



Department:	Dietary Services (DT)		
Document:	Internal Policy and Procedure		
Title:	Patient Meal Distribution		
Applies To:	All Dietary Services Staff and Food Attendants		
Preparation Date:	January 06, 2025	Index No:	DT-IPP-009
Approval Date:	January 20, 2025	Version :	2
Effective Date:	February 20, 2025	Replacement No.:	DT-MPP-009(1)
Review Date:	February 20, 2028	No. of Pages:	03

1. PURPOSE:

- 1.1 To distribute the meal trays among the patients in the ward in an organized and presentable manner.

2. DEFINITONS:

- 2.1 Patient Meal Distribution – is the delivering of the prescribed diet to the right patient by the food attendant.

3. POLICY:

- 3.1 Distribution and collection of food trays in the inpatients ward by the Food Servers on time to promote cleanliness and quality service to patients and clients.

4. PROCEDURE:

- 4.1 The Food Servers are responsible for the carriage & ward specifically assigned to them.
- 4.2 When each wards carriage is ready and its trays are assembled, the Food Server responsible for the carriage will move from the line and another Food Server will replace her.
- 4.3 The responsible one for the carriage will move it to the ward and the Food Server will handle the trays to the patients.
- 4.4 Food Server will carry the trays and put it in the place.
- 4.5 When the patients are done with their meals, approximately 45 minutes after distribution, the Food Server will collect the trays and put them in the carriages.
- 4.6 The Food Server will move the carriage back to the Kitchen and then to the washing area where the trays will be cleaned.
- 4.7 Plastic and aluminium plates will be disposed.
- 4.8 The Food Servers also distribute snacks for patients in between meals at the morning, at 3 p.m. and bed time snack.

5. MATERIALS AND EQUIPMENT:

- 5.1 Serving Tray
- 5.2 Trolley

6. RESPONSIBILITIES:

- 6.1 Food Attendant

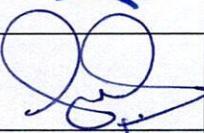
7. APPENDICES:

- 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
Prepared by:	Ms. Abrar Abdullah Al Bahr	Dietician		January 06, 2025
Reviewed by:	Ms. Dalal Khalifah AlShammari	Head of Dietary Services		January 13, 2025
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	<input checked="" type="radio"/>
LUNCH	<input type="radio"/>
DINNER	<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	
ال يوم DAY	
التاريخ DATE	

مواصفات خاصة	أنماط الوجبات				رقم السرير	رقم الغرفة	رقم الملف	العمر	الاسم الثلاثي	م
DIETARY SPECIFICATIONS	وجبات خاصة SPECIAL DIET	اطفال CHILDREN	مراقبين 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