Improving confidence in the Ward Diet List: Promising findings from an observational audit.

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BACKGROUND

The Ward Diet List is the primary communication tool for conveying patients' food, nutrition, and hydration requirements to the multidisciplinary team in Naas General Hospital (NGH).

Each ward maintains its own dedicated Ward Diet List, which is a formatted and protected Excel document featuring drop-down menus to ensure consistent use of standardised diet terminology across the hospital. The file is stored on a designated computer at the nurse's station on each ward (see Image 1).

Accurate documentation is critical for patient safety, particularly for individuals requiring modified texture diets, thickened fluids, or therapeutic diets, as errors can lead to choking, aspiration, malnutrition, or other adverse clinical outcomes.

DO NOT CUT AND PASTE Date: Ward:

Bed	Name	Allergy	Risk	Red Tray	Fluid	Modified consistency	Therapeutic Diet	Additional Information
1	xxxxx			Yes		Level 7 Regular texture - Meat Cut Up	Energy Dense	
2	xxxxx			Yes		Level 7 Regular texture	Energy Dense	
3	xxxxx	Yes			Level 1 (slightly		Low Fibre Diet	Allergy to shellfish
4	xxxxx		NPO					
5	xxxxx					Level 3 Liquidised (SLT/Dietitian only)	Energy Dense	
6	xxxxx						Gluten-free Diet	
7	xxxxx			Yes				Solas Room

Image 1: Example of the Ward Diet List

AUDIT AIMS

Primary aims:

- To assess the overall accuracy of the Ward Diet List.
- Evaluate its accuracy specifically for:
  - (i) Modified texture diets
  - (ii) Thickened fluids
  - (iii) Therapeutic diets

Secondary aim:

- Identify the frequency and types of therapeutic diets recommended.

METHODOLOGY

Observational analysis: This audit was carried out on Wednesday the 6th of August 2025.

Data Collection: Data collection was carried out by six dietitians within the dietetic department obtaining information from the Ward Diet List using Microsoft Excel (*Version 16*).

Inclusion criteria and randomisation: Patients included in the audit were randomly assigned using 'odd number' beds on each of the ten wards (ICU was excluded). In the case where a patient was absent, the dietitian would include a randomly allocated 'even number' bed to ensure the sample size was representative of the hospital and to avoid bias.

Evaluation of texture and therapeutic diet Information: Patients recommendations in relation to modified texture foods, thickened fluids and therapeutic diets was obtained using the patients healthcare record and nursing assessment form. These findings were then compared to the Ward Diet List on each of the ward's computer. The dietitian determined if the information obtained from both sources were identical and up to date.

Data Analysis: The data was inputted and analysed and graphs were created using Microsoft Excel (*Version 16*).

RESULTS

Ward Diet List entries on 103 patients were reviewed in this observational audit.

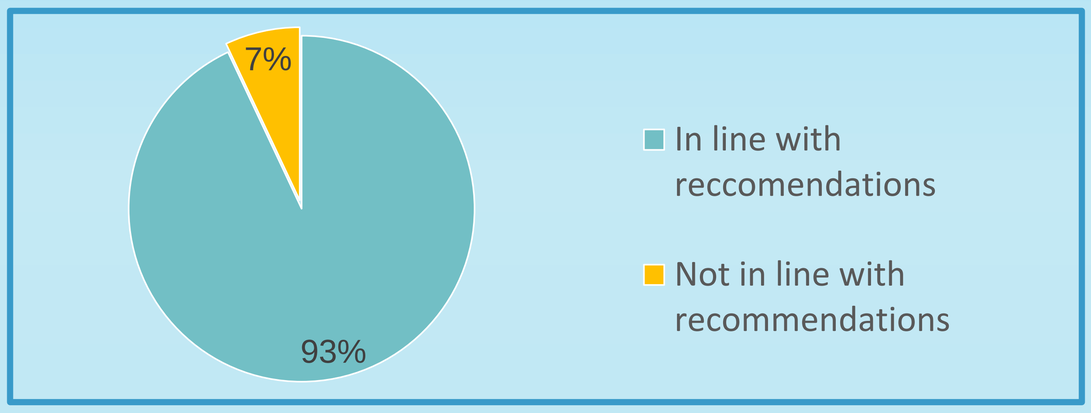

Figure 2: Accuracy of the Ward Diet List overall (%)

Figure 3: Accuracy of the Ward Diet List by recommendation category (%)

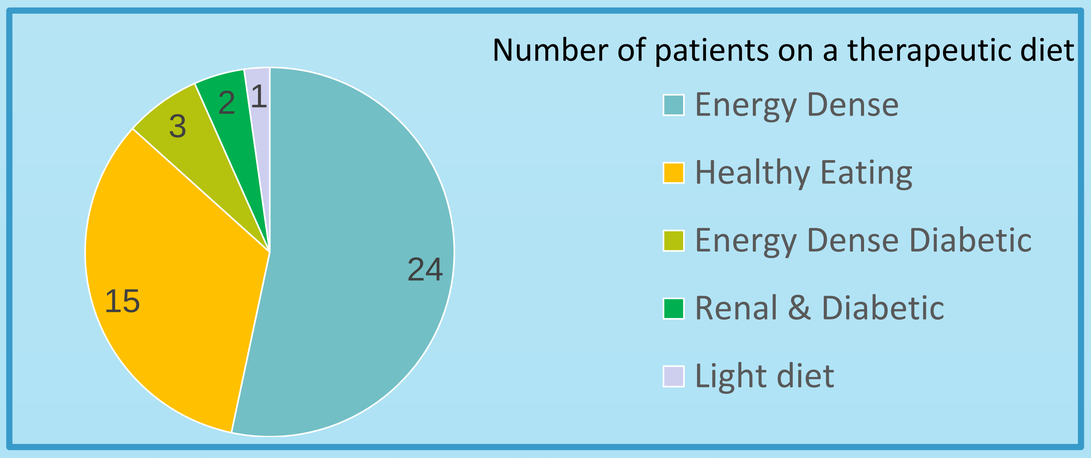

Figure 4: The frequency and types of therapeutic diets

DISCUSSION

The audit findings demonstrate a high level of accuracy and integrity in the Ward Diet List across Naas General Hospital, confirming its effectiveness as a communication tool for nutritional care. This aligns with the HSE Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals[1], which emphasises that food and hydration are essential components of patient care. The policy advocates for standardised terminology, multidisciplinary collaboration, and robust systems to prevent malnutrition and dehydration-objectives that the Ward Diet List supports effectively. The observed diversity of modified texture diets and therapeutic diets reflects the patient complexity and underscores the importance of clear, consistent communication between catering staff, nurses, health care assistants, dietitians, and speech and language therapists.

CONCLUSION

The audit demonstrates that the Ward Diet List is a reliable and effective system for managing food, nutrition, and hydration information in line with national standards and HSE policy objectives.

While findings were positive, this review was based on a single observation, so repeat audits are recommended to validate results and ensure ongoing best practice.

REFERENCES

[1] Health Service Executive, (2018). 'Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospital'. Available at: https://www2.healthservice.hse.ie/files/219/ [Accessed on 06 November 2025]

ACKNOWLEDGEMENTS

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