



## Special Dietary Needs – Care Providers<sup>©</sup>

Almost everyone has Special Dietary Needs (SDNs) of one kind or another. For example, SDNs might be foods to include or to avoid due to a special diet or food allergies or intolerances. Other SDNs may be related to the food environment; for example, if the person you provide care for uses adapted equipment to eat or wants their food served a special way.

These SDN forms are appropriate for individuals who have any level of support for meals -- from a part time personal assistant or household help, to on-site staff support in a group home setting, or full feeding support. Recording the SDNs for people in the household, including yourself, will help anyone who is helping with planning, shopping, cooking, serving, or eating.

These SDN forms can be used to organize an individual's food environment, whether they are living at home alone or with family, with roommates, or in a group environment. The SDN sheets are a communication aid with the goal of a safe and pleasant meal experience!

### Instructions for Completing an SDN Form

1. Download and save a copy of the SDN form. Once it is filled out, save it on your own computer. SDNs change for people, so be aware that you'll need to revise the SDN Sheets as needed.
2. Include the person's name who this SDN sheet refers to. Use a separate sheet per person.
3. Check the box next to all SDNs that apply to the person. Include details about their SDNs in the spaces provided.
4. Add images to the SDN form if helpful. For instance, include images of dishes this person uses, how they want their food to look on the plate, or where things are located in the kitchen.
5. If applicable, share this SDN form with the person's team and print and keep the completed form in a convenient place. No one should be planning, preparing, or serving food to this person without knowing what their SDN sheet contains!

Information to complete the SDN form may come from:

- Yourself
- The individual you are helping
- The individual's family or spouse
- Experienced care providers
- Individual Plan or Personal Supports Plan (IP/PSP)
- Health or medical record
- Consulting dietitian or healthcare provider

An individual's Special Dietary Needs change. Remember to update this SDN form at least every 12 months or whenever there is a change to the IP/PSP or their needs.



## Special Dietary Needs

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant completing this form: \_\_\_\_\_

### **Medically prescribed diet or specific foods required in diet.**

*Is the individual on a special diet for diabetes, pre-diabetes, cholesterol, or other medical condition? Briefly describe and refer to where specific instructions for this diet are kept. Are foods or food components (like fat, sodium, or alcohol) restricted on this diet?*

### **Difficulty chewing and/or swallowing.**

*Does this individual have a general dysphagia (for example: difficulty with chewing, swallowing, and choking) or dental problems requiring mechanical alteration (blended, etc.) of the foods served? Describe that here.*

### **Food allergies or intolerances.**

*List specific foods for which this person has a diagnosed food allergy or intolerance. Remove these foods from the household if possible.*

### **Medications or supplements required at meal times.**

*Some medications must be taken, or must not be taken, with meals or a particular food. List those here, and where these medications/supplements are located.*



**Other foods this individual is unable to eat.**

*These are foods that present a choking hazard, that interact with medications taken, or cause digestive problems for this person, etc.*

**Food aversions or dislikes.**

*List as fully as possible foods this person really doesn't like, if any. They might be an individual food (e.g., tomatoes) or a group of foods (e.g., slippery foods).*

**Assistance required feeding**

*Write details of when and how direct assistance is required for this person to eat successfully. Is specific training required before a personal assistant can aid at meal time?*

**Adapted utensils, dishes or other equipment.**

*If adapted equipment or tools are helpful or required for this person's meals, list those here and indicate where they are located.*

**Meals prepared or presented a special way.**

*Are there ways that this person prefers or requires that their food is prepared or presented? Are there foods that they always or almost always want with meals (e.g., ketchup)? List those here.*



**Limitations on second helpings.**

*Is this individual on a specific diet that requires them to limit specific foods or portion sizes? Describe that here.*

**Behavioral challenges related to food and eating**

*In a clear way, list the challenging behaviors this person experiences related to meals and eating, if any. Include any responses or preventive measures that are helpful. Include successful ways of encouraging this individual to eat, if necessary.*

**Other special dietary needs.**

*Does this individual have other special dietary needs that would make meal time more successful if support persons knew about them? List them here.*



## Special Dietary Needs Images

Use the space below to include images that might be helpful for accommodating this individual's SDNs. For instance, you might include images of dishes they want team members to use, how they want their food to look on the plate, or where things are located in the kitchen.