



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

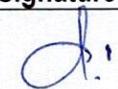
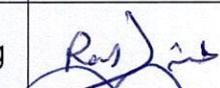
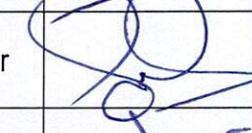
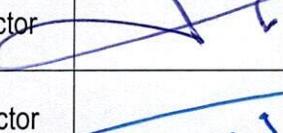
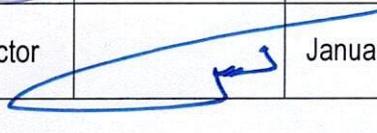
## 7. APPENDICES:

### 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 checked="" type="radio"/>
LUNCH غداء	<input type="radio"/>
DINNER عشاء	<input type="radio"/>

KINGDOM OF SAUDI ARABIA  
MINISTRY OF HEALTH  
GENERAL DIRECTORATE OF HEALTH,  
HAFER ALBATIN  
MATERNITY AND CHILDREN HOSPITAL



وجبات المرضى والمرافقين من أقسام التغذية

القسم DEPARTMENT	
النوع DAY	
التاريخ DATE	

الإسم الثلاثي S. NO	رقم الملف FILE NO.	العمر AGE	رقم الغرفة ROOM NO.	رقم الم病ر BED NO.	عادي NORMAL	مراقبين ATTENDANT	اطفال CHILDREN	وجبات خاصة SPECIAL DIET	مواصفات خاصة	أطعمة الوجبات
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HEAD NURSE:	SIGNATURE:
DIETRATION NAME :	SIGNATURE:
HOSPITAL DIRECTOR:	SIGNATURE:

SAVE

SEND

PRINT