

Patient Cafeteria Meal Guidelines 2017

Breakfast Guidelines for Adults

One entrée choice, examples:

- French Toast (2) or Pancakes (2)
- Omelet (1) or Scrambled Eggs
- Hard Boiled Eggs (2)
- Cereal PC w/ Milk (8 Oz)

One starch side choice, examples:

- Cereal (1)
- English Muffin (1) or Toast (2)
- Hash Brown or Muffin (1)
- Bagel (1) w/ Cream Cheese

One side choice, examples:

- Fresh Fruit
- Yogurt

One breakfast meat, examples:

- Sausage (1) or Ham (1) or Canadian Bacon (2) or Eggs
- For Vegetarians/Vegans may have Tofu

Two beverage choices, examples:

- Milk (8 Oz)
- Orange Juice (Two - 4 Oz)
- Apple Juice (Two - 4 Oz)
- Cranberry Cocktail (Two - 4 Oz)
- Decaffeinated Herbal Tea (8 Oz)
- Coffee (8 Oz) or Tea (8 Oz) for Adults

Lunch / Dinner Guidelines

One entrée choice, examples:

- Sandwich
- Hot Meat / Chicken / Fish Dish / Pasta
- Tofu or Lentils
- Large Salad Plate

Three side choices, examples:

- Soup
- Chips
- Rice
- Potatoes
- Hot Vegetables
- Side Salad
- Bread / Roll
- Fresh Fruit

One dessert choice, examples:

- Fruit (for 1NE, 1NW, 1E dinner choice)
- Cake / Pie
- Pudding/ Jell-O

Two beverage choices, examples:

(1NE, 1NW, 1E total juice limit of 8 ounces per a meal)

- Milk (8 Oz)
- Orange Juice (4 Oz)/Apple Juice (4 Oz)
- Decaffeinated Herbal Tea (8 Oz)
- Cranberry Cocktail (4 Oz)

Adults ONLY examples:

- Milk (8 Oz)
- Orange Juice (Two - 4 Oz)
- Apple Juice (Two - 4 Oz)
- Cranberry Cocktail (Two - 4 Oz)
- Coffee (8 Oz) or Tea (8 Oz) or Fountain Beverage (8 Oz)

1. One trip through the serving line Only.

2. Patients can purchase items labeled "Purchase Only" in the cafeteria.

3. Adults (1W and 2nd floor) may consume a total of only 20 ounces of caffeinated beverages per a meal in the cafeteria and no caffeinated beverages are allowed on the units. Purchase of extra caffeinated beverages is not allowed.

4. Any patient that requests to have additional food beyond these meal guidelines, recommend having a consult by the dietitian to determine if the patient needs to be on a different nutritional schedule.

Signature: _____

Approved by: Joyce Cotton Chief Clinical & Nursing Officer

Effective February 15, 2017