# ISS Special Diet Order Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Bed Number</th>
<th>Diet Required</th>
<th>Thickened Drinks Y/N</th>
<th>Special Snacks Y/N</th>
<th>Attention</th>
<th>Ward:</th>
<th>Breakfast and Drink</th>
<th>Mid-morning Drink/Snack</th>
<th>Lunch and Drink</th>
<th>Mid-afternoon Drink/Snack</th>
<th>Supper and Drink</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Diet Key:

- **B** = Thin Purée
- **C** = Thick Purée
- **D** = Pre-mashed
- **E** = Fork Mashable
- **3** = IDDSI Level 3 - Liquidised
- **4** = IDDSI Level 4 - Pureed
- **5** = IDDSI Level 5 - Minced & Moist
- **6** = IDDSI Level 6 - Soft & Bite Sized

### Special Diets

- **NBM** = Nil By Mouth
- **GF** = Gluten Free
- **Vg** = Vegan
- **RS** = Renal Suitable
- **H** = Halal
- **K** = Kosher
- **AA** = Allergy Aware
- **FF** = Finger Foods
- **LR** = Low Residue
- **V** = Vegan
- **RS** = Renal Suitable
- **H** = Halal
- **K** = Kosher

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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.