

ITEM E - Resident's Dietary Notification Form

This form must be reviewed by care staff when a change in the resident's diet occurs or monthly as a minimum and once completed must be forwarded to the Chef Manager/Cook

Resident Name:	DOB:	Room No:
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Information Shaded IN Grey Is Required By The Catering Staff

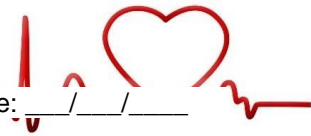
Food and Drink (Resident Likes)	Food and Drink (Resident Dislikes)
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Diet Required / Information	Yes	No	Comments
Does the resident have any special dietary requirements?			If YES ✓ one of the following: <u>Diabetic</u> Controlled by: Diet <input type="checkbox"/> Tablet <input type="checkbox"/> Insulin <input type="checkbox"/> Low salt <input type="checkbox"/> Fat free <input type="checkbox"/> Reducing <input type="checkbox"/> Other <input type="checkbox"/> (State):
Are there any special cultural / religious requirements?			e.g. Vegan / Vegetarian / Halal / Other
Does resident require / prefer Finger Foods			
Are there any risks relating to Choking?			
Has the resident been prescribed a modified diet by SALT or dietician			If YES ✓ one of the following: Thin Purée Dysphagia Diet (Modified Diet B) <input type="checkbox"/> Thick Purée Dysphagia Diet (Modified Diet C) <input type="checkbox"/> Pre-Mashed Dysphagia Diet (Modified Diet D) <input type="checkbox"/> Fork Mashable Dysphagia Diet (Modified Diet E) <input type="checkbox"/>
Is there Dietician Input?			Date:
Diet plan written by dietician?			Date:
Diet implemented?			Date:
Is the resident prescribed any Nutritional Supplements			
Are <u>Fluids Only</u> required			
Are thickened fluids required			If Yes State:
Is resident Nil By Mouth			
Does the resident have any <u>Known Food / Drink Allergies</u> ?			State:
Are there any Foods / Drinks to avoid due to <u>Prescribed Medication(s)</u>			e.g. anti-coagulant – avoid Cranberry Juice
Are special cutlery / crockery required?			
What size of meals does resident generally prefer			Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>
Would the resident like to meet with the Chef/Cook			

NURSING HOMES ONLY

Subcutaneous Fluids(in place)			
Enteral Feeding (in place)			
Any additional instructions / Information?			

Employee (Care Staff) Name: _____ **Signature:** _____ **Date:** ___/___/___



Resident/Advocates Name: _____ Signature: _____ Date: ___/___/___

Resident's Dietary Notification Form

Copy of the Dietary Notification Form (DNF) received by: Chef/Cook and information transferred onto the kitchen wipe board:

Name: _____ (Chef/Cook) Signature: _____ Date: ___/___/___

The original form must be kept in the residents care plan folder and reviewed in line with any changes to dietary requirements

Reviews Care Staff

Any changes to the resident's diet must be updated immediately on the form and the information passed through to the Chef Manager/Cook to amend the information on the wipe board in the kitchen.

Date Of Review with Resident	Comments / Changes To Diet	Date Chef/Cook Notified Of Changes	Date Care Plan Updated	Signature

Reviews Chef Manager/Cook

Review Dates (CATERING MANAGER / CHEF / COOK) **If Requested By Resident / Care Staff**

Date Of Review with Resident	CATERING MANAGER / CHEF / COOK Comments Following Meeting with Resident	Date Chef/Cook Updated Kitchen Wipe Board	Date Care Staff Informed (if appropriate)	Signature

MEDDYG CARE

