



VOLUME: 4 MEDICAL SERVICES	Effective Date: 12/03
CHAPTER: 20B	Revision Date(s): 01/06, 12/10
OUTPATIENT DIETARY INTERVENTIONS PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. DEFINITIONS

CDCR Heart Healthy Diet: A diet plan restricted in sodium and fat while supplying adequate calories, fiber and all essential nutrients, supported by the CDCR and approved by a Registered Dietitian.

Diet Instruction: specific dietary recommendations including careful food choices based on the CDCR Heart Healthy Diet, provided by a Registered Dietitian or other health care staff within the scope of their licensure.

Nourishments: Approved food items, in addition to the standard meal, prescribed by a treating clinician for patient-inmates with certain medical or dental conditions.

Outpatient Therapeutic Diet: A therapeutic diet prescribed by a treating clinician.

Primary Care Provider (PCP): A Physician, Nurse Practitioner, or Physician Assistant

Supplement: High caloric drinks or high caloric food bars, in addition to the standard meal, prescribed by a treating clinician, for patient-inmates with certain medical or dental conditions.

Treating Clinician: A Physician, Nurse Practitioner, Physician Assistant, or Dentist

II. RESPONSIBILITIES

A. Allied Health Services is responsible for:

1. Implementation and periodic review of this procedure.
2. Recommending diet education handouts for approval from Statewide Medical and Nursing leadership, and overseeing the distribution of diet education handouts to all CDCR institutions.

B. The institution Registered Dietitian is responsible for:

1. Providing diet instruction.
2. Ensuring that standardized CDCR patient-inmate diet education handouts are available at care sites for use during diet instruction and patient care.
3. Providing patient-inmate nutrition consultation as ordered by a treating clinician.

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4. Ensuring that Outpatient Therapeutic Diets are prepared according to this policy.
 5. Recommending medical diets, nourishments, and supplements.
 6. Coordinating the distribution of therapeutic diets to outpatients.
- C.** Registered Dietitians are responsible for diet instruction at all institutions with licensed beds. Institutions that do not have licensed beds, or a Registered Dietitian, are expected to describe arrangements for diet instruction in their LOP (Local Operating Procedure).
- D.** An institution without a Registered Dietitian must designate, in its LOP, how and by whom the responsibilities of the Registered Dietitian, above, will be performed.
- E.** The treating clinician is responsible for prescribing the medical diets, nourishments, and supplements.

III. PROCEDURE OVERVIEW

The CDCR provides patient-inmates with meals based on a standardized master menu consistent with a CDCR Heart Healthy diet. With appropriate patient-inmate diet instruction, the CDCR Heart Healthy diet eliminates the need for most prescribed diets.

IV. PROCEDURE DETAILS

A. DIET INSTRUCTION

1. Standardized CDCR patient-inmate diet education handouts, approved by Statewide Medical and Nursing Leadership, shall be distributed to all institutions by Allied Health Services for use during diet instruction.
2. Patient-inmates receiving diet instruction shall not be housed in a Correctional Treatment Center (CTC), Skilled Nursing Facility (SNF), Hospice, General Acute Care Hospital (GACH), or any other medically licensed bed or Outpatient Housing Unit (OHU) due solely to the fact they are receiving this service.
3. Patient-inmates with certain conditions may be considered for diet consultation and instruction. These conditions are listed in Appendix IV.
4. The diet instruction and dietary recommendations will be documented on a CDCR Form 7230 (Interdisciplinary Progress Note), and filed in the patient-inmate's Unit Health Record.
5. The treating clinician refers the patient-inmates for diet consultation and instruction by completing a CDCR Form 7221 (Physician's Order). The order will indicate the medical or dental condition requiring dietary instruction and any special medical and/or dietary considerations.

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B. FOOD ALLERGIES AND INTOLERANCES

1. The Primary Care Provider (PCP) shall evaluate patient-inmates who request a special diet due to claimed food intolerance or allergy. If the PCP determines the patient-inmate has a severe food allergy, the PCP will determine whether the allergy can be appropriately managed by educating the patient-inmate to avoid the identified food, or if a CDCR 128C Medical, Psychiatric, Dental ordering a food supplement is required. In extreme cases where the patient-inmate does not tolerate the supplement, the patient-inmate may require meals to be provided as a medical diet. Example of extreme cases includes patient-inmates with >25 foods with positive RAST test and multiple hospital admissions related to food allergy. If a patient-inmate is allergic or intolerant to a readily identified food(s), including lactose intolerance, he/she will be educated to avoid the offending food, but no food substitution will be given.
2. Patient-inmates with peanut allergy can be reassured that the Department does not use peanut oil in its standard diet. Peanut butter and peanut butter cookies are readily identifiable and can be avoided.
3. The CDCR menu purposefully contains an average of 300-400 calories per day more than required for the average person. This calorie buffer allows patient-inmates to choose not to eat certain foods, either due to food sensitivity or general dislike, without compromising nutritional health.

C. NOURISHMENTS AND SUPPLEMENTS

1. Indications:
The patient-inmate must meet specified criteria to qualify for nourishments or supplements, except in special situations that must be approved by the institution Chief Medical Executive (CME) or Supervising Dentist. These criteria are listed in Appendix V.
2. Prescriptions and Renewal:
 - a. Nourishments and supplements, including vitamin and mineral supplements that are recommended by a registered dietitian, are provided only if prescribed by an institution treating clinician.
 - b. The prescription must include the indication for the nourishment or supplement, and the duration of the order. The prescription maximum duration is:

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Condition	Frequency
Pregnancy and lactation	Order may be written to be valid up to the estimated date of confinement plus 90 days.
Patient-inmates receiving insulin	Order may be written with no stop date. If insulin is discontinued the provider must discontinue the prescription.
Decompensated end-stage liver disease	Order may be written with no stop date.
All other indications	Order may be written for up to 90 days.

3. Implementation:

- a. Prescribed nourishments and supplements are limited to those listed in Appendix III. Outpatient therapeutic diets, nourishments, and supplements can not be modified for religious reasons or for other personal requests.
- b. Prescribed nourishments including Liquid Nutritional Supplements (LNS) shall be paid for by Health Care, but purchased, stored, and distributed by institution Food Services and Custody staff in accordance with established LOP.
- c. A system for tracking the distribution of Nourishments and LNS to patient-inmates, as well as monitoring LNS usage levels and policy compliance shall be developed and incorporated into the LOP.

D. THERAPEUTIC DIETS

1. The Department's authorized Outpatient Therapeutic Diets, their characteristics, and the indications for prescription are noted in Appendix I.
2. If an institution has only an OHU and no Registered Dietitian, prescribed therapeutic meals, including outpatient therapeutic meals, with the exception of consistency-modified regular meals, shall not be prepared, assembled or served in that OHU.
3. Outpatient therapeutic diets cannot be modified for religious reasons or for other personal requests. If a therapeutic diet is ordered for a patient-inmate, it shall take precedence over the religious diet.

E. REFUSAL OF THERAPEUTIC DIETS

1. Patient-inmates may refuse prescribed therapeutic diets; however, refusals must be documented in accordance with the institutional LOP. If, after educating the patient-

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inmate regarding the health care benefits of the prescribed diet, the patient-inmate continues to refuse the prescribed diet, a CDCR Form 7225, Refusal of Examination and/or Treatment, shall be completed. Patient-inmates who refuse a prescribed diet will be offered the CDCR Heart Healthy diet.

2. Patient-inmates shall not be issued a Rules Violation Report (RVR) for refusing an outpatient therapeutic diet. A patient-inmate may be issued a RVR for circumventing meal procedures such as picking up a therapeutic meal and a regular meal or other violations of meal procedures. A patient-inmate is not to be issued a RVR for eating items other than what is on the outpatient therapeutic meal (i.e., canteen purchases). It is the responsibility of each patient-inmate to monitor his/her diet in order to maintain optimum health.

F. PLACEMENT OF PATIENT-INMATES REQUIRING A THERAPEUTIC DIET

1. Patient-inmates requiring a therapeutic diet shall be housed only at an institution that has the capability to prepare therapeutic diets under the direction and supervision of a Registered Dietitian and trained dietary staff. Institutions that provide outpatient therapeutic diets are listed in Appendix II.
2. When a patient-inmate is not housed at one of the listed institutions and is identified by a PCP as requiring a therapeutic diet, the PCP shall initiate transfer per the institution LOP. While the transfer is pending, the patient-inmate shall be given dietary instruction for making appropriate food choices from the mainline meals but will not receive a therapeutic diet.
3. Patient-inmates receiving an outpatient therapeutic diet shall not be housed in a CTC, SNF, Hospice, GACH, or any other medically licensed bed or OHU due solely to the fact they are receiving a therapeutic diet.

G. MEALS AND MEAL SERVICE

1. Standardized Health Care Menu
 - a. For outpatient therapeutic meals, a CTC is required to use the standardized CPHCS health care menu. The menu is based on using approved frozen entrees.
 - b. Medical is responsible for purchasing and for the cost of frozen dietary entrees, plus all special foods (low sodium, low fat, high protein bars etc.) used in the outpatient therapeutic diets.
 - c. The health care menu has been analyzed and is consistent with recognized standards established by the, Food and Nutrition Board, Institute of Medicine of the National Academies of Science, the American Dietetic Association and the Stanford University Medical Center. Frozen meals are a component of outpatient therapeutic diets but they do not meet all the nutritional needs of patient-inmates. For this reason, even outpatient therapeutic diets that include frozen meals as one component must be assembled and supplemented under the direction of a Registered Dietitian. Staff must not open or remove items from the frozen meals.

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The meals shall be provided to the patient-inmate in a sealed state except in settings where packaging may pose a security risk such as in the segregated housing unit. The meals vary in their amounts of key nutrients from day to day. Therefore, the standardized menu includes varying amounts and types of accompanying food items. Dietary staff who prepare the therapeutic meals must ensure that the indicated amount of margarine, bread, and other food items specified on the daily menus are being served with the frozen meal.

2. Diet Kitchen Prepared Diets

- a. Institutions with a complete therapeutic diet kitchen are exempt from using the frozen meal menus or standardized menus.
- b. The Registered Dietitian at these facilities shall develop and prepare therapeutic meals based on the diet parameters in Appendix I-A, B, C, and D.

3. Delivery

- a. Outpatient therapeutic diet meal trays shall be fully assembled and identified by diet in medical dietary, ready for delivery to patient-inmates.
- b. Outpatient therapeutic diet meals shall be delivered to the patient-inmates in accordance with established LOP. The institution shall also develop LOPs for delivering these meals during lock-down situations.
- c. Food service and custody staff assigned to the dining rooms that serve therapeutic diet meals shall maintain a list of patient-inmates who are prescribed therapeutic diets. The institution shall develop an LOP that verifies delivery of therapeutic diets to patient-inmates.
- d. The Health Care Food Administrator I (FAI) or Registered Dietitian shall ensure culinary staff is trained on how to serve the therapeutic diets.

H. LOCAL OPERATING PROCEDURE

1. Each institution Chief Executive Officer (CEO) is responsible for ensuring that the institution has an approved and current LOP that includes, at a minimum:
 - a. Contact information for the Registered Dietitian or for the person by whom the responsibilities of the Registered Dietitian, above, will be performed.
 - b. Methods for distributing patient-inmate diet education handouts, expected re-order levels or reproduction procedures.
 - c. Procedure for referring patient-inmates for diet instruction and dietitian consultation.
 - d. Procedure for obtaining CME or Supervising Dentist approval of nourishments or supplements for patient-inmates that do not have one of the listed indications.
 - e. How approved nourishments and supplements are billed to medical services, distributed, and tracked.

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- f. How outpatient therapeutic diet meals are routinely delivered to patient-inmates, and during lockdown situations.
- g. How outpatient therapeutic diet meals are tracked to ensure patient-inmates are receiving the meals.
- h. Quality Improvement Plan.
- i. Training plan, local.
- j. Process for approval; including any local sign-off on the LOP.
- k. Final approval is obtained from the Health Care Regional Administrator, acting in concert with the Regional Leadership Team.

I. QUALITY IMPROVEMENT

- 1. The institution must include a plan for quality improvement in the LOP that addresses at least one of the following:
 - a. Standardized CDCR patient-inmate diet education handouts are available at all care sites.
 - b. Patient-inmates eligible for diet instruction are offered diet instruction.
 - c. Patient-inmates receiving liquid nutritional supplements have a condition that qualifies them to receive the appropriate supplement.
 - d. Patient-inmates receiving nourishments have a condition that qualifies them to receive the appropriate nourishment.
 - e. Patient-inmates receiving a therapeutic diet have a condition that qualifies them to receive the appropriate diet.
 - f. All patient-inmates receiving nourishments or supplements have been offered diet instruction.
 - g. Frequency of inability to comply with the therapeutic diet Standardized Menu.

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V. REFERENCES:

- California Code of Regulations; Title 15, 2008, CDCR (Article 4, 3054 (d))
- Manual of Clinical Dietetics, Sixth Edition, American Dietetic Association, 2000
- CDCR Department Operations Manual, 2006, Chapter 5, Article 51, 54080.3, 54080.56, 54080.14

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APPENDIX I

CDCR's authorized therapeutic diets, indications, and specifications are described in the following appendices.

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APPENDIX I-A

OUTPATIENT THERAPEUTIC DIETS

GLUTEN-FREE DIET

A gluten-free diet is one that eliminates gluten-containing grains from the diet.

INDICATIONS

Patient-inmates with diagnosed and documented celiac disease are eligible to receive gluten-free meals.

SPECIFICATION

- 2,600 – 2,800 Calories, Regular Diet
- All foods containing wheat, rye, barley, or oats are eliminated.

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APPENDIX I-B

HEPATIC DIET

A hepatic diet is one that controls protein and sodium content for patient-inmates with decompensated cirrhosis. These patient-inmates should have frequent weights recorded. Calorie count should be monitored. Consider enteral feeding supplementation if oral intake is suboptimal. The goal of the diet is to:

- Correct malnutrition and prevent metabolic complications.
- Improve quality of life.
- Reduce perioperative complications for those patient-inmates who will require liver transplantation.

INDICATIONS

All patient-inmates with end stage liver disease complicated by ascites requiring paracentesis and/or a prior history of encephalopathy requiring hospitalization shall be prescribed an outpatient therapeutic hepatic diet.

SPECIFICATION

- 2,600 – 2,800 Calories
- Protein: 84 -105 grams (1.2-1.5 grams Protein/kg ideal body weight (IBW))
- Sodium: 2,000-3,000 mg/day
- Non-protein energy should be increased to 35-40 cal/kg IBW /day
- Nutrient dense, volume restricted
 - \geq 1.2-1.5 kilocalories/ml
 - electrolyte and carbohydrate modified if necessary
- Water restriction is not recommended, unless serum sodium is less than 125 mEq/L.
- Patient-inmates should take a daily multivitamin.
- Calcium supplementation (1,200-1,500 mg/day) in patient-inmates with osteopenia and osteoporosis.

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APPENDIX I-C

RENAL DIET

A Renal Diet controls protein and electrolytes in order to slow the progress of azotemia and electrolyte imbalance between dialysis sessions.

INDICATIONS

All patient-inmates receiving dialysis shall be prescribed an outpatient therapeutic renal diet.

SPECIFICATION

- 2,600 – 2,800 Calories (30-35 Calories/kg ideal body weight (IBW))
- 50-60% of Calories from carbohydrate
- Protein: 84 -91 grams (1.2-1.3 grams Protein/kg IBW)
- Phosphorus: 800-1,200 mg/day
- Sodium: 2,000-3,000 mg/day
- Potassium: 2,000-3,000 mg/day

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APPENDIX I-D

PRE-RENAL DIET

A Pre-renal Diet controls protein and electrolytes in order to reduce the demand on the kidneys in patient-inmates with renal failure that does not yet require dialysis.

INDICATIONS

Patient-inmates with kidney disease and a creatinine level of >2.0 mg/dl, but who do not yet require dialysis are eligible to receive a pre-renal diet at an approved institution. This diet is the same as the renal diet described above but it contains less protein.

SPECIFICATION

- 2,600 – 2,800 Calories (35-40 Calories/kg ideal body weight (IBW))
- Protein: 42-60 grams (0.6-0.8 gm/kg IBW)
- Phosphorus: 800-1,200 mg/day
- Sodium: 2,000-3,000 mg/day
- Potassium: 2,000-3,000 mg/day

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APPENDIX II

INSTITUTIONS PROVIDING OUTPATIENT THERAPEUTIC DIETS

Central California Women's Facility
Centinela State Prison
California Institution for Men
California Institution for Women
California Men's Colony
California Medical Facility
California State Prison, Corcoran
California Substance Abuse and Treatment Facility at Corcoran
High Desert State Prison
Kern Valley State Prison
California State Prison, Los Angeles
Mule Creek State Prison
North Kern State Prison
Pelican Bay State Prison
Pleasant Valley State Prison
Richard J. Donovan Correctional Facility
California State Prison, Sacramento
California State Prison, Solano
San Quentin State Prison
Salinas Valley State Prison
Wasco State Prison

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APPENDIX III APPROVED LIST OF NOURISHMENTS AND SUPPLEMENTS

CONDITION	NOURISHMENT	SUPPLEMENT
Pregnancy	<ul style="list-style-type: none"> • Two extra cartons of milk a day AND • Two fresh fruit servings AND • Two fresh vegetable servings 	**Pre-natal vitamins If lactose intolerant, provide 600 mg calcium supplement daily
Diabetes treated with Insulin	<ul style="list-style-type: none"> • Two, 1 oz. pkgs. of either peanut butter & crackers <u>OR</u> cheese & crackers AND • One fresh fruit 	None
Diabetes not treated with Insulin	None	None
Malnourishment evidenced by: serum albumin ≤ 2.5 gm/dl OR Significant weight loss of > 10% in the prior 6 months OR BMI <18	None	***Liquid Ensure, Boost, or Carnation Instant Breakfast. An equivalent liquid product may be substituted.
End-stage liver disease with ascites requiring paracentesis or encephalopathy requiring hospitalization	None	***Liquid Suplena or equivalent
Oropharyngeal or dental conditions impeding mastication and/or other conditions resulting in dysphagia*	None	***Liquid Ensure, Boost, or Carnation Instant Breakfast. An equivalent liquid product may be substituted. *** Liquid Ensure, Boost, or Carnation Instant Breakfast, no sugar added. An equivalent liquid product may be substituted.

* Although the majority of patient-inmates with disorders or conditions impeding mastication or causing dysphagia will be housed in a licensed bed or OHU they are eligible to receive nourishments or supplements in the outpatient setting at the discretion of the CME or Supervising Dentist.

** Distributed by nursing

*** The most cost effective LNS meeting patient needs shall be utilized.

**** The nourishments are purchased by institution food services. The LNS are purchased by medical.

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APPENDIX IV

CONDITIONS ELIGIBLE FOR DIET INSTRUCTION

Patients with the following conditions may be considered for diet consultation and instruction:

- Pregnancy
- Disorders of mastication or dysphagia
- Weight loss of >5% of body weight during the prior 6 months
- Malnourishment evidenced by one or more of the following conditions:
 - Serum albumin <3.0 gm/dl
 - Body Mass Index (BMI) <18
- Diabetes
- Hepatic disease including cirrhosis without ascites or encephalopathy
- Kidney disease with a creatinine \geq 2.0 mg/dl
- Celiac disease
- Those receiving Liquid Nutritional Supplements
- Food allergies or intolerances
- Other medical or dental conditions that the treating clinician determines, based on evidence, will benefit from the instruction

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APPENDIX V

INDICATIONS FOR NOURISHMENTS AND SUPPLEMENTS

The patient-inmate must meet one of the following criteria to qualify for nourishments or supplements, except in special situations that must be approved by the institution CME or Supervising Dentist.

- Pregnancy and lactation
- Patient-inmates receiving insulin
- Patient-inmates with impaired mastication and/or dysphagia, including that caused by:
 - Dental or oropharyngeal conditions
 - Cerebrovascular or other significant neurological condition
 - Obstructed or esophageal dysfunction
- Moderate to severe protein/calorie malnutrition due to metabolic deficiency or metabolic response to injury/illness evidenced by:
 - Significant weight loss of 10% or more over the prior 6 months
 - Serum albumin <2.5 mg/dl
 - BMI <18
- Decompensated end stage liver disease with ascites requiring paracentesis or encephalopathy requiring hospitalization