



MISSISSIPPI STATE HOSPITAL

P.O. BOX 157-A, WHITFIELD, MS 39193

(601) 351-8000

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James G. Chastain, FACHE
Director

Amendment No. 1 to RFP: 03.18.2025.490 (FOOD SERVICE MANAGEMENT SERVICES)
RFX: 3120003080
March 12, 2025

All Prospective Offerors:

Reference is made to our request for proposal (RFP), 03.18.2025.490 for food service management services, dated February 6, 2025. This letter will acknowledge that the RFP is modified and superseded by the following change in terms, conditions and specifications:

1. Change: The attached questions and responses are made a part of the RFP in their entirety.
2. Change: The proposal opening date is hereby changed from March 18, 2025 to March 21, 2025.

In the event that any provision of this first amendment conflicts in whole or in part with any of the terms, conditions, or specifications of the request for proposal, the provisions of this first amendment will control. The effective date of this amendment is March 12, 2025.

All other terms, conditions, and specifications of this solicitation remain unchanged.

Proposal Opening Date and Time: March 21, 2025 at 3:00 P.M. CST

Issued By: H.L. Lockhart/Purchasing Chief – (601) 351-8056

Acknowledgment

This amendment must be signed and returned with your proposal, or otherwise acknowledged prior to the opening date and time shown above. If you have already submitted your proposal and need to make corrections, submit a corrected proposal with this amendment prior to the opening date and time shown above.

Company Name

Signature

Title

Date

A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

1. Please provide the patient population at each building and unit with specific diet requirements (age range, types of care)
 - a. The campus's age range is 4 years to death (we have not had anyone under age 12 in more than 3 years, but that is not to say that it couldn't happen on adolescent B23). Each building has a Diet List kept by a nurse and sent to the Vendor when changes are made. Attached are MSH policies 210-76, 210-76 ATT A, 210-76 ATT B, and 210-76 ATT C that show different diets offered to each building.
 - b. Exhibit A on page 2 of the proposal lists the buildings and the maximum number of patients/residents each building can accommodate.
2. Please provide a Diet Report (mechanically altered and therapeutic diets, as well as large, double portions)
 - a. MSH does not keep a Diet Report, that would be a function of the Vendor's Dietitian.
 - b. Meal texture and constituency change often (especially in the 5 Nursing Homes). The Vendor's Dietitian and the Doctors on campus have a system to make this happen efficiently. I have attached MSH policies 210-76, 210-74, 210-76, 210-76 ATT A, and 210-76 ATT C, to help explain this process.
3. Please provide a current snack, nourishment and supplement listing.
 - a. Attached is a list of Nourishments and Snacks.
 - b. Supplement choices are listed on POL 210-76 ATT B.
4. In reference to 6.5 Supplements, please confirm MSH is responsible for purchasing supplements and tube feeding.
 - a. MSH pays for the supplements and tube feeding, but the Vendor's Dietician orders these items. The Dietician orders what the patient/residents needs per the doctor's orders. Supplements and tube feeding are also stored on B56 and delivered by vendor (B56).
5. Per 6.18.3, the vendor is responsible for pots, pans, dishes, utensils, and supplies. Please confirm if we are able to acquire any of these items from MSH/ incumbent vendor. Are we able to launder cleaning rags/ mopheads on site? If not, is there an area for us to install a washer?
 - a. The vendor is responsible for purchasing and maintaining all items listed in 6.18.3.
 - b. MSH supplies a washing machine and dryer in the back of B56.
6. Please provide a copy of MSH Food and Nutrition Services Manual and Policies and Procedures Manuals.
 - a. All policies relating to food service are attached.
 - b. Food and Nutrition Service Manual will be purchased by the Vendor who is given the approved bid.
7. Please confirm purchasing and delivery responsibility of all paper products utilized in kitchen, cafeterias, and units.
 - a. The vendor is responsible for purchasing all paper products used on B56. Each building pantry orders all needed paper products from the MSH warehouse. The current contract states that the Vendor will keep a supply of paper products for emergencies.
8. Please provide the limits of condiments per individual per meal that are inclusive of base meal cost.
 - a. MSH Policy 210-76 ATT C gives a list of condiments. The system that is in place now requires each building to order condiments weekly and keep them available for each meal. As stated in the proposal, all condiments are included in the price of the meal. The Vendor does not send condiments with meals. The policy states that regular diet patients/residents can have as many condiments as requested, and it also lists the limits for other diets
9. Please provide pictures of the serving areas of both the employee and patient cafeterias.
 - a. MSH staff handles all areas of the pantries and the Patient/Resident dining rooms.
 - b. Pictures of any area on campus are prohibited.

1. Please provide the patient population at each building and unit with specific diet requirements (age range, types of care)
2. Please provide a Diet Report (mechanically altered and therapeutic diets, as well as large, double portions)
3. Please provide a current snack, nourishment and supplement listing.
4. In reference to 6.5 Supplements, please confirm MSH is responsible for purchasing supplements and tube feeding.
5. Per 6.18.3, the vendor is responsible for pots, pans, dishes, utensils, and supplies. Please confirm if we are able to acquire any of these items from MSH/ incumbent vendor. Are we able to launder cleaning rags/ mopheads on site? If not, is there an area for us to install a washer?
6. Please provide a copy of MSH Food and Nutrition Services Manual and Policies and Procedures Manuals.
7. Please confirm purchasing and delivery responsibility of all paper products utilized in kitchen, cafeterias, and units.
8. Please provide the limits of condiments per individual per meal that are inclusive of base meal cost.
9. Please provide pictures of the serving areas of both the employee and patient cafeterias.

Diet List

Effective Date: October 2024	Facility: <input checked="" type="checkbox"/> MSH (includes IPS, JNH, WMSH) <input type="checkbox"/> IPS <input type="checkbox"/> JNH <input type="checkbox"/> WMSH
Clinical Services (Pol # 200-599): <input type="checkbox"/> C ADMIN <input type="checkbox"/> PHARM <input type="checkbox"/> REHAB <input type="checkbox"/> PI <input type="checkbox"/> THS <input type="checkbox"/> BHS <input type="checkbox"/> SOC <input checked="" type="checkbox"/> NUR <input type="checkbox"/> HEA <input type="checkbox"/> SUS	Support Services (Pol # 00-199): <input type="checkbox"/> H ADMIN <input type="checkbox"/> UM <input type="checkbox"/> PR <input type="checkbox"/> IM <input type="checkbox"/> FS <input type="checkbox"/> IP <input type="checkbox"/> SOD <input type="checkbox"/> HR <input type="checkbox"/> RISK <input type="checkbox"/> Maint <input type="checkbox"/> ES
ER: Service Outcome Director	DR: Nurse Executive
Supersedes: June 2023 Summary of Changes: added CTS, added where MSH 608 is filed, changed wording for clarity	

I. PURPOSE AND APPLICABILITY

This policy establishes guidelines for the preparation of the diet list and necessary changes to the list. This policy applies to Inpatient Services (IPS), Whitfield Medical Surgical Hospital (WMSH), and Jaquith Nursing Home (JNH) nurses, certified nursing assistants and pantry coordinators.

II. POLICY

The diet list will be prepared, updated and sent to the Food and Nutrition Services Diet Office, B56, by the established timeframe.

III. PROCEDURE

A. For all divisions, the Nurse will establish a diet list on form MSH-248 for each patient/resident building. The diet list will include the following.

1. Patients/Resident's name
2. Patient/Resident's SID number
3. Diet type-Physician's order for diet
4. Supplement name, amount, and frequency of supplement, if ordered by physician
5. Food texture (regular, mechanical soft, puree)
6. Patient/Resident's food allergies

- B. The diet list will be prepared and submitted to Food and Nutrition Services Diet Office, B56, according to the following schedule:
1. IPS (excluding CTS) and WMSH
 - a. Daily in the AM
 2. JNH and CTS
 - a. Weekly by 3 PM Monday
- C. A master copy of the diet list will be maintained in a binder at the Nurses Station and a copy will be distributed to the building pantry staff. The Nurse signing off on the order in the patient's healthcare record will update the diet list at the following times:
1. Admissions
 2. New diet orders written by physician
 3. After Treatment team assessment, if needed
 4. Patient/resident transfer or discharge
- D. The Diet List will be updated as follows:
1. The nurse noting the new order/diet change will enter the new information on the master diet list in red.
 2. The nurse noting the order will complete and then fax the Nutritional Status form, MSH 608 to Food and Nutrition Services Office, 601-932-8040. The MSH 608 form will then be filed in the medical record under Dietary Tab.
- E. Before the diet list is updated, the patient/resident charts will be checked for accuracy by comparing the current diet order in the healthcare record with the current diet list. The dietitian will be called if questions arise.
1. IPS and WMSH
 - a. The C-shift nurse will check the diet list for accuracy.
 2. JNH
 - a. The nurse will check for accuracy of the diet list weekly on Friday. DON will review the diet orders in the medical record.

- b. The Pantry Coordinator or designee will check the master diet list daily before meals for new diets or diet changes
- F. After the revised diet list has been checked for accuracy, it will be re-typed/re-written as followed:
1. IPS and WMSH:
 - a. The C-shift nurse will rewrite/retype
 2. JNH
 - a. The Health Records Clerk or nurse will send the diet list with changes noted in red to JNH Administrative Office for retyping/updating. JNH Administrative Office will retype/update every Monday.

Diet Orders and Diet Changes

Effective Date: October 2024	Facility: <input checked="" type="checkbox"/> MSH (includes IPS, JNH, WMSH) <input type="checkbox"/> IPS <input type="checkbox"/> JNH <input type="checkbox"/> WMSH
Clinical Services (Pol # 200-599): <input type="checkbox"/> CADMIN <input type="checkbox"/> PHARM <input type="checkbox"/> REHAB <input type="checkbox"/> PI <input type="checkbox"/> THS <input type="checkbox"/> BHS <input type="checkbox"/> SOC <input checked="" type="checkbox"/> NUR <input type="checkbox"/> HEA <input type="checkbox"/> SUS	Support Services (Pol # 00-199): <input type="checkbox"/> HADMIN <input type="checkbox"/> UM <input type="checkbox"/> PR <input type="checkbox"/> IM <input type="checkbox"/> FS <input type="checkbox"/> IP <input type="checkbox"/> SOD <input type="checkbox"/> HR <input type="checkbox"/> RISK <input type="checkbox"/> Maint <input type="checkbox"/> ES
ER: Service Outcome Director	DR: Nurse Executive
Supersedes: June 2023 Summary of Changes: rewritten for clarity; faxed was added in lieu of call	

I. PURPOSE AND APPLICABILITY

This policy establishes guidelines for ordering diets for patients/residents of Mississippi State Hospital (MSH). This policy applies to MSH, Whitfield Medical Surgical Hospital (WMSH), Jaquith Nursing Home (JNH), and In Patient Services (IPS) physicians, nurse practitioners, nurses, Health Records Clerks, and Food and Nutrition Services staff.

II. POLICY

Any dietary regimen served to a patient/resident will be ordered by the attending physician or nurse practitioner. The physician or the nurse practitioner will make any change or modification of that order. The Food and Nutrition Services vendor will interpret dietary specifications.

III. PROCEDURE

A. Provider: Any new, discontinued, or modified diet orders will be made by the physician or the nurse practitioner on the Nutritional Status Form (MSH 608). Dietary specifications are recorded on the physician's order sheet.

1. Orders include:
 - a. Dietary supplements
 - b. Nothing by mouth (NPO)
 - c. Hold Meal
 - d. Diet Increases
 - e. Texture modifications

2. The diet order will be clearly specified using terminology of the approved Diet Manual, MSH Diet Formulary (MSH POL 210-76 ATT A) and MSH Supplement Options (MSH POL 210-76 ATT B).

3. Diets will be as liberal as medically appropriate for JNH residents. Residents have an option to refuse.

B. Nurse:

1. Note off the physician's order and complete the ~~The~~ Nutritional Status Change Form (MSH-608)
2. Clarify any questionable diet orders with the physician or nurse practitioner.
3. Update the diet list (MSH 248) per the physicians or nurse practitioners' order. (See MSH POL 210-74)
4. Fax MSH 608 to the Diet Office of Food and Nutrition Services, 601-932-2040.
5. Give a copy of form MSH 608 to the pantry coordinator in buildings serving bulk food.
6. Place completed MSH 608 in the medical record behind Dietary Tab

C. Late tray service:

1. Trays will be requested for buildings receiving trays and not bulk food.
2. Late trays should be requested only for the following:
 - a. Patients/residents released from NPO
 - b. Patients/residents released from HOLD or admitted after routine meals are served
3. Schedule for late tray service:
 - a. Breakfast: Delivered until 9:00am
 - b. Lunch: Delivered until 1:00pm
 - c. Dinner: Delivered until 6:00pm

- D. Bulk food service buildings: Building staff will serve late tray when patient/resident is released from NPO status, using patient's/resident's tray which building staff plated at mealtime and refrigerated until needed.

- E. All new, discontinued, or modified diet order changes will be effective at the following meal after MSH 608 is received by Food and Nutrition Services Diet Office. More restrictive diets will be provided at the earliest possible meal.
- F. The Clinical Dietician will consult with the Physician or nurse practitioner about questionable patient/resident requests. This will be documented in the patient/resident's health record.
- G. Tips:
 - 1. If a patient/resident does not like what is offered on their tray at mealtimes, please refer to the MSH Snack Suggestion list for what to offer as an alternative.
 - 2. If they do not like the entrée, you can suggest 1 thing from the MSH Snack Suggestion list to substitute in the entrees place. Please make sure to look under the column following their specific diet.
 - 3. If they do not like their entire tray, you can suggest more than one item from the list. Please make sure to look under the column following their specific diet.

MSH Diet Formulary

Effective Date: October 2024	Facility: <input checked="" type="checkbox"/> MSH (includes IPS, JNH, WMSH) <input type="checkbox"/> IPS <input type="checkbox"/> JNH <input type="checkbox"/> WMSH
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ER: Service Outcome Director	DR: Nurse Executive
Supersedes: December 2023 Summary of Changes: changed Chopped to Mechanical Soft	

DIET ORDER	CALORIES	PROTEIN IN GRAMS
Regular; Mechanical Soft; Pureed; NAS; LCS; 2gm Na; Heart Healthy; Low Fat; Finger Foods; Vegetarian; Gluten Free; No breads, cakes cookies	2200	85
Renal Low Protein	2000	60
Renal High Protein	2000	80
1200 CCHO (consistent carbohydrate)	1200	48
1500 CCHO	1500	60
1800 CCHO	1800	72
2000 CCHO	2000	80
2200 CCHO	2200	80
2500 CCHO	2500	90
Extra Regular (adds an extra starch serving)	2400	90
Extra Regular Plus (adds an extra starch and bread serving)	2800	103
Double Portions (doubles everything on the tray)	4400	170

*****The low fat, heart healthy, 2gm Na, LCS, CCHO diets do not combine with extra portion diets*****

*****Please note the patients/residents in your building on THICKENED LIQUIDS. Ensure that you are ordering thickened liquids on the Nourishment Order Form and providing them to the patients/residents. The bottom of the tray ticket will note if they are on a type of THICKENED LIQUID****

Diet Order	Indications	Adequacy	Foods Allowed
Regular	Meets all the nutritional needs of a healthy individual.	Supplies the recommend Dietary Allowance of all nutrients if the recommended number of servings is selected from each food group.	All food is allowed.
Extra Regular Diet	The extra diet is ordered to supply extra calories needed in conditions resulting in increased caloric needs.	This diet indicates that the calorie level will be increased to 2400. This diet is adequate in all nutrients.	Foods allowed will be indicated by the primary diet order – regular, mechanical soft, puree.
Mechanical Soft	To be used for patients who cannot tolerate foods of regular consistency but have no reason to limit spices or condiments. Examples are those who are edentulous or unable to chew or swallow regular foods.	Adequate in all nutrients.	All foods are allowed except for whole meat, raw fruits, and raw vegetables as well as hard/difficult to chew foods. Cream soups, broths, soups made with allowed meats and vegetables. Well-cooked soft vegetables without skin. Any cooked or canned fruit. Cooked cereals or dry cereals without hard dried fruits or nuts <i>Meats will be ground or diced to ¼ inch pieces and require minimal chewing. Ground meat should be served moist.</i>
Puree	To be used for patients who cannot tolerate a mechanical soft diet, such as those with dysphagia, lesions of the mouth and/or throat, partial paralysis in the throat area, following surgery on the neck or head, or edentulous patients who are unable to chew or swallow a dental (mechanical) soft diet	Adequate in all nutrients.	Food blended to baby food consistency. Pureed bread is allowed. Pureed foods should not be too thin or pourable.

Diet Order	Indications	Adequacy	Foods Allowed
Extra Plus Diet	The extra plus diet is ordered to supply extra calories needed in conditions resulting in increased caloric needs.	This diet indicates that the calorie level will be increased to 2800. This diet is adequate in all nutrients.	Foods allowed will be indicated by the primary diet order – regular, soft mechanical, puree.
Double	Double portions are ordered to supply extra calories needed in conditions resulting in increased caloric needs.	Ordering double portions indicates that the calories in the standard diet will be doubled. This diet can be ordered with most standard diets. This diet is adequate in all nutrients.	Foods allowed will be indicated by the primary diet order – regular, mechanical soft, puree.
Clear Liquids	Clear liquid diet is used in acute gastrointestinal distress, post-surgery, test preparation and as a first step in refeeding debilitated patients/residents.	This diet is inadequate in all nutrients and therefore should only be used in short-term cases. Should not be used for more than 2-3 days.	Clear juices, broth, gelatin, salt, sugar, ice, sugar substitute, hard candies, popsicles, and water.
Full Liquids	Full liquids are used in the post-operative progression of diet, acute infection, dysphagia, and for patients who have a wired jaw.	With careful planning this diet can be adequate in all nutrients. If this diet is going to be used for more than 2-3 days, a vitamin/mineral supplement would be needed.	All liquids and any food that is liquids at room temperature.
Consistent CCHO Diet 1200, 1500, 1800, 2000, 2200, 2500	Indicated in the treatment of diabetes.	Diabetic diets above 1200 calories meet the Recommended Daily Allowance for the average adult. May be ordered in calorie level to meet nutrition needs of the individual.	Foods and portion size as indicated on the diabetic exchange lists which were designed by a committee of the American Diabetic Association and the Academy of Nutrition and Dietetics.

Diet Order	Indications	Adequacy	Foods Allowed
Low Concentrated Sweets (LCS)	This is used for patients/residents at a desirable weight who have impaired glucose tolerance, but do not meet the criteria for diabetes. It is also used for moderately well controlled geriatric patients with diabetes.	Adequate in all nutrients.	All foods are allowed except sugar and foods high in sugar.
2gm Na	Used for patients/residents requiring sodium restriction because of congestive heart failure, cirrhosis, hypertension, or renal failure.	Adequate in all nutrients.	No salt is added during preparation or at the table. No salt packets given on trays.
No Added Salt (NAS)	Used for elderly hypertensive patients.	Adequate in all nutrients.	Not as strict as the 2gm Na diet. Limited amount of salt is used in cooking; no salt is added after cooking. No salt packets given on trays.
Low Fat	This diet is used for patients with short bowel syndrome, steatorrhea or diseases of the gallbladder, liver or pancreas.	Adequate in all nutrients.	All food except those high in fat. Foods not allowed include fried food, fatty meat, sausage, bacon, hot dogs, bologna, potato chips, cream soups, avocado, and any fat added in food preparation.
Heart Healthy	Restricts fat, cholesterol, and sodium. Contains <30% of calories from fat and <2gm of Na. Used for patients/residents with known/risk of heart disease.	Adequate in all nutrients.	All foods are allowed except those high in fat or sodium. Food not allowed: fatty meat, liver, bacon, sausage, whole milk, cold cuts, regular cheese, regular ice cream, poultry fat, lard, butter, cream, coconut oil, palm oil.
Vegetarian	Used for patients who dislike meat or prefer not to eat meat.	Adequate in all nutrients.	All foods are allowed except for meat. This also includes fish and seafood.

Diet Order	Indications	Adequacy	Foods Allowed
Renal High (80 grams of protein) Renal Low (60 grams of protein)	This diet is used for patients with acute/chronic renal failure, who may or may not be receiving a form of dialysis.	This diet is restricted in protein, sodium, and potassium. Diets planned with less than 60 grams of protein may be low in niacin, riboflavin, thiamin, calcium, iron, vitamin B12, and zinc. The need for vitamin/mineral supplementation should be considered.	Food choices are limited based on protein, potassium, and sodium content.

MSH Supplement Options

Effective Date: October 2024	Facility: <input checked="" type="checkbox"/> MSH (includes IPS, JNH, WMSH) <input type="checkbox"/> IPS <input type="checkbox"/> JNH <input type="checkbox"/> WMSH
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ER: Service Outcome Director	DR: Nurse Executive
Supersedes: New attachment Summary of Changes: New attachment	

Oral Nutritional Supplement	Description	Flavors	Calories (per bottle)	Protein (per bottle)	Total Carbs (per bottle)
Boost Breeze	Clear liquid nutrition	Orange and Wildberry	250	9 grams	54 grams
Boost Very High Calorie	High calorie and high protein	Vanilla, chocolate and strawberry	530	22 grams	52 grams
Boost Plus	Calorically dense	Vanilla, Chocolate, Strawberry	360	14 grams	45 grams
Boost Original	Standard nutritional drink	Vanilla and chocolate	240	10 grams	41 grams
Boost Glucose Control	Reduced calories and high protein. Ideal for diabetics.	Vanilla and chocolate	190	16 grams	16 grams
Novasource Renal	Nutritionally complete, calorically dense formula for patients with electrolyte restrictions. Ideal for patients with renal disease.	Vanilla and strawberry	475	22 grams	43 grams
Beneprotein	High-quality whey protein supplement	Unflavored	25 calories per 7 grams	6 grams	0
Benecalorie	Caloric additive to enhance food	Unflavored	330 calories per 44 mL	7 grams	0
Arginaid	Supplemental L-arginine for wound management	Orange and cherry	30 calories per pack	---	5
ThickenUp Clear	Xanthan gum-based clear thickening agent	Unflavored	5	0	1

MSH Snack and Condiment Suggestions

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ER: Service Outcome Director	DR: Nurse Executive
Supersedes: New Attachment Summary of Changes: New Attachment	

Snack Suggestions

Regular Diet	Mechanical Soft	Puree Diet
<ul style="list-style-type: none"> • Sandwich (ham, turkey, bologna, peanut butter and jelly, tuna salad, chicken salad, pimiento and cheese) • Cereal with milk • Cheese and crackers • Peanut butter and crackers • Pimiento salad, tuna salad or chicken salad either alone or with crackers • Instant oatmeal or instant grits • Yogurt • Pudding • Applesauce • Vanilla wafers, graham crackers, animal crackers, goldfish, buttery round crackers • Fruit • Marshmallow sandwich, round fudge creamed filled cookie or oatmeal cream filled cookie • Crispy rice treat • Cookies • Ice cream, ice cream sandwich, orange sherbert push treat or popsicle • Popcorn • Chips • Soft-baked fruit and grain bar 	<ul style="list-style-type: none"> • Sandwich (pimiento cheese, tuna salad, chicken salad) • Cereal with milk • One scoop of Pimiento salad, tuna salad or chicken salad. • Instant oatmeal or instant grits • Yogurt • Pudding • Canned fruit (no pineapple) • Bananas • Soft cookies • Marshmallow sandwich, round fudge creamed filled cookie or oatmeal cream filled cookie • Soft-baked fruit and grain bar • Applesauce • Ice cream 	<ul style="list-style-type: none"> • Applesauce • Yogurt • Pudding • Ice cream, orange sherbert push treat, popsicle (NOT FOR PATIENTS ON THICKENED LIQUIDS) • Instant grits

CCHO, LCS, Heart Healthy (Regular Texture)	CCHO, LCS, Heart Healthy (Mechanical Soft)	CCHO, LCS, Heart Healthy (Puree)
<ul style="list-style-type: none"> • Instant oatmeal or grits • ½ cup cereal with milk • 1 Soft-baked fruit and grain bar • 1 sugar free cookie • 1 sugar free ice cream • Pt/resident can have ½ cup of fruit juice, 1 small apple, ½ banana, ½ cup of applesauce, 1 cup of milk and 1 of the following: <ul style="list-style-type: none"> • ½ sandwich (turkey, ham, bologna, pimiento cheese, tuna salad, chicken salad, peanut butter and jelly) • 1 scoop of pimiento salad, tuna salad or chicken salad. Alone or with 2 crackers. • 2 crackers of choice with 1 slice of cheese. • 2 crackers of choice with 2 tbsp of peanut butter. • 5 vanilla wafers • ½ cup of goldfish • 1 orange sherbert push treat • 3 cups of popcorn • 1 yogurt • ½ cup of sugar free pudding 	<ul style="list-style-type: none"> • Instant oatmeal or grits • ½ cup cereal with milk • 1 Soft-baked fruit and grain bar • 1 sugar free cookie • 1 sugar free ice cream • Pt/resident can have ½ cup of fruit juice, ½ banana, ½ cup of canned fruit (no pineapple) ½ cup of applesauce, or 1 cup of milk and 1 of the following: <ul style="list-style-type: none"> • ½ sandwich (pimiento cheese, tuna salad, chicken salad) • 1 scoop of pimiento salad, tuna salad or chicken salad. • 1 orange sherbert push treat • 1 yogurt • ½ cup of sugar free pudding 	<ul style="list-style-type: none"> • Instant grits • Pt/resident can have: ½ cup of fruit juice, ½ cup applesauce or 1 cup milk and 1 of the following: <ul style="list-style-type: none"> • 1 yogurt • ½ cup of sugar free pudding • 1 orange sherbert push treat • 1 sugar free ice cream

Condiments

Diet	Condiment	Quantity
Regular	Ketchup Mustard Salt Jelly, etc	Mayo Butter Peper
CCHO (diabetic diets), Heart Healthy, LCS, Renal, 2gm, Na, NAS	Ketchup Butter	Mayo Jelly
CCHO (diabetic diets), Heart Healthy, LCS, Renal, 2mg, Na, NAS	Mustard	1 extra pack if requested
Heart Healthy/ Renal/2gm Na, NAS	Salt	NONE
CCHO	Salt	NONE
Any Diet	Pepper	No limit. Anyone can have extra pepper if needed

* Therapeutic diets are calorie/carbohydrate/salt/protein restricted. Therefore, extra condiments are not indicated in these diets unless approved by the provider.