Low Sodium Diet Meal Plan

LOW SODIUM DIET MEAL PLAN

Agree each goal and action together, then set a review date. Update the plan whenever circumstances change.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Prepared by: _____ Date agreed: _____ dd / mm / yyyy

Review date: _____ dd / mm / yyyy Next appointment: _____ dd / mm / yyyy

Background - why this plan is needed

GOALS

Goal 1 - Goal: _____ Goal 1 - How progress is measured: _____

Goal 1 - Target date: _____ dd / mm / yyyy Goal 2 - Goal: _____

Goal 2 - How progress is measured: _____ Goal 2 - Target date: _____ dd / mm / yyyy

Goal 3 - Goal: _____ Goal 3 - How progress is measured: _____

Goal 3 - Target date: _____ dd / mm / yyyy Goal 4 - Goal: _____

Goal 4 - How progress is measured: _____ Goal 4 - Target date: _____ dd / mm / yyyy

Goal 5 - Goal: _____ Goal 5 - How progress is measured: _____

Goal 5 - Target date: _____ dd / mm / yyyy

ACTIONS

Action 1 - Action: _____ Action 1 - Who is responsible: _____

Action 1 - Start: _____ dd / mm / yyyy Action 1 - Review: _____ dd / mm / yyyy

Action 2 - Action: _____ Action 2 - Who is responsible: _____

Action 2 - Start: _____ dd / mm / yyyy Action 2 - Review: _____ dd / mm / yyyy

Action 3 - Action: _____ Action 3 - Who is responsible: _____

Action 3 - Start: _____ dd / mm / yyyy Action 3 - Review: _____ dd / mm / yyyy

Action 4 - Action: _____ Action 4 - Who is responsible: _____

Action 4 - Start: _____ dd / mm / yyyy Action 4 - Review: _____ dd / mm / yyyy

Action 5 - Action: _____ Action 5 - Who is responsible: _____

Action 5 - Start: _____ dd / mm / yyyy Action 5 - Review: _____ dd / mm / yyyy

Action 6 - Action: _____ Action 6 - Who is responsible: _____

Action 6 - Start: _____ dd / mm / yyyy Action 6 - Review: _____ dd / mm / yyyy

Action 7 - Action: _____ Action 7 - Who is responsible: _____

Action 7 - Start: _____ dd / mm / yyyy Action 7 - Review: _____ dd / mm / yyyy

SUPPORT IN PLACE

Support in place

- [ ] Written information provided
- [ ] Contact details for questions given
- [ ] Family, carer or colleague involved with consent
- [ ] Equipment or medication supplied
- [ ] Follow-up booked

What to do if things change - warning signs and who to contact

REVIEW RECORD

Review 1 - Date: _____ dd / mm / yyyy

Review 1 - Progress: _____

Review 1 - Changes made: _____

Review 1 - Reviewed by: _____

Review 2 - Date: _____ dd / mm / yyyy

Review 2 - Progress: _____

Review 2 - Changes made: _____

Review 2 - Reviewed by: _____

Review 3 - Date: _____ dd / mm / yyyy

Review 3 - Progress: _____

Review 3 - Changes made: _____

Review 3 - Reviewed by: _____

Review 4 - Date: _____ dd / mm / yyyy

Review 4 - Progress: _____

Review 4 - Changes made: _____

Review 4 - Reviewed by: _____

Review 5 - Date: _____ dd / mm / yyyy

Review 5 - Progress: _____

Review 5 - Changes made: _____

Review 5 - Reviewed by: _____

_____

Signature and date

_____

Clinician signature and date