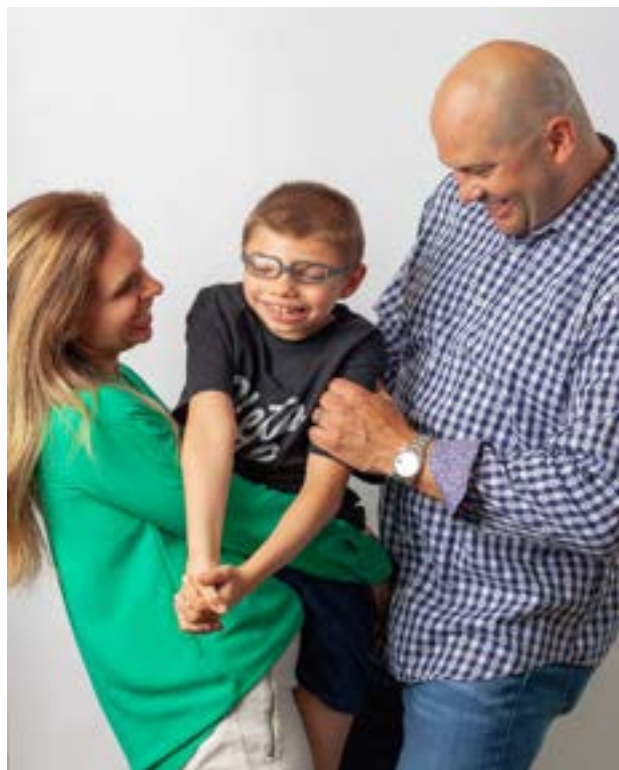


BEYOND FORMULA

Getting Started With Real Food
and Real Food Blends



REALFOOD
BLENDS™
MEALS FOR PEOPLE WITH FEEDING TUBES



INTRODUCING REAL FOOD AND REAL FOOD BLENDS FOR PEOPLE WITH FEEDING TUBES

Whether you're new to Real Food Blends, or new to real food for feeding tubes in general, this guide was created to help you learn about the benefits eating a wide variety of real food, how to transition to a blended diet, tips and tricks for using our meals, and more.

The first half of this guide goes over the benefits of blended diets for people with feeding tubes, including who can consider using real food, summaries of the main clinical studies that support blended diets (and more are coming out all the time!), and information about the idea of "nutritionally complete" that is talked about a lot in the feeding tube community.

If you've been blending at home already, you can skip to the second half of the guide to get information specifically about Real Food Blends. There you'll find tips about using our meals, the different ways you can feed Real Food Blends, a sample transition guide if you're coming off of formula, some sample meal plans, and details about how we developed all six of our meals, how we choose our ingredients, and why we leave certain things out of all of our meals.

This guide is meant to answer many of the questions that we receive from our customers on a regular basis and can be a great thing to share with your medical team if you're talking to them about Real Food Blends for the first time. If you're ready to place an order or get more info about insurance coverage, head to our website at RealFoodBlends.com. If you still have questions, please don't hesitate to reach out. Shoot us an email at Info@RealFoodBlends.com or call 888-484-9495 and we're happy to help in any way we can.

Julie & Tony

Julie and Tony Bombacino
Co-Founders, Real Food Blends

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Is Real Food Right for You?

by Lara Field, MS, RD, CSP

If you've only ever used formula in your feeding tube, the idea of transitioning to real food can seem overwhelming. When deciding whether to add real food to your tube-fed diet, whether you're blending from home or using Real Food Blends, there are really only a few things to consider. For many people, real food is a very real possibility. Make sure to consult your medical team before making any change to your tube feeding regimen, but if you're looking to start incorporating real food, consider the following:

Age

Real food, including Real Food Blends meals, is not limited to only children or only adults. Just like for oral eaters, infants under the age of 1 should stick to breastmilk and formula, but once a child hits their first birthday, parents can begin transitioning to real food. Breastmilk/formula provide essential nutrition for babies under 1 year of age, and solid foods are supposed to be complementary, so we suggest waiting until your child depends on food for 100% of their nutrition. Adults of any age, especially those who previously ate regular food, can consider real food through their feeding tubes.

Why a Feeding Tube?

The original reason for the feeding tube being placed is the most important thing to consider when looking into real food. If the tube was placed because of an inability to consume enough calories orally, or to safely get food into the stomach (i.e. risk of aspiration), then the digestive system should still be working. If the stomach and

digestive tract work as they should, real food can – and many would say should – be considered.

However, if the tube was placed due to malabsorption or digestive issues, you may be unable to properly digest or absorb real food and require a specialized formula. There's no firm evidence or anyone tracking this to our knowledge, but most people we meet that have feeding tubes usually have them because of the risk of aspiration or an inability to get enough calories orally – not because their stomach wasn't working! These people with feeding tubes are excellent candidates to continue to benefit from whole food nutrition.

I have seen many patients throughout my career that end up on broken-down or specialized formulas after tube-feedings were introduced – this is more likely a sign of formula intolerance, not a sudden digestive issue if the patient has been eating regular food their whole life.

G-Tube vs J-Tube

Although real food can be used with a J-tube, many people with feeding tubes and medical professionals can be hesitant to move away from formula in these cases. As discussed above, what should be considered first is why the J-tube was placed and why G-tube feeds failed. It's entirely possible that the failure of G-tube feedings in some patients is due to formula intolerance, not a digestive issue that necessitates J-tube feedings. With medical approval, blended foods and Real Food Blends meals can be used with a J-tube, but extra caution should be taken to make



sure the blends are thin enough and strained of any extra food particles. (For G-tubes, Real Food Blends meals are tested to work with 14f or larger tubes.)

Why Real Food?

Aside from common sense (hello, fruits and veggies!), there is a growing body of research showing that real food through feeding tubes can improve many typical symptoms of formula intolerance, including acid reflux, vomiting, nausea, constipation, diarrhea, weight loss/lack of weight gain, and/or requiring overnight or continuous feeding. Conversely, there are no documented, clinical studies showing that enteral formula is preferable over a whole food for long term use – wouldn't we all be drinking enteral formula if that was the case? Using real food also allows those with feeding tubes to benefit from having a varied diet with a wide variety of nutrients

(just like I recommend to oral eaters!) in a way that is impossible with commercial formula.

If you or your loved one with a feeding tube meet the simple requirements described above, then real food is something you should be discussing with your doctors.

Lara Field, MS, RD, CSP, is an accomplished Registered Dietitian and the founder of FEED (Forming Early Eating Decisions), a nutritional consultancy based in Chicago. Mrs. Field is an advisor to Real Food Blends and has extensive clinic and internship experience at top ranked institutions including Lurie Children's Hospital, University of Chicago Comer Children's Hospital, Rush University Medical Center, and Johns Hopkins.



The Facts About “Nutritionally Complete”

by Alissa Rumsey MS, RD, CDN, CSCS

As a clinical dietitian at one of New York’s largest hospitals I worked with thousands of tube-fed patients. In the hospital, my go-to tube feed source was a typical commercial enteral formula. I was taught that these formulas were “nutritionally complete” and often shared this with my patients and families when I taught them about tube feeding.

Most dietitians and healthcare professionals in the tube feeding world use the term nutritionally complete just as I did, without a second thought. But once I began working with people who use real food in their tube, I realized that most people don’t fully understand this idea of nutritionally complete and believe it to be more important than it is. Here’s why I don’t prescribe to the concept of a “nutritionally complete” formula anymore.

What does nutritionally complete actually mean?

A tube feeding formula is considered nutritionally complete if it provides 100 percent of the recommended values of carbohydrates, protein, fat, vitamins, and minerals and can be used on its own as a sole source of nutrition. While it may be easy to have an all-in-one formula that you can just open and pour, and that we as medical professionals can recommend knowing the patient is receiving everything he or she technically requires to live, this doesn’t necessarily mean these formulas are best, especially for long-term use. Most people placed onto feeding tubes are trying to gain weight, meaning they need more calories from proteins, fats, and carbohydrates than someone of a similar

age. The RDIs were created for healthy people and the population as a whole, which is generally not underweight. If a child is put onto a 1500 daily calorie plan of a typical pediatric enteral formula, they will be getting up to 150% of certain vitamins and minerals, which may be too much for many children. This is the biggest issue with “nutritionally complete:” Once the vitamins and minerals are in a formula, there is no way to take them out.

Aside from unintentionally prescribing higher-than-recommended levels of RDIs, what if the patient is on a medication that interacts with certain vitamins and minerals? What if your blood level of a certain mineral is too high? There’s no way to adjust the nutrients in the pre-made “nutritionally complete” formulas. Compare this to using a product like Real Food Blends that doesn’t contain any added vitamins and minerals. You can easily add the desired amount of vitamins and minerals to your blended meal, providing more or less of different nutrients based on your individual needs.

Another important point to think about is synthetic versus food-derived vitamins and minerals. Fruits, vegetables, and whole grains are full of nutrients and phytochemicals that can improve vitamin and mineral bioavailability and absorption. While the vitamins may be chemically identical, there is some research to support that the synthetic forms, like those found in commercial formulas, are not as well absorbed and utilized as the form found in whole foods.

Nutritionally Complete vs. Nutritional Variety

Nutrition is a complicated science. We have only scratched the surface of understanding how our bodies use nutrients and which of those are essential. The nutritionally complete formulas assume that we know all there is to know about what makes something nutritionally complete, when in reality we don't. Just because something is thought of as nutritionally complete does not mean it is the perfect food. As Eric Aadhaar O'Gorman said in the book *Complete Tubefeeding*, "Commercial formula companies do a good job of trying, but can never replicate the sort of spread of nutrients that a varied diet gives us."

Think about people who eat by mouth. No one eats the same meal and ingredients over and over again, every single meal, every single day. As a dietitian, I would never recommend that, even if the patient was taking a multivitamin everyday. So why are we recommending it to people on tube feeds? Nutritional variety is just as important—if not moreso—as nutritionally complete.



With my clients who eat by mouth, I talk non-stop about the importance of a varied diet. The larger the variety of foods consumed, the more variety of vitamins, minerals, antioxidants, and phytochemicals you get. Think about the wide variety of

food that people eat from day to day. Now, imagine "eating" these same foods via a feeding tube. From a quality of life perspective, there is no beating real food. While someone fed through a tube can't necessarily taste all the food, they can still smell it, burp, and get a sense of the flavors. I have one patient who desperately missed his morning cup of coffee. After getting the ok from his doctor, we started giving him some coffee through his PEG. As his wife was preparing his breakfast blend, he would sit holding the cup of coffee and enjoy the scent and smells. Once he got his breakfast, the coffee would be cooled enough, and he would give it through his PEG. The feeding experience becomes more normal when you incorporate real foods.

There are other benefits to real food. Many people have trouble tolerating commercial formulas and have GI issues like nausea, bloating, vomiting, and diarrhea. As Julie Bombacino, co-founder and CEO of Real Food Blends (and the mom of a tubie), said to me once, "If they're pooping or puking or refusing feeds, they're not getting 'complete nutrition!'"

All of my patients have had an improvement in gastrointestinal function when they start using real foods. Their volume tolerance improves too, and they often have no trouble taking in larger quantities of food, despite having issues with similar amounts of formula. One patient of mine was getting in less than half the calories he needed because every time he gave himself a commercial formula, he had severe nausea and reflux. Once we transitioned him to blended tube feeds using real food, his symptoms completely went away and he was able to get all the nutrients he needed.

Moving Beyond “Nutritionally Complete”

Some dietitians and health practitioners get caught up in the idea of developing nutritionally complete blenderized tube feeds, thinking that it is obscure and complicated. I get it; I once felt the same way. Commercial formulas seem so straightforward: calculate a total volume of formula and you know exactly how many calories, macronutrients, vitamins, and minerals that person is getting. But in reality, it's not much more complicated with real food. Think about how you construct meals for individuals who are eating by mouth. Do you worry that they aren't going to get all the vitamins and minerals they need? No, because you recommend a varied diet with a variety of foods from different food groups and probably a good quality, age-appropriate multivitamin for some people. The same goes for tube-fed individuals. You can plan balanced, blended tube feeds for those that want to make homemade blends, and Real Food Blends can offer easy access to whole foods as well.

It's time to think beyond nutritionally complete and stop using commercial formulas just because it's what we've always done and it checks all the boxes for complete nutrition on a piece of paper. I challenge you to think about feeding tube-fed people similarly to those who eat by mouth. We need to balance how easy it is to prescribe commercial formulas with remembering how people actually eat and SHOULD eat (hint: not the same thing for every meal every day, but a wide variety of vegetables, fruits, whole grains, seafood, meats, and more). Tube-fed people

experience many of the same feelings we as oral eaters do – the smell of food, the taste of food, feeling of being full or bloated after a big meal – and their bodies deserve to reap the benefits a wide variety of whole foods can offer.



Alissa Rumsey MS, RD, CDN, CSCS is a nationally recognized Registered Dietitian based in New York City. While working in the intensive care unit at New York-Presbyterian Hospital, Alissa quickly saw the long-term effects that poor nutrition and physical inactivity could have on the body. After working for six years with critically ill adults, she developed Alissa Rumsey Nutrition & Wellness Consulting to help others improve their health and wellbeing. She consults with a variety of home tube feeders to help optimize their tube feed diet with whole, real foods. For more information about Alissa, visit blenderizeddietrd.com and alissarumsey.com.

Clinical Support for Real Food.

Health Outcomes and Quality of Life Indices of Children Receiving Blenderized Feeds via Enteral Tube, [Boston Children's Hospital, 2019](#)

Results: Participants receiving blenderized diets had significantly fewer visits to the emergency room, fewer total hospital admissions, and fewer respiratory-related admissions per year. Compared with those receiving conventional formula, participants on blenderized diets reported greater satisfaction ratings, indicating less nausea and vomiting, abdominal pain, diarrhea, and fewer total symptoms.

Conclusions: Blenderized diets are associated with decreased healthcare use, improved symptom scores, and increased patient satisfaction compared with conventional formulas.

Pureed by gastrostomy tube diet improves gagging and retching in children with fundoplication, [University of Cincinnati College of Medicine, 2011](#)

Results: Thirty-three children (mean age, 34.2 months) participated in the trial. Average weight gain on the Pureed By GT diet was 6.2 g/d. Seventeen children (52%) were reported to have a 76%-100% reduction in gagging and retching. Twenty-four children (73%) were reported to have a $\geq 50\%$ decrease in symptoms. No child had worsened symptoms on the PBGT diet. Nineteen children (57%) were reported to have an increase in oral intake on the PBGT diet.

Conclusions: A PBGT diet is an effective means of providing nutrition to children with feeding disorders. In children post-fundoplication surgery, a PBGT diet may decrease gagging and retching behaviors.

Blenderized Tube Feeding Use in Adult Home Enteral Nutrition Patients: A Cross-Sectional Study, [Mayo Clinic, 2015](#)

Results: Participants reported significantly less vomiting, nausea, bloating, diarrhea and constipation when using a blended diet vs. formulas. More than 50% of participants surveyed were already using a blenderized diet and approximately 80% expressed a desire to use a blenderized diet if provided with adequate information.

Conclusions: This is the first study to evaluate BTF use in an adult HEN population. More than 50% of our patients used and approximately 80% expressed a desire to use BTF if provided with adequate information.

Blenderized Enteral Nutrition Diet Study: Feasibility, Clinical, and Microbiome Outcomes of Providing Blenderized Feeds Through a Gastric Tube in a Medically Complex Pediatric Population, [The Hospital for Sick Children and the University of Ottawa, 2018](#)

Results: Transition onto BTF was feasible in 17 participants, and 1 participant transitioned to oral feeds. BTF micronutrient content was superior to commercial formula. Vomiting and use of acid-suppressive agents significantly decreased on BTFs. Stool consistency and frequency remained unchanged, while stool softener use increased. The bacterial diversity and richness in stool samples significantly increased, while the relative abundance of Proteobacteria decreased. Caregivers were more satisfied with BTFs and unanimously indicated they would recommend BTFs.

Conclusions: Initiation and maintenance of BTFs is not only feasible in a medically complex pediatric population but can also be associated with improved clinical outcomes and increased intestinal bacterial diversity.

Tips for transitioning from formula to Real Food Blends.

Day 1
 Replace 25% of calories with Real Food Blends meals and continue with 75% of calories from formula.



Example: Substitute 1 RFB pouch for 1-2 cans/servings of formula

Day 2
 If tolerated, repeat the regimen used in Day 1, using the same Real Food Blends variety.



Example: Substitute 1 RFB pouch for 1-2 cans/servings of formula

Day 3
 Replace 50% of calories with Real Food Blends meals and continue with 50% of calories from formula.



Example: Add 1 new variety and substitute 2 RFB pouches for 2-4 cans/servings of formula.

Day 4
 If tolerated, repeat the regimen used in Day 3, using the same Real Food Blends varieties.



Example: Add 1 new variety and substitute 2 RFB pouches for 2-4 cans/servings of formula.

Day 5
 Replace 75% of calories with Real Food Blends meals and continue with 25% of calories from formula.



Example: Add 1 new variety and substitute 3 RFB pouches for 3-6 cans/servings of formula.

Day 6
 If tolerated, repeat the regimen used in Day 5, using the same Real Food Blends varieties.



Example: Add 1 new variety and substitute 3 RFB pouches for 3-6 cans/servings of formula.

Day 7+
 Replace 100% of calories with Real Food Blends meals. After Day 7 you may begin rotating all RFB varieties into your diet.



Example: Add 1 new variety and substitute 4 RFB pouches for 4-8 cans/servings of formula.

Transition Tips

- The number of Real Food Blends pouches you will need per day will vary based on your daily caloric goal set by your medical team. Don't be surprised if you need more calories from real food than you required on formula – this is common and luckily volume tolerance tends to increase with real food as well to help make hitting those goals easier!
- Whenever possible, we like to encourage working toward a normal mealtime schedule of breakfast, lunch, and dinner (with maybe a snack or two thrown in for extra calories), versus continuous or overnight feeds. If you have been on continuous feeds, it may take some time to get toward this schedule, but often this can be done once the body adjusts to having real food again.
- We like to encourage the use of the slow-push bolus feeding method with a syringe to keep our meals as thick as possible. The thickness tends to help with reflux symptoms and can provide a feeling of satisfaction that a pure liquid meal doesn't always provide. When you are transitioning, though, you might find it easier to mix the meals with some formula or water for a thinner consistency or to feed through a pump or gravity bag. That's okay! The point is to start getting some real food into the body and you can slowly head toward bolus feeding when ready.

After Day 7

Ideally introduce the other two RFB varieties into your diet and continue to rotate the meals. For even more variety, consider some simple additions like whole milk or pourable Kefir for added calcium. Our Real Food Blends recipe book has more ideas too!



Additional Tips

- Add water to meet hydration needs – same as oral eaters do! Discuss with your medical team about how much water is needed and also take note of outputs. In general, urine should be pale yellow and stools easy to pass. Additional water may be necessary in hot weather and/or when ill.
- RFB meals contain no added sodium. If you're not on a sodium restricted diet, adding anywhere from ¼ to 1 teaspoon of salt per day would meet your daily sodium requirements (depending on your age and weight). Always consult with your medical team on exact needs.
- RFB meals contain no added synthetic vitamins or minerals. You may want to consider adding an age-appropriate multi-vitamin along with a calcium supplement to meet your nutritional needs once fully transitioned to RFB.
- If a thinner consistency is required, add water/fluid to the pouch via syringe. Warming can also help thin the meals if desired.
- Knead the meal before opening the package to improve consistency, especially if the meal has been exposed to colder temperatures.

The information above is not medical advice. Always work with your medical team before making any changes to your enteral nutrition, especially if you have never consumed real food before or have reason to suspect allergies. Keep in mind that one Real Food Blends meal equals 8 ounces (one typical can of formula).

Tips for Using Real Food Blends

Easy Open, Fill and Feed for Bolus feeding or mix with 2-3 ounces of liquid for pump or gravity feeding.



Step 1: Open Pouch

Step 2: Place Syringe in pouch and draw up to fill

Step 3: Connect Syringe to feeding tube and push to serve.

Tips and Tricks

- Dipping the syringe plunger tip into olive oil can make feeding smoother
- Cutting the pouch at an angle can help minimize drips and make pouring easier
- Syringe can be wiped off on pouch side to minimize messes
- If a thinner consistency is desired, add water/liquid via syringe
- Warming can also help thin the meals
- Agitate additional liquid to mix well before feeding
- Mixing and pouring is easy with a blender bottle
- Complete the meal within 2 hours

Sample Meal Plans

Adult Female 51-70 years old -1980 Calories – 6 pouches/day

Macronutrients	Value	Vitamins	Value	DRI	%DRI
Calories	1980 kcal	Vitamin A (RAE)	1316 mcg	700 mcg	188%
Total Fat	116 g	Vitamin C	107 mg	75 mg	143%
Saturated Fat	17 g	Vitamin D	8 mcg	20 mcg	40%
Trans Fat	0 g	Vitamin E	20 mg	15 mg	132%
Cholesterol	345 mg	Vitamin K	386 mcg	90 mcg	429%
Carbohydrate	164 g	Thiamin	0.9 mg	1.1 mg	85%
Dietary Fiber	21 g	Riboflavin	1.1 mg	1.1 mg	98%
Sugars	77 g	Niacin	20.1 mg	14.0 mg	144%
Added sugar	0 g	Vitamin B6	1.8 mg	1.5 mg	119%
Protein	71 g	Folate (DFE)	252 mcg	400 mcg	63%
Free water	1078 mL	Vitamin B12	2.9 mcg	2.4 mcg	120%
6 pouches Real Food Blends		Pantothenic acid	4.7 mg	5 mg	94%
		Choline	340 mg	425 mg	80%
		Minerals			
		Calcium	357 mg	1200 mg	30%
		Copper	1.43 mg	0.90 mg	159%
		Iron	14 mg	8 mg	175%
		Magnesium	407 mg	320 mg	127%
		Manganese	5.2 mg	1.8 mg	288%
		Phosphorus	1264 mg	700 mg	181%
		Selenium	79 mcg	55 mg	144%
		Zinc	10 mg	8 mg	124%
		Potassium	2725 mg	2600 mg	105%
		Sodium	360 mg	1500 mg	24%

Pediatric 4-8 years old -1320 Calories – 4 pouches/day

Macronutrients	Value	Vitamins	Value	DRI	%DRI
Calories	1320 kcal	Vitamin A (RAE)	877 mcg	400 mcg	219%
Total Fat	77.3 g	Vitamin C	71 mg	25 mg	285%
Saturated Fat	11.3 g	Vitamin D	5 mcg	15 mcg	36%
Trans Fat	0 g	Vitamin E	13 mg	7 mg	188%
Cholesterol	230 mg	Vitamin K	257 mcg	55 mcg	468%
Carbohydrate	109 g	Thiamin	0.6 mg	0.6 mg	104%
Dietary Fiber	14 g	Riboflavin	0.7 mg	0.6 mg	120%
Sugars	51 g	Niacin	13.4 mg	8.0 mg	168%
Added sugar	0 g	Vitamin B6	1.2 mg	0.6 mg	198%
Protein	47 g	Folate (DFE)	168 mcg	200 mcg	84%
Free water	719 mL	Vitamin B12	1.9 mcg	1.2 mcg	161%
4 pouches Real Food Blends (All Varieties)		Pantothenic acid	3.1 mg	3 mg	104%
		Choline	227 mg	250 mg	91%
		Minerals			
		Calcium	238 mg	1000 mg	24%
		Copper	0.95 mg	0.44 mg	217%
		Iron	9 mg	10 mg	93%
		Magnesium	271 mg	130 mg	209%
		Manganese	3.5 mg	1.5 mg	231%
		Phosphorus	843 mg	500 mg	169%
		Selenium	53 mcg	30 mg	176%
		Zinc	7 mg	5 mg	132%
		Potassium	1817 mg	2300 mg	79%
		Sodium	240 mg	1000 mg	24%



The Story Behind Our Meals

Whether you're new to Real Food Blends or have been using (or recommending) our meals for years, you may not know why our meals are the way they are. Although we started with three meals and now have six, we've stayed with the same philosophy from the beginning—that simple variety is best. Our meals are based on the USDA's Choose Your Plate guidelines and each includes a fruit, vegetable, whole grain, and protein; you only need to add a side of dairy to have a government-approved meal.

Meals, Not a Formula

What that means is that we have 5-7 ingredients in each of our meals on purpose—we believe whole food ingredients are best (the less processed, the better.) There's no need to spend hours combing over our ingredient list to see if there's something hidden in there that might interact with a medication or that might be a different form of an ingredient you or your loved one can't tolerate—our ingredient lists will always be short, simple, and easy to read because we ONLY include real food ingredients in our meals.

When choosing the specific ingredients, we always include a full serving of fruits and vegetables in every meal along with a whole grain, lean protein, and healthy fat. Sounds a lot like what most doctors and dietitians recommend to their oral eating patients, right? As long as the digestive system is still intact, what we all know about good nutrition still applies to those with feeding tubes. Does a vegetable become less good-for-you if it goes through a feeding tube? People with feeding tubes can benefit from healthy, real foods just like oral eaters—they just need a different way of getting those foods into their stomachs. All of our ingredients are consciously sourced as well, including:

- Grass-fed beef
- Wild-caught salmon from the Pacific Northwest
- Only US-raised chicken and eggs
- Certified Gluten-free oats*

That being said, our ingredients are not organic, and that was also something we chose on purpose. We understand that organic is very important to some people,

but we made the decision to focus on real, whole foods while keeping costs down so that our meals are affordable for people paying out of pocket and to make sure our meals are easily available to those with insurance coverage. The high heat process that our meals go through to make them shelf stable (which is the same process many food products go through to make them shelf stable) also can minimize any benefits that might be gained from using organic ingredients. Studies in general have been mixed as to the actual levels of increased nutrients in organic foods and many experts agree that WHAT you eat is more important than whether you choose organic versus conventional. If organic is important to you, we would highly encourage you to work with your dietitian and blend fresh organic food versus any organic tube-feeding formula that's shelf-stable.



Why 6?

So now you know why we have simple, consciously-sourced, whole food ingredients in all six of our meals, but you might not know WHY we have six different meals. After all, in the past, formulas for feeding tubes have been designed to have someone use the same formula all day, every day. That just didn't make sense to us. People who don't have a feeding tube are told to eat a wide variety of healthy foods every day, so why shouldn't people with feeding tubes be given the same

recommendations? Here's what Alissa Rumsey, MS, RD, CDN, CSCS, a clinical dietitian at one of New York's largest hospitals, has to say about that.

"Think about people who eat by mouth. No one eats the same meal and ingredients over and over again, every single meal, every single day. As a dietitian, I would never recommend that, even if the patient was taking a multivitamin every day. So why are we recommending it to people on tube feeds? Nutritional variety is just as important –if not moreso- as nutritionally complete."

What's **NOT** in There?

Now that we've talked about what IS in our meals, what about what ISN'T? Like added synthetic vitamins. We know some medical professionals focus on nutritionally complete products for their enteral patients, but we kept added synthetic vitamins and minerals out of our meals for a variety of reasons.

1. Synthetic vitamins can cause nausea and leave a nasty after-taste when burped.
2. Not all tube-fed people need the same amounts of these vitamins, given their underlying conditions. It's not unusual for someone to need a low-sodium diet, low potassium, or have other unique nutritional needs that are not one-size-fits-all.
3. Potential for medication interactions.
4. Potential to greatly exceed RDIs.

After all, once you put vitamins in, you can't take them out. Everyone has individual nutrition needs, different medications that can impact certain vitamin and mineral levels, and different health considerations. A child with cystic fibrosis isn't going to have the same nutritional needs as an adult



who suffered a traumatic brain injury. Consult your medical team for your specific nutritional needs, but in general, if you're using our meals as a sole source of nutrition, we just recommend adding a daily multivitamin and a dash of salt once a day (our meals have no added salt, either!).

We hope this sheds some light on the story behind the creation of our meals, especially for those who are newer to Real Food Blends. No matter what, know that our meals will always contain nothing but simple, whole food ingredients that provide

real food and nutritional variety for people with feeding tubes. Our co-founders, Tony and Julie Bombacino, founded Real Food Blends after seeing their own tube-fed son improve so drastically on a blended diet—we will always only offer meals that we're proud of and contain ingredients we would feed our own families.

*Our meals are not certified as gluten free, but do not contain any gluten ingredients. They are produced in a gluten handling facility.