# All Wales Food and Fluid Record Chart for Community Settings

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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. ½ a small bowl of soup
* Specify the quantity of fluid consumed

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| --- | --- | --- | --- |
| **Name:** | **Location:** | **Date:** | **Body wt kgs: Date recorded:** |
| **Date of birth:** | **Food Chart requested by:** |
| **Meal/Snack** | **Foods / nutritional supplements / drinks / nourishing drinks / special diets eg pureed** | **Amount Taken** |
| **Portion served (SML)** | **Amount eaten (None, ¼,****½, ¾, All)** | **Fluid consumed (mls)** | **Fluid Output** | **Action and Signature** |
| **Breakfast** Cereal Milk/Sugar Cooked items Bread/toast Spread Drinks |  |  |  |  |  |  |
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| **Mid Morning**Snacks Drinks |  |  |  |  |  |  |
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| **Lunch** Soup Main itemPotato/Rice Vegetables PuddingDrinks |  |  |  |  |  |  |
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| **Mid Afternoon**Snacks Drinks |  |  |  |  |  |  |
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| **Dinner** Soup Main itemPotato/Rice Vegetables PuddingDrinks |  |  |  |  |  |  |
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| **Supper** Snacks Drinks |  |  |  |  |  |  |
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| **Night Time** Snacks Drinks |  |  |  |  |  |  |
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| Total fluids consumed in 24 hours/Total fluid output in 24 hours |  |  |  |
| Any other nutrition |

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# All Wales Food and Fluid Record Chart for Community Settings 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 ¼, ½, ¾ 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 ouput 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.