



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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
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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



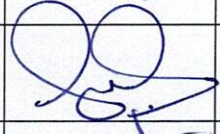
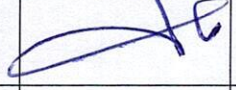

7. APPENDICES:

- 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 إفطار	<input checked="" type="radio"/>	KINGDOM OF SAUDI ARABIA MINISTRY OF HEALTH GENERAL DIRECTORATE OF HEALTH, HAFA 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

ملاحظات خاصة	أنماط الوجبات				رقم السرير	رقم الغرفة	رقم الملف	العمر	الاسم الثلاثي	م
DIETARY SPEUFICATIONS	وجبات خاصة SPECIAL DIET	أطفال 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
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	<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
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	<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
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	<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:

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