Clear Liquid Diet

What We Know

› The clear liquid diet is a therapeutic diet designed to require minimal gastrointestinal effort, leave no intestinal residue, and provide oral hydration and some nutrients. The clear liquid diet provides adequate water, simple sugar, some electrolytes, and 500–1,000 calories per day. It is not adequate for long-term nutrition due to its low calorie and minimal protein content. The clear liquid diet is usually initiated\(^1\,^2\)
  • in cases of acute gastrointestinal trauma (e.g., postoperative ileus, gastroenteritis, partial intestinal obstruction)
  • in preparation for certain gastrointestinal procedures (e.g., colonoscopy)
  • as a transition diet for patients who are taking nothing by mouth

› The action of the clear liquid diet is to\(^1\,^2\)
  • allow for the resolution of postoperative ileus
  • serve as a transition diet following an extended period of no oral intake
  • leave the intestine clear of residue before the performance of certain gastrointestinal procedures

› Dietary sources of the clear liquid diet\(^1\,^2\)
  • The clear liquid diet consists of food sources that are clear and liquid at room temperature, including the following:
    – Clear juices and sodas (excluding dairy products and citrus or other pulp-containing juices)
    – Broths
    – Gelatin
    – Popsicles

› The clear liquid diet does not provide adequate long-term nutrition and should not be continued without supplementation for longer than 72 hours\(^1\,^2\)
  • Supplementation can be provided through commercially prepared formulas (e.g., Isocal, Ensure, Ensure Plus, Sustacal) that are administered orally or by enteral feeding tube. Intravenous administration of other supplementation is possible via peripheral or central venous access

› Persons at risk for aspiration should not be placed on a clear liquid diet\(^2\)
  • Persons at risk for aspiration include the following:
    – Patients who have recently had a stroke or seizure
    – Patients who have a compromised gag reflex and/or difficulty swallowing
  • Patients who are at increased risk for aspiration should be provided with alternative nutrition
    – orally with a soft diet or a mechanical soft diet (i.e., foods made easier to chew and swallow by cutting or grinding) and assistance with eating
    – via tube feeding

› Recent research findings on the clear liquid diet
  • Researchers compared patient tolerance to a clear liquid diet versus a low-residue diet following colorectal surgery in a randomized controlled trial. Results of the study revealed that patients experienced less nausea, resumed bowel function faster,
and required less hospitalization on a low-residue diet than on a clear liquid diet post-operatively\(^{(2)}\)

- Results of clinical trials show that patients with mild acute pancreatitis who received a soft diet post-operatively instead of a clear liquid diet tolerated the soft diet well and averaged shorter lengths of hospitalization than patients who received the traditional clear liquid diet. Researchers concluded that the soft diet could be considered safe for patients with mild acute pancreatitis and could lessen hospitalization for such patients\(^{(3,4,8)}\)

- Results of 2 meta-analyses of randomized controlled trials, which were conducted to investigate the efficacy of a clear liquid diet versus a low-residue diet as preparation for a colonoscopy, have shown that there is significantly more effective colon cleansing and better patient tolerance with the use of a prepackaged, low-residue diet and commercially prepared formula compared with the use of clear liquid diets. Additionally, patients who received the prepackaged diet and formula expressed greater willingness to repeat the preparation for future procedures\(^{(5,6)}\)

### What We Can Do

› Become knowledgeable about the physiologic effects of the clear liquid diet so you can accurately assess your patients’ personal characteristics and health education needs; share this information with your colleagues
› Assess your patients’ aspiration risk and recommend a soft or mechanical soft diet when appropriate and in accordance with facility protocols and orders of the treating clinician
› Assess patient/family anxiety and for knowledge deficits about receiving a clear liquid diet and the prescribed treatment regimen; provide emotional support and educate about the clear liquid diet and the potential for supplementation, emphasizing the importance of strict adherence to the prescribed treatment regimen and continued medical surveillance to monitor health status
References


3. Hurlock-Chorostecki, C. (2009). Initial refeeding with a soft diet was better than a clear liquid diet for length of hospital stay in mild acute pancreatitis. Evidence-Based Nursing, 12(1), 22. doi:10.1136/ebn.12.1.22 (R)


