

# **DIET PLANNING FOR TYPE 1 DIABETES**

**BY**

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**APOLLO FIRST MED HOSPITALS**

# MEDICAL NUTRITION THERAPY GOALS

- To provide adequate nutrition to maintain normal growth & development
- To improve glucose control
- To alleviate symptoms
- To prevent long term complications
- To provide information on current research to help family make appropriate nutrition decisions

**DEPARTMENT OF DIETETICS**  
**NUTRITION ASSESSMENT FORM FOR PAEDIATRICS**

AH-QF-DT-47



**Anthropometric Measurements:**

S.No	Weight:	Weight for Height (Wasting)	
1.	Admit Wt: _____ kg	Normal	90% to 110%
	Usual Wt: _____ kg	Mild	80% to 89%
	Weight for height: _____ kg	Moderate	70% to 79%
	% Weight for height: _____ %	Severe	<70% or with edema
	<input type="checkbox"/> 5 – 10 % weight loss		
	<input type="checkbox"/> > 10% Wt. Loss		
S.No	Height:	Height for Age (Stunting)	
2.	Height: _____ cms	Normal	95% to 105%
	Ideal Height for age: _____ cms	Mild	90% to 94%
	%Height for age: _____ %	Moderate	85% to 89%
		Severe	<85%

**Feeding**

- Chewing / Swallowing difficult
- ¾ 3 days of NBM, dextrose, and or clear liquids only
- TPN / PPN / Tube feeding

**GI Symptoms**

- Loss of appetite (< ½ trays)       Nausea
- Vomiting       Diarrhoea (> 1week)

**Nutrition related diagnosis**

- Malnutrition       Sepsis
- Dysphagia       Cardiac / Renal / Hepatic diet restrictions
- AIDS       Juvenile Diabetic
- Others \_\_\_\_\_

**Food allergies (if any):** \_\_\_\_\_.

**Food Preferences:**  Veg  Non - Veg  Jain  Others

- No further nutrition evaluation recommended at this time.
- Acute malnutrition
- Chronic malnutrition
- Acute on chronic malnutrition
- May benefit from diet counselling
- Diet Counselling done.

Diet Recommended: \_\_\_\_\_

Dietitian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NUTRIENT RECOMMENDATIONS

- Calories - Based on nutrition assessment & growth requirements
- CHO & MUFA - Together provide 60-70% calories
- Protein - 15-20% of total calories
- Fat - Saturated fat < 10% total calories

Adapted from American Diabetes Association

# DIET PLANNING

- 3 meals and 3 snacks
- Individualized acc. to patient's culture & food choices
- Food intolerances, allergies
- Family eating habits & meal patterns
- School routine
- Growth spurts
- Nutrient dense snacks to avoid hypoglycemia
  - During the day, exercise induced & nocturnal

# NUTRITION CONSIDERATIONS

## CHO

- Consistency in intake
- Even distribution of CHO
- Carry fast acting CHO
- Emphasis on whole grains, fruits and vegetables
- Fiber intake as recommended for age

# **NUTRITION CONSIDERATIONS**

## **Cont**

### **SUCROSE**

- As part of total CHO does not impair BG control
- Sucrose sweetened beverages to be avoided

### **CHO COUNTING**

- Strategy to achieve BG control
- Flexibility in food choices & simplification of meal planning.

# **NUTRITION CONSIDERATIONS**

## **Cont**

### **Proteins**

- Adequate to ensure growth & maintenance of body stores
- Include from animal & vegetarian sources
- Limit protein sources high in fat



# **NUTRITION CONSIDERATIONS**

## **Cont**

### **FATS**

- ↓ total fat and saturated fat intake
- Avoid trans fats

### **INSULIN**

- Dose to be correlated with food intake

# NUTRITION EDUCATION

- Basic food & meal planning guidelines
- Sources of CHO, proteins & fats
- Avoid omitting or delaying meals or snacks
- Understanding nutrition labels
- Guidelines for eating out
- Adjustments in CHO or insulin for exercise
- Self-monitoring of BG levels

# NUTRITION EDUCATION Cont.

## EXERCISE

- Consume snack before, during & after exercise
- Check BG before & after activity
- Avoid if BG > 250mg/dl, presence of ketones
- Avoid if BG > 300mg/dl
- Eat a snack if BG < 100mg/dl

# **NUTRITION EDUCATION Cont.**

## **Sick day management**

- Continue insulin
- To eat small frequent meals
- In vomiting, diarrhea, fever- small amounts of liquids every 15-30mins
- Monitor BG levels & insulin requirements

# NUTRITION EDUCATION Cont.

- Inform school authorities & physical activity instructor
- Adhere to meal & snack timings
- Awareness of signs, symptoms & prevention of hypoglycemia
- Follow-up periodically

**THANK YOU**