

PRACTICAL DIETETICS.

The Canadian Nurse, the Official Organ of the Canadian Nurses' Association, edited by Miss Jean S. Wilson, R.N., has of recent years come well to the front as a leading Nurses' Journal.

We make time to read it—from a monthly pile of exchanges—and are always instructed thereby.

One of the things which struck us most during a visit to Canadian Training Schools a quarter of a century ago—was the attention paid to the diets of the sick—an important part of treatment we on "this side" have never fully appreciated. We venture to reprint the following article from *The Canadian Nurse*, as Nurse Editors are invariably generous in permitting quotes:—

A COURSE IN PRACTICAL DIETETICS FOR NURSES.

By MAUDE A. PERRY,

Director of Dietetics, Montreal General Hospital.

Besides the laboratory and lecture work given to nurses in their preliminary and senior periods of training, each nurse in the Montreal General Hospital receives two months of practical dietetics in the kitchen. This kitchen is a school where graduate dietitians, from recognized schools accredited by the American Dietetic Association, are in constant supervision of the nurses. At present the food for private patients and all dieto-therapy cases is prepared here. The routine work is done by maids and the quantity cooking by cooks.

Nurses are taught food principles, methods of cooking, food combinations, and correct interpretations of recipes. They are also given observation of large quantity cooking. Instruction in orderliness of working and uses and care of equipment is also part of this course. Record keeping, charting, and reports of daily work are individual duties of nurses. Service of food to private patients stresses the importance of well-balanced meals attractively served, and teaches nurses the importance of diet lists under varying conditions.

The greater part of the training is devoted to dieto-therapy. Nurses must learn to plan and prepare diets for all types of diseases which need such treatment. The preparation of infant feedings and other liquid feedings is part of their work too.

When possible an attempt is made to demonstrate the value of the work of the nurse in the diet kitchen by ward clinics given by the director of the dietetic department. Attendance of nurses at the out-patient diabetic clinic is also obligatory.

Whenever possible, more time should be allowed for the dietetic training of nurses. Personally, I do not consider that three months out of a three years' training is an undue proportion to devote to dietetics, when we consider its importance in modern medicine and surgery as well as its interest for normal individuals.

The duties of nurses are arranged as follows:—

A. Keeps books of q.d. orders and other special orders and fills them. From instruction given by dietitian, prepares foods for soft diets, such as soups and soft desserts.

Makes salads for private patients.

Has charge of measuring of cream for private patients.

Makes beef juice.

Supervises or helps in serving fruits for private patients.

Is responsible for orderliness of one side of refrigerator.

Serves meals to semi-private patients, assisted by maid, supervised by dietitian.

B. Observation of quantity cooking done by cook.

Observation cake-making and makes one or more when time permits. Makes private patient desserts and dishes; these and ice cream with assistance of A.

Makes mayonnaise or other salad dressings and assists with salads.

Prepares cream of wheat or other cereals requested, except oatmeal.

Prepares all Sippy and Lenhartz feedings which precede tray orders.

Responsible for tidiness of half of refrigerator.

Checks and tickets trays for all private patients, according to diet ordered. Serves meals to private patients in one ward, assisted by a ward nurse and supervised by dietitian.

Answers telephone and delivers messages in the diet kitchen.

C. Relief nurse.

Relieves other nurses when off duty on days or half-days.

D. Makes baby feedings and all other milk feedings.

Bottles and arranges in racks baby feedings according to hours of feeding.

Keeps baby boards in diet kitchen and baby ward.

Observes cases, when possible.

Prepares six or more of simplest diet trays. (See list.)

E. Relieves F when she is off duty.

Prepares six or more special diet trays listed in intermediate list, including some weighed trays. Assists with charts and record keeping for special diets and for private patients.

Under supervision of dietitian computes values of diets, studies reason for these and helps prepare menus for them.

Learns reasons for various food combinations, reason for use of foods for different meals and seasons.

Learns economy of diet, when needed and reasons for adjusting diets of ward patients to agree with home conditions.

F. Prepares diabetic or other weighed trays, not to exceed eight in number ordinarily. Weighs each tray ready for service. When possible, is given observation of patients receiving those trays, and their charts.

Is responsible for records of special diet and main diet kitchen.

Is responsible for opening and closing of diet kitchen.

Must see that everything is left in good order by nurses, maids, and orderlies.

In addition to the training given our own nurses, we are giving one month of training to nurses from outside hospitals having affiliation with this training school. As a rule two of these are on duty in the diet kitchen. They receive two weeks of training in the private patient kitchen and two weeks of dieto-therapy work.

Duties in the special diet kitchen must vary from time to time as the number and variety of diets ordered varies considerably. Good work cannot be done by any dietary department, nor can nurses receive adequate training without good co-operation of the training school. The dietitian has double duty. She is a member of the staff of the superintendent of the hospital and at the same time she is an instructor on the staff of the Nursing Department.

Diets Served in Special Diet Kitchen Junior—

Modified Lenhartz.
Convalescent Sippy.
Convalescent Typhoid.
Low Protein.
Purin Free.
Alkaline Ash.
Hyperacidity.

Intermediate—

Typhoid Diets (not fluid).
Low Fat Diets.
Arthritic—(a) Low Carbohydrate.
(b) Low Protein.

Obesity.
Anæmia.
Constipation.
High Iron (especially for children).
Thyroid.

Senior—

Diabetic. High Protein. Specials.

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