

Residential

Day

Physician's Diet Order

Name:

Date of Birth:

Location:

FOOD ALLERGIES – PLEASE SPECIFY:

NO KNOWN FOOD ALLERGIES

CONSISTENCIES

Food: IDDSI (International Dysphagia Diet Standardization Initiative)

Liquids: IDDSI

- IDDSI Level 7 – Regular foods without restriction
- IDDSI Level 7 – Regular; Easy to chew;
Hard, tough, chewy, fibrous, stringy textures are restricted; No bones, gristle, pips/seeds allowed
- IDDSI Level 6 - Soft & Bite Size; Adult 15 mm; Child 8 mm bite
- IDDSI Level 5 - Minced & Moist; Adult 4 mm; Child 2 mm
ALL foods must be moist ground consistency
- IDDSI Level 4 – Puree; Smooth, moist and cohesive
- IDDSI Level 3 – Liquidized
- NPO – Nothing by mouth **TUBE FEEDING INSTRUCTIONS:**

- IDDSI Level 0 – Thin liquids
- IDDSI Level 1 – Slightly Thick Liquids
(Naturally thick liquids; e.g. infant formula, nutrition supplement drinks, fruit nectars)
- IDDSI Level 2 – Mildly Thick Liquids
- IDDSI Level 3 – Moderately Thick Liquids
- IDDSI Level 4 – Extremely Thick Liquids

NUTRITION THERAPY DIET

Regular Diet – No Restrictions

- | | |
|---|--|
| <input type="checkbox"/> Low-sodium (no added salt) | <input type="checkbox"/> Low Residue/Roughage |
| <input type="checkbox"/> Low-fat/Low-cholesterol | <input type="checkbox"/> High Fiber |
| <input type="checkbox"/> Carbohydrate Controlled (no concentrated sweets, diabetic) | <input type="checkbox"/> Low Fiber |
| <input type="checkbox"/> Low Potassium | <input type="checkbox"/> Small Portion |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Double Portion |
| <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Low Protein (specify gra ms/d) |
| <input type="checkbox"/> Low Tyramine | <input type="checkbox"/> High Protein (specify gr ams/d) |

Other Dietary Instructions and Medication Administration Instructions:

This diet order supersedes all previous diet orders.

Date _____

Physician Name (Print) _____

Physician Signature _____