

GUIDELINES FOR DIET MANAGEMENT IN PUBLIC HEALTH INSTITUTIONS

**Department of Health & Family Welfare
Government of Orissa**

**Commissioned by
Technical and Management Support Team
Orissa**

**GUIDELINES FOR DIET MANAGEMENT
IN PUBLIC HEALTH INSTITUTIONS**

Department of Health & Family Welfare
Government of Orissa

CONTENTS

1.0	Introduction to the Guidelines:	7
1.1	Key Features of the Guidelines:	7
1.2	Objective and Applicability of the Guidelines:	7
1.3	Duration of Effectiveness of the Guidelines:	7
2.0	Revised Cost Norm for In-door Patient's Diet:	8
3.0	Right to Access Diet:	8
4.0	Timing of Diet Supply:	8
5.0	Cooked and Dry Food Diet:	8
6.0	Diet Typology:	9
7.0	Outsourcing Diet Preparation & Supply:	10
8.0	Times of Procurement:	12
9.0	Quality Assurance of Raw Materials:	12
10.0	Storage of Commodities / Raw Materials:	12
11.0	Fuel for cooking:	13
12.0	Diet Certification:	13
13.0	Constituting Diet Vigilance Committee [DVC]:	13
13.1	Role of DVC in Monitoring & Supervision:	13
14.0	Role & Function of Dietetics Section in the Health Institution:	13
14.1	Role of Dietician / Nutritionist:	14
15.0	Sanitary Measures:	14
16.0	Store and Stock:	14
17.0	Cleanliness:	15
18.0	Food Handling:	15
19.0	Other Key Requirements:	15
20.0	Record Keeping:	16
21.0	Audit of Accounts:	16

LIST OF TABLES

Table 1: Revised Cost Norm	8
Table 2: Full Diet	17
Table 3: General Diets for Children [From Six Months to Three Years]	18
Table 4: General Diets for Children	18
Table 5: General Full Diet [Children]	19
Table 6: Full Soft Diet [Children]	20
Table 7: Diet menu for Paediatric	20
Table 8: Full Liquid Diet for Adults	22
Table 9: Liquid Diet by Calorie Norm	22
Table 10: Menu of Full Liquid Diet	24
Table 11: Full Soft Diet	24
Table 12: Weekly Semi-Solid Diet menu	25
Table 13: Diet by Calorie Norm for patients suffering from Diabetes	26
Table 14: Weekly Diet Menu for Diabetes Mellitus	27
Table 15: Diet by Calorie Norm for Cardio-Vascular Disorders	28
Table 16: Weekly Diet Menu for Patients of Heart Disease	30
Table 17: Diet by Protein Requirement	31
Table 18: Weekly Diet Menu for Chronic Renal Failure [CRF] / Chronic Kidney Disease [CKD]	34

ANNEXURE

A 1.0	Diet Menu:	17
A 1.1	Non-Therapeutic Diet:	17
A 1.1.1	Full Diet [Adult]	17
A 1.1.2	General Diet for Children [From Six Months to Three Year]	18
A 1.1.3	General Diet for Children [3-9 Years]	18
A 1.1.4	General Full Diet [Children]	19
A 1.1.5	Full Soft Diet [Children]	20
A 1.2	Therapeutic Diet:	21
A 1.2.1	Liquid Diet-Clear / Full Liquid Diet	21
A 1.2.2	Soft Diet	24
A 1.2.3	Light Diet:	26
A 1.2.4	Diet for Diabetes Mellitus	26
A 1.2.5	Diet for Cardio-Vascular Disorders	28
A 1.2.6	Diet for in Acute & Chronic Renal Disease	31
A 1.2.7	High Protein High Calorie Diet:	35
	Annexure II: Diet Prescription Slip	36
	Annexure III: Diet Quality Certificate	37
	Annexure IV: Stock Issue Register	38
	Annexure V: Indent Slip	38
	Annexure VI: Terms of Reference	39

1.0 Introduction to the Guidelines:

1.1 Key Features of the Guidelines:

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

1.2 Objective and Applicability of the Guidelines:

- 1.2.1 Present guidelines are meant for the public health institutions to strengthen and streamline the dietary services and its management.
- 1.2.2 These guidelines would be applicable to all the public health institutions which have required provision for in-door patients.
- 1.2.3 In case, if in-door/bed provision is not available in any health institution but based on the advice of the doctor / in-charge of the public health institution, if a

person is kept under watch in such health institutions, she/he would be entitled for availing diet as per the norm of the Government.

- 1.2.4 Unless it is followed by any other notification / order of the Government, present guidelines would be applicable for all types of in-door patients superseding earlier notification/s made by Government in this connection.

- 1.2.5 This is omnibus guideline which supersedes all previous guidelines on this subject.

1.3 Duration of Effectiveness of the Guidelines:

- 1.3.1 These guidelines would be effective from April 2011 and would remain in force till further notification / order of the Government issued in this regard.

- 1.3.2 Government may issue revised circulars / notifications from time to time, if so required, after careful examination of the outcome of these guidelines. The beneficial dimensions of these guidelines would be examined after its implementation, not exceeding six months time, and if so felt necessary, further modification would be made to make it more suitable for the patients.

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

Table 1: Revised Cost Norm			
SN	Patient Category	Earlier Rate of Diet per Patient per Day	Revised Rate of Diet per Patient per Day
1	Paediatric	20.00	25.00
2	General	20.00	50.00
3	Cancer	20.00	60.00
4	TB	25.00	60.00
<p>Note:</p> <ol style="list-style-type: none"> The revised cost norm is effective from 1st of April 2011 Till the age of 9, a patient would be considered paediatric and above the specified age, provision for adult will be applicable i.e. Rs.50/- or Rs.60/- based on the patient category Cost of diet for burn cases would be Rs.60/- in line with Cancer and TB patients 			

3.0 Right to Access Diet:

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

door patients till discharged from the health institution.

4.0 Timing of Diet Supply:

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

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

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

5.0 Cooked and Dry Food Diet:

- 5.1 Dry diet would be provided to the in-door patients where provision for number of in-door patient is less than 50. The public health institutions that have more than 50 or 50 beds would be provided with cooked diet.

- 5.2 Dry diet would be provided three times i.e. during breakfast, lunch and dinner like that of cooked diet.
- 5.3 Dry diet would encompass Milk, Biscuits, Nuts/Dry Fruits, Egg, Bread and Fruits [of medium size]. If required and felt it necessary by the Dietician / Medical Officer, fresh fruit juice would be provided looking at the condition of the patient and the diagnosis.
- 6.0 Diet Typology:**
- 6.1 In general, the health institutions should make necessary arrangement for preparation of non-therapeutic and therapeutic diet based on patient category. The therapeutic diet would encompass [1] clear liquid and full liquid diet [2] soft diet and [3] light diet.
- 6.2 This diet must be nutritionally adequate either to maintain adequate nutrition or to improve the nutritional status. Patients who need adaptations or modifications in their diet, due to illness, accident or injury, should be served modified diet until they become ambulatory patients who can be served the general diet.
- 6.3 Clear Liquid Diet would be provided to the patients in the pre or post operative stage for one or two days or based on the advice of the doctor and dietician. This diet should be completely free of any solids even those found in the milk. Only clear liquids such as tea or coffee without cream or milk, clear soup etc. should be given. This diet is to be used for a very short period of time. Full liquid diet should be given for all acute conditions before diagnosis.
- 6.4 Soft diet is intermediate between a full liquid and light diet. It should be served to patients who are convalescing from surgery, gastrointestinal disturbances and acute infections. This diet should be nutritionally adequate and planned on the basis of a normal diet. The food should be soft in texture and consistency, easy to chew and should contain low roughage. The diet would be made of simple, easily digestible foods and should contain no harsh fibre and no rich or highly flavoured foods. It should be a high calorie-high protein diet. A slight modification of this diet may be mechanically softened or dental soft diet which requires little or no chewing.
- 6.5 The Light Diet would be very similar to a soft diet in addition to simple salads such as fruits or sliced tomato.
- 6.6 Therapeutic diet should be prepared for six different patient categories i.e. persons suffering from [1] Diabetes Mellitus [2] Cardio-Vascular [3] Acute & Chronic Renal Diseases [4] Cancer [5] TB and [6] Burning cases.
- 6.7 Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm for all

category of patients based on the diagnosis. Sample diet calendar for different therapeutic and non-therapeutic diet is annexed to this guideline. The diet calendar can be changed / modified by the dietician based on the diagnosis.

7.0 Outsourcing Diet Preparation & Supply:

7.1 Outsourcing for diet preparation and its supply/distribution is applicable for the cooked diet only. For dry diet, the concerned health institution would procure and distribute the diet. The health institution would procure dry diet from the empanelled agencies, empanelled specifically to supply dry food items like biscuits, milk, fruits etc.

7.2 Preparation and distribution of diet [cooked food] would be outsourced to the private agencies at the MCHs; DHHs; Capital Hospital, Bhubaneswar; and in all sub-divisional hospitals where there is approved bed strength for in-door patients is 50 or more than 50. In suitable cases, effective Women Self Help Groups [SHGs] should also be allowed to run the canteen which includes preparation and distribution diet [cooked food].

7.3 At the CHC / PHC level, canteen system may be promoted within the campus of the health institution in collaboration with private agency for both in-door and out-door patients. The concerned

health institution would provide space for any such interested private agency to run canteen. The canteen manager / concern agency would supply required diet to the in-door patients as per the diet norm mentioned in these guidelines and instructed by the dietician / medical officer of the concerned health institution. Apart from in-door patients, the canteen could also prepare and supply diet to outdoor patients and general public of the locality. But, the primary focus of the canteen would be serving the in-door patient with qualitative diet.

7.4 Existing Government / Departmental norm should be strictly followed for identification and enrolment of agency for diet preparation & distribution. The agency would be selected on Cost and Quality basis. Transparent tendering process should be adopted by the health institutions for the selection of the agency ensuring quality and standards of diet. The Terms of References for the agency is annexed to the guidelines for reference [the terms of reference should be modified according to the suitability of the health institution].

7.5 The agency empanelled and assigned with the responsibility of preparation and supply of diet would adhere to the prescribed quality standards under specific diet category [liquid diet, semi-solid diet, diet for diabetic etc.]. The agency must agree to provide

different types of diet, as per the requirement of the patient and indent placed in this regard by the dietician / hospital management.

- 7.6 The selected agency would sign a contract with the administration / management of health institution. The period of the contract would be initially for 12 months and can be extended for the same period based on the satisfactory performance of the supplier / outsourced agency. The performance of the agency must be certified by the management of the health institution before extending or renewing the contract period. During extending or renewing the contract period, the management may think of revising the conditions of the contract as per its suitability without affecting the basic objective.
- 7.7 The outsourced agency would procure raw materials only from the designated suppliers identified mutually by the health institution and the outsourced agency. If so wished, the health institution along with the outsourced agency would empanel one or more than one supplier for the supply of different items, for preparation of cooked diet. For dry diet, procurement would be done by the concerned health institution through empanelled agencies without any outsourcing.
- 7.8 For the supply of dry diet, the concerned health institution would empanel different suppliers independently. If so wished by the health institution, multiple agencies may be empanelled for different items. The agencies would be identified and empanelled through tender process following tendering norm of the Government. For tendering, quality of the items to be supplied would be fixed and lowest price, adhering to the mentioned quality would be selected for supply.
- 7.9 Every year there would be review of the price and Government may think of modifying the head wise cost based on the prevailing market rate of the commodities not exceeding the stipulated per patient cost. However, during the five year plan period, per patient cost norm would be revisited and Government may think of taking suitable action for revision of cost norm based on the market price.
- 7.10 The health institution would take care to ensure that the items [packaged ones] supplied or used for cooking have not surpassed the date of expiry. In case of perishable items, the quality of supply, as per the prescribed standard would be adhered to by the supplier / outsourced agency. In case, if the management of the hospital feels that the supplied items, perishable or non-perishable, are not up to the standard norm, they would return the items to the concerned agency on the spot of receiving. If so wished by the management, a penalty may be charged to the empanelled supplier for negligence

and taking risk of providing poor quality materials. Quality review of the supplied items would be done by the dietician, members of DVC, management of the health institution and RKS from time to time.

8.0 Times of Procurement:

8.1 Though, diet preparation and supply system would be outsourced, still, the health institution should have an eye on the quality of the raw materials procured for cooking. In case of dry diet, it is equally applicable to verify the quality of diet supplied by the outsourced agency / empanelled supplier.

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

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

9.0 Quality Assurance of Raw Materials:

9.1 The materials / commodities to be supplied by the empanelled

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

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

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

10.0 Storage of Commodities / Raw Materials:

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

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

11.0 Fuel for cooking:

- 11.1 The kitchen should have LPG connection for diet preparation with provision of additional cylinder.
- 11.2 As far as possible, coal and wood should be avoided for cooking excluding emergency cases.

12.0 Diet Certification:

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

13.0 Constituting Diet Vigilance Committee [DVC]:

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

changes, if necessary. In Medical College Hospitals [MCHs] and Capital Hospital, the Deputy CMO would head the DVC. The Hospital Administrator/Manager and selected / nominated members of Swasthya Vikash Samiti would be the member of the DVC.

13.1 Role of DVC in Monitoring & Supervision:

The Diet Vigilance Committee would do regular surprise check to see the aspects like- quantity and quality check of the diet, timeliness in supply of diet, hygiene and other related aspects. If it is felt required, Govt. may appoint an independent monitoring & evaluation agency from time to time to monitor the diet management process. The committee members should interact with the in-door patients on quality and quantity of diet and discuss accordingly with the outsourced agency.

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

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

1. Menu Planning;
2. Food purchasing [if not outsourced and in case of dry diet supply];
3. Purchase of requisition of needed equipment and supplies;

4. Establishment and maintenance of safe food storage practices;
5. Selection, training, assignment of duties, supervision of personnel;
6. Supervision of departmental sanitation;
7. Establishment of adequate records and supervision of record keeping, budget planning, etc.

14.1 Role of Dietician / Nutritionist:

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

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

The dietician / in-charge or members of his/her team would prepare the diet distribution chart based on the placed indent by the ward boy/sister. The dietetics section would maintain records on day basis for the audit purpose. The dietetics section would also be responsible to deal

with empanelled contractors and ensure qualitative diet supply to the patients as per the norm.

15.0 Sanitary Measures:

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

1. Periodic sanitary inspection of cooking & serving equipments; at least once in a day;
2. Daily inspection of food conveyors, kitchen equipment and service equipment;
3. Supervise handling and disposing of garbage and waste;
4. Supervising cleanliness in the kitchen & taking appropriate measures

16.0 Store and Stock:

16.1 The agency outsourced for diet preparation [cooked diet only] would be responsible for maintaining the store and stock. The agency should assign the responsibility of store keeping to person/s recruited by him/her;

16.2 In case of dry diet, the health institution would maintain the store and stock; In such cases, one person would be assigned with the responsibility of the store and stock who would perform the following role.

17.0 Cleanliness:

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

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

18.0 Food Handling:

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

1. Keeping their hands clean and use glove for serving. They should not touch food in bare hand.

2. They should wash their hands properly after visiting the toilet and before handling food.
3. Cover cuts, burns and other raw surfaces with water-proof dressings while handling food.
4. Ensure that food is supplied as per the consumption specification of foods [hot/warm/cold] and as per the direction of the dietician.
5. Cover the main food container and protect from flies and other pests before and after serving.
6. Person/s suffering from a discharging wound, sores on hands or arms, discharging nose or who is suffering from attacks of diarrhoea or vomiting should not handle food items, either during preparation or serving. Persons with such problems should be brought in to the notice of the catering manager for taking remedial measures.
7. However, all the persons associated in diet preparation and its distribution should undergo regular free health check up in the concerned medical health institution periodically, at least once in every month and more particularly during sickness.

19.0 Other Key Requirements:

- 19.1 The food after preparation should be checked and tested by the cook at the kitchen level and

further verified and certified by the dietician / medical officer in-charge. If the quality and condition of food is found unsatisfactory, it should not be served and alternative arrangement should be made by the outsourced agency.

- 19.2 Smoking in the public place including kitchen is strictly prohibited.
- 19.3 Premises should be maintained and kept clean. This involves washing floors at least three times in a day supplemented by sweeping. Using dampening agents, as often as may be necessary and cleaning all walls and other surfaces at least once in a week. All cupboards, drawers and other fixtures should be kept scrupulously clean and free from all articles other than those for which they are intended.
- 19.4 Personal cleanliness on the part of the staff should be maintained. Other personal equipment/s should be washed and changed frequently.
- 19.5 The refrigerator should be kept thoroughly cleaned and defrosted at least once in a week.
- 19.6 Infestation by rats, mice and other

rodents is dangerous as they can spread infection. All practicable steps should be taken to eliminate this source of infection such as maintaining the premises thorough repaired and cleaned, removing food scraps promptly and immediately, using impervious receptacles with tightly fitting covers for the storage of foods, fly-proof system etc.

20.0 Record Keeping:

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

21.0 Audit of Accounts:

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

ANNEXURE - I

A 1.0 Diet Menu:

A 1.1 Non-Therapeutic Diet:

This general or routine diet must be nutritionally adequate either to maintain adequate nutrition or to improve the nutritional status. This general or full diet may be served to ambulatory patients who are not under therapeutic diet. This diet should contain minimum number of

rich foods and foods that require longer time for digestion, since hospital patients are physically less active than average normal persons. Patients who need adaptations or modifications in their diet, due to illness, accident or injury, may be served a modified diet until they become ambulatory patients who can be served the general diet. The composition of general diet highlighted below.

A 1.1.1 Full Diet [Adult]

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

Table 2: Full Diet

SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2500	2500
B	Protein	75 gm	80 gm
C	Fat	60 gm	70 gm
D	Carbo-hydrates	420 gm	400 gm
	Diet Specification		
1	Cereals	350 gm	350 gm
2	Bread	50 gm	50 gm
3	Pulses	50 gm	25 gm
4	Milk/Curds	550 ml	300 ml
5	Green & other Vegetables	300 gm	300 gm
6	Potato or substitutes	100 gm	100 gm
7	Butter	10 gm	10 gm
8	Fats & oils	20 gm	30 gm
9	Sugar	50 gm	50 gm
10	Seasonal fruit	150 gm	150 gm
11	Meat/Fish/Chicken or Egg	-	100 gm; 2 egg
12	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
13	Salt	10 gm	10 gm
14	Condiments	15 gm	15 gm

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

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

Table 3: General Diets for Children [From Six Months to Three Years]		
SN	Food Items	Quantum
A	Calories	1150
B	Protein	40 gm
C	Fat	55 gm
D	Carbohydrate	125 gm
	Diet Specification	
1	Milk	1 lt.
2	Bread	50 gm
3	Egg	One
4	Sugar	50 gm
5	Orange	One
6	Banana	One
7	Butter	10 gm
Note: Attending mother of the child below six months would be provided with normal adult diet if the child is dependent upon mother's milk.		

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

Table 4: General Diets for Children		
SN	Food Items	Quantum
A	Calories	1450
B	Protein	50 gm
C	Fat	65 gm
D	Carbohydrate	125 gm
	Diet Specification	
1	Milk	1.25 lt.
2	Bread	50 gm
3	Egg	One
4	Sugar	50 gm
5	Orange or Banana	One
6	Tea	7 gm
7	Butter	100 gm
8	Salt	10 gm
9	Green & other leafy vegetables	150 gm
10	Potatoes [for soup]	50 gm
Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm		

A 1.1.4 General Full Diet [Children]

Table 5: General Full Diet [Children]

SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2000	2000
B	Protein	68 gm	75 gm
C	Fat	45 gm	55 gm
D	Carbo-hydrate	350 gm	340 gm
	Diet Specification		
1	Cereals	250 gm	250 gm
2	Bread	100 gm	100 gm
3	Pulses	25 gm	25 gm
4	Milk/Curds	750 ml	450 ml
5	Green & other vegetables	150 gm	150 gm
6	Potato or substitute	50 gm	50 gm
7	Butter	10 gm	10 gm
8	Fats & oil	10 gm	10 gm
9	Sugar	50 gm	50 gm
10	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
11	Seasonal fruits	150 gm	150 gm
12	Meat/Fish/Chicken or Egg		100 gm; 2 eggs
13	Salt	10 gm	10 gm
14	Condi-ments	10 gm	10 gm
Note: Dietician should prepare a weekly diet calendar in accordance to the calorie and nutritional norm			

A 1.1.5 Full Soft Diet [Children]

Table 6: Full Soft Diet [Children]

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

Table 7: Diet menu for Paediatric

Day	Breakfast	Lunch	Dinner
Sunday	Apple one and Bread-100gm	Rice-50gm Dalma- [Dal 15 Gm + Veg50 Gm +Potato 25 Gm] Veg Potato fry- [Veg 50gm+ Potato 25gm]	Rice-50gm Dalma- [Dal 15 Gm + Veg50 Gm +Potato 25 Gm] Veg Potato fry- [Veg 50gm+ Potato 25gm]
Monday	Apple one and Bread-100gm	Roti/Rice-50gms, Dal-15gm, Vegetable -50gm, Potato-25gm, Paneer-25gm	Roti/Rice-50gms, Dal-15gm, Vegetable -50gm, Potato-25gm, Paneer-25gm

Tuesday	Orange one and Suji Kheer	Rice-50gm Dalma- [Dal 50gm + Veg 150gm], Veg potato fry [Veg 50gm + Potato 25gm]	Rice-50gm Dalma- [Dal 50gm + Veg 150gm], Veg potato fry [Veg 50gm + Potato 25gm]
Wednesday	Banana one and Suji Kheer	Rice Khichdi [Veg 100gm + Rice 25] Potato Varta- [Potato 50gm]	Rice Khichdi [Veg 100gm + Rice 25] Potato Varta- [Potato 50gm]
Thursday	Apple one and Simej kheer	Rice-50gm Dalma- [Dal 15gm + Vegetable 75gm + Potato-25gm] Veg fry- 100gm	Rice-50gm Dalma- [Dal 15gm + Vegetable 75gm + Potato-25gm] Veg fry- 100gm
Friday	Orange one and Custard	Rice-50gm Dal-15gm Egg Curry- [Egg one]	Rice-50gm Dal-15gm Egg Curry- [Egg one]
Saturday	Banana one and Bread-100gm	Rice-50gm Dal-15gm Soyabean-20gm	Rice-50gm Dal-15gm Soyabean-20gm
<p>Note: The diet menu is suggestive and may change as per the availability of the proposed items. The concerned dietician / medical officer would be the final authority to take appropriate decision on the menu without compromising the quality</p>			

A 1.2 Therapeutic Diet:

The progressive therapeutic diet is classified as follows:

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

A 1.2.1 Liquid Diet-Clear / Full Liquid Diet

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

Table 8: Full Liquid Diet for Adults

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

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

Table 9: Liquid Diet by Calorie Norm

SN	Particular	Diet	Quantum
A	Diet of 1000 Calories	Milk	750 ml.
		Sugar	50 g
		Fruit for juice	200 g
		Dal/protein hydrolysate*	25 g
		Oil	10 g
		Approx. Nutritive Value	
		Calories	980
		Protein	30 g
		Fat	40 g
		Carbohydrate	125 g

		Note-if milk is not tolerated, equal amount of curd can be given; * Any high protein product.	
B	Diet of 1500 Calories	Milk	1 Litre
		Sugar	100 g
		Fruit for juice	200 g
		Vegetables for soup	200 g
		Dal/Egg	50 g
		Oil	10 g
		Approx. Nutritive value	
		Calories	1510
		Protein	50 g.
		Fat	50 g.
		Carbohydrate	215 g.
		Note-if milk is not tolerated, equal amount of curd can be given	
		Sugar	100 g
		Fruit for juice	200 g
		Vegetables for soup	200 g
		Dal/Egg	50 g
		Oil	10 g
		Approx. Nutritive value	
		Calories	1510
		Protein	50 g.
		Fat	50 g.
		Carbohydrate	215 g.
		Note-if milk is not tolerated, equal amount of curd can be given	

Table 10: Menu of Full Liquid Diet

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

A 1.2.2 Soft Diet

This diet is intermediate between a full liquid and light diet. It should be served to patients who are convalescing from surgery, gastro-intestinal disturbances and acute infections. This diet can be nutritionally adequate when planned on the basis of a normal diet. The food should

be soft in texture and consistency, easy to chew and contain low roughage. The diet would be made of simple, easily digestible foods and should contain no harsh fibre and no rich or highly flavoured foods. It should be a high calorie-high protein diet. A slight modification of this diet may be mechanically softened or dental soft diet which requires little or no chewing.

Table 11: Full Soft Diet

SN	Food Items	Vegetarian	Non-Vegetarian
A	Calories	2250	2250
B	Protein	60 gm	65 gm
C	Fat	55 gm	60 gm
D	Carbohydrates	360 gm	360 gm
	Diet Specification		
1	Rice or Dalia	200 gm	200 gm
2	Bread	50 gm	50 gm
3	Pulses	100 gm	100 gm
4	Milk/Curds	500 ml	200 ml
5	Egg or Paneer	25 gm	One

6	Green & other Vegetables	300 gm	300 gm
7	Potato or substitutes	100 gm	100 gm
8	Butter	10 gm	10 gm
9	Fats & oils	20 gm	30 gm
10	Sugar	50 gm	50 gm
11	Seasonal fruit	150 gm	150 gm
12	Meat/Fish/Chicken or Egg	-	100 gm; 2 egg
13	Tea / Coffee	7 gm / 15 gm	7 gm / 15 gm
14	Salt	10 gm	10 gm
15	Condiments	15 gm	15 gm

Note:

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

Table 12: Weekly Semi-Solid Diet menu

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

Friday	Rice-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml
Saturday	Sugar-100gm	Khichdi(Rice-100gm+Dal50gm),Sntula Bharta(Mixed/Brinjal bharta-100gm),Kheer-150gm	Roti-100gm Dalma-150gm/Santula-250gm Kheer/Milk-250ml

Note:

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

A 1.2.3 Light Diet:

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

A 1.2.4 Diet for Diabetes Mellitus

Table 13: Diet by Calorie Norm for patients suffering from Diabetes					
Food Items	1200 Cal	1500 Cal	1800 Cal	2000 Cal	2500 Cal
Cereals & millets.	125g	175 g	225g	225 g	350g
Pulses legumes	50 g.	50g.	50g	75g	75g
Milk products.	500 ml.	500 ml.	750 ml.	750 ml.	750 ml.
Green Vegetables	200 g	200 g	200 g	200 g	200 g
Other Vegetables	200 g	200 g	200 g	200 g	200 g
Fruits	1 Portion.	1 Portion.	1 Portion.	1 Portion	2 Portion
Paneer/egg	30g/one	30g/one	30g/one	30g/one	30g/one
Oil Sugar	10 g	15 g	15 g	20 g	25 g
Sugar	-	-	-	-	-
Approx Nutritive Value					
Calories	1195	1485	1795	1960	2490
Protein	50	60	70	80	90
Fat	35	45	55	60	70
Carbohydrate [CHO]	170	240	255	275	375

Foods can be allowed liberally: Green leafy vegetables, vegetable salads without oil dressings, Lime, Lemonade, clear soups.

Note:

1. Roasted Bengal gram and fenugreek seeds can be included in the diet as these have been shown to have a hypoglycaemic effect.
2. One portion of fruit providing 10 g. carbohydrate can be determined from the fruit exchange list.
3. Black coffee or tea without milk or with milk from the day's allowance.
4. Chutneys and pickles without oil, Pepper [Golamaricha] and Cumin [zeera] water, Jamun [Jamu Koli], Phalse, rasberry

Foods to be avoided:

1. Soft drinks, all beverages not listed above
2. Alcohol and wines,
3. Fried foods, Sugar. Honey, Jams, sweets, cakes, pastries.

Note: Potatoes, Colocasia [Saru], yam [Khamba Alu], mangoes, banana are to be avoided but may be consumed as food alternatives, strictly in accordance to the Food Exchange List.

Table 14: Weekly Diet Menu for Diabetes Mellitus

Day	Breakfast	Lunch	Dinner
Sunday	Idli 3pc -240gm Sambar-100gm Fruit-80gm (Orange/Apple)	1 Cup rice-150gm or 3 Roti, Dal-100gm, Non- Veg.Curry-100gm or Paneer-100gm	Rotti-2-100gm Dalma-100gmm Milk & Milk product- 1glass(240ml)
Monday	Phulka-2-100gm Santula-100gm Fruit-80gm	1 Cup Rice-150gm/3 Roti Dal-100gm Veg Curry-100gm Salad-1 Quarter plate	Roti-2-100gm Cholle masala-100gm Santula-100gm Milk & Milk Product-1glass
Tuesday	Dalia Upma- Vegetable- Fruit-80gm	1 Cup Rice/3 Roti-150gm Dalma-100gm Karela bharta-100gm Salad-100gm	Roti-2-100gm Vegetable Curry-150gm Dal-100gm Milk & Milk Product(240ml)
Wednesday	Chakuli-2-100gm Matar Curry-150gm Fruit-80gm	1 Cup Rice/3 Roti-150gm Dal-100gm Non Veg. Curry-100gm Paneer-100gm	Roti-2 Veg.curry-150gm Dal-100gm Milk & Milk Product(240ml)
Thursday	Idli-3 Sambar-100gm Fruit-80gm	1 Cup Rice/Roti-3- 150gm,Dalma-100gm, Brinjal bharta100gm, Curd-80gm	R o t i - 2 - 1 0 0 g m , D a l - 100gm,mix bhaja- 100gm,Milk &Milk Product(240ml)

Friday	Roti-2-100gm Santula-100gm Fruit-80gm	1 Cup Rice/3 Roti-150gm Dal-100gm Veg Curry-100gm	Roti-2-100gm Rajmah-100gm Santula-100gm, Milk & Milk Product(240ml)
Saturday	Dalia Upma- Vegetable- Fruit-80gm	1 Cup Rice/Roti-150gm, Dal-100gm Veg curry-100gm Raita-50gm	Roti-2-100gm, Dal-100gm Brinjal bharta-100gm, Milk & Milk product(240ml)

Note:

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

A 1.2.5 Diet for Cardio-Vascular Disorders

Acute myocardial infarction or cardiac failure

Salient features: Low cholesterol, low fat (unsaturated), sodium restricted, low calories and frequent liquid feeds. Low & Modified Fat Diet for Atherosclerotic Conditions:

Table 15: Diet by Calorie Norm for Cardio-Vascular Disorders

SN	Particulars	Diet Specification	Quantum
A	1000 Calories liquid diet.	Milk and milk products	750 ml.
		Egg [white]	One
		Fruit for juice	200 g.
		Vegetables for soup	200 g.
		Cereal (for porridge, bread)	150 g.
		Sugar	20 g.
		Oil (unsaturated)	10 g.
		Approximate Nutritive Value	
		Calories	1020
		Protein	40 g.
		Fat	40 g.
		Carbohydrate	150 g.
		Sugar	20 g.
		Oil (unsaturated)	10 g.
		Note: Light tea, Coffee, jelly, sweet drinks can be given.	
B	Maintenance Diet – 1800 Calories	Milk and milk products	750 ml.
		Egg [white]	One

		Paneer / meat/chicken	30/50 g.
		Fruit	200 g.
		Dal	25 g.
		Vegetables	400 g.
		Cereal	200 g.
		Sugar	20 g.
		Oil (unsaturated)	15 g.
		Approximate Nutritive Value	
		Calories	1815
		Protein	70 g.
		Fat	55 g.
		Carbohydrate	260 g.
		Sodium	385 g.
		Potassium	2671 mg.
		Note: Salt and foods in which salt or baking power has been added are to be avoided	
	<p>Foods to avoid:</p> <ol style="list-style-type: none"> 1. Glandular meat e.g. Kidney, liver and brain 2. Whole milk, cream, ice cream and other preparations made out of whole milk 3. Butter, ghee, hydrogenated fat, coconut oil, palm oil, Egg yolk, processed cheese 4. Sweets of all kinds, cakes, pastries 5. Dry nuts like almonds, walnut, groundnut, coconut 6. Fried foods 7. Cocoa and chocolate based drinks 8. All aerated waters 9. Alcohols and wines <p>High sodium foods – (To be avoided if the person has hypertension and oedema)</p> <ol style="list-style-type: none"> 1. Bread, biscuits, eggs, cakes, pastries. 2. Canned vegetables, soups and fruits. 3. Salted or smoked fish, chicken, cheese etc. 4. Salted nuts, peanut butter, salted pickles, samosa etc. 5. Any other food in the preparation of which baking powder has been used <p>Note: Green leafy vegetables have high sodium content and therefore should be consumed after boiling the vegetable and discarding the water.</p>		

Table 16: Weekly Diet Menu for Patients of Heart Disease

Day	Breakfast	Lunch	Dinner
Sunday	Roti 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150gm- Seasonal vegetable Chicken/fish-75 gm/ Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Monday	Idli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150gm- Seasonal vegetable, Meal Maker/Sola curry/ Besan curry Fruits-apple/orange/ banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Tuesday	Chakuli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150gm- Seasonal vegetable, Meal Maker/Sola curry/ Besan curry Fruits-apple/orange/ banana-one medium size	Roti Dalma/Mixed bhaja/ Mixed vegetable curry, One glass of milk
Wednesday	Upama, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150gm- Seasonal vegetable Chicken/fish-75 gm/ Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Thursday	Chuda Puha, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150gm- Seasonal vegetable, Meal Maker/Sola curry/ Besan curry Fruits-apple/orange/ banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk

Friday	Roti 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150 gm- Seasonal vegetable Chicken/fish-75 gm/ Egg-2pc/ Paneer 50gm exchange	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk
Saturday	Idli 3pc medium size, sambar and chatni	Rice/Roti-150gm, Dal-25-25gm Sabaji (mixed)-150 gm- Seasonal vegetable, Meal Maker/Sola curry/ Besan curry Fruits-apple/orange/ banana-one medium size	Roti/Dalma/Mixed bhaja/Mixed vegetable curry, One glass of milk

Note:

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

A 1.2.6 Diet for in Acute & Chronic Renal Disease

Salient Features:

1. Provision of low protein, low sodium and low potassium diet
2. The protein given should be of good quality to minimize workload of kidneys
3. Adequate calories to prevent utilization of protein for energy

Table 17: Diet by Protein Requirement

SN	Particulars	Food Items	Quantum
A	20 g. Protein diet	Milk and Milk Products	200 ml.
		Egg/ Panner	One/30 g.
		Cereals	50 g
		Potato or root vegetable	100 g
		Other vegetables	100 g
		Sago	100 g
		Arrowroot powder	100 g.
		Unsalted butter	25g
		Cooking fat	25 g
		Sugar	75 g

		Approx Nutritive Value	
		Calories	1900
		Protein	20 g
		Fat	60 g
		Carbohydrate	320 g
		Sodium	136 g
		Potassium	922 mg
		<p>Note:</p> <ol style="list-style-type: none"> 1. Sugar can be increased as the diet aims at providing enough calories. 2. Use of salt during cooking is to be avoided 3. All green leafy vegetables and potato should be boiled and water is to be discarded. 	
B	30 gm. Protein diet	Milk and Milk Products	250 ml.
		Egg	1/30 g
		Paneer	75 g
		Cereals	100 g
		Potato	100 g
		Other vegetables	100 g
		Fruit	100g
		Sago	100g
		Arrowroot powder	100g
		Unsalted butter	25g
		Cooking fat	25g
		Sugar or glucose	50g
		Approx Nutritive Value	
		Calories	2070
		Protein	30 g
		Fat	70g
		Carbohydrate	330 g
		Sodium	225 mg
		Potassium	1545 mg

		<p>Note:</p> <ol style="list-style-type: none"> 1. Sugar can be increased as the diet aims at providing enough calories. 2. Use of salt during cooking is to be avoided 3. All green leafy vegetables and potato should be boiled and water is to be discarded. 	
C	40 gm. Protein diet	Milk and Milk Products	350 ml.
		Egg/ Paneer	1/30
		Cereals	30
		Other vegetables	150 g
		Potato	100 g.
		Sago	50 g.
		Arrowroot Powder	100 g.
		Unsalted Butter	25 g.
		Cooking fat	25 g.
		Sugar	50 g.
		Approximate Nutritive Value	
		Calories	2155
		Protein	40 g.
		Fat	75 g.
		Carbohydrate	330 g.
		Sodium	230 mg.
		Potassium	1552 mg.
	<p>Foods to avoid in Renal disorders:</p> <ol style="list-style-type: none"> 1. Extra milk or milk products 2. Meat, Fish, Chicken, extra egg etc. 3. Pulses, extra cereals, legumes, peas, beans. 4. Dry fruits, peanut, coconut, cashew nuts & other nuts. 5. Cakes, pastries, jam, jellies 6. Squash, lemon, fruit, juices 7. Vegetables which are rich in protein, sodium and potassium such as dried peas, spinach etc. 		

Table 18: Weekly Diet Menu for Chronic Renal Failure [CRF] / Chronic Kidney Disease [CKD]

Day	Breakfast	Lunch	Dinner
Sunday	P o r r i d g e (Sagoo) Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Monday	Sagoo Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Tuesday	Semia Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Wednesday	Semia Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Thursday	Chuda Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
Friday	Chuda Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato, Egg white of one egg	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar

Saturday	Rice Raw-100gm Milk-100gm Sugar-30gm to taste	Rice-150gm Dal-1 cup(15gm) Sabji(Seasonable vegetable except Green Leafy Vegetable, Potato & Tomato	Rice/Rotti Sabji-150gm Porridge-(kheer)-50gm- Cerels 100gm-Milk 30gm-Sugar
----------	---	---	---

Note:

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

A 1.2.7 High Protein High Calorie Diet:

This type of diet is suitable for [1] Tuberculosis [2] Chronic fevers and infections [3] Post- surgical Cases and [4] Burns.

Food Items	Quantum
Cereals	400 g.
Pulses	50 g.
Roots & tubers	100 g.
Green leafy vegetables	200 g.
Other vegetables	200 g.
Eggs / Panner	2/60 g.
Fruit	200 g.
Milk & Milk Products	1 litre
Fats and oils	25 g.
Sugar	50 g.
Tea or coffee	7 / 15 g.
Approximate Nutritive Value	
Calories	3085
Protein	110 g.
Fat	85g.
Carbohydrate	470 g.

Note:

Nutritive value of the diet may be further enhanced by addition of 100 gm. of full cream milk powder. Diet may also be supplemented with high protein foods.

Annexure II: Diet Prescription Slip

Diet Prescription Slip

Sl. No.				Date of Issue			
District				Institution Type		MCH	DHH
Block / Sub-division						SDH	AH
Patient's Name						CHC	PHC
Patient's Age				Gender		Male	Female
Diagnosed Disease				Diagnosis Date			
Name of the Doctor				Admission Date			
Expected days of stay				Expected Discharge Date			
Prescribed Diet:							
Date	Breakfast		Lunch		Dinner		Special Diet, if any
	Diet Type	Diet	Diet Type	Diet	Diet Type	Diet	
Signature of the Dietician Name: Place:							
Please mention the Diet Type by date: [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric							

Annexure III: Diet Quality Certificate

Diet Quality Certificate:

Date	Breakfast				Lunch				Dinner			
	Diet Type	Quality			Diet Type	Quality			Diet Type	Quality		
		G	M	P		G	M	P		G	M	P

Signature of the Dietician	Signature of the Senior Doctor
<p>G: Good; M: Manageable; P: Poor</p> <p>Diet Type: [1] Normal Diet; [2] Semi-solid Diet; [3] Full-Liquid Diet; [4] Diet for Cardio-Vascular; [5] Diet for Diabetic; [6] Diet for CRF/CKD; [7] Diet for Paediatric</p>	

Annexure IV: Stock Issue Register

Stock Issue Register:

Month	Date	Voucher / Bill No	Particular	Received		Issued		Balance Stock	Remark
				QT.	Price	Date	QT		

Annexure V: Indent Slip

Indent Slip:

Date:

Ward:

Diet Time	Diet Type	No. of Persons
Breakfast		
Lunch		
Dinner		
Signature		

Annexure VI: Terms of Reference

Terms of Reference for Outsourced Agency: Draft Contract

The “terms of reference” to be prepared by specific public health institutions should have the following points, apart from other details based on the requirement of the specific public health institution.

VI.1 Invitation to Bid:

The Medical College Hospital, Cuttack / Burla / Berhampur; District Headquarter Hospital of _____, Sub-Divisional Headquarters Hospital of _____ functioning under Department of Health and Family Welfare, Government of Orissa, invites tender from the eligible registered diet preparation and catering firm to prepare and distribute therapeutic and non-therapeutic diet in the concerned public health institution. Women Self Help Groups [SHGs] can also apply. The bid is asked as per the decision of Department of Health and Family Welfare for outsource the diet preparation and its services to the patients on annual contract basis to the eligible firms.

VI.2 Introduction:

1. This bid is open to agency/agencies and women Self Help Groups [SHGs] satisfying the criteria laid down in this bid document who have the required operational experience in dietary services and its management.
2. The health institution will select an agency, in accordance with the method of selection specified in this bid document
3. The work details have been mentioned in this bid document for the reference of the bidder and preparing the bid document accordingly.
4. Interested Bidders are invited to submit a “Financial Bid” for providing services required for diet preparation and diet related services as per the standard norm and procedure of the Government of Orissa.
5. The hospital administration is not bound to accept any bid/s, and reserves the right to terminate the selection process at any time prior to the award of the contract, without showing any reason thereby. Keeping the greater interest of indoor patients in mind, the contract of the selected / awarded agency may also be terminated by the hospital administration if prescribed quality standards are not adhered to. However, hospital administration is not bound to show any reason for cancellation of the bidding process or termination of contract.
6. The potential bidders can avail the tender / bid document from the office of the concerned health

institution by paying Rs.500/- for the bid document and another Rs.500/- towards the processing fee of the bid. The amount paid towards the bid document and processing fee would be non-refundable. The cost of tender document and processing fee must be deposited along with the Bid documents by demand draft drawn in favour of “ _____ ” payable at _____. The Tender Document is not transferable to any other bidder.

7. The bidder is expected to examine all instructions, forms, terms, specifications, and other information in the bid / tender document. Failure to furnish all information required for bidding or to submit the bid may be considered for rejection.
8. The bidder would bear all costs in connection with the preparation of the bid and its submission. The hospital administration would not bear any bid preparation cost and cost for submission of the bid.
9. In case of requirement, the hospital administration would provide required information, based on the request of the bidder, which is necessary for preparing the bid.
10. This bid / tender does not commit to award the contract or to engage any agency through negotiations. Further, no reimbursable cost may be incurred in anticipation of award and in such cases; hospital administration would not be responsible to bear such costs

incurred by the bidder.

VI.3 Eligibility Criteria:

1. The bidder should have a registered / operating office in the district with staff strength not less than 10 members.
2. The bidder / outsourced agency should have relevant experience in diet preparation, diet service and overall management of diet in hospital or similar Government and/ or non-Government establishments.
3. The bidder should have a minimum of 3 years experience in diet preparation and its supply / services in public or private institutions.
4. If the agency has provided similar type of services in any public / private health institution/s, it would be the added advantage. The agency should provide required evidence in this regard.
5. The agency must be a registered body under appropriate law of the State or Central Government and having the documentary evidence in this regard.
6. In case of Women SHGs, the hospital administration is free to take suitable decision and may consider relaxation in the overall eligibility criteria.

VI.4 Number of Bids:

1. The bidder can apply only one bid in this tendering / bidding process.

- In case if a single bidder submits multiple bids, either singly or in collaboration, all bids, except one that is most suitable as per the decision of the hospital administration would be liable for rejection.

VI.5 Bid Validity:

The bid would remain valid for a period of 120 days from the date of submission.

VI.6 Tenure of Contract:

The selected agency / bidder would be initially contracted for a period of one year from the date of award of the contract. Based on the performance and feedback from different stakeholders, the contract may be renewed for another one year.

VI.7 Payment Schedule:

- The agency would be paid once in a month based on the case load and number of meals supplied. The number of diets prepared during "lunch" would be considered as the benchmark for calculation of number of patients/days or any such norms that is suggested and agreed upon mutually by the hospital administration and the outsourced agency / bidder.
- Hereby, it is mandatory for the health institution to pay the dues to the agency within the first seven working days of each month, based on the submitted bills / vouchers in the prescribed format. The hospital administration would verify the bills, vouchers and other supporting and do the needful for payment of the

dues within seven working days of submission of bills / vouchers / supporting documents.

VI.8 Tender Fee:

All Bidders are required to pay Rs. 500 (Rupees Five Hundred only) towards Tender Fees in the form of Demand Draft drawn in favour of the _____. The Tender Fee is Non-Refundable and cannot be claimed by the tendering agency.

VI.9 Tender Processing Fee:

All Bidders are required to pay Rs. 500 (Rupees Five Hundred only) towards Tender Processing Fees in the form of Demand Draft drawn in favour of the _____. The Tender Processing Fee is Non-Refundable and cannot be claimed by the tendering agency.

VI.10 Performance Bank Guarantee:

The agency, after selection, has to deposit "security money" in shape of Bank Guarantee amounting to Rs. _____ which should not be less than _____ % of the total reimbursable amount within one week of signing the contract. The Bank Guarantee would remain valid initially till the end of the initial contract period and extendable if the contract gets extended.

VI.11 Last Date for Submission of Bid:

The bid would be submitted in an appropriate form in a sealed envelope on or before _____. The bids

received after the due date would not be accepted and liable for rejection.

VI.12 Bid Withdrawal:

After the submission of the bid, if so wished by the bidder, s/he may withdraw the bid with a payment of non-refundable amount of Rs.500/- towards withdrawal processing fee.

VI.13 Right to Accept or Reject the Bid:

The administration of the concerned health institution reserves the right to accept or reject any Bid and the bidding process and reject all such bids at any time prior to award of contract, without showing any reason there by.

VI.14 Opening of Bids:

The bids would be opened on the specified date, time and venue in the presence of the persons nominated by the hospital administration and in presence of the bidders. The bidders would be requested to attend the bid opening and all present bidders shall put their signature on the bid as an evidencing of their attendance.

VI.15 Bid Evaluation Criteria:

The bids would be evaluated on cost and quality basis i.e. the cost quoted by the bidder for each category of diet to be supplied to the patients in the hospital. The lowest quoted bidder adhering to the specified quality would be awarded the contract.

VI.16 Disqualification:

The administration of the hospital, seeking this bid, reserves under its sole discretion to disqualify any bid document if;

1. The bidder submit the bid after the last date of submission of bid;
2. The bid document does not have the proof of similar nature of work in public / private health institutions or any such establishments of Government or Private agency
3. No Registration certificate [photo copy] is attached to the bid document
4. The bidder is blacklisted by any Govt. agency [declaration in this regard is to be given by the bidder]
5. No attachment of bank draft towards processing fee of Rs.500/- and cost of the bid document amounting to Rs.500/-.

VI.17 Adequacy of Information:

Once the bidder submits the bid document, it will be assumed that the bidder have carefully examined the bid document to his / her entire satisfaction. Once the agency is selected on the basis of its submitted bid, the agency would be responsible to fulfil his/her obligation as per the submitted bid.

VI.18 Address for Submission of Bid:

The bid should be address to the following;

VI.19 Clarification on the Bid:

In case the bidder seeks further clarification, s/he may contact the following designated person for correspondence and providing clarification on the bid.

Name:

Designation:

Telephone No.:

VI.20 General Information to Bidder:

1. The successful bidder [also referred here as the agency or outsourced agency] would operate from the campus of the concerned health institution and required basic infrastructure would be provided by the health institution to facilitate the smooth operation of the agency.
2. The agency would be abided by the cost and quality norms/standards as mentioned in the bid, diet guidelines and communicated to them from time to time by the concerned health institution.
3. The agency would recruit required number of staff for cooking and serving so that diet can be supplied to the in-door patients in time.
4. The agency would take up free health check-up of the cooking and serving staff from time to time, at least once in three months.
5. The maintenance of kitchen and equipments would be the responsibility of the agency and the agency should ensure that proper care is taken in this regard.
6. The agency would prepare and supply diet adhering to the quality norms specified by the health institution. The agency should also prepare different types of diet as per the indent placed by the health institution keeping in mind the diet requirement of different category of patients.
7. The agency would be responsible for procurement of different items required for preparing diet and storing it properly. The health institution would not be responsible for any loss of procured items.
8. Perishable items would be supplied / procured on daily basis and for that supplier / suppliers would be identified jointly by the designated person of the health institution and the outsourced agency.
9. The health institution would have the right to monitor the quality of items purchased and used in the diet preparation process.
10. The agency would manage kitchen waist in a scientific manner with due

consultation with the concerned hospital administration.

etc. ensuring that the patients get diet in the appropriate time.

11. At any point of time i.e. during procurement of raw materials, processing, preparation of diet, serving the diet to the patients and cleaning the utensils / instruments, the dietician and/or any person from the health institution can visit and interact with concerned person. The agency should not have any restriction to this rather the agency would facilitate such process to improve the service quality.
12. The agency would prepare and update the accounts details and maintain other related documents that are required for reimbursement of the expenses on monthly basis. In case of incomplete documents, the hospital administration would not reimburse the incurred cost. The documents to be prepared should be supplied by the health institution before hand and maintained by the agency on daily basis. The financial and non-financial documents would be subject to audit.
13. The behaviour of the serving staff of the agency towards the patients should be conducive and disciplinary action would be taken by the hospital administration, in consultation with the concerned agency, against the person/s violating the behavioural norm.
14. The agency would be responsible to make alternative arrangements in cases of situations such as staff strike, local strike [Bandh/Hartal]
15. The agency would be abided by different Government notification, circulars, written instructions etc. published from time to time with regard to the subject. In case of requirement, the hospital administration would provide required clarity to the agency on the related notification, circular etc.
16. For any grievance, the agency would approach to the designated person of the concerned health institution and appraise them in written about the problem. It is the responsibility of the health institution to comply with the grievance and solve it within a maximum of one month time and decision should be communicated to the agency in the written form.
17. Any dispute arising in the process of managing the diet preparation and supply, both the party i.e. the outsourced agency and the hospital administration should discuss and take appropriate decision that is mutually agreeable.
18. The hospital administration reserves the right to cancel or renew the contract of the outsourced agency with prior notification of 7 days without assigning any reason thereof. The same condition is also applicable for the outsourced agency in case the agency wants to quit its service.
19. The outsourced agency would provide uniform embedded with its

logo to all the staff recruited by the agency. The agency would ensure that the recruited staff attend their duty with clean uniform and keeping themselves neat and clean while on duty.

VI.21 Financial Proposal Form:

SN	Diet Type	Cost per Meal	Cost per patient per day
1	General Diet		
2	Diabetic Diet		
3	Diet for Patients suffering from heart disease		
4	Diet for CRF / CKD		
5	Full Liquid Diet		
6	Semi Solid Diet		
	Average Cost		

Signature

[Name and designation of the person signing on behalf of the agency]

Date & Place

Name of the Bidder / Applicant



CTRAN Consulting Ltd.
A1/A2, 3rd Floor, Lewis Plaza,
Lewis Road, BJB Nagar
Bhubaneswar-751014