



State of Indiana  
Indiana Department of Correction

Effective Date

4/1/2022

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Number

3.11A

**HEALTH CARE SERVICES  
DIRECTIVE-ADULT  
Manual of Policies and Procedures**

Title

**REGULAR AND THERAPEUTIC DIETS**

Legal References

(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures

(includes but is not limited to)

01-02-101

Other References

(includes but is not limited to)

ACA Standard: 4-4318M

**I. PURPOSE:**

This Health Care Services Directive (HCSD) provides general guidelines for the prescription of therapeutic diets.

**II. DEFINITIONS:**

- A. **THERAPEUTIC DIET:** A diet which deviates from the standard diet in preparation, type, or the amount and type of food provided, and is prescribed to treat or manage a health condition. Therapeutic diets do not include diets provided for religious or security reasons.
- B. **FOOD ALLERGY:** An adverse health affect arising from a specific immune response that occurs reproducibly on exposure to a given food.

**III. PROCEDURE:**

**A. General Information**

At each facility, a heart healthy diet using a written cycle menu is provided by the Food Services Division. The menu is reviewed for nutritional adequacy at a minimum twice yearly, and copies of these reviews are made available to all Health Services Administrators (HSA) upon request. Individual facilities are permitted to deviate from the formal menu cycle with substitutions developed and approved by the registered dietician when there is a disruption in vendor delivery, utilities, or during facility emergencies as declared by the Warden/designee. All substitutions are forwarded to the Director of Contract Compliance. Records of substitutions may be provided to the HSA on request.

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Therapeutic diets shall be initiated as clinically indicated. Therapeutic diets may be prescribed by physicians, dentists, clinical nurse practitioners, and may be recommended by clinical dietitians.

Clinical dietitians may be consulted for both for nutritional instruction and for advice in prescribing therapeutic diets.

A therapeutic diet manual from the Food Service vendor provider shall be made available for reference and information in the Health Services and Food Services areas.

The therapeutic diets that may be prescribed without a formulary exception request include the following:

1. Cardiac diet is prescribed only when the standard heart healthy diet is inadequate (i.e., the patient requires less than 3500 mg of sodium);
2. 1800 Diabetic diet (no snack);
3. 2200 Diabetic diet (no snack);
4. Pregnancy/High Protein (includes HS snack);
5. Broken Jaw/Full Liquid;
6. Clear Liquid (beyond three [3] days requires a formulary exception request);
7. Renal diet/Pre-/Post-Dialysis; and,
8. HS Diabetic snack.

All other therapeutic diets shall require the initiation and approval of a formulary exception request. In addition, all provider's orders for meal delivery to an incarcerated individual on a housing unit shall require an approved formulary exception request.

### B. Food Allergies

True food allergies cause a systemic immune reaction. The majority of adults have food intolerance which causes unpleasant symptoms such as bloating, abdominal cramping, gas, and diarrhea, but no systemic immune reaction (i.e., angioedema, flushing, generalized urticaria, pruritis, hypertension, shock, throat swelling, etc.). While any food is a potential allergen, more than ninety percent (90%) of acute systemic reactions to food in adults are from crustaceans (shrimp, crab, lobster), tree nuts, peanuts, or fish. A food allergy may coexist with asthma, atopic dermatitis, and eosinophilic esophagitis. Conditions such as celiac disease, irritable bowel syndrome, or a lactase deficiency may sometimes mimic a food allergy.

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A thorough health history shall be obtained and documented for any incarcerated individual who reports a food allergy. The physician shall question the patient regarding the following:

1. Quantity of food ingested;
2. Whether the food was cooked or uncooked;
3. The timing of the symptoms;
4. If the food was taken with alcohol or the concomitant use of aspirin or NSAIDS;
5. Treatment previously given; and,
6. How long symptoms lasted.

A review of recent commissary purchases shall also be completed to determine whether the patient is purchasing food products to which the patient claims to be allergic.

Diagnostic options currently used at some facilities include Oral Food Challenge Test, Elimination Diet, and Serum Specific IgE allergy testing.

The Oral Food Challenge Test is a diagnostic test in which Health Services personnel present the suspect food to the individual for ingestion in gradually increasing amounts until the food-symptom relationship is established/not established. It remains a “gold standard” in food-allergy testing. During an oral food challenge, the patient is fed gradually increasing amounts of the suspected allergy-causing food over a period of time under strict supervision by a physician in the Health Services unit at a facility.

An Elimination Diet, in which the patient is advised to avoid the specific foods causing symptoms, shall be implemented unless the diet would adversely affect the patient’s body weight or health. If an elimination diet is not feasible, a specific diet for documented food allergies shall be requested through the formulary exception process.

Diagnostic tests may be helpful in establishing the presence of a food allergy. All IgE testing for food allergies shall be interpreted in the context of the patient’s clinical reactions. Many patients will have positive IgE tests to foods despite never having a clinical reaction. Because individuals can develop allergic sensitization to food allergens without having any clinical symptoms on exposure to those foods, an IgE mediated food allergy requires both the presence of sensitization and the

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development of specific signs and symptoms on exposure to that food. Sensitization alone is not sufficient to define a food allergy.

### C. Means of Prescription of Therapeutic Diets

The necessity for a therapeutic diet must be documented in the EMR prior to the prescription being written (documented in progress notes, in the provider's orders, and in the treatment plan). When a therapeutic diet is initiated, the patient shall receive nutritional counseling to ensure that they understand the desired benefits of the diet and the obligation for compliance. This counseling shall be offered by a dietician, or other licensed health care professional(s).

Orders for therapeutic diets shall include the type of diet, the duration for which the diet is to be provided, and special instructions, if necessary. Diet orders for formulary diets shall not exceed one hundred-eighty (180) days. Approved formulary exception diet orders may not exceed ninety (90) days. Diet orders initiated from an approved nursing protocol may not exceed seventy-two (72) hours.

When a therapeutic diet is prescribed, the facility shall, in accordance with Policy and Administrative Procedure 04-01-301, "The Development and Delivery of Food Services," provide a means to generate a diet card. The diet card provides the patient access to the therapeutic diet in the Food Service facility.

If a patient is to refuse a therapeutic diet at the time it is prescribed, they shall be advised of the consequences of the refusal and the patient shall be offered a written refusal form in accordance with HCSD 2.12A, "Consent and Refusal."

### D. Non-compliance and Refusal

Each facility's Food Service personnel shall inform Health Services via State Form 17481, "Weekly Record of Prescribed Diets," if a patient receiving a therapeutic diet is more than rarely non-compliant (Some facilities may find it simpler to report all non-compliance to Health Services personnel). Health Services personnel shall document the non-compliance in the health record and arrange for a nutritional counseling session for the patient. If the patient refuses the diet at this counseling session, the patient shall be advised of the health consequences of the refusal and the patient should complete a refusal form. If the patient elects to continue with the therapeutic diet the patient shall be informed that should non-compliance continue, the diet may be discontinued.

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If diets are discontinued due to non-compliance the patient shall be informed. This information may be transmitted in written form. The decision to discontinue the diet shall be documented in the EMR as an order by a clinician. If the patient is interested in receiving the therapeutic diet and it is still medically indicated, consideration shall be given to providing the diet again.

Practitioners are often faced with patients who comply with therapeutic diets in the facility dining room but defeat the therapeutic diet purpose through commissary use. When this is documented, education shall be provided for the patient. This shall be documented in the EMR.

### E. Mechanical Modifications

Mechanically modified diets shall be prescribed only when necessary to permit continuing nutrition. The following comments shall be considered generally applicable. Justification for deviations shall be documented in the EMR.

Clear liquid diets are useful when patients cannot tolerate more complex food, usually due to nausea and vomiting. Clear liquid diets are nutritionally inadequate and should not be continued for more than brief periods (24-48 hours).

Full liquid diets may be useful in advancing patients from clear liquids to more complex diets or when an acute problem with mastication or swallowing has developed but should not be continued once the immediate difficulty has passed. Full liquid diets may be required for long term use when mastication and swallowing cannot be relied upon to move food to the stomach.

When liquid nutrition supplements are prescribed for patients in general population, the supplements shall be provided at the medication line and consumed in the presence of Health Services personnel.

Pureed diets are nutritionally superior to full liquid diets and should be provided preferentially to patients who cannot chew but can swallow. This type of patient should not be provided with a full liquid diet.

A dental soft diet may be prescribed, in lieu of a full liquid diet, if the patient has mild chewing or swallowing problems, or when necessary, after oral surgery. Dental soft diets should not be provided for long periods unless there is an unusual condition resulting in continuing jaw instability or pain. After oral surgery gums will toughen and become capable of mastication despite the absence of teeth. In

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fact, this toughening must be permitted to occur in order for gums to mature and be properly fitted with dentures.

Absence of teeth is not an indication for a permanent mechanically modified diet.

### F. Calorie Controlled Diet

Calorie controlled weight loss diets will not generally be available in the Department unless the weight loss diet is necessary to manage a serious health condition. Similarly, high calorie diets shall not be prescribed for weight gain unless prior weight loss is due to a health condition and failure to regain weight on the regular diet despite its ingestion (approximately 2800 calories per day) has been documented in the health record. In this circumstance, as soon as weight gain is back to the normal range has been documented, the extra calories should be discontinued (unless the hypermetabolic or malabsorptive state is present). Consultation with a dietician regarding necessary caloric content may be helpful. “Double portion,” or four thousand (4,000)-calorie diets shall not be provided.

### IV. APPLICABILITY:

This HCSD is applicable to all adult facilities providing Health Services to incarcerated adults.

signature on file

\_\_\_\_\_  
Kristen Dauss, MD  
Chief Medical Officer

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Date