Liquid Diets and Modifications

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• Use:

- Preoperative and postoperative patients (colonoscopy).
- Acute gastrointestinal illness to prevent dehydration.
- Reduce fecal residue.
- Reintroduce the food.

Adequacy:

- Inadequate in all nutrients for all patients of all ages.
- It is used only when necessary.
- It should not be used more than 3 to 4 days without supplementations.
- It may provide a source of protein and some vitamins and minerals, but it is not a sole of nutrition.

• Diet Principles:

- 1- Clear liquids; transparent and liquid at room temp.
- 2- Mainly composed of water, sugar and salt.
- 3- Provide fluids to avoid any stimulation of digestive process.
- 4- Initiate oral feeding, to promote normal intake.
- 5- Should be offered every 2-3 hours.

Table 4.1 Clear Liquid

Food for the Day	
Fruits	Strained fruit juices: apple, cherry, cranapple, cranberry,
	crangrape, grape, orange, grapefruit, lemon
Soup	Fat-free clear broth and bouillon
Added Sugars	Flavored and unflavored gelatin; popsicles; fruit ice made without
	milk; sugar, honey, syrup; hard candy; sugar substitutes
Fluids	Coffee, tea, carbonated beverages, clear fruit beverage drinks,
	clear liquid nutritional supplement beverage drinks, sports
	drinks









Full liquid Diet

- Use:
- For postoperative patients, between clear liquid diet and soft diet.

- Adequacy:
- usually inadequate; low in vitamins, minerals and fiber.
- Recommended for temporary use.
- Only to max 7 days.

Full liquid Diet

• Diet principles:

- 1- Includes foods that are liquid at room temp. and tolerated by the patient.
- 2- Low fat free milk should be included, Lactose- free.
- 3- modifications in carbs level should be taken into consideration for diabetic patients (200 g)

Full liquid Diet

Table 4.3 Full Liquid

Food for the Day	
Vegetables	Potato, strained in cream soups; other mild-
1 cup or more	flavored vegetables, such as asparagus, carrots,
(including potatoes)	green beans, peas, or spinach, strained and
	combined with clear broth, cream soup, plain
	or flavored gelatin; vegetable juices
Fruits	Citrus and other fruit juices; pureed fruit without
1 cup or more	seeds
Grains	Refined or strained cooked cereals that have been
1 or more servings	thinned with hot milk or hot half-and-half
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Table 4.3 (Continued)

Food for the Day		
Dairy Products	As a beverage and in cooking; milk in milk	
2-3 servings	drinks, such as eggnog, milk shake, or malted	
	milk; in strained cream soups; yogurt without	
	fruit pieces or seeds, melted cheese	
Note: Do not serve raw egg. Use blended baked custard, soft custard with		
added milk, or a commercial mixture that is pasteurized.		
Protein Foods	Eggs in eggnog, soft custard; pureed meat added	
2–7 ounce-equivalents	to broth or cream soup	
Added Sugars	Sugar, honey, sugar substitutes, syrup	
Fluids	Coffee, tea, carbonated beverages, flavored	
	waters, sports drinks	
Other	Broth or strained cream soup combined with	
	allowed strained vegetables; soft or baked	
	custard, flavored and unflavored gelatin, plain	
	ice cream, pudding, sherbet, popsicles, fruit	
	ices, flavorings and mild spices in moderation;	
	nutritional supplement beverages onymous	

• Enteral nutrition, or tube feeding, is a liquid food composed of carbohydrates, fat, protein, micronutrients, and fluid which enters the human body through a tube in the nose, mouth, stomach, or small intestine.

Nasogastric tube (inserted through the nose); 6-weeks.

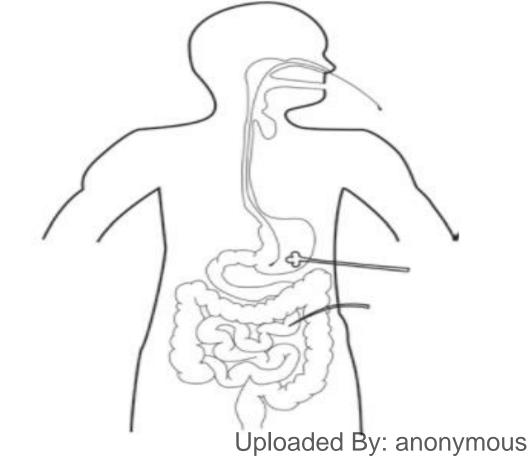
Gastrostomy (directly through the skin); long term use.

• Cancer, such as head and neck cancers, or cancer treatment that makes

it difficult or painful to swallow.

 Neurological problems, such as stroke or any conditions which impair swallowing

 After some types of operations on the face, neck, throat, or stomach



• Use:

- Physically or psychologically unable to take the food orally.
- Support the oral intake or the sole source of nutrition.

Adequacy :

Most enteral feedings will be nutritionally adequate when given in recommended amounts.

- Diet principles:
- 1- Enteral feeding products based on the medical condition.

- 2- Four major complications:
- Mechanical (inaccurate administration, tube displacement)
- Metabolic (hyperglycemia)
- Gastrointestinal (diarrhea, nausea, vomiting)
- Respiratory (labored breathing)

• Gosmanov, A. R., & Umpierrez, G. E. (2013). Management of hyperglycemia during enteral and parenteral nutrition therapy. *Current diabetes reports, 13*(1), 155–162.

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