

 B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-F-79-P01-S13
	Effective Date:	08-15-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 4
	Department/Section:	Dietary Department
	Document Title:	IN-PATIENT DIET INSTRUCTION

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
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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						☐ Pre-operative preparations needed & their importance ☐ Post-operative care ☐ Safe use of medical equipments ☐ Pain management explained ☐ Patients illness & how to provide self-care, time to take medications & any special instructions ☐ Explained when to call a nurse/physician & when to make "urgent call" ☐ Infection control practices such as handwashing ☐ Discharge planning ☐ Patient & family rights (including patient can state the name of his/her attending physician) ☐ Precautionary measures for patients assessed to be high risk for fall were applied		
Education by the Physician						☐ Nature of illness, diagnosis, treatment plan & complications that might happen ☐ Required consent ☐ Medications: Frequency, potential side effects & drug food interactions ☐ Home medications instructions ☐ Radiology a laboratory investigation ☐ Any surgical procedure needed, benefits & risks ☐ Need for blood & blood products benefits & risks		
Education by the Dietitian						☐ Nutrition need & restriction ☐ Dietary instruction ☐ Others, pls. specify: _____		

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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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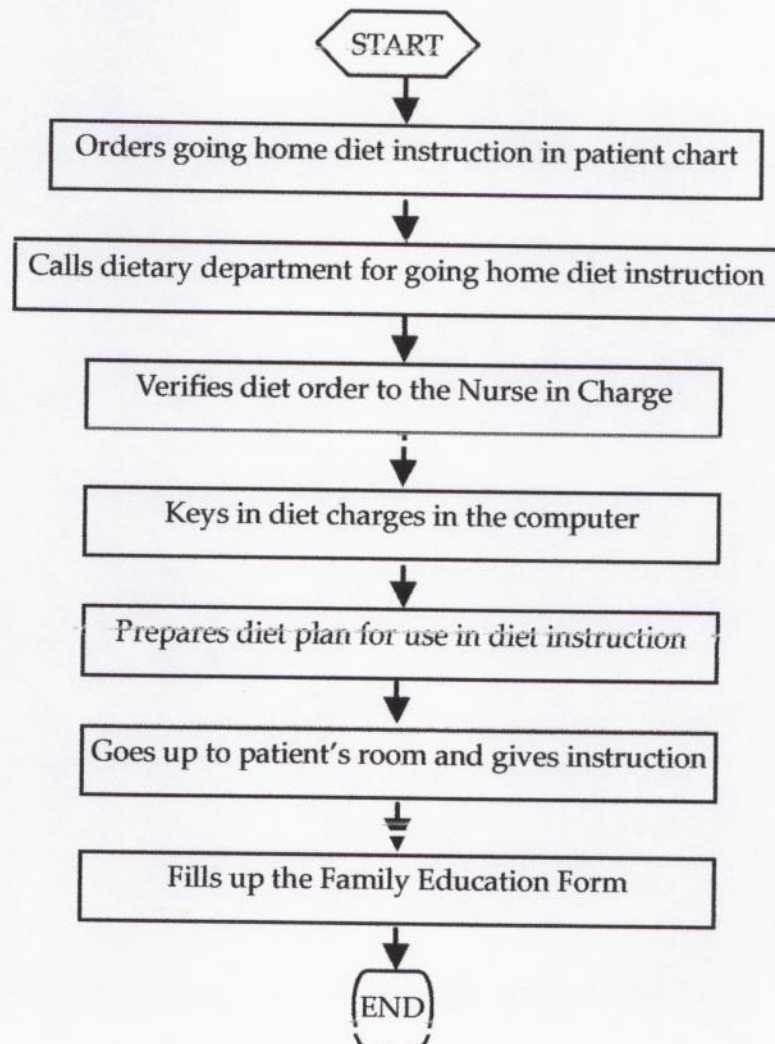


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FLOWCHART



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APPROVAL:

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

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