



All Wales Food and Fluid Record Chart for Community Settings

Please record all Food, Nutritional Supplements, Drinks and Nourishing drinks consumed. If NONE consumed please specify the reason on the chart.

Remember to:

- Record all food and drink consumed throughout the day
- Describe the type of food e.g. beef, bread, creamed potato
- Specify the quantity and meal size actually eaten e.g. 1/2 a small bowl of soup
- Specify the quantity of fluid consumed

Name:		Location:		Date:		Body wt kgs:	
Date of birth:		Food Chart requested by:				Date recorded:	
Meal/Snack	Foods / nutritional supplements / drinks / nourishing drinks / special diets eg pureed	Amount Taken				Action and Signature	
		Portion served (SML)	Amount eaten (None, 1/4, 1/2, 3/4, All)	Fluid consumed (mls)	Fluid Output		
Breakfast							
Cereal							
Milk/Sugar							
Cooked items							
Bread/toast							
Spread							
Drinks							
Mid Morning							
Snacks							
Drinks							
Lunch							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
Mid Afternoon							
Snacks							
Drinks							
Dinner							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
Supper							
Snacks							
Drinks							
Night Time							
Snacks							
Drinks							
Total fluids consumed in 24 hours/Total fluid output in 24 hours							
Any other nutrition							

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Guidelines for Completion

- All food and fluid charts should be marked with the patient's name, date of birth and location.
- The person requesting the food chart should state how long it is required for. This document can be used for a 24 hour period. Subsequent days should be recorded on continuation sheets.
- Please record all food and all fluid, e.g. nutritional supplements, all drinks and water consumed.
- Specify the food and fluid consumed, noting if only one type of food eaten.
- Indicate the portion size - Small (S), Medium (M) or Large (L) and the fluid volume served.
- Specify the quantity of food eaten e.g. none $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or all. When doing so please refer to the visual photographic guide for reference. Specify the volume of fluid consumed.
- If a meal is not eaten, or no fluid taken, please state the reason why e.g. refused, NBM.
- The fluid output column can be completed as appropriate e.g. wet pad or catheter output.
- Please total the fluid volume at the end of the 24 hour period.
- Specific actions required to improve food and fluid intake can be recorded in the Actions column.
- All entries should be signed.
- Please file charts in date order.