



Queensland  
Government

## COD-ED

(Collaboration of Dietitians in Eating Disorders)

# NUTRITION PRESCRIPTION MEAL PLAN

(ADULT INPATIENTS WITH EATING DISORDERS)

(Affix patient identification label here)

URN: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F ☐ I

THIS \_\_\_\_\_ MEAL PLAN IS A NUTRITIONAL PRESCRIPTION AND SHOULD BE PROVIDED, MONITORED AND DOCUMENTED AS SUCH. ANY CHANGES TO THE PRESCRIPTION SHOULD ONLY BE DONE IN CONSULTATION WITH THE DIETITIAN AND TREATING TEAM.

Date:	STEP 1 – Plated Meal Check that the plated meal corresponds to the meal plan. If not 100% completed in 30 minutes (Meals) or 20 minutes (Snacks) then proceed to Step 2. <b>Please record all Steps 1,2,3 accurately on oral intake records.</b>	STEP 2 – Oral Liquid Supplement (provides equivalent nutrient level to 100% meal) If not completed in 10 minutes then proceed to Step 3.	STEP 3 - Nasogastric Tube (NGT) Bolus Remainder of supplement drink to be delivered via NGT bolus.
<b>Breakfast</b>  Time:			
<b>Morning Tea</b>  Time:			
<b>Lunch</b>  Time:			
<b>Afternoon Tea</b>  Time:			
<b>Dinner</b>  Time:			
<b>Supper</b>  Time:			
<b>Optional</b> Late Supper/ Early Morning Snack			
<b>Daily Fluid Target:</b>			



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### Dietary Considerations

All efforts are made to avoid any unnecessary restrictions on the variety of nutrition and therefore food preferences and undiagnosed allergies/intolerances are unable to be accommodated during your admission.

**Allergies/Intolerances:** Alterations to the meal plan to cater for allergies/intolerances are limited to clinical indications where a medical diagnosis has been made and documented. Alterations can only be made by the Dietitian after confirmation of the allergy/intolerance and in consultation with the treating teams.

**Vegetarian:** Vegetarian diets may be approved by dietitian and treating team with consideration of long standing nature of vegetarianism, alignment with pre-morbid values/behaviours and deemed not a method of eating disorder restriction. Vegan diets cannot usually be facilitated as the high volume, high fibre content and lack of hospital vegan options impact negatively on tolerance and nutritional restoration.

### Other Considerations

These guidelines are to optimise adequate nutrition with a view to supporting progress to medical stability, nutritional rehabilitation and reduced length of stay. The dietitian will continue progressing prescribed nutrition every two days until goal meal plan is reached. The goal meal plan will be reviewed every 1-2 weeks by the dietitian.

**The role of nursing staff** in delivery of the nutrition prescription is vital, and includes;

- Providing supervision and support at all meals and snacks and for **60min post meal** and **30min post snack** -plan toileting/bathroom use prior to meals/snacks to enable this supervision.
- Ensuring meals are completed in allocated time frame (**30mins main meal / 20mins snacks**).
- Ensuring all items are checked for completion (e.g. juice in tetra packs and yoghurt containers).
- Ensuring no more than one of the same condiment (including sugar, salt, pepper, sauces, spreads, dressings etc) is used unless stated on the meal plan.
- Completing oral intake records after each meal and snack.
- Supporting patients to cope at meal times which can be anxiety provoking/distressing for patients. especially when minor deviations to the ordered meal occur.
- Ensuring items such as cutlery and crockery reflect socially appropriate choices.
- Ensuring napkins are not used during meals and snacks, nor blankets, bulky jackets etc.
- Ideally supportive meal therapy would involve a staff member also consuming an adequate meal with the patient to model appropriate eating behaviours.
- # Half supplement serves should be decanted into a cup. The remaining supplement should be stored in the fridge with a patient label for identification and used within 24hrs.

### General guidelines:

- All changes to the meal plan must be done in consultation with the dietitian. No changes to the plan are to be made at meal times. Please discuss with the dietitian any food preference concerns.
- No food/fluids brought in from home.
- No chewing gum.
- One cup of water with each meal or snack or daily fluid consumption as prescribed by the dietitian.
- Tea/coffee is limited to max 3 cups per day.
- Limit fruit to no more than 3 pieces per day.
- Ensure there is a protein and carbohydrate choice at each meal.
- Bread should have margarine/butter/spread.
- Soy milk may be substituted for cow's milk only if stated on the meal plan.
- \*Include at least one hot meal per day.

Name: ..... Signature: .....

Designation: ..... Contact: .....