



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Dietary Services (DT)		
Document:	Multidisciplinary Policy and Procedure		
Title:	Collecting of Diet Orders in Wards		
Applies To:	All Dietary Services Staff, Staff Nurse		
Preparation Date:	January 06, 2025	Index No:	DT-MPP-007
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Review Date:	February 20, 2028	No. of Pages:	03

1. PURPOSE:

- 1.1 To be able collect all diet orders on time as to ensure that all patients and guests will received their meals.

2. DEFINITONS:

- 2.1 Collecting of Diet Orders in Wards – is a procedure in which dietician collects the specific diets in each unit/ward.

3. POLICY:

- 3.1 There will be a specific hours of collecting diet orders and patient's guess in the ward. The chief nurse is responsible in policy dissemination.

4. PROCEDURE:

- 4.1 **Nurse on duty must wrote and update diet orders:**
- 4.1.1 New diet orders.
 - 4.1.2 Change in diet order.
 - 4.1.3 Discontinued or cancelled diet orders.
 - 4.1.4 Unit transfers.
 - 4.1.5 Isolation or special trays.
- 4.2 All diet orders must be written by the nurse on duty on time:
- 4.2.1 Breakfast – before 5:30 am.
 - 4.2.2 Lunch – before 09:00 am.
 - 4.2.3 Dinner – 05:30 pm.
 - 4.2.4 Admissions after this time must inform the Dietary Department through phone calls.
- 4.3 Cut off time for each meal is as follows:
- 4.3.1 Breakfast – 8:00 am.
 - 4.3.2 Lunch – 12:00 pm.
 - 4.3.3 Dinner – 8:00 pm.
- 4.4 Admission after cut-off time will not be entertained and be served in the following meal.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Staff Nurse
- 6.2 Dietary Services Staff





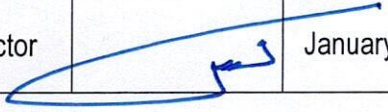
7. APPENDICES:

7.1 Ward Diet Request Form

8. REFERENCES:

- 8.1 Medical Nutrition Therapy Book
- 8.2 Dietary Manual 4th Edition Oct 1994.
- 8.3 General Directorate of Health Affairs (Al – JOUF), Maternity & Children's Hospital [JF - MCH], Kingdom of Saudi Arabia 1434.

9. APPROVALS:

	Name	Title	Signature	Date
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Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 13, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 13, 2025
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director		January 20, 2025

Appendix 7.1 Ward Diet Request Form

BREAKFAST إفطار	<input type="radio"/>	KINGDOM OF SAUDI ARABIA MINISTRY OF HEALTH GENERAL DIRECTORATE OF HEALTH, HAFER ALBATIN MATERNITY AND CHILDREN HOSPITAL وزارة الصحة Ministry of Health		القسم DEPARTMENT
LUNCH غداء	<input type="radio"/>			اليوم DAY
DINNER عشاء	<input type="radio"/>			التاريخ DATE

مواصفات خاصة	أنماط الوجبات				رقم السرير	رقم الغرفة	رقم الملف	العمر	الاسم الثلاثي	م
DIETARY SPEUIFICATIONS	وجبات خاصة SPECIAL DIET	اطفال CHILDREN	مرافقين ATTENDANT	عادي NORMAL	BED NO.	ROOM NO.	FILE NO.	AGE	FULL NAME	S. NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						1
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						13
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						18
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						19
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						20
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						21
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						22
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						23
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						24
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						25
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						26

HEAD NURSE:	SIGNATURE:
DIETRATION NAME :	SIGNATURE:
HOSPITAL DIRECTOR:	SIGNATURE:

SAVE

SEND

PRINT