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| Meal management plan prepared by | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | Contact details: | | | |
| Position and profession: | | | | **Date:** | | | |
| Participant details | | | | | | | |
| Name: | | |  | | | | |
| Ndis number: | | |  | | | | |
| Plan dates: | | |  | | | | |
| DOB: | | |  | | Gender: | |  |
| Address: | | |  | | State: | |  |
| Email address: | | |  | | Phone: | |  |
| Preferred contact person: | | |  | | | | |
| Allergies | | | | | | | |
| Name | | **Reaction** | | | | **Response strategies** | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| Medications | | | | | | | |
| Special support required to receive medication | | | | | | | |
|  | | | | | | | |
| Meal requirements | | | | | | | |
| Special diet/supplements | Examples: weight reduction weight maintenance phenylketonuria lactose free | | | | | | |
| Dislikes |  | | | | | | |
| Assistance |  | | | | | | |
| Health risk such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight |  | | | | | | |

| Eating and drinking | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eating and drinking pattern (typical food eaten, cho, protein, fat, fruit, vegetables and restaurant food) | | | | | | | |
|  | Food | | | Drink | | | Time |
|  | Like | Dislike | | Like | | Dislike |  |
| Breakfast |  |  | |  | |  |  |
| Lunch |  |  | |  | |  |  |
| Dinner |  |  | |  | |  |  |
| Snack |  |  | |  | |  |  |
| Meal plan | | | | | | | |
| Foods/ideas to emphasize: | | | | | | | |
| Food to limit | | | | | | | |
| Food to avoid: | | | | | | | |
| Oral care: | | | | | | | |
| Religious and cultural food / drink preferences | | | | | | | |
| Eating and drinking equipment | | | ☐ yes ☐ no | | Describe how to use the item | | |
| Cutlery | | | ☐ yes ☐ no | |  | | |
| Plate / bowl | | | ☐ yes ☐ no | |  | | |
| Cup / glass | | | ☐ yes ☐ no | |  | | |
| Clothes protector | | | ☐ yes ☐ no | |  | | |
| Other | | | ☐ yes ☐ no | |  | | |

| Supervision while eating or drink | | | |
| --- | --- | --- | --- |
| Require supervision while eating or drink | ☐ yes ☐ no | |  |
| Alertness & seating (describe below whether have a special chair to sit in to eat meals: | | | |
| During meals: | | | |
| After meals: | | | |
| Favorite atmosphere | | | |
| Place like to sit for meals? | |  | |
| The people like to sit with | |  | |
| Atmosphere do I prefer when eating out (few people, quiet environment, many people or loud environment) | |  | |
| Other things preferences for | |  | |
| Lighting | |  | |
| Noise levels | |  | |
| Furniture layout | |  | |
| Table setting | |  | |
| Others | |  | |

| Communication style and behaviour | |
| --- | --- |
| Usually act before, during and after mealtimes (e.g., Show excitement, anticipation, agitation, impatience, specific intolerances, alertness) | |
| Before meals |  |
| During meals |  |
| After meals |  |
| This is how the person communicates | |
| Full |  |
| Would like more food or drink |  |
| Need someone to help me |  |
| Likes something |  |
| Dislikes something |  |
| Supervision required during mealtimes | |
| Supervision required during mealtimes |  |
| To prevent grabbing food and fluids |  |
| To prevent sharing food with others |  |

| When eating out | |
| --- | --- |
| What support items do I need to take for eating out | |
| ☐ utensil ☐ clothing protector ☐ modified plate ☐ modified cup ☐ plate guard  ☐ thickener / nutrition supplements ☐ special food | |
| ◻medication webster-pack | ☐prn (e.g., Epipen) |
| ◻other – describe |  |
| How to order the meal? |  |
| Favorite meals |  |
| Favorite drinks |  |
| Favorite venues |  |
| Photograph | |
| This is how it looks to support the person to eat their meals in the best way possible. Insert a photo(s) of the person to document:   * Safe and appropriate position for eating and drinking * Equipment required, use of clothing protectors, utensils and aids | |
|  | |

| Review of plan | |
| --- | --- |
| ☐ set review | Date: |
| ☐ as needed review this plan will be reviewed following a problem being identified, re-completion of the nutrition and swallowing risk checklist, and advice from the person’s gp | |
| Plan endorsement | |

| The person (if they are able): | Date: |
| --- | --- |
| Family/guardian or person responsible: | Date: |

| Profession: | Date: |
| --- | --- |
| Name: | Signature: |

| Profession: | Date: |
| --- | --- |
| Name: | Signature: |

| Supervisor: | Date: |
| --- | --- |
| Name: | Signature: |

| A copy of the mealtime management plan must be provided to any person(s) or organisation(s) who provides support to the person during mealtimes.  Consent for sharing this information should be obtained from the person or person responsible | | |
| --- | --- | --- |
| Support provider | **Date provided** | **Provided to (name)** |
|  |  |  |
|  |  |  |
|  |  |  |

| Support worker endorsement | | |
| --- | --- | --- |
| * I have read and understood the Mealtime Management Plan and am able to implement it. * I have received practical training in mealtime management as per requirements in this plan. * I understand my duty of care regarding positioning, support, and monitoring of risk for this person. | | |
| Name | **Signature** | **Date** |
|  |  |  |
|  |  |  |