

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 5/20/2016	NUMBER: F-47.1 Page 1 of 4
	Replaces: 7/8/2015	
	Formulated: 10/85 Reviewed: 04/16	
THERAPEUTIC DIETS AND FOOD ALLERGIES		

PURPOSE: To establish guidelines for the ordering and provision of therapeutic diets according to the orders of the treating provider.

POLICY:

- I. Therapeutic diets are provided at all facilities for patients whose medical and/or dental conditions require dietary management as ordered by a qualified health care provider (physician, dentist or midlevel practitioner). Qualified health care staff will consult with the patient within 30 days of ordering the therapeutic diet. Dietary literature will be made available during these consultations.
- II. Therapeutic diets are evaluated for nutritional adequacy by a registered or licensed dietitian annually or whenever a substantial change in the menu is made.
- III. **ORDERING THERAPEUTIC DIETS**
The following types of therapeutic diet orders are typically long term:

Diet for Health-low in fat, low in sodium, low in sugar, and has no monosodium glutamate (MSG). Ideal for offenders with diabetes, hypertension, hyperlipidemia, morbid obesity, or MSG sensitivity.

Dialysis Diet-high in protein and high in calories. Includes a mid-meal snack (distributed with lunch) and a bedtime snack (distributed at supper). Only for offenders receiving hemodialysis and is only available at Estelle, Young, and Montford facilities.

Protein Restricted Diet-low protein (60 g), low sodium (2 g), and low potassium (2 g). For offenders with chronic kidney disease (CKD) or impaired liver function.

Gluten Restricted Diet-avoids wheat, rye, barley and oats which all have the protein, gluten. For offenders who have an allergy or sensitivity to gluten.

Hypercaloric Diet-increased calories are provided by a regular diet that includes a snack with every meal plus a bedtime snack. The supper and bedtime snack will be given to the offender with the supper meal. The offender should be allowed to take the bedtime snack to be consumed later in the evening. For offenders with chronic diseases that are associated with wasting (i.e. cancer, HIV, and TB).

Mechanical Soft Diet-foods that can be masticated between edentulous ridges or limited numbers of teeth and by the chewing forces of the tongue and palate. Essentially, a regular TDCJ diet except solid meat will be mechanically chopped prior to serving. For edentulous or essentially edentulous offenders and offenders with temporomandibular dysfunction.

Pureed Diet-regular diet except foods are individually pureed in a blender prior to serving. For offenders with dysphagia (i.e. stroke) or who are otherwise not able to safely chew a mechanical soft diet.

The above therapeutic diet orders should be entered into the electronic medical record (EMR) via the order entry process as provider orders. These orders will remain in effect until cancelled or replaced by a subsequent provider order.

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IV. ORDERING SNACKS

The above listed therapeutic diets may be ordered with a bedtime snack, when medically indicated.

V. ORDERING SHORT-TERM DIETS

The following diet orders are, typically, short-term and require specification of the prescribed time period:

NPO-nothing by mouth

Clear Liquids-liquids that have no visible solid particles (i.e. apple juice, tea, and broth) -

Full Liquids-liquids that are not clear (i.e. milk, milk shakes, and soups that do not have any solid food) -

Room tray-meal is served in room. For offenders that have a medical condition preventing them from safely eating in assigned dining areas -

For non-infirmatory patients, a short-term diet order should be entered into the EMR via a Medical Pass Request/Order and print a paper Admin-Offender Medical Pass that is to be provided to the offender -

For infirmatory patients, a short term diet order should be typed as an order on the IP Physician Admission Order or IP Facility Provider Order form. Nursing should then create a DIET (IP) reminder in the EMR. Nursing will communicate these orders for infirmatory patients directly to food services.

VI. FOOD ALLERGIES

A. Any food can cause an allergic reaction, but the following eight foods account for 90 percent of all food-allergic reactions: **milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat.**

Food allergies tend to occur in childhood and abate with time, but some, such as peanuts, tree nuts, and shellfish, commonly remain lifelong allergies." Peanuts, tree nuts, and shellfish are also the most likely to produce anaphylaxis.

Reports of food allergies should be evaluated by a unit provider to obtain a history and assess risk. Consider commissary restrictions for serious food allergies.

For more information regarding food allergies, consult the Food Allergy and Anaphylaxis Network at www.foodallergy.org<<http://www.foodallergy.org>>.

B. The following food items are frequently on the TDCJ menu. Allergies to these food items should be entered into the EMR by clicking the ADD button in the ALLERGIES section of the EMR Medication Screen and searching for the specific food:

Cabbage	Eggs	Spinach
Carrots	Legumes	Soy
Chicken	Mustard Greens	Squash
Collard Greens	Okra	Tomatoes
Corn	Peanuts	Turnips

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Dairy products

Pork

- C. Other foods not listed above may, occasionally, be served by TDCJ Food Services but are rarely associated with allergic reactions. Allergies to other food items can also be entered into the EMR by clicking the ADD button in the ALLERGIES section of the EMR Medication Screen and searching for the specific food with the following exceptions:

Lactose intolerance should enter as allergy to dairy products.

Allergy to **beans** (other than green beans) should enter as allergy to legumes.

Allergy to **mayonnaise** should enter as allergy to eggs/mayonnaise.

Allergy or sensitivity to **MSG** should order DFH diet.

Allergy to **wheat, rye, barley, and/or oats** should order Gluten Restricted diet.

- D. For any food item for which a confirmed or suspected true food allergy exists that cannot be entered into the EMR, contact the CMC Helpdesk by email to cmc.helpdesk@utmb.edu or by phone at 409-772-5200. The CMC Helpdesk will coordinate with the TDCJ Health Services Deputy Director to enable unit providers to enter the requested food item into EMR in a manner that will be transmitted to TDCJ mainframe and, thus, make the information accessible to TDCJ Food Services.

- VII. Each facility will maintain a current copy of the Nutrition Manual, which contains procedures for providing therapeutic diets. The UTMB Chief Dietitian will be responsible for providing any pertinent revisions and updated literature to each facility.

VIII. DIET REFUSALS

If an offender refuses to follow the diet ordered by a qualified health care provider, and wants to eat from the regular food line, he/she must submit a Sick Call Request asking that the ordered diet be discontinued. The Food Service Staff cannot allow the offender patient to eat from the regular food line, until they have been notified by the medical department that the offender patient has been deleted from the special Therapeutic diet list.

Informed refusal of the therapeutic diet will be documented in the medical record with a complete and properly executed Refusal of Treatment (ROT). The ROT will be scanned into the medical record. In addition to the (ROT), the medical department will give the offender a counseling sheet (Attachment A) that outlines the potential risks of refusing the therapeutic diet. The counseling sheet will advise the offender of self selection choices that the offender may consider when eating from the regular diet line.

When a therapeutic diet has been refused, the therapeutic diet must be replaced with a regular diet to cancel the therapeutic diet in the TDCJ Food Services computer system. The therapeutic diet will be cancelled and a regular diet will be substituted by use of the EMR order entry process.

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If snack(s) were previously ordered with the therapeutic diet, the snack(s) will be continued (e.g. Diet for Health with evening snack will be changed to a regular diet with evening snack).

IX. Dietary needs will be reviewed by the medical providers in the appropriate Chronic Care Clinic.

References: U.S. Dept. of Agriculture/Dept. of Health & Human Services "MyPyramid Food Guidance System" at www.mypyramid.gov or J Nutr Educ Behav 2006; 38 Suppl.

USDA Dietary Reference Intakes, 2006

The American Heart Association Diet and Lifestyle Recommendations Revision 2006. Circulation 2006; 114(1):82.

TDCJ-ID Administrative Directive AD-05.25, Medical and Religious Diets

TDCJ-ID Food Service Division Policy Manual

American Diabetes Association Exchange Lists for Meal Planning - Revised 2003

American Dietetic Association Nutrition Care Manual

ACA Standard 4-4318 (Ref. 3-4299) Therapeutic Diets (Mandatory)