My Difficult-Day Food Plan

Decide now, so a hard day asks less

A difficult day may reduce appetite, body awareness, energy, coordination, communication, tolerance of smells and textures, or the ability to make one more decision. A plan made on a steadier day can hold those decisions until they are needed.

> *This is not a perfect eating plan. It is a bridge between "food feels impossible" and "something manageable is available".*

What changes on a difficult day?

Possible change	What it can interrupt	Plan around it
Low initiation	Getting up, choosing and beginning.	Put one visible ready option at the top of the plan.
Weak hunger/thirst signals	Noticing the need until it becomes urgent.	Use gentle external prompts and visible drinks.
Sensory narrowing	Foods that usually work may suddenly feel wrong.	List several safe routes with different textures/temperatures.
Decision fatigue	Comparing meals, methods or brands.	Use a fixed first choice and one back-up.
Physical symptoms	Standing, chewing, swallowing, digestion or coordination.	Follow individual medical guidance and identify suitable support.
Overload or shutdown	Speech, movement, safety checks and cooking.	Choose no-cook food or ask a named person to help.

Build the plan in layers

Layer	Question	Keep realistic
1. Immediate	What can I have with almost no preparation?	One accepted food and one tolerated drink.
2. Short method	What takes one familiar action?	Microwave, toast, open-and-serve or simple assembly.
3. Stored back-up	What can wait for this kind of day?	Clearly labelled shelf or freezer items you genuinely use.
4. Supported	Who can prepare, bring, order or prompt?	Agree the exact help before the difficult day.
5. Urgent support	When do I need health advice?	Write signs and contact routes from your clinician.

Start with accepted foods

The plan begins with foods and drinks that are already accessible. It does not use a crisis or shutdown day for exposure, variety targets or nutrition perfection. Exact brand, packaging, temperature, separation and serving container may matter. Check allergens and ingredients every time.

Three levels of "enough for now"

Level	Aim	Example structure to personalise
Minimum	Reduce immediate risk and create a next step.	Tolerated drink + one accessible food + contact/support if needed.
Steadying	Add another opportunity when possible.	Immediate option followed later by a short-method meal.
Supported	Use help when self-management is not enough.	Another person prepares, stays, prompts or seeks advice.

Maggie's reflection

A difficult-day plan is not proof that you expect to fail. It is recognition that capacity changes. Deciding the safe brand, easy method and person to contact in advance can make eating more possible when language and choices disappear.

Make the plan easy to follow

Fewer words, fewer steps, clearer support

The plan must work for the version of you who has the least capacity—not only for the person writing it today. Put the first action at the top. Use photographs, packet images, colour blocks, audio notes or another accessible format if reading becomes difficult.

The first ten minutes

Step	Action	Remove demand
1. Pause	Notice: difficult day; use the plan.	No debate about whether you “deserve” the support.
2. Drink	Take the tolerated drink already named.	Keep it visible, openable and in a manageable size.
3. Choose	Use first option; if inaccessible, move to back-up.	No browsing the entire kitchen.
4. Prepare	Use the shortest safe method.	Sit, use assistive equipment or ask for the named help.
5. Continue	Set one gentle next-food/drink prompt if helpful.	Do not build a whole schedule while overloaded.

A support person needs a script

Helpful	Less helpful
“Your plan says the first option is ____. Shall I bring it?”	“What do you feel like?” when choosing is the barrier.
Offer two agreed options and accept “neither”.	Listing every food in the house.
Prepare the exact brand/method and keep foods separate.	Changing presentation to make it “healthier”.
Stay quietly if presence helps eating feel possible.	Watching, praising bites or creating pressure.
Follow the written escalation plan when warning signs appear.	Repeated reassurance without acting on health concerns.

Stock without creating a project

Keep a small number of dependable items rather than an impressive emergency cupboard. Store them where they are visible and reachable. Set a restock point before the final portion is used. Check dates and storage conditions on a calm day, not repeatedly during distress.

When the plan does not work

Problem	Adjustment
The first food is suddenly intolerable	Move to the different-texture or different-temperature back-up without blame.
Opening or heating is still too much	Use supported help or the immediate no-preparation route.
The plan is too long	Create a one-card version with drink, food, person and urgent signs only.
Items run out	Add a restock reminder or shared list; protect one reserve portion.
Prompts feel controlling	Change wording, timing or person; prompts should offer access, not pressure.
Health is worsening	Use the agreed clinical route rather than repeatedly revising the food list.

Know when this needs more than a plan

Seek urgent medical advice according to local guidance if there are signs of severe dehydration, fainting, confusion, chest pain, breathing difficulty, severe weakness, inability to swallow safely or another acute concern. Contact an appropriate clinician when intake or hydration remains low, weight or health is changing, medicines or a medical condition affect eating, or the plan is being needed more often.

Food and allergy safety

Follow current Food Standards Agency and manufacturer instructions for storage, preparation, cooking, cooling, defrosting and reheating. Check ingredients and cross-contamination every time. A low-demand plan must reduce unnecessary effort without removing essential safety steps.

My difficult-day plan

Complete this on a steadier day

My first sign that I need the plan	_____
Where this plan will live	_____
Who has a copy	_____
My immediate medical considerations	_____

My first three actions

1. Drink	Exact option / location: _____
2. Food	Exact option / location: _____
3. Support	Person / contact method: _____

My accessible options

Route	Exact food / brand	Method	Where
Immediate	_____	None / open	_____
Short method	_____	_____	_____
Different texture	_____	_____	_____
Different temperature	_____	_____	_____
Stored back-up	_____	_____	_____

My support script

Please do	_____
Please avoid	_____
Food must be served	_____
If I cannot choose	Offer: _____ or _____
If I cannot manage the plan	_____

Health and escalation plan

Warning sign	Action / service / number
_____	_____
_____	_____
_____	_____

Five-minute restock check

■ First food available ■ Drink available ■ Back-up available ■ Dates/storage checked once ■ Support contact current ■ Plan visible

Sources and clinical note

Food Standards Agency: food.gov.uk/safety-hygiene. **NHS:** nhs.uk — urgent and general health guidance. This resource is educational and does not replace individual medical, dietetic, allergy, swallowing, eating-disorder or food-safety advice. A personalised plan should follow the person's clinical guidance, especially where diabetes, allergies, swallowing risk, gastrointestinal disease, pregnancy, medication or another condition affects food and fluids.

A message from Maggie

A hard day does not need a perfect meal. It needs the next manageable route. Make the decision earlier, keep the plan small and let another person carry some of it when needed. Something safe and possible is enough for this moment.