

NCLEX 2026 • NGN REVIEW

Therapeutic Diets by Disease

The 6 high-yield therapeutic diets — what to eat, what to avoid, and why it matters clinically.

RENAL

CARDIAC

ENDOCRINE

HEPATIC

NEURO/GI

RESPIRATORY

01 Overview — Why Diet Is Priority Nursing Care

Diet = Medicine

For many chronic conditions, the prescribed diet is the primary therapeutic intervention — not a side note.

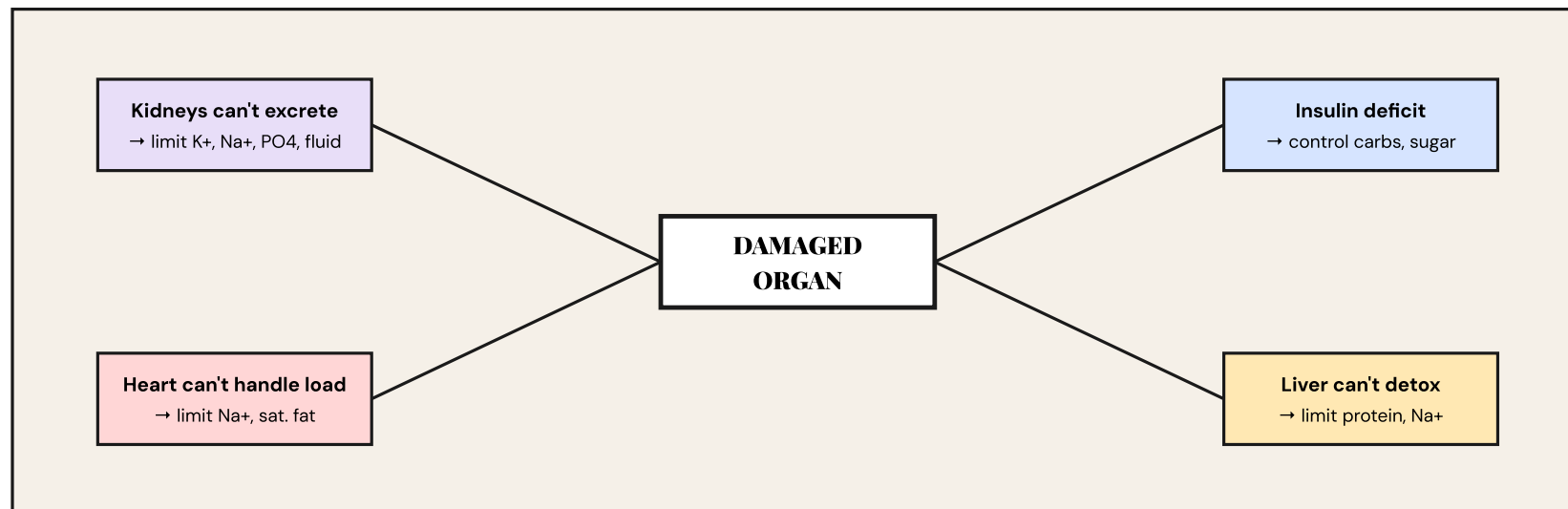
Client Education

Nurses are the first line for diet teaching. Expect NGN questions on what foods to include, limit, or avoid.

Safety Priority

Wrong diet = complications (encephalopathy, aspiration, hyperkalemia, hyperglycemia, fluid overload).

02 The Rationale Map — Why Each Restriction Exists



03 The 6 Therapeutic Diets — Deep Dive



Renal Diet

CKD / ESRD / Dialysis

RENAL

✓ INCLUDE / ALLOW

- Apples, berries, grapes, pears (low K+)
- Cauliflower, cabbage, green beans
- White bread, white rice, pasta
- High-quality protein (eggs, fish) — amount varies by dialysis status
- Cranberry juice (low K+, acidic)

✗ AVOID / LIMIT

- **↑ K+:** bananas, oranges, potatoes, tomatoes, avocado, spinach, dried fruit
- **↑ PO4:** dairy, nuts, colas, whole grains, chocolate
- **↑ Na+:** canned/processed foods, cured meats, salt substitutes (contain K+!)
- Fluid restriction (typically 1–1.5 L/day)

WHY THIS DIET?

Failing kidneys can't excrete potassium, phosphorus, sodium, or excess fluid → risk of lethal arrhythmias, bone disease, edema, HTN.

PROTEIN:

restricted pre-dialysis (uremia), adequate/increased on dialysis (lost in dialysate).



Cardiac Diet

HTN / CAD / HF — DASH principles

CARDIAC

✓ INCLUDE / ALLOW

- Fresh fruits & vegetables (↑ K+, fiber)
- Whole grains, oats, brown rice
- Lean protein: fish (salmon, tuna — omega-3), skinless poultry
- Low-fat dairy, legumes
- Unsaturated fats: olive oil, nuts, avocado

✗ AVOID / LIMIT

- **Na+ < 2 g/day** (HF may be 1.5–2 g)
- Processed/canned foods, deli meats, pickles
- Saturated fat: red meat, butter, whole milk
- Trans fats: fried foods, shortening, margarine
- Added sugars, sweetened drinks

WHY THIS DIET?

Sodium retains water → ↑ preload → ↑ BP and ↑ cardiac workload. Saturated/trans fats drive atherosclerosis. DASH diet (Dietary Approaches to Stop Hypertension) is the evidence-based standard.



Diabetic Diet

Type 1 / Type 2 / Gestational

ENDOCRINE

✓ INCLUDE / ALLOW

✗ AVOID / LIMIT

- Complex carbs: whole grains, legumes, starchy vegetables
- High fiber (25–30 g/day) — slows glucose absorption
- Non-starchy vegetables (½ plate)
- Lean protein (¼ plate)
- Consistent meal timing with insulin/meds

- Simple sugars: candy, soda, syrups, desserts
- Concentrated sweets, juice
- Refined carbs: white bread, white rice
- Skipping meals (if on insulin → hypoglycemia)
- Alcohol on empty stomach

WHY THIS DIET?

Goal = consistent carb intake to match insulin action and maintain steady blood glucose. Complex carbs + fiber = slower rise.

HYPOGLYCEMIA TX:

15 g simple carb (juice, glucose tabs) → recheck in 15 min (Rule of 15).



Liver Disease Diet

Cirrhosis / Hepatic Encephalopathy / Ascites

HEPATIC

✓ INCLUDE / ALLOW

- High calorie (2500–3000 kcal) — malnutrition common
- Vegetable/dairy protein (better tolerated than meat)
- Small, frequent meals (5–6/day)
- Vitamin supplements: B-complex, folate, thiamine, K
- Complex carbs for energy

✗ AVOID / LIMIT

- ↓ **Protein IF encephalopathy** (ammonia buildup)
- ↓ **Sodium** (1–2 g) for ascites/edema
- Fluid restriction with ascites
- **ZERO alcohol** — absolute
- Raw shellfish (Vibrio risk)

WHY THIS DIET?

Damaged liver can't convert ammonia → urea. Excess protein = ↑ ammonia = encephalopathy. Low albumin + portal HTN = ascites, so Na+ and fluid restricted.

LACTULOSE

treats the encephalopathy by trapping ammonia in the gut.



Dysphagia Diet

Stroke / Parkinson's / Post-op Neuro

NEURO/GI

✓ INCLUDE / ALLOW

- Thickened liquids: nectar → honey → pudding consistency
- Pureed or mechanical soft textures
- Moist, cohesive foods (mashed potatoes, oatmeal)
- High-flavor, temperature-contrasted foods (stimulate swallow)
- Sit **upright 90°** for all meals

✗ AVOID / LIMIT

- Thin liquids (water, coffee, juice) — highest aspiration risk
- Mixed consistencies (cereal + milk, soup with chunks)
- Dry, crumbly foods (crackers, rice, bread)
- Sticky foods (peanut butter)
- **NO straws** — no distractions during meals

WHY THIS DIET?

Impaired swallow = aspiration pneumonia risk. Thickened liquids travel slower, allowing coordinated swallow.

CHIN-TUCK

technique closes the airway. Remain upright 30–60 min after eating. SLP evaluation guides texture level.



COPD Diet

Emphysema / Chronic Bronchitis

RESPIRATORY

✓ INCLUDE / ALLOW

- **High calorie, high protein** — work of breathing burns calories
- Small, frequent meals (5–6/day) — large meals = diaphragm pressure
- Moderate fat (metabolizes with LESS CO₂)
- Eat biggest meal when energy is highest (usually AM)

✗ AVOID / LIMIT

- **Excess carbs** — produce more CO₂, worsen dyspnea
- Gas-producing foods: cabbage, broccoli, beans, carbonated drinks
- Fluids *with* meals — fills stomach, limits intake
- Dry, hard-to-chew foods

- Rest before eating; use O₂ via NC during meals

- Milk products if they thicken secretions (individualized)

WHY THIS DIET?

COPD patients burn extra calories just breathing → malnutrition is common.

CARBS → CO₂

during metabolism; too many worsens hypercapnia. Fat metabolism releases less CO₂, so moderate-fat diets are better tolerated.

04 Side-by-Side Comparison — Master This Table

DIET	MAIN GOAL	RESTRICT	EMPHASIZE	#1 RED FLAG
Renal Protect failing kidneys	Avoid lethal electrolyte shifts + fluid overload	K+, Na+, PO ₄ , fluid, protein (pre-dialysis)	Low-K+ fruits, white grains, egg whites	Hyperkalemia → arrhythmia
Cardiac Reduce workload	↓ BP, ↓ atherosclerosis	Na+ <2g, saturated/trans fat, cholesterol	DASH: fruits, vegetables, whole grains, omega-3	Fluid overload (HF): dyspnea, crackles
Diabetes Stable glucose	Match carb to insulin	Simple sugars, refined carbs, skipped meals	Complex carbs, fiber, consistent timing	Hypoglycemia <70 mg/dL
Liver Unload the liver	Prevent ammonia buildup & ascites	Protein (if encephalopathy), Na+, fluid, ALCOHOL	High cal, vegetable protein, vitamins	Altered LOC → encephalopathy
Dysphagia Safe swallow	Prevent aspiration	Thin liquids, mixed textures, straws	Thickened liquids, purees, upright 90°	Coughing/choking while eating
COPD Fuel breathing	Meet ↑ caloric need without ↑ CO ₂	Excess carbs, gas foods, fluids with meals	High-cal, high-protein, small frequent, mod fat	Weight loss + worsening dyspnea

05 NCJMM Clinical Judgment Framework

1

RECOGNIZE CUES

Diagnosis + lab trends. Is K⁺ ↑?
Ammonia ↑? BUN/Cr ↑? Albumin
↓? Weight/BMI? Swallow status?
Recent carb intake?

2

ANALYZE & PRIORITIZE

Match diet to organ status. CKD
with K⁺ 6.2 → stop
bananas/oranges. Cirrhosis with
confusion → low-protein. Stroke
with cough → NPO until SLP.

3

GENERATE SOLUTIONS

Select interventions: diet
modification, fluid restriction,
supplementation, pre-meal prep
(rest, upright positioning, O₂).

4

EVALUATE OUTCOMES

Labs normalize? Weight stable?
No aspiration? BG in range?
Mental status clear? Adjust diet as
condition shifts.

06 NCLEX Test Traps ⚠

TRAP #1

Salt substitutes are NOT safe for renal clients

✗ WRONG THINKING

"It's not sodium, so it's fine for my kidney patient."

✓ CORRECT THINKING

Most salt substitutes are potassium chloride → will cause hyperkalemia in
CKD.

TRAP #2

Dialysis changes the protein rule

✗ WRONG THINKING

"Kidney disease = low protein always."

✓ CORRECT THINKING

Pre-dialysis = restrict protein. On dialysis = ↑ protein (lost in dialysate, 1.2–
1.3 g/kg).

TRAP #3

Hepatic encephalopathy, not cirrhosis alone, drives protein restriction

✗ WRONG THINKING

"All cirrhosis patients need low protein."

✓ CORRECT THINKING

Restrict protein **ONLY** if encephalopathy present. Otherwise, adequate protein prevents muscle wasting.

TRAP #4

Thin liquids are the most dangerous, not the safest

✗ WRONG THINKING

"Water will go down easier for someone with dysphagia."

✓ CORRECT THINKING

Thin liquids move too fast to coordinate — highest aspiration risk. Thicker = safer.

TRAP #5

COPD patients don't want carb-loaded meals

✗ WRONG THINKING

"Give pasta & bread for energy."

✓ CORRECT THINKING

Carb metabolism = more CO₂ production → worsens dyspnea. Prioritize protein & moderate fat.

TRAP #6

Diabetic sick days do NOT mean skip insulin

✗ WRONG THINKING

"I'm not eating, so I'll skip my insulin."

✓ CORRECT THINKING

Stress/illness ↑ glucose. Continue insulin, sip carb-containing fluids, monitor BG q2–4h.

TRAP #7

Canned vegetables ≠ fresh vegetables for cardiac/renal

✗ WRONG THINKING

"Vegetables are always healthy."

✓ CORRECT THINKING

Canned = high sodium. Choose fresh, frozen, or "no salt added." Rinse canned veg to reduce Na⁺ by ~40%.

07 Patient & Family Education

1 Read Every Label

Teach clients to check sodium, potassium, phosphorus, sugar, and serving size — not just calories.

2 Portion = Plate Method

½ non-starchy veg, ¼ lean protein, ¼ complex carb. Works for diabetes and cardiac clients.

3 Meal Timing Matters

Diabetics: consistent times with meds. COPD: biggest meal when energy is highest. Small frequent meals for cirrhosis/COPD.

4 Fluid Rules Differ

Restriction for HF/CKD/cirrhosis. Encourage fluids for COPD (except WITH meals). Thickened only for dysphagia.

5 Positioning Saves Lives

Dysphagia: upright 90° during and 30–60 min after meals. Reflux: upright after eating; no meals near bedtime.

6 Daily Weight Is the Truth

Same time, same scale, same clothes. Gain of >2 lb/day or >5 lb/week = call HCP for HF/CKD/cirrhosis.

7 Alcohol & Grapefruit

Zero alcohol for liver disease. Grapefruit interacts with statins, calcium channel blockers, many cardiac meds.

8 Consult the RD

Registered dietitian referral is gold-standard for all chronic disease clients. Teach clients to ask for one.

08 Memory Boosters — Mnemonics That Stick

SALTY

High-sodium foods to AVOID (cardiac/renal/liver)

- S** Smoked meats (ham, bacon)
- A** Anything canned
- L** Lunch meats, deli
- T** TV dinners, fast food
- Y** Yellow cheese & condiments

BANANAS

High-K+ foods — LIMIT in renal

- B** Bananas
- A** Avocados & Apricots
- N** Nuts & seeds
- A** All dried fruits (raisins)
- N** Nectarines, oranges
- A** All salt substitutes
- S** Spinach, Sweet potatoes, Tomatoes

CHEWS

Dysphagia safety checklist

- C** Chin tuck while swallowing
- H** HOB upright 90°
- E** Eat slowly, small bites
- W** Watch for coughing/choking
- S** Stay upright 30 min after

BREATHE

COPD nutrition priorities

- B** Big meal when most energy
- R** Rest before eating
- E** Easy-to-chew foods
- A** Avoid gas-producing foods
- T** Take O₂ during meals if needed
- H** High cal, high protein
- E** Eat 5–6 small meals

LIVER

Hepatic diet rules

- L** Low protein (if encephalopathy)
- I** Intake of Na⁺ restricted
- V** Vitamins (B, K, folate)
- E** Eliminate alcohol — zero tolerance
- R** Rest between small frequent meals

SUGAR

Diabetic diet keys

- S** Simple sugars limited
- U** Uniform carb intake
- G** Get 25–30 g fiber daily
- A** Avoid skipping meals on insulin
- R** Rule of 15 for hypoglycemia

09 Pattern Recognition — Lightning Associations

Low back pain while eating → think cardiac + kidney (renal artery), not just transfusion

Confusion + cirrhosis → ↑ ammonia → restrict protein, give lactulose

Crackles + weight gain + HF → fluid overload → restrict Na⁺ and fluids

Coughing while drinking → aspiration → NPO + SLP consult

Peaked T-waves + CKD → hyperkalemia → stop K⁺ foods, call HCP

Weight loss + barrel chest → COPD cachexia → high cal, high protein, small meals

