TEMPLATE H

Texture and Fluid Record (Copied From the Clinician's Orders)

Use with Chapter 11. **Fill this in only if a clinician has written a texture or fluid instruction.** Copy the wording exactly from the written order. If there's no written order, leave it blank and don't guess a level or an amount.

Item	Exact wording from the order	Ordered by (name, role)	Date of order	Where the written order is kept
Food texture				
Drink texture				
Fluid instruction (only if one was given)				
How to prepare or test (as instructed)				
Foods or drinks not allowed (as instructed)				

Copy checked against the original by: _____ On: _____