

# CLEAR LIQUID DIET

## Description

The Clear Liquid Diet is designed to provide fluids mainly in the form of sugar and water to prevent overstimulating extensive digestive processes, minimize colonic residue, relieve thirst, and provide oral feedings that promote the return to the normal ingestion of food.<sup>1</sup> The diet as served will yield 700 to 1,000 kcal when energy-containing clear liquids are served between meals.

## Indications

The Clear Liquid Diet is indicated for the following:

- short-term use when an acute illness or surgery causes an intolerance for foods (e.g., abdominal distention, nausea, vomiting, and diarrhea)
- to temporarily restrict undigested material in the gastrointestinal tract or reintroduce foods following a period with no oral intake when poor tolerance to food, aspiration, or an anastomotic leak is anticipated
- to prepare the bowel for surgery or a gastrointestinal procedure

## Nutritional Adequacy and Nutrition Intervention

The Clear Liquid Diet is inadequate in all food nutrients and provides only fluids, energy, and some vitamin C. Long-term use of the Clear Liquid Diet may contribute to hospital malnutrition.<sup>1</sup> Current preparation methods for bowel surgery or bowel procedures have decreased the time required for bowel preparation to 1 to 2 days.<sup>1</sup> Knowledge regarding the time required for gastric emptying has increased; thus, usually only one preoperative meal as clear liquid is required before surgery.<sup>1</sup> The American Society of Anesthesiologists' Task Force on Preoperative Fasting recommends abstaining from clear liquids for 2 or more hours before procedures requiring general anesthesia and abstaining from the intake of light meals or nonhuman milk at least 6 hours before elective surgery requiring general anesthesia.<sup>2</sup> The resumption of bowel sounds is no longer a prerequisite to resume a regular diet after surgery.<sup>1</sup> Improved anesthesia and evidence have led to the postoperative transition to a regular diet based on individual tolerance.<sup>1</sup> The Clear Liquid Diet provides approximately 200 g/day of carbohydrate in equally divided amounts. Liquids are not sugar-free, even for persons with diabetes mellitus, because all patients require carbohydrates and energy to meet nutritional needs.<sup>3,4</sup> Diabetes medications may need to be adjusted to achieve and maintain metabolic control.<sup>3,4</sup>

## How to Order the Diet

Order as "Clear Liquid Diet." Variations of this standard diet should be specifically ordered; specify the exclusion of certain foods or specify a diet limited to certain foods.

A diet order specifying the number of meals or days of liquids or the diet progressions, as tolerated, will ensure that this nutritionally inadequate diet is advanced or evaluated.

## FOOD GUIDE – CLEAR LIQUID DIET

FOODS ALLOWED	FOODS EXCLUDED
Carbonated beverages, regular and decaffeinated; coffee and tea; fruit-flavored soft drinks Clear flavored gelatin, fruit ices, Popsicles Cranberry, apple, and grape juices Lightly seasoned clear broth or consommé (fat-free) Sugar, honey, syrup	All other foods or fluids except water

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**SAMPLE MENU  
(600 kcal)**

<b>Breakfast</b>	<b>Noon</b>	<b>Evening</b>
Cranberry Juice	• Beef Broth	Chicken Broth
Flavored Gelatin	Grape Juice	Apple Juice
Coffee or Tea	• Flavored Gelatin	Water or Ice Chips
Sugar	Coffee or Tea	Coffee or Tea
	Sugar	Sugar

**CLEAR LIQUIDS BETWEEN MEALS AS DESIRED**

**References**

1. Clear liquid diet. In: *The Academy of Nutrition and Dietetics Nutrition Care Manual; Updated annually*. Available at: [www.nutritioncaremanual.org](http://www.nutritioncaremanual.org). Accessed December 1, 2008.
2. American Society of Anesthesiologist Task Force on Preoperative Fasting. Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures. *Anesthesiology*. 1999;90:896-905.
3. American Diabetes Association. Diabetes nutrition recommendations for health care institutions. *Diabetes Care*. 2004; 27: 55S-57S.
4. Clement S, Braithwaite SS, Magee MF, Ahmann A, Smith EP, Schafer RG, Hirsch IB. Management of diabetes and hyperglycemia in hospitals. *Diabetes Care*. 2004;27:553-591.