

Improving Pureed Meals

The provision of high quality puree meals is regularly identified as an issue in RACFs. Most facilities identify the problem but are unable to find a solution which meets the needs of the residents and the catering staff. The main issue is that if the puree meals are not appetising and attractive they will not be enjoyed and consumed and this directly impacts on the residents' quality of life and nutritional status as most puree food ends up in the garbage.

WHO NEEDS PUREE MEALS AND WHY?

- Pureed meals are a type of texture modified food.¹
- Residents with chewing or swallowing difficulties (dysphagia) may require texture modified meals because of problems with neurological control (such as stroke and Parkinson's disease), or structural or mechanical problems, such as cancer, dry mouth and mouth infections.
- Appropriate modification of the texture of the foods, and sometimes the consistency of fluids as well, can make chewing and swallowing much safer and easier.¹
- Texture modification should not compromise the nutrient value, taste or visual appeal of the food.¹
- Pureed meals should have a smooth texture, be moist and have no lumps.²
- Pureed meals should be thick and hold together well ie it should be able to coat a spoon without running off and when placed side by side on a plate should maintain their position without 'bleeding' into one another.³

THE PUREE MEAL NEEDS TO BE...

Visual – if the food looks good it is more likely to stimulate the appetite and is more likely to be eaten. Staff may get more of a sense of satisfaction serving and assisting residents to eat attractive meals.

Taste – Pureed meals need variety.² Residents become bored with the meals if they all look and taste the same. Avoid giving similar or the same pureed lunch and dinner meals. Dilution of food during the puree process will also dilute the taste, and taste should be considered as well as nutrient value when choosing liquids to aid the puree process.

Temperature – Food should be served at the right temperature.² If served immediately following the puree process, pureed meals may require additional reheating.

Texture – Standardising the consistency of pureed foods ensures that the residents get the safest meal texture for them.

NUTRITIOUS PUREE

- As for all meals, puree meals need to meet residents' nutritional requirements, such as energy, protein, vitamins, minerals and fibre. Depending on the resident, how well they eat, the pureed food items and cooking methods, it may be necessary to supplement pureed meals to ensure requirements are met.
- The Puree meals should not be mixed vitamised food that is unattractive or unappetising.
- **Water should not be used to make puree foods.**² Nutrient – dense and flavour enhancing options should be used, such as milk powder, white/cheese sauce, yogurt, cream, fruit nectar, margarine, soup etc.¹

PUREE SNACK IDEAS

- Puree fruit or dairy desert
- Mashed banana and custard – no lumps!
- Nutritious drink (eg flavoured thick milkshakes)
- Pureed spaghetti or baked beans
- Semolina made with milk or pureed porridge
- Fruche¹
- Smooth cheese pastes (eg puree ricotta)

MOULDS

Food moulds can be used to improve the shape, appearance and appeal of the food. Additionally, the standardised procedures used to produce puree meals in this format may have additional benefits in terms of standardising texture and improving nutritional quality. Food moulds replicate the form of the food being pureed, eg puree carrots are shaped like a portion of carrots on the plate (see the photograph below that shows the puree meal after it has been moulded). Moulds therefore allow the food being pureed to be presented in a similar shape to its original form, making the food recognisable and more appealing to the resident, and visually cueing them to prepare to eat.

The mould process involves cooking and pureeing the food, adding a thickener to the food and placing the food into the moulds. The moulds are then frozen to set the shape and can be stored in accordance with normal food regulations. They are reheated for consumption. The techniques for preparation and reheating can be adapted to fit your facility kitchen.



See the
accompanying DVD
for a demonstration of
these techniques

1. Bartl R, Bunney C. *Best Practice Food and Nutrition Manual for Aged Care Facilities*. Gosford: Australian Nursing Home and Extended Care Association 2004.
2. Barnes T. Catering Services Department. *Respect through hospitality excellence*. Western Australia: St John of God Health Care.
3. The Australian Standardised Terminology and Definitions for Texture Modified Foods and Fluids. *Nutrition & Dietetics*. 2007;64 (Suppl. 2):S53-S78.
4. Shoobridge K. *Puree to Perfection. A Guide to Implementing the Approach*. In: Australia DoHW, ed.: Nutrition and Dietetics Department Osborne Park Hospital 2002.