State of Iowa Department of Corrections

Policy and Procedures

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Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: 229, 812, 904
Chapter 10: Forensic Psychiatric Hospital
Sub Chapter: Treatment
Related DOC Policies: HSP-801, IS-FS-01
Administrative Code Reference: 481.51
Subject: Modified Diets
PREA Standards: NA
Responsibility: Warden Mike Heinricy, Dr. Theresa
Clemmons Effective Date: November 2024
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 (IDOC), either full-time, part-time or as a consultant.

B. Food Allergy – Also called food hypersensitivity, this 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", 2008 pp. 81-85).

C. Food Intolerance – 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 dietitian will assess the patients within 14 days of admission.

C. A licensed medical practitioner-authored progress note and appropriate diet order are required for the origin, 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 and the dietitian.

D. Meals modified for religious reasons will be communicated to food services by the chaplain.

E. 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.

F. 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**.

G. Caloric counts are ordered by a licensed medical practitioner for those patients whose dietary compliance requires monitoring. Upon the request of a calorie count, a dietitian may document in the chart the final assessment from the food log.

H. 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 status; postoperative status; 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 one week) – may be necessary following a clear liquid diet; during illness; 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 one week, after which time appropriate documentation must support renewal. A multivitamin/mineral supplement should be ordered if a patient remains on the diet for more than two weeks.

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, this must be indicated in the special instructions of the Modified Diet Request. 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. Additional snacks may be ordered, if additional calories are needed. If fewer calories are indicated, the patient should be encouraged to consume less and exercise more, and if appropriate, the HS snack may be cancelled.

    a. Diabetes

       The 1800 Calorie and 2400 Calorie Diets are available to patients with clinically documented diabetes or hypoglycemia. The diet will be prescribed by a licensed medial practitioner.

    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, and 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.

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, congestive heart failure, and/or hypertension.

   a. The average daily sodium content of the IDOC 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 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 with the patient to determine if the symptoms associated with food allergy can be described or observed.

3) Licensed medical practitioners must 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 allergies can easily be avoided and would not require a diet. ("Nutrition and Foodservice Management in Correctional Facilities", CD-HCF/ADA 2008, page 81).

I. The Food Service Director shall follow the IDOC policy master cycle menu program outlined in *IDOC General Food Service Operations* Policy **IS-FS-01**.

1. Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of appropriate food groups.

2. Patients will receive individualized meals utilizing a tray ticket system. Their individualized meals will note claimed allergies, food likes and dislikes. This information will be given to Dietary Services by the IMCC Clinical Dietitian. If a claimed allergy-causing item is on the menu, an appropriate nutritional substitute will be served. If a menu item is substituted due to an outage, a donation or garden produce, this information will be shared with the unit by an FPH Menu Change Form

that will be posted on the Hot/Cold Food Transport Cart. These changes will then be on file on the living unit for 30 days after the meal is served.

J. Nourishment between meals shall be made available to patients unless contraindicated by the physician. The unit nurse will request the food supplies for these snacks from the Dietary Department.

Patients will receive a general evening snack delivered to the units with the supper meal. If items which need refrigeration are on the menu, they will be sent in a cooler with ice to maintain appropriate temperatures. The snacks will be served to the patients at approximately 7:30 p.m. or at a time that works with activities which are taking place on the unit. There are a variety of snacks that will be used over the five-week cycle menu. If a patient is on a medically ordered modified diet, they will only receive the snack that is ordered with the diet order from the doctor. A form will be attached to the bus tub/cooler so the unit Correctional Officers will know who is on a medically ordered diet and will also know the number of general snacks that are being delivered to the unit.