

### Menu Assessment

It is a requirement that menus are reviewed biennially against *Nutrition Standards for Meals and Menus*<sup>17</sup>. This assessment would include a major review of menu structure including length of cycle and number of choices. Continual menu reviews should occur on an ongoing basis as required to address changes in contracts and/or SOAs, assess meal quality aspects, products or recipes.

### OBD

Overnight bed days.

### Room Service

Room service is a model of foodservice that provides full choice from a single menu that is usually repeated daily. Due to the short order nature of the model, items such as toasted sandwiches/wraps, burgers, pizzas & pies can be included as main meal hot protein items. If breakfast choices are offered all day (eg. omelettes) these can also be included in main meal hot protein items. If this model is to be used for longer stay patients, to achieve choice in desserts, salad and soups it may be necessary to include a "chef's special" or "choice of the day" option.



## Definitions and Abbreviations

*continued*

### Salads

The Standards recommend a minimum of four salad vegetables for the side salad as well as the main salad. This will likely include lettuce (ideally mixed leaf), tomato and two other salad vegetables (eg. onion, capsicum, cucumber, grated carrot, celery, mushroom, beetroot or asparagus) as a minimum.

A carbohydrate (CHO) source for salad could include either a starchy vegetable salad item (eg. potato salad, sweet potato salad, corn, or bean mix) or a cereal salad item (eg. pasta salad, rice salad or cous cous salad). A CHO serve should be 90 – 120g. The main salad also requires a source of protein daily.

### Serve size variation

The Standards (refer to p 8 Std 1.5) recommend that serve size variations be available on the menu including as a minimum small, medium (standard serve) and large options where practical.

For some items (i.e. portion controlled) offering serve size variations may not be practical and visual appearance of such items should be considered.

#### Main Meal Protein

- A **small serve** would be considered 75% of a standard serve due to the nutritional value of this meal component.
- A **large serve** would be up to 150% of a standard serve.

#### Vegetables

- A **small serve** would be considered between 50–75% of a standard serve.
- A **large serve** would be up to 150% of a standard serve.

#### Desserts

- A **small serve** would be considered between 50–75% of a standard serve.
- For a **large dessert serve**, it is suggested that additional components are offered where practical eg. custard, instead of a large portion size, if tray space is an issue.

### Short stay menu

An alternative menu may be provided to patients who are not at nutritional risk and are admitted for less than 7 days to an acute facility. This menu does not include fortified options and has been modelled to provide a reduced choice version of the long stay menu.

### SOA

Standing offer arrangement. Products that are on the Qld Health Statewide Food Service SOA have gone through the tender process and have been accepted as meeting certain criteria. Current categories for SOA's are:

- SOA 068 – Thickened fluids.

### Texture modified diets

Terminology used is based on International Dysphagia Diet Standardisation Initiative (IDDSI).<sup>69</sup>

### Vegetables

**Starchy vegetables** – these vegetables are higher in kilojoules per unit weight than other vegetables but are a major staple in the Australian diet and a useful source of soluble fibre so a minimum of one per day has been recommended. They include potato and sweet potato.

**Green/brassica vegetables** – have a good range of nutrients and are low in kilojoules and a good source of fibre. Green/brassica vegetables include – green beans, peas, broccoli, cauliflower, brussel sprouts, cabbage, zucchini, spinach and silverbeet.

**Orange vegetables** – are also a good source of vitamins, minerals and fibre. They include carrots, pumpkin and sweet potato. **Note:** sweet potato is counted as a starchy vegetable as well as orange and is higher in kilojoules.

## REFERENCES

1. Queensland Health. *Statewide Foodservices Network Food Service – KPI's*. 2020; Available from: [https://qheps.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0020/353801/sfs-kpis-2016.pdf](https://qheps.health.qld.gov.au/__data/assets/pdf_file/0020/353801/sfs-kpis-2016.pdf).
2. National Health and Medical Research Council. *Eat for Health Educators Guide*. 2013; Available from: [https://www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n55b\\_eat\\_for\\_health\\_educators\\_guide.pdf](https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55b_eat_for_health_educators_guide.pdf).
3. Queensland Mental Health Benchmarking Unit, *Multi-site Benchmarking of Extended Treatment Acquired Brain Injury Inpatient Mental Health Services Benchmarking Report*. 2009.
4. Queensland Mental Health Benchmarking Unit, *Extended Treatment Rehabilitation and Dual Diagnosis Mental Health Benchmarking Report*. 2009.
5. De Hert, M., et al., *Metabolic Syndrome in People with Schizophrenia: A Review*. World Psychiatry, 2009(8): p. 15–22.
6. Dickerson, F., et al., *Health status of individuals with serious mental illness*. Schizophrenia Bulletin, 2006(32): p. 584–589.
7. National Health and Medical Research Council. *Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes*. 2006.
8. Almdal, T., et al., *Food production and wastage in relation to nutritional intake in a general district hospital-wastage is not reduced by training the staff*. Clin Nutr, 2003. 22(1): p. 47–51.
9. Kondrup, J., et al., *Incidence of nutritional risk and causes of inadequate nutritional care in hospitals*. Clin Nutr, 2002. 21(6): p. 461–8.
10. Barton, A.D., et al., *High food wastage and low nutritional intakes in hospital patients*. Clin Nutr, 2000. 19(6): p. 445–9.
11. Dupertuis, Y.M., et al., *Food intake in 1707 hospitalised patients: a prospective comprehensive hospital survey*. Clin Nutr, 2003. 22(2): p. 115–23.
12. Gallagher-Allred, C., A. Cobble Voss, and K. Koop, *The effect of medical nutrition therapy on malnutrition and clinical outcomes*. Nutrition, 1999. 15(6): p. 512–514.
13. Allison, S.P., *Hospital food as treatment*. Clin Nutr, 2003. 22(2): p. 113–4.
14. Correia, M.I. and D.L. Waitzberg, *The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis*. Clin Nutr, 2003. 22(3): p. 235–9.
15. Bell, J., et al., *The SIMPLE Approach*. 2017: Brisbane.
16. Elia, M., *Nutrition and health economics*. Nutrition, 2006. 22(5): p. 576–8.
17. Queensland Health. *Food Service Best Practice Guideline*. 2018.
18. Pullen, K., et al., *Are energy and protein requirements met in hospital?* J Hum Nutr Diet, 2018. 31(2): p. 178–187.
19. Olin, A.O., et al., *Energy-enriched hospital food to improve energy intake in elderly patients*. JPEN J Parenter Enteral Nutr, 1996. 20(2): p. 93–7.
20. Gall, M.J., et al., *Effect of providing fortified meals and between-meal snacks on energy and protein intake of hospital patients*. Clin Nutr, 1998. 17(6): p. 259–64.
21. Barton, A.D., et al., *A recipe for improving food intakes in elderly hospitalized patients*. Clin Nutr, 2000. 19(6): p. 451–4.
22. Lorefalt, B., U. Wissing, and M. Unosson, *Smaller but energy and protein-enriched meals improve energy and nutrient intakes in elderly patients*. J Nutr Health Aging, 2005. 9(4): p. 243–7.
23. Australian Commission on Safety and Quality in Health Care. *NSQHS Standards – Nutrition and Hydration*. 2018; Available from: <http://www.nationalstandards.safetyandquality.gov.au/5.-comprehensive-care/minimising-patient-harm/nutrition-and-hydration>
24. Dietitians Association of Australia. *Nutrition for pregnancy* 2020; Available from: <https://daa.asn.au/smart-eating-for-you/smart-eating-fast-facts/pregnancy/nutrition-for-pregnancy/>.
25. Australia, H. *Healthy Diet During Pregnancy* 2020; Available from: <https://www.pregnancybirthbaby.org.au/healthy-diet-during-pregnancy>
26. National Health and Medical Research Council. *Public Statement: Iodine supplementation for Pregnant and Breastfeeding Women*. 2010; Available from: [http://www.nhmrc.gov.au/publications/synopses/new45\\_syn.htm](http://www.nhmrc.gov.au/publications/synopses/new45_syn.htm).
27. National Health and Medical Research Council. *Iodine Supplementation During Pregnancy and Lactation – Literature Review*. 2010; Available from: <http://www.nhmrc.gov.au/publications/iodine-supplementation-pregnant-and-breastfeeding-women>.
28. Food Standards Australia New Zealand. *Mercury in fish*. 2020; Available from: <https://www.foodstandards.gov.au/consumer/chemicals/mercury/Pages/default.aspx>.
29. Food Standards Australia New Zealand. *Listeria*. 2018; Available from: <http://www.foodstandards.gov.au/consumer/safety/listeria/Pages/default.aspx>.
30. Queensland Health. *A Healthy Start in Life – a nutrition manual for health professionals*. 2007.
31. Queensland Health. *A Healthy Start in Life – a nutrition manual for health professionals*. 2007.
32. Australasian Society of Clinical Immunology and Allergy. *Infant Feeding and Allergy Prevention Guidelines*. 2018 [cited 2018 October]; Available from: [www.allergy.org.au](http://www.allergy.org.au).
33. Children's Health Queensland Hospital and Health Service. *Baby's First Foods*. 2017; Available from: [https://www.health.qld.gov.au/nutrition/nemo\\_paeds](https://www.health.qld.gov.au/nutrition/nemo_paeds).
34. White, M., et al., *Prevalence of malnutrition, obesity and nutritional risk of Australian paediatric inpatients: a national one-day snapshot*. J Paediatr Child Health, 2015. 51(3): p. 314–20.
35. Agency for Clinical Innovation Nutrition Network. *Nutrition Standards: For Paediatric Inpatients in NSW Hospitals*. 2011; Available from: [https://www.aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0005/160556/Nutrition-standards-for-paediatric-inpatients-in-NSW-hospitals.pdf](https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0005/160556/Nutrition-standards-for-paediatric-inpatients-in-NSW-hospitals.pdf).
36. National Health and Medical Research Council. *Eat for Health Infant Feeding Guidelines*. 2013; Available from: [https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131\\_n56\\_infant\\_feeding\\_guidelines\\_summary.pdf](https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf).
37. Australian Government. 2019. *Aged Care Quality Standards*, <https://www.agedcarequality.gov.au>
38. Abbey, K.L., O.R. Wright, and S. Capra, *Menu Planning in Residential Aged Care-The Level of Choice and Quality of Planning of Meals Available to Residents*. Nutrients, 2015. 7(9): p. 7580–92.

39. NSW Health. *Eating Well – A Food and Nutrition Resource for Frail Older People and their Carers*. 2010; Available from: <http://www.mnrcsd.com.au/uploads/uploads/Eating%20Well-final-NSCCAHS-2010.pdf>.
40. Brownie, S., H. Mugglestone, and C. Oliver, *The 2013 Australian dietary guidelines and recommendations for older Australians*. Australian Family Physician, 2015. **44**: p. 311–315.
41. Bernstein, M., *Nutritional Needs of the Older Adult*. Phys Med Rehabil Clin N Am, 2017. **28**(4): p. 747–766.
42. Molino, A., et al., *The role for dietary omega-3 fatty acids supplementation in older adults*. Nutrients, 2014. **6**(10): p. 4058–73.
43. Phillips, S.M., S. Chevalier, and H.J. Leidy, *Protein “requirements” beyond the RDA: implications for optimizing health*. Applied Physiology, Nutrition, and Metabolism, 2016. **41**(5): p. 565–572.
44. Bauer, J., et al., *Evidence-based recommendations for optimal dietary protein intake in older people: a position paper from the PROT-AGE Study Group*. J Am Med Dir Assoc, 2013. **14**(8): p. 542–59.
45. Bernstein, M. and N. Munoz, *Position of the Academy of Nutrition and Dietetics: food and nutrition for older adults: promoting health and wellness*. J Acad Nutr Diet, 2012. **112**(8): p. 1255–77.
46. National Health and Medical Research Council. *Australian Dietary Guidelines – providing scientific evidence for healthier Australian diets*. 2013.
47. Alix, E., et al., *Energy requirements in hospitalized elderly people*. J Am Geriatr Soc, 2007. **55**(7): p. 1085–9.
48. Odlund Olin, A., et al., *Energy-dense meals improve energy intake in elderly residents in a nursing home*. Clin Nutr, 2003. **22**(2): p. 125–31.
49. Jean, L.A., *“Finger food menu” restores independence in dining*. Health Care Food Nutr Focus, 1997. **14**(1): p. 4–6.
50. Ford, G., *Putting feeding back into the hands of patients*. J Psychosoc Nurs Ment Health Serv, 1996. **34**(5): p. 35–9.
51. Leslie, W. and C. Hankey, *Aging, Nutritional Status and Health*. Healthcare, 2015. **3**(3): p. 648–658.
52. Jahangir, E., A. De Schutter, and C.J. Lavie, *Low weight and overweightness in older adults: risk and clinical management*. Prog Cardiovasc Dis, 2014. **57**(2): p. 127–33.
53. Australian Aged Care Quality Agency. *Accreditation Standards*. Available from: <https://www.aacqa.gov.au/providers/residential-aged-care/resources/brocah0011accreditationstandardsfactsheetenglishv14.1.pdf>.
54. Jennings, E., *The importance of diet and nutrition in severe mental health problems*. Journal of community nursing, 2015. **5**(29): p. 68–73.
55. Sanchez-Villegas, A., et al., *Mediterranean diet and depression*. Public Health Nutr, 2006. **9**(8a): p. 1104–9.
56. Holt, R.I. and R.C. Peveler, *Obesity, serious mental illness and antipsychotic drugs*. Diabetes Obes Metab, 2009. **11**(7): p. 665–79.
57. Murdoch, B. and D. Theodoros, *Dysphagia following traumatic brain injury in adults and children: assessment and characteristics*. 2001, San Diego: Singular Publishing Group.
58. Appleton, K.M., P.J. Rogers, and A.R. Ness, *Updated systematic review and meta-analysis of the effects of n-3 long-chain polyunsaturated fatty acids on depressed mood*. Am J Clin Nutr, 2010. **91**(3): p. 757–70.
59. Queensland Health. *Queensland Health Statewide Foodservices Policy and Implementation Standards*. 2011.
60. Agency for Clinical Innovation Nutrition Network. *Nutrition standards: for consumers of inpatient mental health services in NSW*. 2013; Available from: [https://www.aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0013/201091/ACI-Nutrition-Mental-Health-Inpatients-web-final.pdf](https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/201091/ACI-Nutrition-Mental-Health-Inpatients-web-final.pdf).
61. De Hert, M., et al., *Prevalence and severity of antipsychotic related constipation in patients with schizophrenia: A retrospective descriptive study*. BMC Gastroenterol, 2011. **11**: p. 17.
62. Marsh, K., et al., *Meeting nutritional needs on a vegetarian diet*. Aust Fam Physician, 2009. **38**(8): p. 600–2.
63. National Health and Medical Research Council. *Dietary Guidelines for Australian Adults*. 2003.
64. Craig, W.J. and A.R. Mangels, *Position of the American Dietetic Association: vegetarian diets*. J Am Diet Assoc, 2009. **109**(7): p. 1266–82.
65. Craig, W.J., *Nutrition concerns and health effects of vegetarian diets*. Nutr Clin Pract, 2010. **25**(6): p. 613–20.
66. Craig, W.J., *Health effects of vegan diets*. Am J Clin Nutr, 2009. **89**(5): p. 1627s–1633s.
67. Lightowler, H.J. and G.J. Davies, *Assessment of iodine intake in vegans: weighed dietary record vs duplicate portion technique*. Eur J Clin Nutr, 2002. **56**(8): p. 765–70.
68. Agency for Clinical Innovation Nutrition Network. *Therapeutic Diet Specifications: for adult inpatients*. 2012; Available from: <https://www.aci.health.nsw.gov.au/?a=160557>.
69. International Dysphagia Diet Standardisation Initiative. *About IDDSI, Framework, Implementation, Translations & Resources*. 2018; Available from: <http://iddsi.org/>.
70. Lam, P., et al., *The International Dysphagia Diet Standardisation Initiative (IDDSI) framework: the Kempen pilot*. British Journal of Neuroscience Nursing, 2017. **13**(Sup2): p. S18–S26.
71. Department of Human Services Victoria. *Nutrition Standards for Menu Items in Victorian Hospitals and Aged Care Facilities*. 2009; Available from: [http://www.health.vic.gov.au/patientfood/nutrition\\_standards.pdf](http://www.health.vic.gov.au/patientfood/nutrition_standards.pdf).
72. Sharpe, J-K., Stedman, T., Byrne, N.M., Hills, A.P. 2010. Prediction of resting energy requirements in people taking weight-inducing antipsychotic medications. *Nutrition and Dietetics*. **67** (3): 166-170.
73. Nunes, E.A., B.S. Currier, C. Lim, S.M. Phillips, *Nutrient-dense protein as a primary dietary strategy in healthy ageing: please sir, may we have more?* Proceeding of the Nutrition Society (2021), **80**, 264-277.
74. Farrer, O., Olsen, C., Mousley, K., Teo, E. 2016. *Does presentation of smooth pureed meals improve patients consumption in an acute care setting: A pilot study*. Nutrition & Dietetics. **73**: 405-409.

## APPENDIX 1

### Length of Stay Summary Data Acute – overall (2018)

HOSPITAL	DAYS ADMITTED	NO. ANNUAL SEPARATIONS	PROPORTION HOSPITAL SEPARATIONS		MEAN LOS	% OVERNIGHT OBDS	AVG AGE	MAL – NUTRITION %	INDIGENOUS PATIENTS %
			TOTAL	OVERNIGHT					
Rural/Remote Medium	1 or >	2780	52.3%	100%	3.0	100	50	0.9	2
	4 or >	538	10.1%	19.4%	7.9	51	57	3.7	8
	7 or >	167	3.1%	6.0%	13.2	27	68	8.4	2
	14 or >	42	0.8%	1.5%	24.5	12	75	16.7	0
	21 or >	22	0.4%	0.8%	32.8	9	79	36.4	0
	60 or >	1	0.02%	0.04%	77.0	1	79	0	0
Regional – Medium	1 or >	16812	71.7%	100%	4.7	100	51	0.7	9t
	4 or >	4897	20.9%	29.1%	10.6	65	59	4.7	10
	7 or >	2197	9.4%	13.1%	17.0	47	67	9.9	5
	14 or >	798	3.4%	4.7%	29.9	30	68	14.0	6
	21 or >	399	1.7%	2.4%	41.5	20	64	9.8	7
	60 or >	33	0.1%	0.2%	126.2	5	41	6.1	10
Metro Medium	1 or >	15716	35.9%	100%	–	100	–	–	–
	4 or >	7247	16.6%	46.1%	20.6	74	60	14	3.2
	7 or >	2903	6.6%	18.5%	26.5	42	61	22	3.8
	14 or >	934	2.1%	5.9%	38.8	21	59	26	4.5
	21 or >	302	0.7%	1.9%	42.8	9	62	29	5.0
	60 or >	24	0.1%	0.1%	73.0	0.1	65	17	6.0

HOSPITAL	DAYS ADMITTED	NO. ANNUAL SEPARATIONS	PROPORTION HOSPITAL SEPARATIONS		MEAN LOS	% OVERNIGHT OBDS	AVG AGE	MAL – NUTRITION RATE %	INDIGENOUS PATIENTS %
			TOTAL	OVERNIGHT					
Tertiary Metro	1 or >	32160	52.1%	100%	1.5	100	44	2.0	3.4
	4 or >	13250	21.5%	41.2%	4.8	84	58	7.7	3.1
	7 or >	7901	12.8%	24.6%	9.3	71	62	13.7	2.7
	14 or >	3164	5.1%	9.8%	16.2	48	60	18.4	3.6
	21 or >	1540	2.5%	4.8%	30.5	34	59	20.6	2.5
	60 or >	140	0.4%	0.4%	146.3	11	48	11.4	4.3
Tertiary Regional	1 or >	19212	23.3%	100%	7.6	100	50	4.0	44
	4 or >	10360	12.6%	53.9%	12.2	87	54	5.8	23
	7 or >	5698	6.9%	29.7%	18.2	71	57	7.8	22
	14 or >	2514	3.1%	13.1%	29.7	51	58	9.9	21
	21 or >	1401	1.7%	7.3%	40.2	39	57	11.6	22
	60 or >	139	0.2%	0.7%	116.6	11	50	5.8	26
Metro Large	1 or >	27566	48.8%	100%	4.0	100	44	2.3	6.0
	4 or >	7332	13.0%	26.6%	10.6	72	58	6.7	4.8
	7 or >	3586	6.3%	13.0%	16.7	55	62	9.8	4.4
	14 or >	1336	2.4%	4.8%	29.4	36	60	12.8	4.8
	21 or >	662	1.2%	2.4%	42.7	26	59	14.0	5.3
	60 or >	77	0.3%	0.3%	133.7	9	48	13.0	5.4
Paediatric Metro	1 or >	13899	46.0%	100%	4.1	100	6.9	NA	6
	4 or >	5020	12.3%	26.5%	11.4	74	7.1		8
	7 or >	2643	6.5%	14.0%	17.5	60	7.8		10
	14 or >	1105	2.7%	5.6%	29.1	42	8.2		12
	21 or >	572	1.5%	3.0%	41.2	30	7.4		9
	60 or >	94	0.2%	0.4%	92.4	11	6.5		14



## APPENDIX 2

### REFERENCE PERSONS USED IN STANDARDS DEVELOPMENT

#### Adult Reference Persons and Nutrient Targets

##### Length of stay (LOS)

Analysis of LOS across Queensland Health facilities revealed two distinct patient populations. Those admitted for less than seven days and those that remained longer than fourteen days (refer to Appendix 1 for LOS details). This result informed the recommendation that a basic menu be provided for short stay patients. For those patients admitted for more than seven days, or assessed as being malnourished or at risk of malnutrition, additional menu items are required as per the menu tables (pp 56–65).

##### Age

Acute medium to large hospitals analysed showed similar age profiles but Occupied Bed Days (OBD) data varied from 21% to 59% for patients staying longer than 14 days.

##### Nutritional Requirements

To determine the energy and protein requirements for the average age of patients admitted to Queensland Health facilities, a reference male of 76kg\* was adapted from NHMRC *Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes (NRVs)*.<sup>7</sup>

**\*Note:** Excludes mental health and acquired brain injury. Refer to section p 55 for details on reference weight use.

##### Long Stay acute adult patient

Energy and protein requirements were calculated utilising equations derived from studies<sup>45, 46, 47, 48</sup> in acute hospitals and residential aged care to determine the values below;

Energy 105 – 125 kJ/kg/day:	76kg male	8,000 – 9,500kJ
	65 kg female	6825 – 8125 kJ
Protein 1.2 – 1.6 g/kg/day:	76kg male	91 – 122
	65 kg female	78 – 104 g

##### Standard Long Stay acute menu

For patients with LOS greater than 7 days, Estimated Average Requirement (EAR) and Recommended Dietary Intake (RDI) reference values for a range of patient types including 65 year old female (small eater), 65 year old male and 75 year old female (eating full serves) were modelled to assess adequacy of micronutrients.

##### Patient modelling details –

65 year old female, 65 kg (small eater) – 75% hot protein serves for breakfast and lunch. No hot protein meal at dinner, instead assumed consumption of High Protein soup and High Protein dessert only. Mid-meals consumed only 2 higher protein options. All other serves as per p 28.

An average of 7 days intake was modelled for each patient type with a variety of hot and cold protein choices at breakfast, mid-meals and fortified food items. All met estimated energy and protein requirements based on 100 – 125kJ/kg and 1.2 – 1.6 g protein/kg. All EARs were met except for magnesium (99%) in males and B6 (91% & 93%) in males and females, and AIs for fibre (all) and potassium (98%) males only. It was noted that RDIs for magnesium (82%), B6 (75%) and zinc (91%) were not met in males and B6 (74%) and magnesium (96%) could not be met in females. The priority to meet protein and energy requirements has resulted in certain micronutrient shortfalls that will require consideration in menu planning. Fibre fortification may also require consideration. All facilities will need to consider whether they need to address this shortfall with their own menu based on the patient demographics.



### Short stay adult patient

Energy and protein requirements were derived from NRVs on the basis that RDI for protein for males aged 19 – 70 years is 0.84g/kg and the recommended Energy for sedentary males aged 19 – 70 years is 95 – 110kJ/kg/day.<sup>7</sup>

Energy 95 – 110 kJ/kg/day:	76kg male	7220 – 8360 kJ
Protein 0.84g/kg/day	76kg male	60.8 g

### Short stay menu

EAR and RDI reference values for males aged 51–70 years were utilised to assess sample menus for adequacy of micronutrients for short stay menu (i.e. those patients admitted for less than seven days who are not at risk of malnutrition nor require additional energy or protein, for example an admission for management of chest pain). The short stay menu was modelled on an average 7 days intake from a minimum seven day cycle.

Minimum modelling met estimated energy and protein requirements. All EARs were met and all RDIs were met except for magnesium (87%) and zinc (90%). Fibre (95%) and potassium (82%) also fell below AI values. Following this exercise, it was acknowledged that some vitamins and minerals will require special consideration in menu planning. Fibre fortification may also require consideration. All facilities will need to consider whether they need to address this shortfall with their own menu based on the patient demographics.

### Aged Care Reference Persons and Nutrient Targets

Standard and pureed 14 day cycle menus were modelled to meet requirements for males aged 70 years or older with an average weight 76kg. Energy and protein requirements were calculated utilising equations derived from literature<sup>45,46,47,48</sup> in aged care.

Energy 105 kJ – 125kJ/kg/day:	76kg male	8800 – 9500 kJ
	65kg female	6825 – 8125 kJ
Protein 1.2 – 1.6 g/kg:	76kg male	91 – 121g
	65kg female	78 – 104g

Reference RDIs for males and females aged 70 years or older were used to assess micronutrient adequacy. Modelling was based on the use of full and small serves i.e. 75% of standard serve.

Analysis of the full aged care menu revealed similar results to menus modelled for the acute setting. Modelling for puree menus based on 7 days of a 14 day menu cycle met energy (levels 9600 kJ & 8130 kJ) and protein (92.2g & 80.4g) with B6 (81%) for males and B6 (98%) and magnesium (92%) not meeting EARs. Fibre and Vit E (81%) did not meet AIs. EARs not met were B6 (91%) in females and Magnesium (99%) for males and RDIs not met were B6 (85% & 87%) and magnesium (86% & 83%) for zinc in females and males respectively and Zinc (92%) in males and calcium (94%) and selenium (93%) in females. Similar to the long stay acute menu, the priority to meet protein and energy requirements have resulted in certain micronutrient shortfalls that will require consideration in menu planning. All facilities will need to consider whether they need to address this within their own menu.

### Paediatric Reference Person and Nutrient Targets

Test menus were created and modelled using The *NSW Agency for Clinical Innovation Nutrition Standards for Paediatric Inpatients in NSW Hospitals*, the *Nutrient Reference Values for Australia and New Zealand*, the *Queensland Health Nutrition Standards for Meals and Menus* and the *Australian Guide to Healthy Eating for Children*.

One day from each week of the 2-week menu cycle at Queensland Children's Hospital (QCH) was selected at random and was modelled against the 4 above standards. A male at the higher end of each age group was used as the test patient on a full diet (included Burlodge menu, continental breakfast and full diet mid-meals and supper offerings). Serving sizes were selected and modelled using the *Australian Guide to Healthy Eating for Children* and the *Queensland Health Nutrition Standards for Meals and Menus*.

All age groups demonstrate the following:

- Kilojoule targets are within 20% of recommendations.
- Recommended servings for all age groups are within 20% for all food groups except vegetables, which, at the lowest percentage reach 33% (9–13 years) of recommendations. 100% of the recommended vegetable serves are available to patients however were not modelled as Vitamin A intake is already over 100% of the upper limit.

- The grains and cereals group for the 9-13 year age group met 89% AGHE recommendations and the 14-18 years met 92% of recommendations.
- The meat and alternatives intake for the 9-13 years and 14-18 years age groups met AGHE recommendations by 80% and 90% respectively. The overall protein intake in grams for these age groups exceeded requirements by 252% and 157% respectively and thus the decision was made not to further increase the protein serves as recommended by the *Australian Guide to Healthy Eating for Children*.

#### Recommendations:

- A recommendation is for desserts to only have group 2,3 as part of the standards (can remove group 1). When modelled, all test patient's overall protein requirements were met and exceeded (156% to 370% for all age groups). These findings were measured without the addition of desserts to the diet, therefore it is evident that it is not necessary to require minimum protein requirements for the dessert criteria.

#### Key Nutrient Discrepancies:

Foods with naturally occurring sodium such as milk, cheese and bread have been included in the modelling as they are part of a balanced diet and should not be excluded. It will also be noted that the bread used in the modelling has a sodium level less than 400mg/100g and all main meal items produced onsite do not have any salt added.

The folate upper limit has been exceeded in all age groups except the 14-18 years. According to the *NSW Agency for Clinical Innovation Nutrition Standards for Paediatric Inpatients in NSW Hospitals* large losses of folate occur during cooking and processing.

Orange vegetables were modelled on all days. A child may not always complete a serve of vegetables and thus the Vitamin A reading may not be completely consumed. Furthermore, the QCH 2016 Plate Waste Audit found vegetable plate waste (excluding potato mash, chips and gems) did not meet the QLD Health KPI's with waste percentages ranging between 33% of mixed vegetables and 45% for orange vegetables when audited at dinner services.

#### 14-18 years:

- Sodium = over RDI week 1 & 2 (average 280% RDI)
- Potassium = over UL week 1 & 2 (average 108% UL)
- Magnesium = under RDI week 1 & 2 (average 89% RDI).

#### 9-13 years:

- Sodium = over RDI for week 1 & 2 (average 254% RDI)
- Vitamin A = over UL week 1 (average on week 1 & 2 is within range)
- Folate = over UL week 1 & 2 (average 109% UL).

#### 4-8 years:

- Sodium = over RDI week 1 (average 102% RDI for week 1 & 2)
- Iron = under RDI for week 1 & 2 (average 85% RDI, meets EAR)
- Folate = over UL week 1 & 2 (average 120% UL)
- Vitamin A = over UL for week 1 & 2 (average 149% UL).

#### 1-3 years:

- Sodium week 1 & 2 = over RDI (average 343% RDI)
- Iron = under RDI week 1 (average 97% RDI, meets EAR)
- Potassium = under AI week 1 (average of week 1 & 2 meets 97% AI)
- Folate = over UL for week 1 & 2 (average 144% UL)
- Vitamin A = over UL week 1 & 2 (average 158% UL).

#### Serve Size Recommendations:

- 1-3 years = half serve for meat & alternatives, vegetables and carbohydrates
- 4-8 years = ½ serve meat & alternatives for lunch & full serve dinner. ½ serve vegetables and carbohydrates for lunch and dinner
- 9-13 years = full serve of meat & alternatives, vegetables and carbohydrates for lunch & dinner
- 14-18 years = full serve of meat & alternatives, vegetables and carbohydrates for lunch & dinner.

## Mental Health and Acquired Brain Injury Reference Person and Nutrient Targets

In order to determine the representative profile of a reference person for this group, mean age, heights and weights were sourced from the Queensland Mental Health Benchmarking Unit (QMHBUnit) data.<sup>3,4</sup> From this data, a reference male with an average adjusted weight of 80kg\*, height of 175cm and age of 44 years was determined.

To allow for variation in mobility a range for energy requirements has been developed based on two Physical Activity Levels (PALs); 1.2 (bed rest) to 1.4 (very sedentary). Estimated energy requirements were calculated using the Harris–Benedict equation, with the RMR being reduced by 840kJ/day as the Harris–Benedict equation has been found to overestimate RMR in men taking antipsychotic medications.<sup>7,2</sup> It is acknowledged that some individuals within this group will have higher energy requirements based on age, body weight/body composition and PALs; it is recommended that facilities consider whether they need to address this with their own menu based on the consumer group. Protein requirements were calculated based on the RDI for males aged 31 – 50 years.<sup>7</sup>

Energy (PAL 1.2 – 1.4)	Males	7700 – 9,100kJ/day
Protein 0.84g/kg:	Males	67g/day

To address the issues of chronic disease prevention, where possible, reference Suggested Dietary Targets (SDTs) and Acceptable Macronutrient Distribution Ranges (AMDRs), In addition, RDIs and EARs for males aged 31–50 years were used to assess nutrient adequacy.<sup>7</sup> For the standard texture menu, as modelled against the reference male, all RDIs and EARs were met; however, Vitamin C and Potassium did not meet the SDT minimum at 97% and 90% respectively. Sodium exceeded the SDT maximum (137%), however, was below the Upper Level (UL) of 2300mg. The texture modified menu did not meet the RDIs for folate (90%), magnesium (84%) and zinc (99%), however, when compared against the EARs all were met although magnesium remained marginal (101%). The texture modified menu did not meet the SDT minimums for fibre (70%), vitamin C (82%) and potassium (99%); Sodium exceeded the SDT maximum (127%), however, was below the Upper Level (UL) of 2300mg.

Evidently, the micronutrients that were found to fall below the RDI and potentially those that fell below the SDT will require special consideration in each facility undertaking menu planning for these population groups. Fibre fortification may also require consideration for the texture modified menu. It was noted that bread made a large contribution to the sodium content in the standard texture menu. It is acknowledged that bread is a popular staple and it is impracticable to reduce the quantity of bread solely to reduce sodium. Hence, efforts need to be made to provide meals with lower sodium content whilst still providing acceptable taste. Soup contributed to a large portion of the sodium in the texture modified menu, sourcing reduced and low sodium soups is highly recommended. Both the standard texture menu and the texture modified menu fell within the Acceptable Macronutrient Distribution Ranges (AMDRs) for percentage of energy from protein, fats and carbohydrates.

**\*Note:** Adjusted Ideal Body Weight (IBW) = [(Actual Body Weight – IBW) x 0.25] + IBW  
IBW = weight at BMI 25

## APPENDIX 3

### Example Menus for different cycle lengths.

#### Menu Table 1:

Seven day menu cycle Total 35 hot choices – three lunch, two dinner  
(two lunch items appear on the menu – an alternative item is available if requested) (*repeats in italics*)

#### Menu Table 2:

14 day menu cycle Total 35 different hot choices (two lunch, two dinner) with *repeats in italics*.

#### Menu Table 3:

21 day menu cycle Total 35 different hot choices (one lunch, two dinner or two lunch, one dinner –  
if full option on lunch or dinner then soft sandwiches and soup are an option for the soft diets) with *repeats in italics*.

#### Menu Table 4:

7 day Pureed and Minced and moist (acute) extended to  
14 day Pureed and Minced and moist for residential (*repeats in italics*)

#### Menu Table 5:

Room Service (one day menu) – meets all requirements for Adult Acute short stay.  
Long stay patients will need to be offered additional choices via Chef's Specials or Choice of the Day options.

**Menu Table 1 – 7 day cycle**

MEAL – WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot protein</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	Pancakes & syrup
<b>Breakfast – Cold protein</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch – full</b>	Roast Beef	Pork in Plum Sauce	Chicken Rissoles	Roast Lamb	Crumbed Fish	Lentil Burger	Roast Chicken
<b>Lunch – Easy to chew</b>	Steamed fish in lemon sauce	Lamb rissoles	Macaroni Cheese	Satay Chicken	Fettuccini Carbonara	Chicken Cacciatore	Sweet & sour pork
<b>Lunch – Salad</b>	Ham	Roast Beef	Salmon	Meat Loaf	Roast Chicken	Roast Pork	Roast Lamb
<b>Lunch – alt</b>	Chilli Beans	Vegetarian Quiche	Chefs Special	Tofu & vege stir fry	Pumpkin & chick pea curry	Chefs Special	Plain Omelette
<b>Sandwich – Grp 1</b>	Chicken & tomato/avocado Hommus	Egg & lettuce	Roast beef & salad	Salmon, shallots & cream cheese	Ham, tomato & Cheese	Roast Lamb & salad	Corn Beef & pickle & coleslaw
<b>Lunch dessert</b>	Apricots and custard	Pineapple Sponge & custard	Peaches and custard	Fruit Trifle	Chocolate Cake & ice cream	Diced peaches & pears and custard	Apple Pie and custard
<b>Dinner – full</b>	Lamb (Kofta) Meatballs	Silverside & white sauce	Roast Pork	Braised Steak & onions	Chicken in apricot sauce	Lamb Korma	Beef Pie
<b>Dinner – easy to chew</b>	Chicken fingers	Salmon Bake	Curried beef	Steamed pork dumplings	Veal & tomato casserole	Spaghetti Bolognaise	Fish cakes
<b>Dinner – salad</b>	Egg & Cheese	Falafel	Chicken Caesar	4 bean salad	Roast Pork	Corn Beef	Mexican Bean
<b>Sandwich – Grp 2</b>	Tuna & tomato	Chicken & salad	Egg & lettuce	Falafel & salad swich/wrap	Salmon with onion	Chicken & tomato/avocado	Ham & tomato
<b>Dinner – dessert 1</b>	Lemon Cheesecake & ice cream	Baked Egg Custard & stewed apple	Banana Cake & Custard	Creamed Rice & peaches	Apple crumble & custard	Crème Caramel & Banana	Bread & Butter pudding & peaches
<b>Dinner – dessert 2</b>	Chocolate Mousse & Pears	Apricots & ice cream	Vanilla slice & ice cream	Fruit Salad & Ice cream	Diced peaches & pears and custard	Strawberry Mousse & diced apple	Fruit Salad & ice cream

**Menu Table 2 – 2 week cycle**

MEAL – WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	Pancakes & syrup
<b>Breakfast – Cold</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch – full</b>	Roast Beef	Pork in Plum sauce	Chicken Rissoles	Roast Lamb	Vegetable Lasagne	Lentil Burger	Roast Chicken
<b>Lunch – Easy to chew</b>	Fettuccini Carbonara	Lamb rissoles	Macaroni Cheese	Satay Chicken	Steamed fish in lemon sauce	Chicken Cacciatore	Sweet & sour pork
<b>Lunch – Salad</b>	Ham	4 bean salad	Roast Lamb	Salmon	Roast Chicken	Meat Loaf	Roast Beef
<b>Lunch – Grp 1 Sandwich</b>	Egg & cheese and tomato	Chicken & avocado & Hommus	Roast beef & salad	Ham, tomato & cheese	Roast Lamb & salad	Salmon & shallots & cream cheese	Falafel & salad swich/wrap
<b>Lunch dessert</b>	Apricots and custard	Pineapple Sponge & custard	Peaches and custard	Fruit Trifle	Chocolate Cake & ice cream	Diced peaches & pears and custard	Apple Pie and custard
<b>Dinner – full</b>	Lamb (Kofta) Meatballs	Silverside & white sauce	Roast Pork	Braised Steak & onions	Chicken in apricot sauce	Crumbed fish	Beef Sausages
<b>Dinner – easy to chew</b>	Plain Omelette	Salmon Bake	Curried beef	Pumpkin & chick pea curry	Beef in red wine casserole	Spaghetti Bolognese	Lentil & Potato Cottage Pie
<b>Dinner – Grp 2 Sandwich</b>	Tuna & tomato	Chicken & salad	Egg & lettuce	Falafel & salad swich/wrap	Salmon & onion	Chicken & tomato/ avocado	Ham & Tomato
<b>Dinner dessert</b>	Lemon Cheesecake & ice cream	Baked Egg Custard & stewed apple	Banana Cake & Custard	Creamed Rice & peaches	Apple crumble & custard	Crème Caramel & Banana	Bread & Butter pudding & peaches



**Menu Table 2**

MEAL – WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	Pancakes & syrup
<b>Breakfast –Cold</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch – full</b>	<i>Roast Lamb</i>	Meat Balls & gravy	Lamb Korma	<i>Roast Beef</i>	Chicken Pie	Pork Sausages	Vegetarian Lasagne
<b>Lunch – easy to chew</b>	Savoury Mince	<i>Salmon Bake</i>	Cottage Pie	<i>Steamed Fish in lemon sauce</i>	<i>Macaroni Cheese</i>	Beef Stroganoff	Quiche Lorraine
<b>Lunch – salad</b>	Turkey	Egg & Cheese	Chicken Caesar	<i>Ham</i>	Roast Pork	Mexican Bean	Corn Beef
<b>Lunch – Grp 1 Sandwich</b>	Corn Beef & pickle	Roast Pork & apple sauce	<i>Falafel &amp; salad swich/wrap</i>	<i>Egg &amp; cheese and tomato</i>	<i>Roast beef &amp; salad</i>	<i>Chicken &amp; avocado &amp; Hommus</i>	<i>Salmon &amp; shallots &amp; cream cheese</i>
<b>Lunch dessert</b>	Chocolate Mousse & Pears	Apricots & ice cream	Vanilla slice & ice cream	Fruit Salad & Ice cream	<i>Diced peaches &amp; pears and custard</i>	Strawberry Mousse & diced apple	<i>Fruit Salad &amp; ice cream</i>
<b>Dinner – full</b>	Beef Pie	<i>Chicken in apricot sauce</i>	<i>Silverside &amp; White Sauce</i>	<i>Roast Chicken</i>	BBQ Pork ribs	<i>Crumbed Fish</i>	<i>Chicken Rissoles</i>
<b>Dinner – easy to chew</b>	Vegetable Quiche	Beef casserole	<i>Pumpkin &amp; chick pea curry</i>	Lamb & tomato casserole	<i>Beef curry</i>	<i>Lentil &amp; Potato Cottage Pie</i>	<i>Spaghetti Bolognaise</i>
<b>Dinner –Grp 2 Sandwich</b>	Assorted	Assorted	Assorted	Assorted	Egg & Lettuce	Assorted	Cheese & tomato
<b>Dinner dessert</b>	<i>Fruit Trifle</i>	<i>Lemon Cheesecake &amp; ice-cream</i>	<i>Pineapple Sponge &amp; custard</i>	<i>Bread &amp; Butter pudding &amp; peaches</i>	<i>Chocolate Cake &amp; ice cream</i>	<i>Creamed Rice &amp; peaches</i>	<i>Crème Caramel &amp; Banana</i>



**Menu Table 3 – 3 week cycle**

MEAL – WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	Pancakes & syrup
<b>Breakfast – Cold</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch – full/easy to chew</b>	Cottage Pie	Salmon Bake	Savoury Mince	Cheese Omelette	Beef Stroganoff	Lentil & potato pie	Spaghetti Bolognaise
<b>Lunch – Salad</b>	Ham	Roast Beef	4 bean salad	Roast Chicken	Salmon	Meat Loaf	Roast Lamb
<b>Sandwich</b>	Chicken & Hommus	Ham & cheese	Salmon & cream cheese	Roast beef	Ham & Cheese	Roast Lamb	Corn Beef & pickle
<b>Lunch dessert</b>	Chocolate Mousse & Pears	Apricots & ice cream	Vanilla slice & ice cream	Fruit Salad & Ice cream	Diced peaches & pears and custard	Strawberry Mousse & diced apple	Fruit Salad & ice cream
<b>Dinner – full</b>	Silverside & white sauce	Chicken in apricot sauce	Lamb (Kofta) Meatballs	Braised Steak & onions	Roast Pork	Crumbed lamb cutlets	BBQ pork ribs
<b>Dinner – easy to chew</b>	Vegetable Quiche	Lamb rissoles	Macaroni Cheese	Satay Chicken	Fish cakes	Chicken Cacciatore	Meat Loaf & gravy
<b>Sandwich</b>	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted
<b>Dinner dessert</b>	Lemon Cheesecake & ice cream	Baked Egg Custard & stewed apple	Apple crumble & custard	Creamed Rice & peaches	Banana Cake & Custard	Crème Caramel & Banana	Bread & Butter pudding & peaches

MEAL – WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	<i>Pancakes &amp; syrup</i>
<b>Breakfast – Cold</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch – full/easy to chew</b>	Steamed Fish in lemon sauce	Irish Stew	Beef Casserole	Chicken Rissoles	Savoury omelette	Sweet & sour pork	<i>Cottage Pie</i>
<b>Lunch – salad</b>	Turkey	Egg & Cheese	<i>Ham</i>	<i>4 bean salad</i>	Roast Pork	Corn Beef	Chicken Caesar
<b>Sandwich</b>	<i>Roast Lamb</i>	<i>Chicken &amp; Hommus</i>	<i>Salmon &amp; cream cheese</i>	<i>Ham &amp; Cheese</i>	<i>Roast beef</i>	Egg & Cheese	<i>Corn Beef &amp; pickle</i>
<b>Lunch dessert</b>	Apricots and custard	Pineapple Sponge & custard	Peaches and custard	Fruit Trifle	Chocolate Cake & ice cream	Diced peaches & pears and custard	Apple Pie and custard
<b>Dinner – full</b>	Roast Beef	Pork in plum sauce	Quiche Lorraine	Roast Lamb	Lentil Burger	<i>Crumbed Fish</i>	Roast Chicken
<b>Dinner – Easy to chew</b>	Plain Omelette	Curried beef	Pumpkin & chick pea curry	<i>Salmon Bake</i>	Veal & tomato casserole	<i>Spaghetti Bolognese</i>	<i>Macaroni Cheese</i>
<b>Sandwich</b>	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted
<b>Dinner dessert</b>	<i>Lemon Cheesecake &amp; ice cream</i>	<i>Apple crumble &amp; custard</i>	<i>Crème Caramel &amp; Banana</i>	<i>Bread &amp; Butter pudding &amp; peaches</i>	<i>Baked Egg Custard &amp; stewed apple</i>	<i>Banana Cake &amp; Custard</i>	<i>Creamed Rice &amp; peaches</i>

MEAL – WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Hot</b>	Scrambled Egg & Tomato	Poached Egg & Baked Beans	Savoury Mince	Ham & Cheese Omelette & Tomato	Chipolatas & Baked Beans	Savoury omelette & bacon	Pancakes & syrup
<b>Breakfast – Cold</b>	Strawberry yoghurt	Banana Smoothie	Berry yoghurt	Mango Smoothie	Passionfruit yoghurt	Berry Smoothie	Vanilla yoghurt
<b>Lunch full/easy to chew</b>	<i>Beef stroganoff</i>	<i>Chicken Rissoles</i>	Lamb rissoles	Seafood Mornay	Savoury Mince	<i>Irish Stew</i>	Roast Chicken
<b>Lunch – salad</b>	Egg & Cheese	Turkey	Mexican Bean	<i>Ham</i>	Roast Pork	Chicken	<i>Corn Beef</i>
<b>Sandwich</b>	<i>Chicken &amp; Hommus</i>	<i>Ham &amp; cheese</i>	<i>Roast beef</i>	<i>Salmon &amp; cream cheese</i>	<i>Roast Chicken</i>	<i>Ham &amp; Cheese</i>	<i>Egg &amp; cheese</i>
<b>Lunch – dessert</b>	<i>Diced peaches &amp; pears and custard</i>	<i>Strawberry Mousse &amp; diced apple</i>	<i>Fruit Salad &amp; ice cream</i>	<i>Peaches and custard</i>	<i>Pineapple Sponge &amp; custard</i>	<i>Chocolate Cake &amp; ice cream</i>	<i>Fruit Trifle</i>
<b>Dinner – full</b>	<i>Roast Lamb</i>	Pork Sausages	Chicken Pie	<i>Roast Beef</i>	Chicken in Apricot Sauce	Meat Balls & gravy	Lamb Korma
<b>Dinner – Easy to chew</b>	<i>Vegetable Quiche</i>	<i>Steamed Fish in lemon sauce</i>	<i>Macaroni Cheese</i>	Butter Chicken	<i>Lentil &amp; potato pie</i>	Fettuccini Carbonara	<i>Mexican Chilli Beans</i>
<b>Sandwich</b>	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted	Assorted
<b>Dinner dessert</b>	<i>Baked Egg Custard &amp; stewed apple</i>	<i>Lemon Cheesecake &amp; ice cream</i>	<i>Banana Cake &amp; Custard</i>	<i>Creamed Rice &amp; peaches</i>	<i>Apple crumble &amp; custard</i>	<i>Crème Caramel &amp; Banana</i>	<i>Bread &amp; Butter pudding &amp; peaches</i>

**Texture Modified Menu (7 day acute & 14 day residential)**

MEAL – WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Minced &amp; moist</b>	Scrambled Egg & tomato pureed	Baked Beans (Mashed)	Savoury Mince & diced tomato salsa	Scrambled Egg & diced tomato & onion	Baked Beans (Mashed)	Savoury mince & gravy	French Toast
<b>Breakfast – pureed</b>	Scrambled Egg & tomato pureed	Chipolatas & baked beans	Savoury Mince & tomato pureed	Scrambled Egg & tomato pureed	Chipolatas & scrambled egg	Savoury mince & gravy	French Toast
<b>Lunch – Minced &amp; moist</b>	Minced & Moist Cottage Pie & Gravy	Minced & Moist Tuna Pie & white sauce	Minced & Moist Chicken curry & rice	Minced & Moist Roast Pork Gravy & Apple Sauce	Minced & Moist Chicken Cacciatore	Minced & Moist Lentil & potato pie & tomato sauce	Minced & Moist curried beef & gravy
<b>Lunch – pureed</b>	Pureed Cottage Pie & Gravy	Pureed Tuna Pie & white sauce	Pureed Chicken Curry	Pureed Roast Pork & Gravy & Apple Sauce	Pureed Chicken Cacciatore	Pureed Lentil & potato pie	Pureed Curried Beef & gravy
<b>Lunch dessert – Minced &amp; moist</b>	Chocolate Mousse & MM Pears	MM Apricots & ice cream	Vanilla slice (custard only) & ice cream/ caramel custard	MM Fruit Salad & Ice cream/ yoghurt	MM peaches & pears and custard	Strawberry Mousse & MM apple	MM Bread & Butter Pudding
<b>Lunch dessert – pureed</b>	Chocolate Mousse & Pureed Pears	Pureed Apricots & ice cream/Custard	Vanilla slice (custard only) & ice cream/ caramel custard	Pureed Fruit Salad & Ice cream/ yoghurt	Pureed peaches & pears and custard	Strawberry Mousse & Pureed apple	Pureed Bread & Butter pudding
<b>Dinner – Minced &amp; moist</b>	Minced & Moist Roast Chicken & gravy	Minced & Moist Corned Beef & white sauce	Minced & Moist Lamb & vege casserole & gravy	Minced & Moist Braised Steak & onions	Minced & Moist Steamed fish & lemon sauce	Minced & Moist Tuscan Lamb Casserole	Minced & Moist BBQ pork chop & BBQ sauce
<b>Dinner – pureed</b>	Pureed Roast chicken & gravy	Pureed corned beef & white sauce	Pureed lamb & vege casserole & gravy	Pureed Braised Steak & onion gravy	Pureed Steamed fish & lemon sauce	Pureed Tuscan Lamb casserole	Pureed BBQ pork Chop & BBQ sauce
<b>Dinner dessert – Minced &amp; moist</b>	Lemon Cheesecake no base & ice cream/lemon sauce	Baked Egg Custard & MM apple	Pureed Apple & cinnamon cake & custard	Creamed Rice & MM peaches	MM Banana Cake & Custard	Crème Caramel & mashed Banana & caramel sauce or custard	M&M Peaches & custard & Rice pudding
<b>Dinner dessert – pureed</b>	Lemon Cheesecake no base & ice cream/ lemon sauce	Baked Egg Custard & pureed apple	Pureed Apple & cinnamon cake & custard	Pureed Ceamed Rice & peaches	Banana Pudding & Custard	Crème Caramel custard & Banana & caramel sauce or custard	Pureed peaches & vanilla Panna Cotta

MEAL – WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast – Minced &amp; moist</b>	Scrambled Egg & tomato pureed	Baked Beans (Mashed)	Savoury Mince & diced tomato salsa	Scrambled Egg & diced tomato & onion	Baked Beans (Mashed)	Savoury mince & gravy	French Toast
<b>Breakfast – pureed</b>	Scrambled Egg & tomato pureed	Chipolatas & baked beans	Savoury Mince & tomato pureed	Scrambled Egg & tomato pureed	Chipolatas & scrambled egg	Savoury mince & gravy	French Toast
<b>Lunch – Minced &amp; moist</b>	Minced & Moist Chicken Fricassee	Minced & Moist Roast Beef & gravy	<i>Minced &amp; Moist Lamb &amp; vege casserole &amp; gravy</i>	<i>Minced &amp; Moist Corned Beef &amp; White Sauce</i>	Minced & Moist Fish Fingers & white sauce	Minced & Moist Chicken Cacciatore	Minced & Moist Meat Loaf & gravy
<b>Lunch – pureed</b>	Pureed Chicken Fricassee	Pureed Roast Beef & gravy	<i>Pureed lamb &amp; vege casserole &amp; gravy</i>	<i>Pureed Corned Beef &amp; White Sauce</i>	Pureed Fish Fingers & white sauce	Pureed Cacciatore Chicken	Pureed Meat Loaf & gravy
<b>Lunch dessert – Minced &amp; moist</b>	Minced Apple Pie & custard	Pineapple Mousse & diced apple	<i>Crème Caramel custard &amp; caramel sauce or custard</i>	Diced Fruit Salad & ice cream/ custard	Pureed Apple Sponge & custard	Chocolate Cake & ice cream/ vanilla custard	Fruit Trifle (made with diced fruit) & ice-cream/ custard
<b>Lunch dessert – pureed</b>	Pureed Apple Pie & custard	Pineapple Mousse & pureed apple	<i>Crème Caramel custard &amp; caramel sauce or custard</i>	Pureed Fruit Salad & ice cream/ custard	Pureed Apple Sponge & custard	Pureed Chocolate Pudding & ice cream/vanilla custard	Pureed Fruit Trifle in layers & ice cream/ custard
<b>Dinner – Minced &amp; moist</b>	Minced & Moist Sweet Lamb Curry	Minced & Moist Seafood Mornay	<i>Minced &amp; Moist Roast Chicken &amp; Gravy</i>	<i>Minced Roast Pork &amp; gravy &amp; apple sauce</i>	<i>Minced &amp; Moist Cottage Pie</i>	<i>Minced &amp; Moist curried beef &amp; gravy</i>	Minced & Moist Sweet & sour chicken
<b>Dinner – pureed</b>	Pureed Sweet Lamb Curry	Pureed Seafood Mornay	<i>Pureed Roast Chicken &amp; Gravy</i>	<i>Pureed Roast Pork &amp; gravy &amp; apple sauce</i>	<i>Pureed Cottage Pie</i>	<i>Pureed Curried Beef &amp; gravy</i>	Pureed Sweet & sour chicken
<b>Dinner dessert – Minced &amp; moist</b>	Baked Egg Custard & diced apple	Cheesecake Base only & ice cream/ strawberry sauce	Apricot crumble & custard	Bread & Butter pudding & diced peaches	Creamed Rice & diced peaches	Vanilla slice (custard only) & ice cream/ caramel custard	Berry & apple crumble & custard
<b>Dinner dessert – pureed</b>	Baked Egg Custard & apple	Cheesecake Base only & ice cream/ strawberry sauce	Pureed Apricot crumble & custard	Pureed Bread & Butter pudding & Pureed peaches	Pureed Creamed Rice & pureed peaches	Vanilla slice (custard only) & ice cream/ caramel custard	Pureed Berry & apple crumble & custard

## Room Service Menu (One day) (\* soft items) (#vegan items)

### ALL DAY BREAKFAST

#### Cereal:

Porridge, Wheatflake biscuit, Bran & Sultana cereal, Muesli, Corn flakes, Puffed Rice

#### Yoghurt:

Natural, Vanilla, Strawberry, Mango  
Full fat                      Low Fat                      Soy<sup>#</sup>

#### Fruit:

*Tinned* – Prunes, Pears, Peaches

*Fresh* – Apple, Banana, Fruit salad

#### Hot Breakfast:

Pancakes, Savoury Mince\*, Chipolatas, Baked Beans<sup>#</sup>

#### Eggs\*:

Poached, Scrambled, Fried, Boiled

#### Omelettes\*:

Plain, 3 Cheese & Cracked Pepper, Ham & Cheese, Fetta & Spinach, Cheese & Chives

#### Breads:

*Bread* – white, wholemeal, multi-grain

*Dinner Roll* – white, multi-grain, GF Bread

### BEVERAGES

*Juice* – Orange, Apple

*Milk* – Full cream, lite, skim, soy<sup>#</sup>, Lite soy<sup>#</sup>

*Flavoured* – Chocolate, Iced Coffee, Strawberry

#### Hot:

Coffee, Decaf Coffee, Coffee on milk, Hot Chocolate, Milo

*Tea* – Black, Green Milk for tea/coffee see above

### FROM 11 AM

#### Soup:

Pumpkin\*, Minestrone\*, Tomato\*

#### Broth:

Chicken, Beef, Vegetable<sup>#</sup>, Miso<sup>#</sup>

#### Salads:

Garden salad<sup>#</sup>, Greek Salad

*Size* – Entrée, full

*+ starch* – pineapple, potato salad, rice salad, pasta salad

*+ protein* – chicken, egg, salmon, ham, roast beef, 4 bean mix<sup>#</sup>, cheese, corn beef, tuna, nut meat<sup>#</sup>

#### Sandwiches & Wraps:

Build your own

##### Untoasted

*Bread* – White, wholemeal, multigrain, Sliced bread, roll, wrap, GF bread, GF wrap

*Fillings* – Ham, Chicken, Salmon, Tuna, Egg & mayo, Egg chopped, Roast Beef, Cheese, Peanut Paste<sup>#</sup>, Creamed Cheese, Tomato, Shredded lettuce, Cucumber, Spring onion, Carrot, Avocado

##### Toasted

#### From the Grill

Ham, Cheese & tomato sandwich, Cheese & tomato sandwich, Beef Burger, Chicken Burger, Vegie Burger<sup>#</sup>

All burgers served with lettuce & tomato

*Add* – onion, beetroot, pineapple

### CONDIMENTS & DRESSINGS

Butter, margarine, milk free margarine, vegemite, honey, orange marmalade, strawberry jam, peanut butter, maple syrup

Salt, pepper, sugar, brown sugar, sweetener Mayonnaise, French dressing, Italian Dressing, Balsamic Dressing, Soy Sauce, Tomato Sauce, BBQ sauce, Sweet Chilli Sauce, Mustard, Chutney

### HOT MAINS

Roast of the Day

Curry of the day (mild)\*

Macaroni Cheese\*, Spaghetti Bolognese\*, Beef Stroganoff\*, Grilled fish & lemon sauce\*

*Asian Stir fry* – Chicken, Beef, Tofu<sup>#</sup>

#### Vegetarian:

Nut meat roast<sup>#</sup>, chick pea curry<sup>#</sup>, Vegetable lasagne, Mexican chilli beans<sup>\*\*</sup>

#### Sides<sup>#</sup>:

Potato wedges, Roast Potato, Creamed Potato\*

Mashed Pumpkin\*, Roast Pumpkin, Roast Sweet Potato, Steamed carrots\*, Steamed Broccoli\*, peas\*, beans\*, cauliflower, Steamed white rice\*, steamed wholegrain rice, noodles.

### DESSERTS\*

Baked Cheesecake, Sticky Date Pudding, Creamed Rice, Apple Pie, Vanilla Bean Panna Cotta, Chocolate Fudge Cake & Custard

*Tinned Fruit* – Fruit Salad, Two fruits, Apricots

Vanilla ice cream, Custard

Low fat vanilla ice cream, low fat custard

### SNACKS

Cheese, Low fat cheese, Water Crackers, Fruit & Nut Bar Banana Custard\*, Chocolate Custard\*

*Biscuits* – assorted sweet (2), Potato chips, chocolate bar.

Cake of the Day\*

### Sample Room Service Menu with Choice counting

MEAL	MEAL ITEM	OFFERING	CHOICE COUNT
BREAKFAST – ALL DAY	Cereal -cold low fibre	Rice Puffs, Corn flakes	2
	Cereal – cold high fibre	Wheat bisc, Sultana & bran, Muesli	3
	Cereal – hot	Porridge	1
	Cold protein	Yoghurt – vanilla, flavoured	2
	Hot Protein	Baked beans, Poach/Scram egg, omelette x 2, Pancakes, Vegan sausage	3 Grp 1 Total 5
	Bread/toast/roll – low fibre	White	1
	Bread/toast/roll - high fibre	wholemeal, fruit	2
	Fresh fruit	Banana, fruit in season	2
	Tinned fruit	Two fruits, Prunes	2
	Fruit juice	Apple, Orange	2
	Milk	Full fat, low fat, soy	Full fat, 2% fat, soy



### Sample Room Service Menu with Choice counting (continued)

MAIN MEAL	Soup	Minestrone, Pea & Ham, Chicken & Corn, Pumpkin <sup>V</sup> , Creamy Tomato <sup>V</sup> , Potato & Leek <sup>V</sup> , Lentil & vegetable <sup>V</sup> Or 3 of above + soup of the day (x 4 rotated)	Grp 1
			Grp 2 Total 7
Total – 36 choices, 21 Easy Chew(E), 16 possible vegetarian options with 8 possible vegan options.	Main Hot Protein	Burger- Beef, Chicken, Vege <sup>V</sup>	3
		Stir fry – Chicken, Beef, Tofu <sup>V</sup>	3
		Curry – Beef <sup>E</sup> , Chicken <sup>E</sup> , Chick pea <sup>VE</sup>	3
		Pizza – Ham & Pineapple, vegetarian <sup>V</sup> , chicken & bacon	3
		Pasta – Bolognese <sup>E</sup> , Neapolitan <sup>VE*</sup>	1*
		Roast of the Day (4 rotated – chicken, beef, pork, lamb) (Can be cut up for Easy to Chew) <sup>E</sup>	4
		Fish of the Day <sup>E</sup> (grilled)	1
		Grilled chicken breast (Can be cut up for Easy to Chew) <sup>E</sup>	1
		Beef Stroganoff <sup>E</sup>	1
		Macaroni Cheese <sup>E</sup>	1
		Toasted Swich - ham & cheese, cheese & tom <sup>V</sup>	2
		7 x hot All day breakfast options (5 x E)	7
		Hot B/fast combos eg. Baked beans & Vegan sausage, Poached egg & baked beans <sup>EV</sup> , Pancakes & scrambled Egg <sup>EV</sup> , omelette & baked beans <sup>E</sup> x 2.	5
		Starch vege	4
		Orange vege	3
		Green/brassica vege	4
	Main Salad	Vegetable medley, <b>Note:</b> vegetables available in stir fries & other mixed meals count towards the choice	
		Garden Salad with Beef, Ham, Chicken, Cheese, Egg, Silverside + combinations	7
		Caesar Salad + chicken Salad vege - lettuce, tomato, cucumber, mushroom	4
	Sandwich	Silverside, Beef, Ham, Chicken & Mayo, Tuna & Mayo, Egg & Mayo, Cheddar Cheese. (Option to choose 2 fillings for Grp 1) - Cheese + beef, ham, chicken & mayo, egg & mayo, Silverside, Egg & Chicken with mayo,	7 x Grp 2 6 x Grp 1

**Sample Room Service Menu with Choice counting (continued)**

<b>MAIN MEAL</b> (continue)	Dessert	Lemon Cheesecake, Bread & Butter Pudding and custard, Crème Caramel, Vanilla Bean Panacotta, Chocolate Brownie & Ice-cream, Yoghurt Full fat x 2 Yoghurt x 1 (LF), Custard – LF, Chocolate Mousse, Frozen Yoghurt x 2 Bread & Butter Pudding, Apple Crumble, Carrot Cake, Madeira Cake, Lamington Fruit salad, Peaches, pears, Two fruits all with custard.	Grp 1 – 7  Grp 2 – 5 Grp 3 – 5 Tinned fruit & dairy - 4
	Fresh Fruit	Banana, Apple, in season	3
	Bread – w/meal	Bread – wholemeal, bread - multigrain	2
	Bread – low fibre	Bread - white	1
<b>SNACKS</b>	Mid-meal snacks	Cheese & crackers, Cheese sandwich, yoghurt (2)	Grp 1 – 4
		Blueberry Muffin, Lamington, Carrot Cake, Madeira Cake	Grp 2 – 4
		Low fat NAS Yoghurt, Fresh fruit	Grp 3 - 2

\*Option does not meet group 3 so is not counted as one of the 35 minimum hot choices

### Sample Room Service Texture Modified Menu with Choice counting

MEAL	MEAL ITEM	OFFERING SOFT & BITE SIZED	CHOICE COUNT	OFFERING MINCED & MOIST	CHOICE COUNT	OFFERING PUREED	CHOICE COUNT
BREAKFAST – ALL DAY	Cereal -cold low fibre	Rice Puffs, Corn flakes	2	Rice puffs, Corn flakes	2	-	NR
	Cereal – cold high fibre	Wheet bisc	1	Wheat bisc	1	-	NR
	Cereal – hot	Porridge	1	Porridge	1	Pureed Porridge	1
	Cold protein	Yoghurt - flavoured		Yoghurt – vanilla	1	Yoghurt - vanilla	1
	Hot Protein	Baked beans, scrambled egg, savory mince	Grp 1 3	Baked beans, Scrambled egg, savory mince	Grp 1 3	Pureed Scrambled egg, Pureed savory mince, Pureed baked beans	Grp 1 3
	Bread/toast/roll – low fibre	-	NR	-	NR	-	NR
	Bread/toast/roll - high fibre	-	NR	-	NR	-	NR
	Fresh fruit	Banana	1	-	NR	-	NR
	Tinned fruit	Minced/pureed fruit (3 options rotated)		Minced/Puree fruit (3 options rotated)	3	Pureed fruit (3 options rotated)	3
	Fruit juice	Apple, Orange, Pear (thin & thickened)		Apple, Orange, Pear (thin & thickened)	3	Apple, Orange, Pear (thin & thickened)	3
	Milk	Full fat, low fat, soy (thin & thickened)		Full fat, low fat, soy (thin & thickened)	Full fat/ soy	Full fat, low fat, soy (thin & thickened)	Full fat/soy

**Sample Room Service Texture Modified Menu with Choice counting (continue)**

MAIN MEAL	Soup	Pureed or minced – all available thickened Minestrone, Pea & Ham, Chicken & Corn, Pumpkin <sup>V</sup> , Creamy Tomato <sup>V</sup> , Potato & Leek <sup>V</sup> , Lentil & vegetable <sup>V</sup> Or 3 of above + soup of the day (x 4 rotated)	Grp 1  Grp 2  <b>Total 7</b>	Pureed or minced – all available thickened Minestrone, Pea & Ham, Chicken & Corn, Pumpkin <sup>V</sup> , Creamy Tomato <sup>V</sup> , Potato & Leek <sup>V</sup> , Lentil & vegetable <sup>V</sup> Or 3 of above + soup of the day (x 4 rotated)	Grp 1  Grp 2  <b>Total 7</b>	All Pureed soups available thickened Minestrone, Pea & Ham, Chicken & Corn, Pumpkin <sup>V</sup> , Creamy Tomato <sup>V</sup> , Potato & Leek <sup>V</sup> , Lentil & vegetable <sup>V</sup> Or 3 of above + soup of the day (x 4 rotated)	Grp 1  Grp 2  <b>Total 7</b>
	Main Hot Protein  Total – 14 choices minced & moist & 14 choices pureed, vegetarian options	Soft & bite sized - Roast Beef, Roast Chicken, Fish of the day (grilled), Chicken Curry, Beef curry, lentil curry, Beef stroganoff, Pasta & Bolognaise, Macaroni Cheese, Pasta Napolitan	Grp 1 3 Grp 2 4 Grp 3	Minced & Moist - Roast Pork, Roast Beef, Roast Chicken, Roast Lamb, Pork Chops, Beef Chop, Lamb Chop, Steak Lentil Cottage Pie <sup>V</sup> , Puree Carrot Ravioli <sup>V</sup> , Puree Tuna Pie Sauce – Brown gravy, Red wine jus, white cheese sauce	Grp 1 8 Grp 2 3	Pureed - Roast Pork, Roast Beef, Roast Chicken, Roast Lamb, Pork Chops, Beef Chop, Lamb Chop, Steak Lentil Cottage Pie <sup>V</sup> , Puree Carrot Ravioli <sup>V</sup> , Puree Tuna Pie Sauce – Brown gravy, Red wine jus, white cheese sauce	Grp 1 8 Grp 2 3
		2 X hot All day breakfast options – Scrambled egg, baked beans Hot B/fast combos, scrambled egg & baked beans <sup>V</sup>	2  1	All day breakfast options – Minced & moist - Scrambled egg <sup>V</sup> , baked beans <sup>V</sup> Hot B/fast combos, Scrambled egg & baked beans <sup>V</sup>	2  1	All day breakfast options – Pureed- scrambled egg <sup>V</sup> , baked beans <sup>V</sup> , Hot B/fast combos, scrambled egg & baked beans <sup>V</sup>	2  1
	Starch vege	Mashed Potato, Mashed Sweet Potato		Mashed potato, Mashed Sweet potato	2	Mashed potato, Mashed Sweet potato	2

**Sample Room Service Texture Modified Menu with Choice counting (continue)**

<b>MAIN MEAL</b>	Orange vege	Diced carrot, mashed sweet potato, mashed pumpkin		Mashed Pumpkin, M&M Carrot, Mashed Sweet Potato	3	Puree pumpkin, Puree carrot, Puree sweet potato	
	Green/brassica vege	Soft & Bite Sized - cauliflower, broccoli, mixed vegetables		Minced & moist - broccoli, cauliflower, Green beans, peas	4	Pureed - Broccoli, Cauliflower, Peas, beans	4
	Main Salad	-	NR	-	NR	-	NR
	Sandwich	-	NR	-	NR	-	NR
	Dessert	Lemon Cheesecake, Crème Caramel, Vanilla Bean Panacotta, Yoghurt x 2	Grp 1 5	Lemon Cheesecake, Crème Caramel, Vanilla Bean Panacotta, 2xYoghurt -smooth	Grp 1 5	Lemon Cheesecake, Crème Caramel, Vanilla Bean Panacotta, 2xYoghurt-smooth	Grp 1 5
		Custard, Chocolate Mousse	Grp 2 2	Custard, Chocolate Mousse	Grp 2 2	Custard, Chocolate Mousse	Grp 2 2
		No melt ice-cream, Creamed Rice, ?? Minced/Pureed - Fruit salad, Peaches, pears, Two fruits all with custard.	Grp 3 3  Tinned fruit & dairy-4	No melt ice-cream, Creamed Rice, Minced/ Pureed - Fruit salad, Peaches, pears, Two fruits all with custard.	Grp 3 3  Tinned fruit & dairy-4	No melt ice-cream, Pureed cream rice, Pureed - Fruit salad, peaches, pears, Two fruits all with custard.	Grp 3 3  Tinned fruit & dairy-4
	Fresh Fruit	Diced melon	1	-	NR	-	NR
	Bread – w/meal	-	NR	-	NR	-	NR
	Bread – low fibre	-	NR	-	NR	-	NR
<b>SNACKS</b>	Mid-meal snacks	Yoghurt vanilla, yoghurt natural & diced fruit, Smoothie	Grp 1 3	Yoghurt vanilla, yoghurt natural & M&M fruit, Smoothie	Grp 1 3	Yoghurt vanilla, yoghurt natural & pureed fruit, Smoothie	Grp 1 3
		No melt ice-cream, custard, Jelly cake	Grp 2 3	No melt ice-cream, custard, Jelly cake	Grp 2 3	No melt ice-cream, custard, jelly cake	Grp 2 3

NR – not recommended under IDDSI



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