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SPECIAL DIETS: MODIFICATION AS TO CONSISTENCY, CHEMICAL COMPOSITION OF NUTRIENTS AND SPECIAL DIETS

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RESUMO

INTRODUCTION: Special diets are important to provide the individual with nutrients and thus preserve their nutritional status due to their co-therapeutic role in acute and chronic diseases. In order to meet the requirements regarding the nutritional care of sick individuals, institutional food and nutrition services are oriented towards the provision of nutritionally balanced and safe meals from the point of view of hygienic-sanitary quality and, additionally, for the recovery or maintenance of their health, having the standardization of diets, the objective of guaranteeing a safe, efficient and quality nutritional care to the patient. The reduction in food intake is frequently reported among institutionalized individuals, a fact that may be related to age, diseases, drug use, cultural factors as well as changes in eating habits and dissatisfaction with the preparations offered. **OBJECTIVES:** To implement and standardize the special diets offered in an institutional unit in order to make possible the dietary prescription in line with the approach of the concepts of variety, selection, proportionality, and food moderation, maintaining an efficient and quality service, preserving the standardization of the meals served, the main indications, individualities and nutritional adequacy of each diet. **MATERIAL AND METHOD:** A manual of standardized oral diets was prepared and grouped into modules, where the indication, characteristics, and chemical composition of nutrients were specified, considering the nutritional and physiological status of institutionalized patients and in specific clinical situations. The diets were standardized according to the qualitative and quantitative changes of the normal diet, as well as consistency, temperature, volume, total energy value (TEV), macronutrient changes and nutrient restrictions, being classified based on their objectives, characteristics, indications and food or preparations served. The quantitative menu models were prepared in six (6) daily meals: breakfast, lunch, afternoon snack, dinner, and evening snack, following the rotation of preparations that includes monthly adjustments for seasonality and food availability. The use of seasonings was outlined in the standard form of preparation in nature (containing garlic, oil and salt) and vegetable oil (soybean) at a weight of 7 ml for the preparation of lunch and dinner that little interference in the quantitative value. For the measurement, the sodium recommendation of the World Health

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Organization (WHO) was used, using the reference and the estimate of diners served. The Dietbox software version 2.0 was used to calculate the TEV, macronutrients (carbohydrate, protein, and lipid), and micronutrients (potassium, iron, calcium, phosphorus, fiber and sodium). **RESULTS:** The elaboration of the manual of special diets favored the dietary prescription according to the needs and individualities of the institutionalized involving the steps of determination of feeding behavior, the definition of the level of assistance and nutritional rehabilitation as well as the contribution to the work of the handlers regarding the production and distribution of meals. **CONCLUSION:** It is concluded that special diets can be classified according to consistency, content, and chemical composition of nutrients and special conditions. In this way, the standardization of diets aims to contribute to and offer safe, efficient, and quality nutritional care to the patient.

PALAVRAS-CHAVE: Diet, Oral diets, Diet standardization

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