



DIET ORDER & COMMUNICATION

Resident Name: _____ Room #: _____ Date: ____/____/____

Status: New Admission Readmission Discharge Other

Diet Order: Regular **Texture:** Mechanical Fortified Food
 No Added Salt Pureed
 Reduced Concentrated Sweets Thickened Liquids:
 Liberal Renal Diet Nectar Honey Pudding
 May have regular diet on special occasions, texture appropriate

Coumadin Therapy

Patient/Resident Choice: _____

Fluid Restrictions: _____

Supplement/Label Snacks: _____

NPO Enteral Feeding/Order/or Change: _____

Dietary Consult: _____

Communication: Diet Change Shared Care In Hospital Hold Tray _____
 Leave of Absence until _____ Room Change from _____ to _____

Dining Location: Breakfast Lunch Dinner
 D/R D/R D/R
 Room Room Room
 Restorative Restorative Restorative

Dining Location Changes: Meal: _____ change to _____

Food Allergies: _____

Adaptive Equipment: _____

** White copy is retained as part of resident's permanent record. Yellow copy sent to Dietary Department*

Signature: _____ Title: _____ Date: ____/____/____