



FOOD FIRST ACTION PLAN

Resident: Date:

| | Time | Give details of item | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|---|------------|----------------------|-----|-----|-----|-------|-----|-----|-----|
| | | given | | | | | | | |
| Fortified Meal Aim for at least 1 dish at each meal e.g. Fortified soup Fortified custard Fortified porridge Fortified milky pudding Fortified mousse | Breakfast | | | | | | | | |
| | | | | | | | | | |
| | Lunch | | | | | | | | |
| | Evening | | | | | | | | |
| | meal | | | | | | | | |
| Nourishing | Mid- | | | | | | | | |
| Snacks Aim for at least 2 snacks between meals (at least 150 calories per snack) | morning | | | | | | | | |
| | Mid after- | | | | | | | | |
| | noon | | | | | | | | |
| | Evening | | | | | | | | |
| Nourishing | Mid- | | | | | | | | |
| drinks Aim for 2 per day e.g. Fortified milk High calorie coffee High calorie hot chocolate Homemade milkshake Smoothie | morning | | | | | | | | |
| | Mid after- | | | | | | | | |
| | noon | | | | | | | | |
| | Evening | | | | | | | | |