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SPECIALTY DIET GUIDE

Keto Diet

Clinician-guided very-low-carbohydrate eating

A very-low-carbohydrate pattern that requires planning, monitoring, and the right medical fit.

START ONLY WITH A PLAN

1. Let your clinician set the carbohydrate target and monitoring plan.
2. Base meals on non-starchy vegetables, moderate protein, and minimally processed fats.
3. Insulin or sulfonylurea doses often need lowering before starting; review blood-pressure medicines too.

CHOOSE MORE OFTEN

- Leafy greens and other non-starchy vegetables
- Fish, eggs, tofu, or lean poultry
- Olive, avocado, or coconut oil
- Butter, beef tallow, full-fat dairy, and cheese
- Nuts, seeds, and fiber-rich low-carb foods
- Water, unless you have a fluid limit

LIMIT OR CHECK FIRST

- Sugar and sugary drinks
- Bread, pasta, rice, cereal, and starchy foods
- Highly refined seed oils and fried foods
- Processed meats and packaged keto foods
- Alcohol
- Extra salt or potassium salt substitutes

WHY THESE CHOICES MATTER

Very low carbohydrate intake lowers available glucose and shifts the body toward making ketones for fuel. Real-food fats provide energy and can improve satiety. Glucose and weight may improve for some people; monitor individual LDL response, and keep vegetables, nuts, and seeds to protect fiber and micronutrient intake. In the first two weeks your kidneys flush out salt and water. That can cause headaches, tiredness, and muscle cramps. Ask us how much salt and fluid you need.

AN EASY DAY

Breakfast: eggs, spinach, avocado. Lunch: salmon salad with olive oil. Dinner: chicken or tofu with cauliflower and greens. Snack: a small portion of nuts or cucumber with an approved dip.

CHECK WITH YOUR CLINICIAN

Avoid keto during pregnancy or breastfeeding, in children, with kidney disease, or with an eating-disorder history unless a specialist directs it. If you use insulin or a sulfonylurea (glipizide, glimepiride, glyburide), doses often need lowering before starting to prevent hypoglycemia. Check glucose more often during the first two weeks; shakiness, sweating, confusion, or dizziness may signal a low. Do not combine keto with an SGLT2 inhibitor unless your prescriber manages ketoacidosis risk. Seek urgent care for vomiting, abdominal pain, unusual sleepiness, or fast breathing. A normal blood sugar reading does not rule this out. If you go to urgent care or the ER, tell them you take an SGLT2 inhibitor and are eating very low carbohydrate.

Sources: Dietary Guidelines for Americans (2025-2030); ADA Standards (2026); FMD guidance.

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