



**RANCHO LOS AMIGOS**  
NATIONAL REHABILITATION CENTER

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**  
Occupational Therapy and Recreation Therapy Department

**POLICY AND PROCEDURE**

<b>SUBJECT: PATIENT/ NON-PATIENT DIETARY REQUESTS</b>	<b>Policy No.: Revised: Supersedes: Page:</b>	<b>514 December 2019 December 2015 1 of 2</b>
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**PURPOSE:**

To delineate the procedures for requesting food and supplies to be used for patient related activities, i.e. outings, cooking evaluations, resocialization programs, special holiday programming etc. These procedures have been developed by the OT/RT department in conjunction with the food service department.

**PROCEDURE:**

- A. Before planning a food-related event/activity for patients, therapists will consider whether the food is necessary for the event/activity to be therapeutic. Staff will refer to the list of prices for commonly ordered items and choose the most cost effective items whenever possible. If trying out a new menu item, staff will price the items with the Food Service and determine its cost effectiveness before placing an order.
- B. All food requests submitted by clinical staff shall only be for patient-related therapeutic activities/events.
- C. All supplies should be ordered at least 4 days prior to the event (via fax or via email). Monthly Recreation Therapy requests are to be completed in an appropriate format (see attachment A for example), typed by RT or clerical staff, and then sent to food services by RT or clerical staff. Requests submitted less than a week ahead should be done on the Food Order form (see Attachment B), and faxed to the food service department. The food service department and, when appropriate, the unit nursing staff, must be notified as soon as possible of any cancellations of food orders or events. This can be done via fax and/or telephone.
- D. Only the amount necessary to serve patients should be ordered. Food should not be ordered for staff, volunteers, or family members, unless appropriate to the therapeutic intervention such as that of a patient learning to adapt in a meal preparation experience.
- E. The therapist submitting orders for those on special diets is responsible for checking on the most current diet status at the time of the special food event, and for ordering appropriately. The therapeutic dietitian may be consulted, as available, as to any special diet needs or changes.

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- F. When submitting a fax or email order for a patient-related food activity, call the catering manager so that he/she can confirm the fax or email has been received, and that the order has been logged into the system and recorded. A food service employee should also call the person who sent the fax to confirm that it was received. Last minute additions to orders will be accommodated by the Dietary Department on a case by case basis.
- G. Upon receiving food order, the staff person must check to be sure the order is complete and accurate, and then sign both the copy of the order, and the food service order log book before leaving with the order. All carts, non-disposable utensils, plates, or other items, should be returned to the satellite kitchen as soon after the event as possible.
- H. Any "Special Function" food requests involving staff functions or meetings or outside group events are to be submitted to the CEO for approval, by the supervisor of the area or department director of the department requesting the function/meeting.
- I. Special holiday food ordering requires approval and signage by an OT/RT supervisor prior to submission to Food Services.

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Director, Occupational and Recreation Therapy

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT**

**DATE:**

**TO: Dietary Department**

**FROM: (Name)**  
Recreation Therapist

**SUBJECT: FOOD REQUESTS FOR PATIENT ACTIVITIES**

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May we please have the following supplies for ( # ) patients on the \_\_\_\_\_  
Service, JPI building:

**Date(s) Needed:**  
**Items Requested:**

**Date(s) Needed:**  
**Items Requested:**

**Date(s) Needed:**  
**Items Requested:**

**Date(s) Needed:**  
**Items Requested:**

Please deliver to the JPI satellite kitchen at times indicated with each order. If you have any questions, please call me at x\_\_\_\_\_. Thank you.

cc: Dietary - Sodexo Catering Manager  
Nurse Manager  
Recreation Therapist

REF: R. T. Treatment Schedules disk #1 (Dietary Requests Form)

FOOD ORDER  
 NUTRITION SERVICE DEPARTMENT

STOREROOM #

FROM (Department/Treatment Area): \_\_\_\_\_ COST CENTER:

CATEGORY: \_\_\_\_\_ INPATIENT MEAL \_ \_ PATIENT \_\_\_\_\_ OTHER

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:

DELIVER TO: \_\_\_\_\_ DELIVER DATE:

BY TIME: \_\_\_\_\_ 11:00 AM; \_\_\_\_\_ 2:45 PM; \_\_\_\_\_ 6:30 PM

REPLACES MEAL: \_\_\_ BREAKFAST; \_\_\_ LUNCH; \_\_\_ DINNER ----> ON DATE:

ITEM DESIRED	MEASURE	QTY		ITEM DESIRED	MEASURE	QTY

PATIENT NAME / RLANRC # / UNIT #  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If more than two names, place on back of this sheet.

\_\_\_\_\_ Yes, additional names on back.

REQUESTER SIGNATURE: \_\_\_\_\_ Date:

NUTRITION SERVICE SIGNATURE: \_\_\_\_\_ Date:

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT**

**DATE:** September 4, 20XX

**TO:** Dietary Department

**FROM:** Colleen Murphy/Tim Taylor  
Recreation Therapist

**SUBJECT: FOOD REQUESTS FOR PATIENT ACTIVITIES FOR SEPT. 20XX**

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May we please have the following supplies for patients on the Spinal Injury Service, 3 South, JPI building:

**Date(s) Needed:** **Wednesday, September 10, 20XX (please deliver by 4:00 pm)**

**Items Requested:** Box Lunches for 8 patients. Each to include:  
Croissant sandwich (4 turkey, 4 roast beef)  
Lays chips, apple or orange, cookies  
10 canned sodas: 4 coke, 3 sprite, 3 diet coke  
Napkins, plastic knives

**Date(s) Needed:** **Tuesday, September 16, 20XX (please deliver by 4:00 pm)**

**Items Requested:** Canned sodas and bottled water for 15 patients:  
6 coke, 3 sprite, 3 diet coke, 3 bottled waters

**Date(s) Needed:** **Friday, September 26, 20XX (please deliver by 4:00 pm)**

**Items Requested:** Ice Cream Sundaes for approximately 20 patients:  
½ gallon each of chocolate and strawberry ice cream  
Two containers (1/2 gallon each) of vanilla ice cream  
1 bunch bananas, 1 small container maraschino cherries  
1 container chocolate syrup, 1 container caramel topping  
2 cups chopped nuts, sprinkles, 1 container whipped cream  
Bowls, plastic spoons, napkins, serving utensils/ice cream scoops

Please deliver all orders to the JPI Satellite Kitchen at times indicated with each order.  
Please call us at extension 6322 or 6323 with any questions. Thank you.

cc: Name, Sodexo Catering Manager  
Name, Nurse Manager  
Name, RT Supervisor  
Name, RT staff