DIET ORDER & COMMUNICATION

Resident Name:_____ Room #:_____ Date:_____

COMMUNICATION: ❑ Diet change ❑ New resident ❑ Hospitalization ❑ Readmit ❑ Discharge ❑ Death

CHANGE NOTICE: ❑ Room change to room_____ ❑ Hold tray until_____ ❑ Change to table_____

❑ Dining Room change to _____ Dining Room ❑ Leave of Absence until_____

DIET ORDER:
- ❑ Regular
- ❑ No Added Salt
- ❑ Controlled Carbohydrates
- ❑ Clear Liquids
- ❑ NPO_____
- ❑ _____

TEXTURE: (IDDSI*)

FOODS
- ❑ Regular (7)
- ❑ Easy to Chew (7)
- ❑ Soft & Bite-Sized (6)
- ❑ Minced & Moist (5)
- ❑ Pureed (4)
- ❑ Liquidised (3)

DRINKS
- ❑ Extremely Thick (4)
- ❑ Moderately Thick (3)
- ❑ Mildly Thick (2)
- ❑ Slightly Thick (1)
- ❑ Thin (0)

FOOD ALLERGIES:_____

Known Food/Beverage Intolerances:_____

- ❑ See/speak with resident
- ❑ Registered Dietitian consult needed
- ❑ Start/change snack:_____
- ❑ Start/change supplement:_____
- ❑ Weight loss
- ❑ Weight gain
- ❑ Skin breakdown
- ❑ Food complaints
- ❑ Abnormal lab values
- ❑ Chewing/swallowing problems
- ❑ Decline in food/fluid intake
- ❑ Other:_____
- ❑ Adaptive equipment:_____

BEVERAGE PREFERENCES:

Breakfast_____

Lunch_____

Supper_____

Signature/Title:_____ Date:_____ Time:_____

www.BriggsHealthcare.com (800) 247 2343 SAMPLE

* © The International Dysphagia Diet Standardisation Initiative 2019 @https://iddsi.org/framework/