**Diet Order Communication**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resident: | | |  | | | | | | | Res #: |  | | | Rm: |  | | | Date: |  |
|  | | |  | | | | | | |  |  | | |  |  | | |  |  |
| Communication: | | | | | | | 🞏 New Resident | | 🞏 Diet Change | | | | | | | | 🞏 Snack/Supplement | | |
|  | | |  | | | | | | |  |  | | |  |  | | |  |  |
| Physician’s Diet Order: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |
| Diet: | | 🞏 Regular | | | | | | | | | | Texture: 🞏 Regular | | | | | | | |
|  | | 🞏 LCS | | | | | | | | | | 🞏 Mechanical Soft | | | | | | | |
|  | | 🞏 NSP 🞏 NFF (No Fried Foods) | | | | | | | | | | 🞏 Puree | | | | | | | |
|  | | 🞏 Avoid high Potassium foods (NO Oranges, Orange juice, | | | | | | | | | | 🞏 Thickened Liquids | | | | | | | |
|  | | Bananas, Tomatoes, Tomato Products, Tomato Juice, Non- | | | | | | | | | | 🞏 Nectar thick | | | | | | | |
|  | | boiled White/Sweet Potatoes, Prunes, Prune Juice) | | | | | | | | | | 🞏 Honey Thick | | | | | | | |
|  | | 🞏 NPO | | | | | | | | | | 🞏 Pudding Thick | | | | | | | |
|  | | 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |
| Snacks: | | | | | 🞏 Super Cereal at Breakfast 🞏 With Peanut Butter  🞏 Ice Cream \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Peanut Butter & Jelly Sandwich  🞏 Prune Juice at Breakfast on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| Adaptive Equipment: | | | | | | | |  | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| Food Allergies: | | | | | |  | | | | | | | | | | | | | |
| Preferences: | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | Date: | | |  | | | |
|  | | | | | |  | | | | | | | | | | | | | |

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**Diet Order Communication**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resident: | | |  | | | | | | | Res #: |  | | | Rm: |  | | | Date: |  |
|  | | |  | | | | | | |  |  | | |  |  | | |  |  |
| Communication: | | | | | | | 🞏 New Resident | | 🞏 Diet Change | | | | | | | | 🞏 Snack/Supplement | | |
|  | | |  | | | | | | |  |  | | |  |  | | |  |  |
| Physician’s Diet Order: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |
| Diet: | | 🞏 Regular | | | | | | | | | | Texture: 🞏 Regular | | | | | | | |
|  | | 🞏 LCS | | | | | | | | | | 🞏 Mechanical Soft | | | | | | | |
|  | | 🞏 NSP 🞏 NFF (No Fried Foods) | | | | | | | | | | 🞏 Puree | | | | | | | |
|  | | 🞏 Avoid high Potassium foods (NO Oranges, Orange juice, | | | | | | | | | | 🞏 Thickened Liquids | | | | | | | |
|  | | Bananas, Tomatoes, Tomato Products, Tomato Juice, Non- | | | | | | | | | | 🞏 Nectar thick | | | | | | | |
|  | | boiled White/Sweet Potatoes, Prunes, Prune Juice) | | | | | | | | | | 🞏 Honey Thick | | | | | | | |
|  | | 🞏 NPO | | | | | | | | | | 🞏 Pudding Thick | | | | | | | |
|  | | 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |
| Snacks: | | | | | 🞏 Super Cereal at Breakfast 🞏 With Peanut Butter  🞏 Ice Cream \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Peanut Butter & Jelly Sandwich  🞏 Prune Juice at Breakfast on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| Adaptive Equipment: | | | | | | | |  | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |
| Food Allergies: | | | | | |  | | | | | | | | | | | | | |
| Preferences: | | | | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | Date: | | |  | | | |
|  | | | | | |  | | | | | | | | | | | | | |

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