

# Weekly Food First Prescription Chart

Please refer to the Food First Action Plan for supporting nutritional information

Resident Name:

Week starting (Insert Date):

Chef aware Yes / No	Time		Topper/snack/drink given: give a specific description	Please Initial when given						
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>50Kcal food topper</b> Add one to each dish e.g. with breakfast, lunch main, lunch pudding, evening main and evening pudding	<b>Breakfast</b>	Main								
	<b>Lunch</b>	Main								
		Pudding								
	<b>Supper</b>	Main								
Pudding										
<b>Extra snacks</b> Offer two 150Kcal snacks in addition to usual daily intake	<b>Mid-morning</b>									
	<b>Mid-afternoon</b>									
	<b>Evening</b>									
<b>Nourishing Drinks</b> Offer two nourishing drinks in addition to usual daily intake or two cream shots and one fortified pudding	<b>Mid-morning</b>									
	<b>Mid-afternoon</b>									
	<b>Evening</b>									