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	Effective Date:	08-15-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 4
	Department/Section:	Dietary Department
	Document Title:	<b>IN-PATIENT DIET INSTRUCTION</b>

**PURPOSE:**

1. Professional guidance given to assist a patient in adjusting his daily food consumption to meet his health needs.
2. To maintain good nutritional status.
3. To ensure that patients understood the going home diet prescription set by their attending physician.

**SCOPE:**

Applies to all Dietary Department Staffs

**RESPONSIBLE PERSON:**


Physician, Dietitian, Nurse, Patient/Caregiver

**GENERAL GUIDELINES:**

1. All diet instructions must have a doctor's prescription.
2. Name, caloric level & distribution must be written on the prescription.
3. Patient or patient's caregiver must be present during the instruction.

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**APPROVAL:**

	Name/Title	Signature	Date
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Recommending Approval:	NOEL P. GARBO Corporate Strategic Support Division Officer	<i>[Signature]</i>	8-11-2021
	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer	<i>[Signature]</i>	8/27/2021
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO	<i>[Signature]</i>	10/23/2021

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### PROCEDURE:

1. Attending physician orders going home diet instruction in patient's chart.
2. Nurse on duty calls Dietary Department for going home diet prescriptions.
3. Dietitian verifies diet order to the Nurse in Charge.
4. Dietitian keys in charges in the computer.
5. Dietitian prepares diet plan for use in diet instruction.
6. Dietitian (scheduled on 11-7 shift) goes up to the patient's room and gives diet instruction.
7. Dietitian fills up the Family Education Flowsheet (see Appendix A) in the patient's chart after diet instruction.

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## APPENDIX A:

### Patient/ Family Education Flowsheet



#### RIVERSIDE MEDICAL CENTER, INC.

Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital  
A proud member of the Metro Pacific Hospital Holdings, Inc.

#### PATIENT/FAMILY EDUCATION FLOWSHEET

Name	Last	First	Middle	Age	Sex	Civil Status	Room No.	Hospital No.	Attending Physician
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Learning Needs	Persons Taught	Readiness to Learn	Department	Outcome
1. Diagnosis/Signs/Symptoms 2. Test/Procedures 3. Treatments 4. Pre/Post-op Care 5. Pain Management 6. Patient's Plan of Care 7. Activity/Rehab 8. Medications 9. Nutrition 10. Food/Drug Interaction	11. Herb/Drug Interactions 12. Health Promotion 13. Patient Safety 14. Medical Equipment 15. Community Resources 16. Advance Directives 17. Hospice/Palliative Care 18. Proper Waste Disposal 19. Religious Practice 20. Others (Specify)	1. No barriers 2. Level of understanding 3. Physical (pain, fatigue, etc.) 4. Emotional (anxiety, depression, etc.) 5. Lacks motivation 6. Unreceptive 7. Others (Specify)	1. Nursing 2. Physician 3. Social Work 4. Child Life 5. Laboratory 6. Radiology 7. Pharmacy 8. Dietary to reinforce 9. Pastoral Care 10. Physical Therapy 11. Respiratory Therapy 12. Occupational Therapy 13. Speech Pathology 14. External Agency 16. Others (Specify)	1. Able to State understanding and/or return demonstration. 2. Able to state understanding and/or return demonstration, continue to reinforce. 3. Unable to state understanding or return demonstration, continue

Date/Initials	Learning Needs	Person(s) Taught	Readiness to Learn	Dept.	Outcome	Content taught/Topic Discussed (names of teaching materials used, other concerns, etc.)	Patient/ Significant others (Name & Signature)	Educator's Name & Signature
Education by the Nurse						<input type="checkbox"/> Pre-operative preparations needed & their importance <input type="checkbox"/> Post-operative care <input type="checkbox"/> Safe use of medical equipments <input type="checkbox"/> Pain management explained <input type="checkbox"/> Patients illness & how to provide self-care, time to take medications & any special instructions <input type="checkbox"/> Explained when to call a nurse/physician & when to make "urgent call" <input type="checkbox"/> Infection control practices such as handwashing <input type="checkbox"/> Discharge planning <input type="checkbox"/> Patient & family rights (including patient can state the name of his/her attending physician) <input type="checkbox"/> Precautionary measures for patients assessed to be high risk for fall were applied		
Education by the Physician						<input type="checkbox"/> Nature of illness, diagnosis, treatment plan & complications that might happen <input type="checkbox"/> Required consent <input type="checkbox"/> Medications: Frequency, potential side effects & drug food interactions <input type="checkbox"/> Home medications instructions <input type="checkbox"/> Radiology a laboratory investigation <input type="checkbox"/> Any surgical procedure needed, benefits & risks <input type="checkbox"/> Need for blood & blood products benefits & risks		
Education by the Dietitian						<input type="checkbox"/> Nutrition need & restriction <input type="checkbox"/> Dietary instruction <input type="checkbox"/> Others, pls. specify: _____		


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	Document Title:	<b>IN-PATIENT DIET INSTRUCTION</b>

KEY TASKS	PERSON RESPONSIBLE
1. Orders going home diet instruction in patient's chart	Attending Physician
2. Calls Dietary Department for going home diet prescriptions	Staff Nurse
3. Verifies diet order to the Nurse in Charge	Dietitian
4. Keys in charges in the computer	Dietitian
5. Prepares diet plan for use in diet instruction	Dietitian
6. Goes up to the patient's room and gives diet instruction	Dietitian
7. Fills up the Family Education Flowsheet in the patient's chart after diet instruction	Dietitian

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MA. PAMELA GARILAO</b> Dietary Manager	<i>Ma. Pamela P. Garilao</i>	9/2/21
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Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO	<i>[Signature]</i>	10/23/2021

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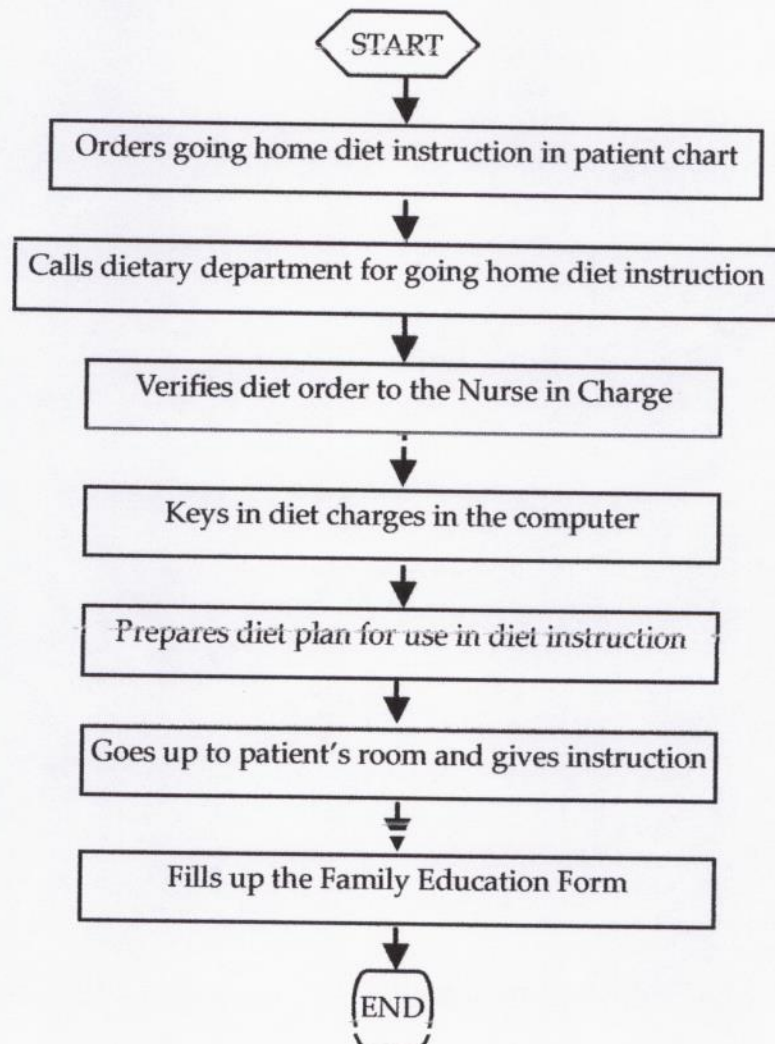


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### FLOWCHART



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