

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-801
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: N/A
Chapter 6: Health Services
Sub Chapter: Dietary
Related DOC Policies: N/A
Administrative Code Reference: N/A
Subject: Modified Diets
PREA Standards: N/A
ACA Standards: 5-ACI-5C-06
Responsibility: Dr. Michael Riley
Effective Date: April 2025
Authority:

1. PURPOSE

To ensure the nutritional requirements are met for patients needing a modified diet.

2. POLICY

To provide modified diets for patients for health conditions requiring nutritional accommodation not attainable from the general menu.

Modified diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information.

3. DEFINITIONS - As used in this document:

- A. Dietitian – For the purposes of this policy, refers to a dietitian who is licensed by the State of Iowa and employed by the Iowa Department of Corrections, either full-time, part-time or as a consultant.
- B. Food Allergy – also called food hypersensitivity, is an adverse reaction caused by, or influenced by an immunological mechanism. The allergy is usually to the protein in food. (Nutrition and Foodservice Management in Correctional Facilities Manual CD-HCF/ADA 2008 page 81).
- C. Food Intolerance – is when the cause is not known, or is not immunological in nature.

4. PROCEDURES

- A. All modified diets are a component of an overall treatment plan and are at the discretion of the prescribing licensed medical practitioner.
- B. A licensed medical practitioner-authored progress note and appropriate diet order are required for the original, renewal, or cancellation of all modified diets. All diet orders will be completed via the electronic medical record with a copy sent to food services, dietitian, and the patient.
- C. When a dietitian is not on staff, a patient education sheet prepared by a dietitian may be given upon request for the diets identified in this policy by health services staff.
- D. Diets must be ordered using this policy as a reference. A dietitian must be consulted when diets not referenced in this policy are requested. "The Simplified Diet Manual" by the Iowa Dietetic Association (most recent edition) will be used when a dietitian is not available. Non-mandatory diet offerings will have a Treatment Refusal signed if they are declined.
- E. Health Services staff or a dietitian may identify commissary restrictions for any diet type. If a patient needs to be placed on a commissary restriction, this must be indicated on the *Modified Diet Request* form **HSF-801**. Commissary restrictions are mandatory for uncontrolled diabetes.
- F. Patients receiving modified diets transferring to another institution shall have their current diet continued at the subsequent institution.
- G. Virtual diet consultations by a dietitian can be accomplished by contacting an institution where these services are available.
- H. Food Consumption Logs may be initiated by any staff for those patients whose dietary compliance requires monitoring. DOC *Food Consumption Log form HSF-801A* will be initiated for individuals who must eat on their unit, and the unit officers will complete the form. After completion, the Food Consumption Log will be forwarded to Health Services for review and assessment by a licensed medical practitioner. Upon the request of a calorie count, a dietitian may document in the chart the final assessment from the food log.
- I. Specific guidelines for the most frequent diets are as follows:

1. Clear Liquid Diet (renew at three days) – may be provided for patients in acute stages of many illnesses; especially those with a fever, emesis, or diarrhea, preoperative; post-operative, or in preparation for medical procedures, i.e., x-ray studies. Clear liquid diets may be ordered for up to three days by a licensed nurse. This diet is inadequate in all nutrients and, therefore, should be limited to three days; after which time, nutrient supplementation is required along with appropriate documentation supporting renewal.
2. Full Liquid Diet (renew at five days) – may be necessary following patients with gastroparesis or injury of the mouth, jaw or throat enabling the patient to chew or swallow solid or pureed food. Only food and beverages which are liquid at body temperature and tolerated by the patient will be provided. A full liquid diet should be limited to five days; after which time, appropriate documentation must support renewal. A multivitamin/mineral supplement should be considered if the patient's clinical presentation recommends it and the patient remains on the diet for more than five days.
3. Pureed Diet (renew at two weeks or recommendation of the licensed medical practitioner) – available for patients unable to chew solid food as a result of illness or an injury to the mouth, jaw or throat. Foods are the consistency of pudding. When a thinner consistency is required for feeding through a straw or syringe, this must be indicated in the special instructions of the *Modified Diet Request* form **HSF-801**. Diets for a fractured jaw should indicate increased calorie/protein requirements, as appropriate.
4. Dental Soft Diet (renew at two weeks or recommendation of the licensed medical practitioner) – may be necessary following a pureed diet; mild to moderate dental work; or medical conditions of the mouth, jaw, or throat where healing is required. Patients must have the ability to chew solid food. Meats are ground or minced into pieces no larger than one-quarter-inch thick. If ground meats are not necessary, this must be indicated in the special instructions of the *Modified Diet Request*.
5. 1800 and 2400 Calorie Diets – [Calorie controlled, carbohydrate consistent, provide no more than 30% (60 and 80 gm respectively) of calories from fat] (renew at three months). These calorie levels include an HS snack providing 30 grams of carbohydrates, e.g. three graham crackers and one serving of fruit. Additional snacks may be ordered, if additional calories are needed. If fewer calories are indicated, the patient should be encouraged

to consume less, exercise more; and, if appropriate, the HS snack may be cancelled.

a. Diabetes

1. The 1800 Calorie and 2400 Calorie Diets are available to patients with clinically documented diabetes or hypoglycemia.
2. Glycemic control is determined by laboratory testing of the patient's glycosylated hemoglobin value (A1c). If two consecutive A1c results are in one of the following ranges below, recommended guidelines for dietary and commissary restrictions are:

Diabetic Diet & Commissary Restrictions:

Hbg A1c	Diet	Commissary Restrictions
≤6.9	Physician discretion	No commissary restrictions
7.0 - 7.9	Physician discretion	Commissary restrictions if diet indicated
≥8.0	Mandatory diet	Mandatory commissary restrictions

3. A progress note must be entered documenting the rationale for choosing a dietary restriction, and that the patient was informed that deterioration in the glycemic control may result in reclassifying the patient to an appropriate diet.
4. The patient is required to present for their individually prescribed diabetic diet.
5. The patient's choice under these circumstances is to eat or not eat the prescribed diet.
6. Failure to comply may result in disciplinary action.

b. Obesity

1. The 1800 Calorie and 2400 Calorie Diets are available to patients with clinically documented obesity (25% above idea body weight or a BMI of >30).

2. These calorie controlled diets may also be clinically indicated for other medical conditions, i.e., hypertension, pre-diabetes, elevated cholesterol, and triglyceride levels, particularly if associated risk factors indicate merit in weight reduction.
3. The initial weight (as well as monthly weights) must be documented in the health record for the duration of the prescribed diet.
4. Commissary items may be limited. Items applicable for commissary restrictions may be identified by health services staff or a registered, licensed dietitian.

c. Hyperlipidemia

The 1800 Calorie and 2400 Calorie Diets are available to patients with elevated serum cholesterol or other hyperlipidemias.

6. No Added Salt [3-4 gm sodium] (renew at three months) – available following clinical evidence of a condition such as edema, CHF and/or hypertension.
 - a. The average daily sodium content of the DOC general diet is <5 grams. When appropriate, a patient should be allowed to self-manage sodium intake from the general diet. The NAS Diet Guidelines available in Medical ICON shall be provided to the patient.
 - b. Sodium restrictions less than 3-4 grams must be specifically ordered.
 - c. It should be noted that the 2 gram sodium diet is not well tolerated.
7. Gluten-Restricted (renew at three months) – available for patients with Celiac Disease, gluten sensitivity or gluten intolerance. This diet restricts gluten by avoiding food and beverages containing wheat, rye and barley. If

appropriate, patients may select from the general diet with the addition of gluten-free supplemental snacks.

8. Food Allergy

- a. General guidelines for allergy diets help to evaluate requests for restricted diet due to food allergies.
- b. The goal is to provide allergy diets that are medically necessary and not those requested for food preferences.
- c. Allergy diets should only be prescribed as a result of allergy testing, or if the patient can provide written confirmation by a licensed medical practitioner of previous testing which had led to the diagnosis of a food allergy.
- d. Verifiable information includes:
 - 1) Laboratory test results, physical findings, or clinical evidence from a licensed medical practitioner.
 - 2) Interview the patient to determine if the symptoms associated with food allergy can be described or observed.
 - 3) Licensed medical practitioners need to document the following:
 - a) Type of hypersensitivity reaction.
 - b) Time from the ingestion of food to onset of symptoms.
 - c) Quantity of food consumed to cause a reaction.
 - d) State of the food (i.e. raw, cooked or processed).
- e. When managing an allergy, the licensed medical practitioner must consult with the dietitian or dietary staff regarding the necessity of a medical diet. Some food allergens can easily be avoided and would not require a diet. (Nutrition and Foodservice Management in Correctional Facilities CD-HCF/ADA 2008, page 81).

9. Snacks - Dietary supplementation for medical conditions such as HIV or Cancer may be ordered.

- a. Snacks or liquid supplements such as Ensure may be prescribed for patients with demonstrated need for increased caloric intake beyond available meals.
- b. Other medical conditions where increased nutritional needs or increased frequency of meals may also require between meal feedings.
- c. All snack orders must be medically indicated. Documentation in the health record must support the need for between food feedings.
- d. The DOC standard snacks should be given when appropriate. Documentation in the health record must support the need for specific food orders.
- e. Food must not be used as a reward or punishment for level of compliance.
- f. A snack may be ordered to reduce the stomach discomfort that can result from medications. This snack provides 15 grams of carbohydrates, e.g. three graham crackers.
- g. All snacks must be ordered by the provider and the diet form completed in Medical ICON.

Any combination of the above diets (1-9) may be ordered.