4. Minimum menu choice tables for paediatric patients





4. Minimum menu choice tables for paediatric patients

The minimum menu choice tables are intended to inform the menu development for both paediatric specialist hospitals and generalist hospitals that provide a supplemental paediatric short order menu. These tables do not go into the specifics of menu cycles; rather, individual facilities have the flexibility to assess and adapt their menus to meet the needs of their local population.

The basis for paediatric menu design is underpinned by healthy eating principles. In order for hospitals to meet the varying age-specific, developmental, cultural and increased dietary requirements, it is expected that hospitals assign a proportion of their menu according to the following **menu options:** 'nourishing', 'vegetarian', 'culturally diverse', 'easy-chew' and 'paediatric finger food', according to local population needs.

These menu options are defined as:

- nourishing higher in energy and protein (refer to the nutrient profiles described in the tables below)
- vegetarian based on lacto-ovo vegetarian allowances
- culturally diverse reflective of the cultures prevalent in the local population
- easy-chew as per the IDDSI definition ⁴¹ normal, everyday foods of soft/tender textures that are developmentally and age-appropriate
- paediatric finger food food served in a way that it can be conveniently eaten with fingers. It promotes independence in children who are learning to eat and/or have difficulty using a knife and fork independently.

Where possible, serve sizes are based on the serve sizes of foods in the ADGs.⁶ However, due to practical considerations, it is necessary to recognise catering agreements and therefore, where this is relevant, the nominated portion control serve has been used. Where required, this has been identified in the tables below.

To help align a paediatric menu within an adult 'banded' menu, corresponding bands have been highlighted against relevant nutrient profiles within the tables below. In most instances, 'the nourishing option' correlates to Band 2 in the Adult Standards. For more information about the banding system, please refer to the Adult Standards.

It is important to note that the number of choices expressed within these tables are considered a minimum. Hospitals are encouraged to extend their meal service and offer additional choices based on the needs of their local patient population.

Note: Product brand names used in this document do not imply endorsement by the Victorian Government.

4.1 Breakfast items

				Ag	Age-appropriate serve			
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14-18 years	Nutrition and menu design considerations
Fruit	Fresh fruit	150g Examples: 1 medium banana, apple or orange 2 small apricots, mandarins or kiwi fruits 1 cup (150 g) diced fruit	1	0.5	0.5	1	1	Use developmentally appropriate texture modification where required. Offer cut-up fruit because it is easier to hold and eat and more enticing to young children. Offer a variety of fruit at consecutive meals.
	Canned fruit	1 cup	1	1	1	1	1	Canned in natural juice (not syrup) or water.
	Fruit juice	~ 125 mL	Not appropriate for default menu	Max.1	Max.1	Max.1	Max.1	100% fruit juice (no added sugar). Offer no more than once per day.

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Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Cereal	Cold cereal Nutrient profile: Less than 30 g sugars per 100 g sugars	30-45 g Examples: Muesli Corn flakes Wheat biscuits	2	1	1	1	Up to 2	Ensure cereal choices are developmentally appropriate. Large (double) serves should be available for older teenagers. More than 1 cereal offered must contain more than 3 g fibre per serve. Higher fibre option should be provided as default.
	Hot cereal	120 g cooked weight Examples: Porridge Semolina Congee	1	0.5	1	1	1	No added sugar. No added salt.
	Milk for cereal Soy milk Nutrient profile: 100 mg calcium per 100 mL minimum	PC serve ~ 140 mL	2	1PC	1PC	1PC	Up to 2 PC	Offer only full cream milk to children aged 1–2 years. Offer a choice of full cream and reduced fat milk to children aged over 2 years. Calcium-fortified soy milk should be available on request as an alternative to dairy. Rice milk may be available to cater to food allergies but should not be offered on the standard menu. Rice milk is less nutritious than cow's and soy milk.
Protein at breakfast	Nourishing option Nutrient profile: 700 kJ per serve minimum 5 g protein per serve minimum Aim for 600 mg sodium per serve maximum (Band 2)	Examples: 1 egg with toast soldiers 75 g baked beans with toast Congee with 1 egg Pancakes with fruit	1	1	1	1	Up to 2	A hot breakfast is recommended. A hot breakfast has been found to assist those more nutritionally at-risk patients to meet their energy and protein needs (in the adult population). ³⁰ Eggs must be well cooked to reduce risk of salmonella. Offer a vegetarian option at every eating occasion. Vegetables (e.g. grilled mushrooms, cherry tomatoes) can be offered for variety and can be counted towards dietary vegetable serves.

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Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9-13 years	14-18 years	Nutrition and menu design considerations
Toast/bread	Bread Nutrient profile: 400 mg per 100 g sodium maximum	30–45 g Example: 1 slice/roll (~ 40 g)	2	1	2	2	2	Offer at least one choice of wholemeal or wholegrain bread. White bread can be available. Wholemeal or wholegrain bread should be the default choice. For variety offer a small bread roll, raisin bread, crumpets or English muffins.
Spreads	Margarine	PC serve: Margarine ~ 10 g	1	1PC	Up to 2 PC	Up to 2 PC	Up to 2 PC	Offered at all meals with bread. Poly- or mono-unsaturated margarine should be the default choice and always be available. Butter (PC ~ 7 g) may be offered on request.
	Spreads	Preferably portion control Examples: Honey ~ 13 g Jam ~ 13 g Vegemite ~ 5 g Peanut butter ~ 11 g	3	1PC	Up to 2 PC	Up to 2 PC	Up to 2 PC	Include a selection of jams, Vegemite and honey. Offer peanut butter and other nut spreads according to hospital allergy policy. Artificially sweetened jams and spreads are not indicated in this population group and not deemed necessary for patients with diabetes. ³¹
Beverages	Cow's milk Soy milk Nutrient profile: 100 mg calcium per 100 mL minimum	PC serve ~ 140 mL	2	1PC	1PC	1PC	2 PC	Offer only full cream milk to children aged 1–2 years. Offer a choice of full cream and reduced fat milk to children aged over 2 years Calcium-fortified soy milk should be available on request as an alternative to dairy.
	Hot drinks	~ 250 mL	-	_	_	_	_	Providing hot drinks is at the discretion of the individual hospital policy. Note: Hot drinks present a risk for burns and scalds; caffeinated drinks are not recommended for children.
Sugar	Sugar and sugar substitutes	PC serve: Sugar sachet ~ 4 g	Not appropriate	-	_	_	_	Sugar is not necessary and should not be offered on the standard or default menu. It may be available on request. Note: Sugar substitutes are not necessary. 31

4.2 Lunch and dinner items

				Ag	e-appro	priate se	rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Soup	Nourishing option Nutrient profile: 400 kJ per serve minimum 5 g protein per serve minimum Aim for 600 mg sodium per serve maximum (Band 2) Variable nutrient value option Nutrient profile: Not specified Included for dietary variety	~ 180 mL Examples: Creamy pumpkin Pea & ham Moroccan lentil Chicken tom yum ~ 180 mL Examples: Tomato Pumpkin Miso Soba noodle	1/day	0.5	1	1	1	Providing soups to young children is at the discretion of the individual hospital. Maintain variety at consecutive meals. Soup presents a good opportunity to provide vegetables, fluid and protein in an 'easy-to eat' form for nutritionally at-risk children. ³² Broth can be offered as a fluid source and for appropriate therapeutic diets. Note: Not all soups need to meet the nourishing nutrient profile. It is at the discretion of the individual hospital to nominate the proportion of 'nourishing' soups on the menu.
Bread	Bread Nutrient profile: 400 mg sodium per 100 g maximum	30–45 g Example: 1 slice/roll (~ 40 g)	2/meal	1	1	1	Up to 2	Offer at least one choice of wholemeal or multigrain bread. White bread can be available. Wholemeal or multigrain bread should be the default choice. For variety, offer a range of different breads: garlic bread, naan, roti, chapati and pita. Bread offered should match main meals.
Spreads	Margarine	PC serve: Margarine ~ 10 g	1/meal	1PC	1PC	1PC	Up to 2 PC	Poly- or mono-unsaturated margarine should be the default choice and always be available. Butter (PC ~ 7 g) may be offered on request.

				Ag	e-appro	priate se	rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Hot main meals	Nourishing option Nutrient profile: 700 kJ per serve minimum 10 g protein per serve minimum* Aim for 600 mg sodium per serve maximum Variable nutrient value option Nutrient profile: Not specified Included for dietary variety	Plain cooked meat: Red meat 50 g minimum (beef, lamb, kangaroo) White meat 70 g minimum (pork, poultry) Fish 90 g minimum (fresh or canned) Examples: Roast meat Grilled fish/chicken	2/meal	0.5	0.5	1	Up to 1.5	Include a variety of proteins (meat, fish, egg, tofu, legumes) and types of meals at consecutive meals and on consecutive days. Recipes should be oven-baked, grilled or steamed in preference to frying with oil. Ideally fish should be offered twice a week. Offer a vegetarian option at every eating occasion. * If vegetarian main meals don't meet the minimum protein per serve, ensure adequate protein is offered over the day, such as through nourishing side dishes or mid-meals. * The Adult Standards recommend Band 2 main meals, including vegetarian meals, have a minimum of 15 g protein per serve. Note: Portion sizes can vary significantly. Dishes can include a number of different protein sources (e.g. meat & legumes) and therefore the onus is on the nutritional profile of the meal and not the weight of singular protein sources. Note: Variable nutrient value options should not comprise more than 20% of the menu

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Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1-3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Hot main meals (con'd)		Mixed dish Examples: Casserole Dahl Curry Chilli con carne Stir-fry Fried rice Spaghetti bolognaise Pasta bake Risotto Eggplant parmigiana Frittata Cottage pie						
		Paediatric finger foods Examples: Fish fingers Steamed dumplings Meat balls Veggie patties Sushi Zucchini slice Mini quiche Okonomiyaki Pizza Corn fritters Falafel wrap Spanakopita						

				Ag	Age-appropriate serve			
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Starch items	Cooked grains or potato	~ ½ cup or 75–120 g cooked Examples: Rice Pasta Noodles (egg/soba/rice) Couscous Quinoa Polenta Potato (mashed/roast/steamed/scallop, hot chips (60 g))	1–2/meal*	1	1	1	Up to 2	Starch should be matched to the main dish (e.g. roast potato with roast meat). Aim to include a variety within consecutive meals and on consecutive days. To enhance menu cultural diversity and interest, offer a variety of grain dishes such as rice pilaf, Moroccan couscous, quinoa & black beans, polenta chips. Where possible offer lower GI rice varieties (e.g. basmati or doongara). Hot chips can be offered occasionally for variety. * Where a mixed dish is offered, it is understood that the starch component of the meal may be included within the dish, therefore a single starch/grain choice is sufficient.

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Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14-18 years	Nutrition and menu design considerations
Vegetables	Cooked vegetables	~ ½ cup or 75 g cooked Examples: Roast pumpkin Grilled capsicum strips Sweet potato wedges Corn on the cob Cauliflower gratin Edamame Beans Ratatouille Stir-fried Chinese broccoli Steamed peas	2/meal	1	2	2	2	Vegetables should be matched with main dishes. Aim to include variety (including at least 2 different colours) within a meal, as well as across consecutive meals and on consecutive days. Where possible use seasonal vegetables. In the hospital setting, vegetables often result in high levels of wastage. To improve acceptance, vegetables can be enhanced either through presentation (roasted wedges/bites, grilled strips) or combined with a sauce or gravy, or using garnishes and herbs and spices. Note: Soup and other mixed dishes with high vegetable content can contribute to the daily vegetable requirement.
	Raw vegetables or side salad	1 cup (or 75 g raw) Examples: Snow peas Cherry tomatoes Raw vegetable sticks Lettuce Baby spinach Canned beetroot Canned corn, baby corn	1 per day	1	1	1	Up to 2	Offer a variety of a minimum 3 coloured vegetables within the salad. Offer unsaturated fat PC salad dressings. Raw vegetables/salad can be offered as an alternative to cooked vegetables. Where possible use seasonal fresh vegetables. Chopped raw vegetables can provide a good finger food option. To improve acceptance, serve with a nourishing dip such as hummus or tzatziki. Note: Soup and other vegetable-based mixed dishes should contribute to the total daily vegetable requirement.

				Ag	Age-appropriate serve		rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Condiments	Gravy/sauce	According to the size of the meal	According to the dish	0.5	0.5	1	Up to 1.5	Gravy and/or sauces may be offered when deemed an appropriate accompaniment to a dish such as roast meat and vegetables.
	Portion controlled sauce	PC serve Examples: Tomato sauce Mayonnaise Tartare sauce Soy sauce	According to the dish	1PC	1PC	1PC	Up to 2 PC	A range of condiments may be offered as an accompaniment to a dish. Condiments should be offered to match the dish.
	Salt	PC serve: 1 g sachet	Not appropriate	0	0	0	0	Not available on the standard or default menu. Available on request.

				Ag	e-appro	priate se	rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Sandwiches/ wraps	Nourishing option Nutrient profile: 800 kJ per sandwich minimum 8 g protein per sandwich minimum (Band 2)	4-point sandwich or 25 cm wrap Suggested portion of sandwich filling: Egg × 1 Cheese (20 g minimum) Meat/chicken/fish 50g minimum Hummus 30 g Falafel 50 g Examples: Egg & lettuce Chicken & avocado Cheese & tomato Falafel & hummus	2/day Minimum 1 nourishing option per day	0.5	1	1	Up to 2	Include a variety of sandwiches at consecutive meals and on consecutive days. Include a variety of breads and wraps – wholemeal, wholegrain, white, sourdough, roti. Use mono- or poly-unsaturated margarine spreads or use avocado or hummus as an alternative spread. Wholemeal or wholegrain bread is the default choice. Cut into wedges for a finger food option. Toast sandwiches/wraps to improve acceptance/interest. Half sandwiches can be included as a snack option for patients. Sandwiches should be readily available on the ward for patient access.
	Variable nutrient value option Nutrient profile: Not specified Included for dietary variety	4-point sandwich Examples: Vegemite Salad						

				Ag	e-appro	priate se	rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Fruit	Fresh fruit	150g Examples: 1 medium banana, apple or orange 2 small apricots, mandarins or kiwi fruits 1 cup (150 g) diced fruit	1/meal	0.5	0.5	1	1	Offer cut-up fruit. It is easier to hold and eat. Offer a variety of fruit at consecutive meals.
	Canned fruit	1 cup	1	1	1	1	1	Offer a variety of canned fruit at consecutive meals. Canned in natural juice (not syrup) or water.
Desserts	Nourishing option Nutrient profile: 500 kJ per serve minimum 4 g protein per serve minimum (Band 2)	Examples: Apple strudel Crème caramel Fruit crumble with custard PC serve: Creamy yoghurt 150 g minimum Dairy dessert (e.g. Fruche) 150 g minimum Custard 150 g minimum	4/meal Minimum 1 Nourishing option/meal	2	2	2	2	Offer a variety of nourishing desserts on consecutive days. Desserts can be a beneficial means of assisting those more nutritionally at-risk patients to meet their energy and protein needs. Note: Portion sizes can vary. The onus is on the dessert meeting the nutritional profile.

				Ag	e-appro	priate se	rve	
Menu item	Type and nutrient profile	Serve size and examples	Minimum choice	1–3 years	4–8 years	9–13 years	14–18 years	Nutrition and menu design considerations
Desserts (con'd)	Variable nutrient value option Nutrient profile: Not specified Included for dietary variety	Examples: Chocolate brownie Banana/carrot cake Apple & cinnamon muffin PC serve: Ice cream 100 mL minimum Jelly 110 g minimum						Included for ease of consumption, familiarity and ready uptake by children in hospitals. Note: Despite jelly having a low nutritional profile, hospitals offer it as an option for therapeutic reasons.
Beverages	Cow's milk Soy milk Nutrient profile: 100mg calcium per 100 mL minimum	PC serve ~ 140 mL	2	1PC	1PC	1PC	2 PC	Offer only full cream milk to children aged 1–2 years. Offer a choice of full cream and reduced fat milk to children aged over 2 years. Calcium-fortified soy milk should be available on request as an alternative to dairy.
	Hot drinks	~ 250 mL	-	-	-	-	-	Providing hot drinks is at the discretion of the individual hospital policy. Note: Hot drinks present a risk for burns and scalds; and caffeinated drinks are not recommended for children.

4.3 Mid-meals

Children (younger children in particular) have a physiological need for small, regular meals and snacks. They have a smaller stomach capacity and lower energy stores, but due to the demands of growth, children use energy at a higher rate than adults. Adolescents also require regular meals and snacks to meet their increased energy and nutrient demands at a time of rapid growth. In hospitals it is well recognised that children have poorer appetites due to a range of reasons including unfamiliarity of the environment, unfamiliar food, age-appropriate fickle appetites and purely as a consequence of being unwell. It is also well recognised that patients miss meals because of medical/clinical appointments.

Mid-meals provide a cost-effective approach to assisting children in meeting their nutritional requirements for a number of reasons:^{34,35} The opportunity to choose at the point of service gives patients a sense of autonomy and results in better intakes by the patient (and less food waste, which is known to be a significant problem for hospital food services).³⁶ This approach of providing small, frequent meals has been promoted and implemented in the UK and advocated in the Scottish 'Food in Hospitals' Standards.^{37,38}

Therefore, it is strongly recommended that mid-meals are offered at least twice per day and that at least one offering includes nourishing options as part of the standard menu that is offered to all patients.

Mid-meal item	Type and nutrient profile	Examples (including serve)	Minimum number of times offered	Minimum number of choices	Nutritional considerations and menu design comments
Cold beverages	Milk Soy milk Nutrient profile: 100 mg calcium per 100 mL minimum	PC Serve ~ 140 mL	2 per day	2	Only offer full cream milk to children aged 1–2 years. Reduced fat and full cream milk to be available. Calcium-fortified soy milk should be available on request as an alternative to dairy.
	Water	N/A	Unlimited	N/A	Water should be made readily and easily available at all times. Tap water is preferred.
Standard snacks	Fresh fruit	150 g Examples: 1 medium banana, apple or orange 2 small apricots, mandarins or kiwi fruits 1 cup (150 g) diced fruit	2/day	2	Use developmentally appropriate texture modification where required. Offer a number of different types of fruits to ensure variety. Cut-up fruit is easier for young children. Where possible offer seasonal fruit.

Mid-meal item	Type and nutrient profile	Examples (including serve)	Minimum number of times offered	Minimum number of choices	Nutritional considerations and menu design comments
High- energy and nourishing snacks	Nutrient profile: High-energy option 500 kJ per serve minimum Nourishing option 500 kJ per serve minimum 5 g protein per serve minimum (Band 1)	Cheese (~ 20 g) & biscuits (2–3) Dip (~ 30 g) & veggie sticks Frozen yoghurt Yoghurt (~ 160 g) Custard (~ 150 g) Flavoured milk (~ 150 mL) Sweet biscuits (2–3) Fruit cake* (~ 40 g) Plain cake with icing (~ 40 g) Small muffin* (~ 40 g) Savoury/sweet scone (~ 40 g) Muesli/breakfast bar* (~ 30 g) Half sandwich Dried fruit* (30–40 g) Nuts (~ 30 g)* ^	1/day	2 Offer a minimum of 1 nourishing midmeal option	Use developmentally appropriate texture modification where required. Offer a variety of snack options on consecutive days. * Avoid dry and hard biscuits, nuts, dried fruit, potato crisps and popcorn to minimise the risk of choking in children under 3 years of age. ^ Provision of nuts depending on individual hospital policy.

Section 4 of the Nutrition and quality food standards for paediatric patients in Victorian public hospitals. Please refer to the separate Appendices and References sections.

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