## FOOD FIRST ACTION PLAN

Resident:
Date:

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

