ELIM
christian services

ELIM CHRISTIAN SCHOOL
PRESCRIBED DIET ORDER

Student's name_____ **Date:**_____

To be completed by physician

The following diets can be prepared by Elim's kitchen staff.

Oral Intake

Solids: (check only one)

☐ Nothing by mouth ☐ Chopped ☐ Pureed

☐ Therapeutic/sensory stimulation to taste (pureed texture only) ☐ Solids in small bite-sized pieces (Elim's standard preparation)

Liquids: (check only one)

☐Honey thick ☐ Nectar thick

☐ Thin liquids ☐ No liquids by mouth

☐ Other restrictions, additional oral feeding directives, or supplemental feeding instructions:

_____

_____

Enteral Feeding

Prescribed formula(s):_____

Amount of formula per feed:_____

Amount of water to be added to feeding: _____ Amount of water for post feed flush:_____
(Standard 5ml will be used if none specified)

Time(s) of feeding(s): #1_____ #2_____

Approximate length of feed:_____

☐ Feeding pump rate: _____ Gravity? ☐yes ☐no Direct push? ☐yes ☐no

Physician's name (please print)_____

Physician's signature_____ **Date**_____

Physician's office phone (_____)_____**Fax** (____)_____

I, as parent/guardian of the student listed above, give permission for Elim Christian School staff, under the supervision of the school nurse, to administer feedings according to the orders above.

Parent/guardian's signature_____ **Date**_____

Parent/guardian (please print) _____

Fax completed forms to (708) 293-2355 Email completed forms to nurse@elimcs.org