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|  <b>OSPITAL NG PARANAQUE</b>  |  | Document Code: <b>OSPAR-ADS-NDS-026</b>   |
|   |  | Implementation Date: 2019   |
| <b>ANCILLARY DIVISION HOSPITAL POLICIES AND PROCEDURES MANUAL APPROVAL MATRIX</b>   |  | Page No. <b>1 of 2</b>  |
| <b>Policy Title:</b><br><b>NUTRITION AND DIETETICS SERVICE<br/>POLICY ON SPECIAL MEAL REQUEST</b>   |  | Section / Department:<br><b>NUTRITION AND DIETETICS SERVICE</b>   |
| <b>Prepared By:</b><br><br><b>Kara Angelica L. Benavente, RND, MPA</b><br>Chief Dietitian, Nutrition and Dietetics Service  | <b>Reviewed By:</b><br><br><b>Redentor P. Alquiros, MD</b><br>Chief of Clinics<br><br><b>Darius J. Sebastian, MD, MPH, PHSAE</b><br>Hospital Administrator, Ospital ng Paranaque | <b>Approved by:</b><br><br><b>Jefferson R. Pagsisihan, MD, MHM</b><br>Hospital Director, Ospital ng Paranaque |

**CLASSIFICATION: COMPREHENSIVE**

**OBJECTIVES:**

This policy shall clearly state the procedure to follow on requesting meals special request.

**COVERAGE:**



This policy covers this section and the concerned department/section.

**POLICY:**

1. This policy shall ensure record of meals catered to hospital functions.
2. This policy shall abide with the Nutrition and Dietetics Service policy in requesting meals for any occasion.
3. Request for special meal shall be submitted to Chief Dietitian for approval and/or budget request preferably a week before the said date of event.
4. Requesting department shall fill out the special meals request form to be filed in the Nutrition and Dietetics Service.
5. Number of meals requested shall be recorded in the daily meal census logbook as additional meals served on the day.
6. Dietary personnel schedule may be subjected to change in accordance to the needed manpower for the event. The said changes are to be planned by the Chief Dietitian.
7. Requesting department shall return all supplies and equipment to the Nutrition and Dietetics Service after the function.
8. It shall be the responsibility of the requestor to properly fill out special meal request form.
9. It shall be the responsibility of the requestor to route the form for approval by the director.
10. The requestor shall properly fill out the special meal request form in duplicate and route for approval.
11. Request must be done five (5) working days PRIOR to any said occasion for approval by the director.
12. Requestor must copy furnish this section once approved for meal preparation, budget allocation and documentation purposes.

**APPENDIX G: Special meal request form**

**SCHEDULE FOR POLICY REVIEW:** This policy shall be reviewed when deemed necessary.

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## APPENDIX G: SPECIAL MEAL REQUEST

### NUTRITION AND DIETETICS SERVICE SPECIAL FUNCTION MEAL REQUEST FORM

DATE: \_\_\_\_\_

**REQUEST FOR:**    ☐ BREAKFAST                      ☐ LUNCH                      ☐ SUPPER  
☐ A.M. SNACK            ☐ P.M. SNACK                      ☐ OTHERS: \_\_\_\_\_  
(Please specify)

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Purpose: \_\_\_\_\_

Number of Persons: \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Name)

(Department) \_\_\_\_\_

Dietitians Remarks:

\_\_\_\_\_  
 Signature of Dietitian / Date

Approved by: \_\_\_\_\_  
Hospital Director

(Attachment:    Attendance Sheet and Menu)

**SCHEDULE FOR POLICY REVIEW:** This policy shall be reviewed when deemed necessary.