


| | | |
|---|---------------------|-------------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Standard Operating Procedure |
| | Page Number: | 1 of 3 |
| | Department/Section: | Dietary Department |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

PURPOSE:

1. To provide professional guidance and assist a patient in adjusting his daily food consumption to meet his health needs.
2. To enable the patient to maintain good nutritional status and to correct nutrient deficiencies.

SCOPE:

Applies to all Dietary Department Staffs


RESPONSIBLE PERSON:

Physician, Dietitian, Patient / Caregiver

GENERAL GUIDELINES:

1. Patient's Instruction must be done in the dietary counseling room.
2. Dietary prescription is needed.
3. Patient must pay first before instruction is given.
4. Dietician records name of patient, doctor, type of instruction given, official receipt number, amount and date in the logbook.


MASTER COPY

| | | |
|---|---------------------|------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Standard Operating Procedure |
| | Page Number: | 2 of 3 |
| | Department/Section: | Dietary Department |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---------------------------|------------|
| Prepared by: | MA. PAMELA GARILAO Dietary Manager | <i>Ma. Pamela Garilao</i> | 8.3.21 |
| Reviewed: | DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor | <i>[Signature]</i> | 08-04-2021 |
| 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 |

MASTER COPY

| | | |
|---|---------------------|-------------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Standard Operating Procedure |
| | Page Number: | 3 of 3 |
| | Department/Section: | Dietary Department |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

PROCEDURE:

1. Patient presents the diet prescription.
2. Dietitian receives and reads the diet prescription.
3. Dietitian interviews patient, gets his diet history and food preferences.
4. Dietitian makes appropriate diet charges. Informs patient to pay at the Cashier Section.
5. Makes necessary computation of diet prescribed.
6. Gives diet instruction to patient.
7. Gets receipt number from the patient and records in the diet instruction logbook.

MASTER COPY



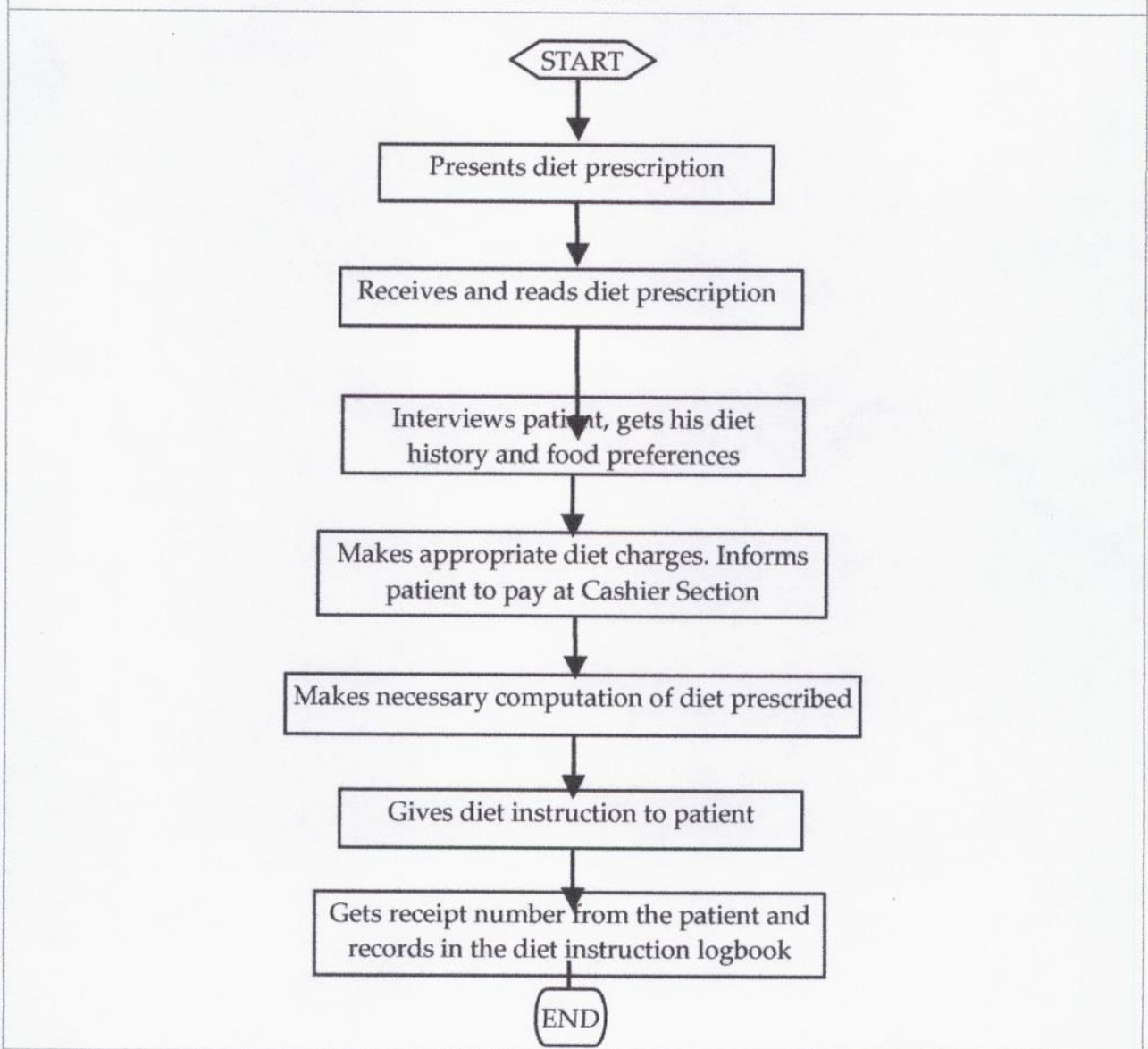
DR. PABLO O. TORRE
MEMORIAL HOSPITAL

B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

| | |
|---------------------|------------------------------|
| Document Code: | DPOTMH-F-79-P01-S14-FC14 |
| Effective Date: | 08-15-2021 |
| Document Type: | Flowchart |
| Page Number: | 1 of 2 |
| Department/Section: | Dietary |
| Document Title: | OUT-PATIENT DIET INSTRUCTION |


FLOWCHART

ACTIVITY



MASTER COPY

Unauthorized duplication of this document in whatever forms is strictly prohibited.


| | | |
|---|---------------------|------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14-FC14 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Flowchart |
| | Page Number: | 2 of 2 |
| | Department/Section: | Dietary |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---------------------------|------------|
| Prepared by: | MA. PAMELA GARILAO Dietary Manager | <i>Ma. Pamela Garilao</i> | 8.7.21 |
| Reviewed: | DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor | <i>[Signature]</i> | 08-04-2021 |
| 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 |


MASTER COPY

Unauthorized duplication of this document in whatever forms is strictly prohibited.

| | | |
|---|---------------------|-------------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14-W114 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Work Instruction |
| | Page Number: | 1 of 2 |
| | Department/Section: | Dietary Department |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

| KEY TASKS | PERSON RESPONSIBLE |
|--|--------------------|
| 1. Presents the diet prescription. | Patient |
| 2. Receives and reads the diet prescription. | Dietitian |
| 3. Interviews patient, gets his diet history and food preferences. | Dietitian |
| 4. Makes appropriate diet charges. Informs patient to pay at the Cashier Section. | Dietitian |
| 5. Makes necessary computation of diet prescribed. | Dietitian |
| 6. Gives diet instruction to patient. | Dietitian |
| 7. Gets receipt number from the patient and records in the diet instruction logbook. | Dietitian |

MASTER COPY

| | | |
|---|---------------------|------------------------------|
|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-F-79-P01-S14-W114 |
| | Effective Date: | 08-15-2021 |
| | Document Type: | Work Instruction |
| | Page Number: | 2 of 2 |
| | Department/Section: | Dietary Department |
| | Document Title: | OUT-PATIENT DIET INSTRUCTION |

APPROVAL:

| | Name/Title | Signature | Date |
|------------------------|--|---------------------------|------------|
| Prepared by: | MA. PAMELA GARILAO Dietary Manager | <i>Ma. Pamela Garilao</i> | 9/3/21 |
| Reviewed: | DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor | <i>[Signature]</i> | 09/03/2021 |
| Recommending Approval: | NOEL P. GARBO Corporate Strategic Support Division Officer | <i>[Signature]</i> | 9/16/2021 |
| | HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer | <i>[Signature]</i> | 9/17/2021 |
| Approved: | GENESIS GOLDI D. GOLINGAN President and CEO | <i>[Signature]</i> | 10/23/2021 |

MASTER COPY