

FAMILY TOOL

Meal/Diet Verification Checklist

Use these questions to compare the current authorized diet, texture, allergy, and restriction information with facility sources and, when appropriate, the meal served. Do not independently change the ordered diet.

HOW TO USE

Mark each item Yes, No, Not Applicable, or Needs Follow-up in your working copy. Add evidence, an owner, and a recheck for every gap. Do not use this public blank template to transmit resident information.

Know the current instruction

- ☐ What is the current authorized diet order?
- ☐ Is a texture modification required for food or liquids?
- ☐ Are allergies, restrictions, supplements, assistance, positioning, or supervision instructions current?
- ☐ Did any of these instructions change after a hospital or rehab return?
- ☐ Which authorized source should nursing and dietary staff use?

Compare nursing and dietary information

- ☐ Does the nursing source match the dietary source?
- ☐ Does the meal ticket or service cue show the same current information?
- ☐ Has an old diet, texture, allergy, or restriction been removed or clearly superseded?
- ☐ If the resident changed rooms or dining locations, did the current information follow?

Observe the service process

- ☐ Does the meal or tray match the current diet and texture information?
- ☐ Is the resident identified before the meal is served using the facility's approved method?
- ☐ If a substitution is made, is it checked against the current instruction?
- ☐ Is required assistance, positioning, cueing, or supervision available?
- ☐ If the resident refuses or eats poorly, who is notified and what follow-up occurs?

If something does not match

- ☐ Do not independently change the resident's diet or treatment plan.
- ☐ Describe the mismatch to an appropriate facility clinician and dietary leader.
- ☐ Ask which source is current, what immediate correction will occur, and who will verify the next meal.
- ☐ Escalate clinical concerns to the treating clinician as appropriate.
- ☐ Use emergency services when the resident's condition requires emergency care.

Working notes

Use a secure facility or family working copy when recording any resident-specific details. Keep the public blank tool free of identifying information.

Date / meal observed	_____
Current authorized diet	_____
Texture / allergy / restriction	_____
Nursing source checked	_____
Dietary source checked	_____
Meal result	_____
Mismatch and follow-up	_____

Action and verification log

Action / control	Owner	Due	Evidence / result

Scope disclaimer

This tool is a general process-control aid. It does not replace emergency care, treating-clinician judgment, legal advice, or facility-specific regulatory review. It does not establish a treating relationship or guarantee compliance or outcomes. Use authorized secure methods for resident-identifying information and records.

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