

DASH Diet for Pediatric Kidney Transplant Recipients

The Dietary Approaches to Stop Hypertension (DASH) eating plan is known to help lower blood pressure and maintain a healthy weight. New evidence suggests following the DASH diet may also be linked to better kidney function and overall health after transplant¹.









High intake of nutrients found in:

- Fruits and vegetables
- Legumes and nuts
- Whole grains
- Low fat dairy

Low intake of :

- Sodium
- Red meat and processed meat
- Sugar-sweetened beverages

The DASH diet is based on the following principles

	Servings by age group		
	4-8 Years	9-11 Years	12-18 Years
Dairy Choose low fat milk, yogurt, cheese (low sodium)  <i>1 serving = 8 oz. milk or yogurt, or 1 ounce cheese</i>	2 per day	2-3 per day	2-3 per day
Lean meat, poultry, fish, egg  Bake, grill, or broil. Avoid salty processed meats.	2-3 ounces per day	3-4 ounces per day	4-6 ounces per day
Bread, grains, rice, pasta  Choose whole grains <i>1 serving= 1 slice bread or ½ cup cooked rice or pasta</i>	4 per day	4-5 per day	5-6 per day
Fruits  Avoid juices and fruit canned in syrup <i>1 serving = 1 medium size fruit (servings indicate suggested minimum)</i>	3 per day	3-4 per day	4-5 per day
Vegetables  Choose fresh or frozen, avoid canned <i>1 serving= 1 cup raw or ½ cup cooked (servings indicate suggested minimum)</i>	3 per day	3-4 per day	4-5 per day
Nuts, seeds, beans  Choose legumes, unsalted nuts or seeds <i>1 serving= ½ cup beans, 2 Tbsp* seeds, or 1/3 cup nuts</i>	2 per week	3 per week	4 per week
Fats and Oils  Avoid saturated fats like butter, tropical oils Choose unsaturated fats like olive, canola oils <i>1 serving=1 teaspoon oil or 1 Tbsp* mayonnaise</i>	3 or less per day	3 or less per day	3 or less per day
Sweets, added sugars  <i>Limit to 1 serving=1 Tbsp* jelly, honey, or syrup</i>	1 or less per day	1 or less per day	1 or less per day

*Tbsp indicates a standard US measuring tablespoon (=15 ml)

1 Oste, et al. Dietary Approach to Stop Hypertension (DASH) diet and risk of renal function decline and all-cause mortality in renal transplant recipients. *Am J Transplant.* 2018;18:2523-2533.

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