I. **AUTHORITY:** 11 Del. C. §6536 Medical Care

II. **PURPOSE:** To ensure that when clinically indicated, appropriate therapeutic diets are provided to protect and optimize patients’ health.

III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.

IV. **DEFINITIONS:** See Glossary

V. **SUMMARY OF CHANGES:** This policy was updated to include the word ordering for ordering provider that must review diets quarterly.

VI. **POLICY:**

A. It is the policy of the DDOC that medical diets are provided that enhance patients’ health. This is accomplished in the following manner:

1. Medical Diets are provided per prescriber order and documented in the Delaware Automated Correctional System (DACS) and the offender’s electronic health record (EHR).
   a. A therapeutic diet manual is available in health services and food services for reference and information.
   b. Healthcare providers may order snacks, as clinically indicated, and based upon clinical assessments or evaluations.
   c. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often, as clinically indicated.
   d. Therapeutic diets shall be reviewed by the ordering provider at least quarterly, and the review documented in DACS and the EHR.
2. Orders for therapeutic diets are communicated to dietary staff through the DACS and include the type of diet, the duration for which it is to be provided, and special instructions, if any. Types of therapeutic diets include, but are not limited to the following:
   a. Diabetic diet
   b. High calorie/high protein
   c. Gluten free diet,
   d. Renal diet,
   e. Mechanical soft diet
   f. Multi-allergy,
   g. Liquid (clear or full),
      i. Clear liquid diets shall be ordered for no more than 3 days at a time. A provider must review and renew a clear liquid diet every 3 days.
      ii. Full liquid diets shall be ordered for no more than 7 days at a time. A provider must review and renew a full liquid diet every 7 days.
   h. Bedtime or PM Snack,
   i. Pregnancy,
   j. Nutritional supplementation.
   k. Other diets not specified above must be reviewed and approved by a Registered Dietitian Nutritionist (RDN).

3. A DDOC Credentialed RDN or other licensed qualified nutrition professionals, as authorized by state scope of practice laws, documents a review of all therapeutic diets for nutritional adequacy at least annually. This review is coordinated with the DDOC Food Service Department.
   a. Diets shall meet nationally recommended allowances for basic nutrition.
   b. Menu evaluations are conducted at least quarterly by facility food service supervisory staff to verify adherence to the established basic daily servings.

4. The facility has a procedure in place to notify the RDN whenever the medical diet is changed.
   a. Food service staff plan menus in advance and substantially follow the plan and ensure that planning and preparation of all meals takes into consideration food flavor, texture, temperature, appearance, and palatability.
   b. Menu substitutions are recorded.

5. Written documentation of menu reviews includes the date, signature, and title of the RDN.

6. Offender workers who prepare medical diets are supervised in diet preparation.

7. When offenders refuse prescribed diets, the site Medical Director, or designee, shall ensure follow-up nutritional counseling is provided.

B. Offenders shall be educated about interactions between certain foods and prescribed medications.

C. Juvenile offender diets shall be in accordance with nationally recognized nutrition programs such as the U.S. Department of Agriculture’s National School Breakfast/Lunch Program.

D. Religious diets are approved and ordered through the facility chaplain.
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   E. Medical diets may not be used as a disciplinary measure.
   F. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH).