DIET CHANGE NOTIFICATION

Actions Required Prior & After Serving of meal

- In the instance of no chef on site having completed White Oaks TM meal training, only frozen IDDSI meals are to be used.
- If the requested level for the frozen IDDSI meal is not available, then an alternative level or the SALT agreed level is to be agreed, signed for below, and used.
- Manual allergy documentation to be fully completed and signed prior to serving.
- Below to be fully completed and signed
- Any incomplete or unsigned documents will not be actioned
- This documentation is to be filed and kept for a minimum of 6 years, unless patient leaves the service or there is a new Diet Change Notification in place
- Any superseded Diet Change Notifications need to be destroyed

To be completed by a Registered Nurse only

Patient Name		Room Number	
Date		Time	

IDDSI DIET LEVEL (Please tick the relevant box)

☐ Level 4 Pureed	☐ Level 5 Minced & Moist	☐ Level 6 Soft & Bite-Sized	☐ Level 7 Easy to Chew	☐ Level 7 Regular

EXTRA / OTHER INSTRUCTIONS

Registered Nurse Notifying of the change

Name	Signature

Catering Manager/Chef receiving the change

Name	Signature	Date
		Time