

## DIET CHANGE FORM

### Boundary Trails Health Centre

**Date :** \_\_\_\_\_ **Meal:**    **BREAKFAST** (before 0600)    **LUNCH** (before 1015)    **SUPPER** (before 1415)

**Missed cut-off times:** Diet change forms must be completed **BEFORE** the above listed times. Diet changes made **AFTER** cut-off times, will be effective at the **NEXT** meal.

<b>Ward/Unit</b> <input checked="" type="checkbox"/> : <input type="checkbox"/> Rehab <input type="checkbox"/> SURG/OBS <input type="checkbox"/> Medical/PEDS <input type="checkbox"/> ER /OU/ICU <input type="checkbox"/> SDS <input type="checkbox"/> SDS Joint <input type="checkbox"/> Chemo									
Room #	Client Name (First & Last)	Diet Change / Details	Snack Information PM / HS	Admission	Discharge	Transfer	Room # / Ward Transferred To <small>(Write Room #)</small>	Diet Change Transcriber/ Authorized Prescriber : <small>(Initials)</small>	N&FS Staff Diet Desk: <small>(Initials)</small>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/	

**DIET CHANGES FORM SUBMISSION INSTRUCTIONS:**

- This diet change form is used to communicate diet changes, room transfers, discharges to Nutrition & Food Services (NFS).
- For new admissions, complete the CLI.4110.PL.029.FORM.07 New Patient Admission Diet Information - Nutrition Care Plan - Regional Centres.
- Prescribers and the following health care professionals (Registered Dietitians, Speech Language Pathologists (SLP), Licensed Practical Nurse (LPN), Registered Nurse (RN) and Registered Psychiatric Nurse (RPN)) are authorized to write diet orders/diet changes. Ward/Unit Clerks are authorized to transcribe the diet order onto the diet change form on behalf of the prescribers as ordered. Any changes made to the diet information throughout the length of stay, will be submitted in writing.
- The transcriber must write their initials and the initials of the authorized prescriber for each patient entry to identify who ordered the change.

**LATE TRAY REQUESTS i.e. late admissions:**

- Unit staff are responsible for pick-up from the kitchen for any late tray requests that come during/after tray line service.
- Late admissions – Tray requests made after start of tray line service must be left on NFS telephone voice mail. Leave details - patient name, diet, room number.

**TRANSFERS:**

- Ensure both the current room AND new transfer room are both indicated.

**SUBMISSION OF DIET CHANGE FORM:**

- Email the document to [nfsbthc@southernhealth.ca](mailto:nfsbthc@southernhealth.ca) prior to cut-off times or
- Hand deliver your changes to the NFS Diet Desk prior to the indicated cut-off times.