

### Nutritional Adequacy of House Diet Regular and Dysphagia

The regular menu is slightly over on the recommended calorie intake, but only by 109.65%. It is quite possible that the individual will not eat everything offered. Carbohydrates are slightly over the recommended gram amount as well. Protein is adequate and exceeded recommendation by over double. Total fat is just below the recommended amount. Saturated fat is below the recommended amount and accounts for 5.7% of the fat intake. Fiber is also adequate with more than double the recommended amount. Vitamin A and vitamin D are both adequate and exceeded recommendation. The B vitamins thiamine, riboflavin, and niacin are also adequate and exceed recommendation. B12 is deficient on this day, and while dietary folate is sufficient in terms of micrograms the dietary folate equivalents only meet 55% of the recommendation. This may be a concern with older populations who may have trouble absorbing vitamin B12. Those diagnosed with pernicious anemia will be prescribed B12 injections, however and dietary intake would not be an issue. More fortified grain products like cereals can be included in the diet to account for this deficiency. Vitamin C exceeds the recommendation. Sodium is slightly over the recommendation, while potassium is adequate. Calcium is adequate as well. Zinc is slightly low with 90% of the recommendation while iron is adequate and exceeds recommendation. On this day water intake was inadequate with only 66% of the 3.7 liter recommendation achieved with 2468.89 mLs. Iodine was low in this diet but this could be fixed by using iodized salt or including a dish with seaweed. I tried to avoid using too much salt in the recipes since most food do contain some sodium and it would be very easy to go way over the recommended amount of sodium. Fluoride was also low and this may be improved with better fluid intake. Omega 3 fatty acids could have been, increased as well as choline.

For the dysphagia diet it appears that calories were in excess. It is possible that a person with problems swallowing and chewing may not finish all their meals. By eating slower they may get fuller faster. There was one problem with this diet analysis. I wanted to add a creamy artichoke sauce to the wild rice, but the closest thing I found was an appetizer from Red Robin. This appetizer probably had more calories and sodium than a sauce made in house. Total fat was in excess but saturated fat was low and only made up of 2.4% of the daily fat intake. Fiber was in excess of the recommendation, which is a positive aspect of this diet. Vitamin A was sufficiently in excess of the recommendation, while vitamin D was inadequate. It is apparent how important eggs can be to providing necessary nutrients. I'd like to hope that the patients spend some time outside in the sun (weather permitting) daily to ensure adequate vitamin D, and I would consider adding more vitamin D fortified milk to the diet in the future. Thiamin and riboflavin were adequate as was niacin. B12 was low again as before. It may be necessary to supplement with more fortified foods. Vitamin C was adequate and folate was low. Folate could also be corrected with more fortified grain products. Sodium was in excess, however i don't think it was as high as the report announced, again because of the appetizer had so much sodium in it and our dish wouldn't be as heavy on the salt. Potassium was slightly low at 83%. Calcium was in excess of requirements, and so was iron. Zinc was at 72% of recommendation. Water consumed was increased by adding more water between

meals. The dysphagia diet met 84% of the recommended water amount with 3,227 mLs of water.