



Diet Key:

Modified Texture for Dysphagia

B = Thin Purée OR 3 = IDDSI Level 3 - Liquidised

C = Thick Purée OR 4 = IDDSI Level 4 - Pureed

D = Pre-mashed OR 5 = IDDSI Level 5 - Minced & Moist

E = Fork Mashable OR 6 = IDDSI Level 6 - Soft & Bite Sized

3 LIQUIDISED

4 PUREED

5 MINCED & MOIST

6 SOFT & BITE-SIZED

NBM = Nil By Mouth

GF = Gluten Free

Vg = Vegan

RS = Renal Suitable

H = Halal

AA = Allergy Aware

FF = Finger Foods

LR = Low Residue

K = Kosher

ISS Special Diet Order Form

Ward:

Patient Name	Bed Number	Diet Required	Thickened Drinks Y/N	Special Snacks Y/N	Attention	Breakfast and Drink	Mid-morning Drink/Snack	Lunch and Drink	Mid-afternoon Drink/Snack	Supper and Drink
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
						Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
Date:					Host/Hostess Signature:	Sign Time	Sign Time	Sign Time	Sign Time	Sign Time

ISS Special Diet Order Form Completion Notes

This form is only for patients that require a special diet. It **must** be completed by a member of the ISS Host/Hostess team and then verified and signed by a registered nurse or clinical team to confirm the details are correct. **The food and beverage service will not commence until the form is completed correctly and the host/hostess will sign as confirmation of the instruction.**

Patient Name and Bed Number: Complete both the patient’s name and bed number to help ensure the correct patient is identified.

Diet Required: Complete the diet required using the **Diet Key** at the top of the page. This will indicate to the host/hostess the type of meal that is **safe** to offer the patient.

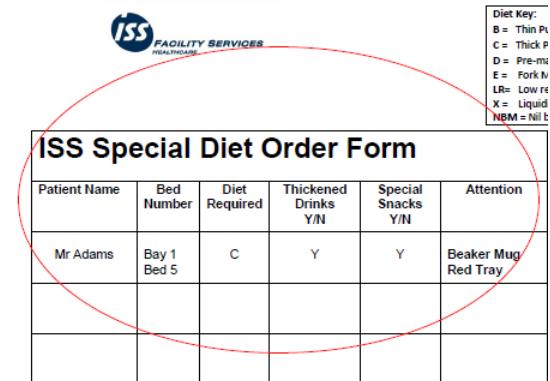
Thickened Drinks: Check whether the patient needs thickened fluids Y/N. Under no circumstances should ISS staff thicken drinks or leave normal drinks in reach of patients. Ensure a drink is provided to the nurse for thickening. It is recommended this is done at the start of the beverage service.

Special Snacks: Check whether the patient needs special snacks Y/N. Ensure suitable snacks are offered to all patients on a special diet i.e. puree. Please refer to the ISS snack list for detail.

Attention: Specify whether the patient requires assistance with eating and drinking e.g. red tray, adapted cutlery, feeding cups. **Discuss with a nurse at the start of each service to ensure special attention is provided to these patients.**

Signature and Time for each service: A signature from the nurse or clinical team is required prior to the commencement of Breakfast, Lunch and Supper. The morning beverage round can be checked and signed off at breakfast and the afternoon beverage signed off at lunch. If there are any changes to a patient’s diet between these times then it is the responsibility of the clinical team to advise the Host/Hostess staff of the change. The Host/Hostess team has been advised not to commence the meal or drinks service without a signature.

Recording changes to a patient’s requirement: Should the diet or fluid requirements of a patient change at any time, the remaining service must be crossed out. The patient’s name, bed number and new diet requirements must be re-written and confirmed as above.



Diet Key:
 B = Thin P
 C = Thick P
 D = Pre-m
 E = Fork
 LR= Low re
 X = Liquid
 NBM = Nil t

ISS Special Diet Order Form					
Patient Name	Bed Number	Diet Required	Thickened Drinks Y/N	Special Snacks Y/N	Attention
Mr Adams	Bay 1 Bed 5	C	Y	Y	Beaker Mug Red Tray

Ward:

Breakfast and Drink	Mid-morning Drink/Snack	Lunch and Drink	Mid-afternoon Drink/Snack	Supper and Drink
Nurse Sign E. Wells Time 6.30am	Nurse Sign P. Great Time 10am	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time
Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time	Nurse Sign Time