

NEW PATIENT ADMISSION DIET INFORMATION NUTRITION CARE PLAN - ACUTE COMMUNITY HOSPITALS

Dationt	Identification	Lahol

a. /																			
Check ✓			THER	RAPEU	ITIC DIE	TS			TEX	KTURE N	NODIF	ED	1		FLUI	DS			DISLIKES
☐ Discharge omTo	Date: (D/M/Y)	Regular	Controlled Carbohydrate	Heart Healthy	High Calorie High Protein	Low Fibre	Other:	Regular	Soft	Soft with Minced Meat	Minced	Total Minced	Pureed	Thin - 0	Mildly Thick – 2	Moderately Thick – 3	Extremely Thick- 4	Initials	
)isc																			<u>LIKES</u>
From																			-
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l New Admission l Room Transfer F																			
mis rans																			
P d ⊓ T																			-
ew oor																			
SPECIAL ORDERS					BEVERA					GES				POR1	TIONS:				
BREAKFAST LUNCH SUP		PER BREAKFAST			LUNCH		SUPPER		☐ Small										
										Coffoo/Too			Coffoo/Too		Coffee/Tee			Regular	
		Coffee/Tea Coffee/Tea Coffee/Tea ☐ Large																	
					Milk				Milk		Milk			EATING AIDES: Mug					
										Juic	e		Juice	9		Juice		\square s	pecial Utensils:
Snacks:									Ε,	ncure		Enc	ure		Encur	-Δ			Plate Guard/Colored Plate
□ PM				Ensure Amount				Ensure Amount		Ensure Amount			Other:						
□ HS																			
Other / Comments																			
Allergies	(RED IN	K):													Intoler	ances:			
Ward/Ro	-	,			Patien	ıt Nar	 ne:								Diet				



Date (D/M/Y)	Change Made	Initial

Quick tips to use form:

Nursing

- > Use this form to complete all information for new admissions
- Anytime there is a change, fill out patient identification and changes only, send to kitchen.

Nutrition and Food Services

- ➤ Use initial form sent by nursing as "Kardex/Nutrition Care Plan".
- ➤ Update "Kardex/Nutrition Care Plan" when a change is made, with the date and new information.
- > Keep submitted diet change as original record to reference if needed.