

Berkshire Healthcare NHS Foundation Trust Berkshire West Clinical Commissioning Group East Berkshire Clinical Commissioning Group Royal Berkshire NHS Foundation Trust

## **EXAMPLE: Food and Fluid Record Chart**

You are required to provide a 7-day food and fluid record to demonstrate how the resident's nutrition action plan has been implemented. They do not need to follow this format, however, **must have this level of detail.** Including how food is fortified – highlighted in yellow below.

Name:			DATE:		
MEAL	DETAILED DESCRIPTION OF FOOD AND DRINK	PORTION SIZE S=SMALL N=NORMAL	HOW MUCH THEY ATE  NONE/SOME 1/2 ALL/MOST		
∢ ∑	Cup of Tea with fortified full fat milk before breakfast	200ml			200ml
BREAKFAST	Weetabix x 2 with full fat fortified milk and raisins	N			All
	Thick & Creamy Yoghurt with 1tbsp extra cream	125g pot		~	
	Cup of Tea with <mark>fortified full fat milk</mark> Water	200ml 200ml		100ml 100ml	
Mor	Croissant with butter and jam Fortified smoothie using your recipe	N 250ml	One bite	150ml	
ГОИСН	Sausages x 2, mashed potato with cream, cheese and milk powder, carrots and peas with butter	N		~	
	Apple crumble and custard	S		<b>✓</b> 100ml	
	Orange juice Cup of tea with <mark>fortified milk</mark>	200ml 200ml		1001111	200ml
AFTER	Fortified Homemade milkshake using your recipe	250ml	<b>~</b>		
	Coffee made with cream as an alternative	200ml	declined		175ml
	Victoria sponge cake	Small slice		<b>~</b>	
EVENING MEAL	Fish pie with added chopped egg and grated cheese on top			~	
	Bananas with full fat Greek yogurt and chopped nuts			~	
	High Juice 200mls			100mls	
EVEN	Fortified hot chocolate	200ml			200ml
<u> </u>	Nuts and dried fruit mix	Handful		<b>~</b>	
	AILY FLUID TOTAL OFFERED: 19		Oml CONSUMED: 1325m		ED: 1325ml

Checked and countersigned by registered nurse or clinical lead before submission:

Name and Job title:	Signature
Contact for queries or support: CHSDiet@berkshire.nhs.uk	

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