

Mealtimes Support Plan

1 Mealtimes Support Information

Participant Name

Date

Diagnosis

Why is mealtimes support required?

Identified Risks

Management of potential risks and incidents

Dietitian menu provided:

☐

Yes

☐

No

Dietitian Advice

Foods Required

Size of Food Pieces

Foods that can be safely eaten

Restricted Access Foods

Drinks Required

Restricted Access Drinks

Meals and Drinks Preferred

Worker support methods required

Signs of difficulty eating or swallowing

Interventions Required

Emergency Management - List Options

Emergency Management - List Procedures

3 Information which must be Recorded

(e.g. swallowing difficulties, food pieces too large.)

4 Information which must be Reported to a Health Professional

5 Checklist

Nutrition and Swallowing Risk Checklist completed and on file ☐ Yes ☐ No ☐ N/A

Workers trained and competent to assist with mealtimes support ☐ Yes ☐ No ☐ N/A

6 Role of others in Mealtimes Support Plan/Agreed Partnership Action

Document role and responsibilities e.g. organisation, family member, participant

Name

Relationship

Role and Responsibilities

Name

Relationship

Role and Responsibilities

Name

Relationship

Role and Responsibilities

Mealttime Support Plan Completed By

Signature

Printed Name

Date

Participant Acknowledgement

Signature

Printed Name

Date

Participant Advocate (if relevant) Acknowledgement

Signature

Printed Name

Date