

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: Diet Orders and Diet Changes
ANNUAL REVIEW MONTH: October
RESPONSIBLE FOR REVISION: Chief Medical Officer
LAST REVISION DATE: February 2008

I. **Purpose**

The purpose of this policy is to provide a means by which diets may be provided as ordered by the physician. The nutritional requirements of the clients must be fulfilled. The physical, social, developmental, behavioral, cultural, religious needs and personal preferences of all clients shall be considered.

II. **Policy**

It shall be the policy of this hospital to provide therapeutic diets to all clients as prescribed by the physician in keeping with those diets as approved on Diet Request form, CSH-680 (revised 1997). Any deviations from this approved listing of diets requires consultation with a dietitian. (Food/drug allergies, metabolic disorders, cultural/religious and personal preferences are excluded from this requirement). Personal preferences should be considered to the extent possible, as long as there is no medical contraindication.

All clients admitted to this hospital are to be assessed by the physician at the time of admission/transfer to the unit and a diet order written. Each client is to be assessed by the interdisciplinary team whenever there is a significant change in the client's condition or upon return from an Acute Care Hospital or any other treatment facility within the time frame as specified by applicable standards and licensure requirements.

When "test-diets" or NPO (nothing-by-mouth) orders are given by the physician, they must be in writing in the client's medical record. The LPN/RN will notify staff responsible for providing care for the client and dining room staff of the order and make sure the appropriate entry is made in the medical record on CSH 309, Teaching Flow Sheet. The LPN/RN will notify the dietitian (or dietary supervisor, on weekends, if after hours or on a holiday) of the order by telephone at the time of the transcription and follow-up with a copy of the physician's order as indicated.

III. Approved Therapeutic Diets:

Diets that are listed on the CSH-680 are the approved therapeutic diets for the hospital. Texture modifications (chopped/diced and pureed) are available for all diets. A speech pathologist may be consulted where there are questions of the client's ability to swallow or his/her tolerance for a specific textured diet.

All clients shall be provided with diets at the highest nutritional content and texture possible, in keeping with the individual's level of tolerance.

Approved:

This policy has been approved by the CMO and CEO in April 2008.