*Department of Public Safety and Correctional Services (DPSCS)*

# Medical Diet Manual

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**.01 Introduction.**

A. This manual establishes the following procedures:

(1) Providing therapeutic diets to an inmate or detainee diagnosed with medical conditions requiring specific dietary requirements;

(2) Providing regular and therapeutic diets that are:

(a) Nutritionally compliant;

(b) Regularly monitored; and

(c) Compatible with the health needs of the inmate or detainee;

(3) Ensuring appropriate staff order and cancel therapeutic diets in accordance with this manual;

(4) Ensuring expedient delivery of the appropriate diet to an inmate or detainee;

(5) Ensuring an inmate or detainee with a specific medical diagnosis receives dietary clinical consultation in accordance with this manual;

(6) Guiding a clinician in ordering therapeutic diets for an inmate or detainee; and

(7) Ensuring alternate meal plans to the regular diet, continually meet Dietary Reference Intakes.

**.02 Acknowledgements.**

A. The 2011-2012 revision of the DPSCS Medical Diet Manual is the collaborative effort of a committee of Registered Dietitians representing correctional facilities throughout the Department.

B. It is with sincere gratitude the Committee acknowledges the participation and assistance of the registered dietitians from correctional regions within the Department.

C. The registered dietician support in this undertaking proved beneficial in providing research, valuable input, and recommendations.

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**.03 Scope.**

This manual applies to each DPSCS correctional facility, except the Community Surveillance Enforcement Program (CSEP).

**.04 References**.

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**.05 Definitions.**

A. In this manual, the following terms have the meanings indicated.

B. Terms defined.

(1) "CDM" means a Correctional Dietary Manager.

(2)."CDRM" means a Correctional Dietary Regional Manager.

(3) "Clinician" means a:

(a) Physician;

(b) Dentist;

(c) Nurse practitioner, or

(d) Physician assistant.

(4) "Dietary Consultation" means, with respect to medical nutrition therapy:

(a) Written advice made by a registered and licensed dietitian on the request of a clinician;

(b) Therapeutic meal plan considered necessary by a registered and licensed dietitian;

(c) Written advice request within the parameters specified in section .09 Dietary Consultation and

(d) A medical meal plan that consists of a:

(i) Telephone review; or

(ii).Both.

(5) "Diet ordering" means:

(a) The process of issuing a written directive made by a clinician with regard to the nutritional care of an inmate or detainee; and

(b) Follow the protocol specified in section .08 *Ordering and Canceling Diets*.

(6) "DPSCS" means the Department of Public Safety and Correctional Services.

(7) "Food Allergy" means an immune system reaction that occurs soon after eating a certain food.

(8) "Lacto-Ovo Vegetarian" means a person who lives on a lacto-ovo vegetarian diet and avoids meat.

(9) "Lacto-Ovo Vegetarian Diet" means a:

Modification of the regular diet that replaces meat, fish, and poultry with the following variety of:

(a) Legumes;

(b) Meat analogues;

(c) Cereals;

(d) Peanut butter (peanut based);

(e) Cheeses;

(f) Milk products; and

(g) Eggs.

(10) "Meat analogue" means a meat substitute from soybean products.

(11) "Therapeutic diet" means a specially prepared diet prescribed by a licensed healthcare provider for an inmate or detainee with a specific medical condition.

**.06 Program Administration.**

A. A correctional dietary officer shall provide a medically diagnosed inmate or detainee with a therapeutic diet that:

(1) Is based on the DPSCS approved *Regular Diet*; and

(2) Meet medical needs of the inmate or detainee in section .07 *Regular and Therapeutic Diets.*

B. A registered dietitian shall evaluate *Regular Diets* and shall evaluate therapeutic diets annually or more often as clinically indicated to ensure nutritional adequacy.

C. Whenever indicated, only a clinician shall:

(1) Order medical diets;

(2) Revise medical diets;

(3)Review medical diets quarterly; or

(4) Cancel medical diets.

D. A designated licensed CDM or CDRM shall train a correctional dietary officer annually to:

(1)Prepare and deliver therapeutic diets to the appropriate inmate or detainee; and

(2)Maintain dietary records based on established protocols.

E. The DPSCS Chief Medical Officer and Chief of Food Services, or a designee shall review the diet manual annually and promulgate within a five-year period.

F. This manual and all dietary manuals are the property of DPSCS.

G. Correctional dietary officer may provide snacks only for the following:

(1) Pregnancy Diet;

(2) High Calorie Diet;

(3) Diabetic meal patterns; and

(4)When medically indicated.

H. The facility CDRM and CDM shall participate in the regional monthly Medical Advisory Committee (MAC) meetings.

**.07 Regular and Therapeutic Diets.**

A. The DPSCS regular and therapeutic diets:

(1) Provide an inmate or detainee, including those in segregation and protective custody, with adequate diets based on current Dietary Reference Intake; and

(2) Consist of items from the USDA MyPlate Food Guide http://www.choosemyplate.gov such as:

(a) Breads and cereals;

(b) Fish (non shell processed breaded white fish);

(c) Fruits;

(d) Meat;

(e) Milk and milk products;

(f) Other protein sources; and

(g) Vegetables.

B. DPSCS dietary or food services may not serve inmates or detainees meals, which contain pork or pork products.

C. The *Regular Diet* referenced in Appendix 1 to this manual forms the basis of all therapeutic diets included in this manual.

D. A clinician ordering therapeutic diets for special medical conditions shall adhere to the medical diets approved by the:

(1) DPSCS Chief Medical Officer, Medical Services**;** and

(2) DPSCS Registered Dietitian.

E. As considered appropriate, the registered dietitian may opt to change meal patterns provided the overall analysis be within the guidelines of the diet.

F. A clinician or health care practitioner may not order certain foods without medical basis or necessity, based on preference of an inmate.

G. Except for an inmate or detainee on a *Renal Diet* referenced in Appendices 10 and 11 to this manual, correctional dietary officer shall provide three "regular" bag meals to an inmate or detainee:

(1) Transported to court;

(2) Transferred from one facility to another;

(3) Transported out of the facility to work; and

(4) Participated in a facility lock-down.

H. Correctional dietary officer shall serve religious diets in accordance with the DPSCS, Religious Diet Program.

I. The *Lacto-Ovo Vegetarian Diet* is also available to meet the needs of other recognized faiths.

**.08 Ordering and Canceling Diets.**

A. When medically indicated, a clinician shall order therapeutic diets as identified in this manual.

B. A clinician may not combine medical diets without consulting with a registered dietitian.

C. A clinician may order only therapeutic diets not defined in this manual, but medically indicated as the following:

(1) A dietary consultation by a registered dietitian; and

(2) Approval of a regional medical director.

D. A clinician ordering a therapeutic diet shall:

(1) Complete, sign, and date the *Medical Diet Referral Form*, Appendix 15 to this manual;

(2) File the form in the medical record;

(3) Forward a copy of the completed form Appendix 15 to this manual, to the CDM within 24 hours;

(4) Ensure that all medical diet orders have a start and expiration date; and

(5) Submit a written order for a therapeutic diet, within one working day of the initial telephone or verbal order.

E. Medical diets expire when an inmate or detainee transfers to another facility.

If the transfer occurs on a weekend or a holiday, the receiving facility shall honor the current medical diet until the inmate or detainee is assessed medically at the receiving facility within 24 hours after that weekend or holiday.

F. The clinician of the receiving facility shall reorder the medical diet for the inmate or detainee.

G. The CDM or a designee shall:

(1) Date and stamp the reordered medical diet on receipt;

(2) Start the reordered medical diet within 48 hours; and

(3) Return to the sender incomplete referral forms.

H. As a part of an ongoing clinical evaluation, a clinician shall conduct annually, or more often as clinically indicated therapeutic diet:

(1) Reviews; and

(2) Renewals.

I. The clinician shall complete, date, and sign the *Medical Diet Referral Form,* Appendix 15 to this manual, to cancel a therapeutic diet.

J. The CDM or a designee shall:

(1) Begin the cancellation of all medical diets within 48 hours of receiving the Medical Diet Referral form, from the clinician.

(2) Recommend for removal, from a medical diet, an inmate, or detainee who demonstrates non-compliance with a therapeutic meal plan:

(a) Two-thirds of the time; and

(b) Over a one-month period.

K. Commissary privileges shall change to reflect additional measures to maintain a standard of care in accordance with *Medical Diets and Commissary Privileges*, Information Bulletin #10-11, Appendix 21 to this manual and to promote the health and well-being of an inmate or detainee on a medical diet.

**.09 Dietary Consultation.**

A. A registered dietitian shall provide a dietary consultation when:

(1) Ordered by a clinician; and

(2) Approved by the regional medical director.

B. A registered dietitian shall provide a dietary consultation for an inmate or detainee with the following diagnosis:

(1) Renal disease requiring a therapeutic diet;

(2) Crohn's disease or other gastrointestinal diseases with clinically relevant malabsorption;

(3) On medications with clinically significant interactions with foods, for example monoamine oxidase inhibitors;

(4) Chronic weight loss and failure to improve on a high calorie diet;

(5) Tube feedings;

(6) Newly diagnosed diabetic;

(7) A need for sustained clear or full liquid diets that require nutritional supplements;

(8) Documented severe life threatening food allergies of one of the eight most common adult allergies through record retrieval and history taking;

(9) A need for modifications in consistency, based on dental requirements;

(10) A specific medical diagnosis requiring a combination or special diet not provided in the

DPSCS standard of therapeutic diets; or

(11) Severe skin breakdown of Stage 2 or above.

C. Food Allergy.

(1) A tiny amount of allergy-causing food can trigger signs and symptoms such as digestive problems, hives, or swollen airways.

(2) In some people, food allergy can cause severe symptoms or even a life-threatening reaction known as anaphylaxis.

(3) Food allergy risk factors include:

(a) *Family history* - A person is at risk of food allergies if asthma, eczema, hives or allergies, such as hay fever, are common in the family;

(b) *Severe allergies* - Allergies to nuts and shellfish are more likely to be lifelong; and

(c) *Asthma* - Asthma and food allergy commonly occur together. When they do, both food allergy and asthma symptoms are more likely to be severe.

(4) Factors that may increase the risk of developing an anaphylactic reaction include:

(a) Having a history of asthma;

(b) Being a teenager or younger;

(c) Waiting to treat the food allergy symptoms with epinephrine; and

(d) Not having hives or other skin symptoms.

(5) The most common food allergy symptoms include:

(a) Tingling or itching in the mouth;

(b) Itching, hives, or eczema;

(c) Swelling of the lips, face, tongue and throat, or other parts of the body;

(d).Wheezing, trouble breathing, or nasal congestion;

(e) Vomiting, abdominal pain, diarrhea, or nausea; and

(f) Fainting, dizziness, or lightheadedness.

D. Anaphylaxis**.**

(1) In some people, a food allergy can trigger a severe allergic reaction called anaphylaxis. This can cause life-threatening symptoms, including:

(a) Constriction and tightening of the airways;

(b) A swollen throat or the sensation of a lump in your throat that makes it difficult to breathe;

(c) Shock, with a severe drop in blood pressure;

(d) Rapid pulse; and

(e) Dizziness, lightheadedness, or loss of consciousness.

(2) Emergency treatment is common for anaphylaxis. Untreated, anaphylaxis can cause comma or death.

E. Most Common Food Allergies and Statistics, and Treatment Recommendations.

(1) Ninety percent of all allergic reactions are to the "top eight" food items below:

(a) Eggs;

(b) Fish (bass, cod, and flounder);

(c) Peanuts**;**

(d) Milk;

(e) Shellfish (crabs, lobster, and shrimp);

(f) Soy (the Department utilizes soy products in the DPSCS vegetarian diet);

(g) Tree nuts (walnuts, pecans, almonds, and cashews); and

(h) Wheat.

(2) Food allergies are less common in adults, but more common in children.

(3) About 7 out of 100 kids have food allergies.

(4) Only 3 to 4 out of 100 adults have food allergies.

(5) If a person has a food allergy as an adult, the person will most likely have it for life.

(6) Most adults who have food allergies had them since childhood.

(7) Eighty percent of African Americans have lactose intolerance to milk and milk products.

(8) The best treatment for a food allergy is to avoid eating foods, which may cause the allergy.

F.Foods Served.

(1) DPSCS dietary staff may serve hot dogs that are chicken or turkey mixture.

(2) DPSCS dietary staff may serve processed breaded (non shellfish) white fish once weekly.

(3) DPSCS dietary staff may not serve pork or pork products, or shellfish such as crabs and shrimp.

G Food Intolerance.

(1) Many people think they have a food allergy, but in fact, what they have is food intolerance.

(2) Food intolerance is common. It can cause some of the same symptoms as a mild food allergy, like:

(a) An upset stomach;

(b) Explosive gas; and

(c) Nausea, etc.;

(3) Food intolerance may make you feel bad, but it is not dangerous.

(4) Food intolerance may not cause a life-threatening allergic reaction.

H. Serious Food Allergy.

(1) A serious food allergy can be dangerous.

(2) A clinician shall:

(a) Evaluate an inmate or detainee who self-report food allergies, for referral purposes to determine if the inmate or detainee medical history is suggestive of a life-threatening food allergy; and

(b) Treat an inmate or detainee who presents food intolerances (wheat, gluten), ingestion associated with milk (lactaid enzyme deficiency), and not true life-threatening reactions by **avoidance of the food**.

(c) Do a thorough evaluation of any inmate or detainee who:

(i) Has previous positive documentation of egg allergy; or

(ii) Claims to have peanut associated allergy, but does not have any prior existing documentation of the reaction or treatment.

(d) Once an inmate or detainee verbalizes an allergy to a certain food, in the absence of documentation:

(i) Document the type of reaction (rash, itching, etc.);

(ii) Write a therapeutic meal order after the inmate or detainee medical history has been substantiated from either old medical records, or ER (emergency room) records, or an outpatient allergist documentation;

(iii) Provide the inmate or detainee with written instructions to avoid the food item; and

(iv) If there are any questions regarding a true allergic reaction to food; seek support and advice from the regional Medical Director or the Chief Medical Officer, Clinical Services.

(3) Severe allergic reactions may represent a reaction to a food that should be taken seriously.

(a) A clinician shall recommend, for an inmate or detainee who has documented historical and clinical evidence of past severe allergicreactions, which an inmate be:

(i) Educated regarding the food options and ways to avoid getting into difficulty with the offending food; and

(ii) Evaluated through appropriate history taking and old record review to determine the extent of one of the life-threatening reactions, listed in H.3(b) (i-v) to certain foods.

(b) Life-threatening reactions include:

(i) Shortness of breath;

(ii) Wheezing;

(iii) Whelps;

(iv) Hives; or

(v) Anaphylactic-type reaction.

I. Inmate Self Report Food Intolerance or Allergy.

(1) An inmate or detainee who self-reports a food intolerance or allergy, other than those that are life threatening, that is tomatoes, onions, or etc., shall avoid most of the offending foods without special dietary orders to do so.

(2) The clinician shall document:

(a) In the medical record the offending food reaction represents an intolerance and not a true allergy and does not require listing it as an allergy, but may be listed on the "Problem list" of the inmate or detainee as "Food Intolerance" with documentation of the symptoms; and

(b) In the progress notes, the education and options, etc., provided to the inmate detainee, and the date.

J. Medical Dietary Consultation Request.

(1) The Clinician and Regional Medical Director shall complete the *Medical Dietary Consultation Request* form, Appendix 16 to this manual, for dietary consultation requests.

(2) The CDM shall return incomplete forms to the requesting clinician.

(3) The clinician shall place the *Medical Diet Consultation Request* form in the inmate's or detainee's medical record and forward a copy to the CDM for nutrition intervention.

(4) The CDM shall:

(a) Date and stamp all consultation requests on receipt; and

(b) Ensure a registered dietitian initiate dietary consultations within 7 working days of receipt.

(5) The registered dietician shall:

(a) Prepare a dietary consultation for a special diet for an inmate or detainee; and

(b) Forward the completed dietary consultation form to the medical unit for filing in the inmate's or detainees' medical record.

(6) The clinician shall order therapeutic diets not included in this manual, but recommended by the dietary consultation as indicated on the *Medical Diet Referral* form, Appendix 15 to this manual, under "Other."

**.10 Therapeutic Diet Delivery.**

A. A registered dietitian shall prepare, issue, and distribute a weekly medical diet spreadsheet delineating a meal plan for each medical diet provided in the correctional facility.

B. In accordance with this manual, meal plans are required for medical diets.

C. The clinician shall:

(1) Update the roster of inmates and detainees receiving medical diets on a monthly basis; and

(2)Forward the updated roster to the CDM by the 15th day of each month.

D. The CDM shall:

(1) Identify an inmate and detainee on a medical diet before meal service, to ensure the diagnosed inmate and detainee receive the specific medical diet; and

(2) Instruct and monitor the correctional dietary officer, assigned to the diet line, to ensure that medical diets are in accordance with the medical diet spreadsheet.

E. The correctional dietary officer shall:

(1) Maintain the *Medical Diet Compliance Logs and Checklists*, Appendix 17 to this manual; and

(2) Document the delivery of medical diets to an inmate or and detainee on a meal-by-meal basis.

F. The CDM shall:

(1) Maintain and review compliance logs each month; and

(2) Notify the clinician when an inmate or detainee is administratively noncompliant with a medical diet.

G. The clinician shall place a copy of the non-compliant record in the medical record and make a determination for an administrative removal of the medical diet.

H. A correctional officer and a correctional dietary officer shall submit a matter of record according to DPSCS practices, when observing an inmate or detainee, altering special diets in the dining room by:

(1) Refusing medical diet meals;

(2) Selecting regular meals through the regular meal line;

(3) Receiving food;

(4) Trading food; and

(5) Giving away food.

I. A correctional officer and correctional dietary officer shall submit the completed matter of record for appropriate administrative action to the:

(1) Facility medical department; and

(2) CDRM.

**.11 Lacto-Ovo Vegetarian Meal Plan.**

A. The lacto-ovo vegetarian meal plan may not:

(1) Combine with an order for a medical diet; and

(2) Does not meet the criteria for medical diets.

B. With the exception of an inmate or detainee on a prescribed medical diet, an inmate or detainee shall select either the:

(1) *Lacto-Ovo Vegetarian Diet*, Appendix 2 to this manual;

(2) *Religious Diet*; or

(3) *Regular Diet*, Appendix 1 to this manual, food plan.

C. An inmate or detainee shall:

(1) Register dietary food plan preferences at intake; and

(2) Re-register dietary food plan preferences:

(a) Within 15 days after being transferred from one facility to another; and

(b) Within 6 months from the date of re-registration.

D. The administrative chaplain shall process religious registration changes out of schedule if the request for re-registration is associated with an approved change in religious preference.

E. The registration process shall be coordinated by the:

(1) Chief of security;

(2) CDM; or

(3) Designee.

**.12 Meal Planning.**

A. Use a vegetarian substitution as necessary for the general population. The basic vegetarian menu shall correspond with the:

(1) Planned facility menu; and

(2).Certified facility menu.

B. Vegetarian substitutions shall include at least 2-3 servings (five meat equivalents), daily.

C. Offer a variety of entrees, a registered and licensed dietitian shall choose from the following:

(1) Meat.

(a) 1-2 meat equivalents from the egg or milk product groups; or

(b) 1-2 meat equivalents from the meat analogue group; or

(c) 1-2 meat equivalents from the legume group;

(d) Note: 1 meat equivalent equals any of the following:

(i) ½cup dried beans, peas, or lentils;

(ii) 1 tablespoon of peanut butter;

(iii) 1 oz cheese;

(iv) 1 cup cottage cheese;

(v) 1 egg; or 4 oz tofu (2-1/2" X 2-2/4" X 1");

(vi) 1 oz nuts or as specified for individual nutritional analysis;

(vii) 2 oz meat analogues made from soy protein, or as specified for individual nutritional analysis.

(2)Milk.

2 cups or 16 oz of all types of milk or yogurt.

(3)Vegetables.

3-5 servings daily, including a serving of dark green or yellow vegetables and one cup of vegetable soup may be considered a serving of vegetables.

(4) Fruits.

2-4 servings daily to include a serving of citrus fruit or juice; or vitamin C fruit or juice.

D. The registered and licensed dietitian shall:

(1) Categorize all vegetarian diets as lacto-ovo to ensure that good quality protein is included in the planned menus;

(2) Utilize commercially prepared food items made from vegetable shortening, such as:

(a) Baked goods;

(b) Crackers;

(c) Cookies; or

(d) Pancake flour.

(3) Provide three exchanges of margarine or vegetable shortening in cooking per day.

E. The CDRM or CDM**,** who is a registered dietitian, shall plan the lacto-ovo vegetarian substitutes and make available seasonal "good buys" to enhance the vegetarian substitutions and ensure nutritional adequacy.

F. Receiving, storing, preparing, and serving vegetarian meals shall follow procedures when preparing of a *Regular Diet*.

G. An inmate or detainee in special confinement that selects the *Lacto-Ovo Vegetarian Diet* shall receive meals in the cell or a designated housing area.

H. Adequacy.

(1) The *Lacto-Ovo Vegetarian Diet*, when planned, contains all nutrients necessary to provide and maintain adequate nutrition based on the Dietary Reference Intake.

(2).Some lacto-ovo vegetarians may be at risk of developing vitamin B-12 deficiency during periods of increased needs such as repeated blood loss.

**.13 Facility Directive.**

This manual supersedes provisions of any prior existing Department communication of which

it may cause a conflict.

**.14 Attachments or Links.**

A. Appendix 1, Regular Diet

B. Appendix 2, Lacto-Ovo Vegetarian Diet

C. Appendix 3, Clear Liquid Diet

D. Appendix 4, Full Liquid Diet

E. Appendix 5, Pureed Diet

F. Appendix 6, Mechanical Soft Diet

G. Appendix 7, Cardiovascular Diet

H. Appendix 8, Diabetic Diet

I. Appendix 9, No Concentrated Sweets Diet (NCS)

J. Appendix 10, Renal Diet (Pre-Dialysis)

K.Appendix 11, Renal Diet (Dialysis)

L.Appendix 12, Pregnancy Diet

M.Appendix 13, High Calorie Diet

N.Appendix 14, Body Mass Index Table

O.Appendix 15, Medical Diet Referral Form (Rev. Sept. 2011)

P.Appendix 16, Medical Diet Consultation Request Form

Q.Appendix 17, Medical Diet Compliance Log or Check List Form

R. Appendix 18, Inmate and Detainee Education Handout – Diet and Diabetes

S. Appendix 19, Inmate and Detainee Education Handout Sodium

T. Appendix 20, Inmate and Detainee Education Handout Cholesterol

U. Appendix 21, DCIB #10-11 - Medical Diets and Commissary Privilege

V. Appendix 22, Inmate Medical Diet Refusal Acknowledgement (Attachment #3 to DCIB 10-11)

W. Appendix 23, Choose MyPlate.gov.

**.15 History.**

This manual supersedes:

A. DPSCSD 130-400, Medical Diet Manual, dated August 2004.

B. DPSCSD 130-400, Medical Diet Manual, dated January 1, 1999.