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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE | CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.12</u> |
| SUBJECT: MEDICAL/DENTAL DIETS | EFFECTIVE DATE <u>10/15/12</u> |
| PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> | REVIEW DATE <u>10/15/13</u> |
| <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i> | SUPERSEDES PPD# <u>6.12</u> |
| | DATED <u>06/01/11</u> |
| ISSUING OFFICER: | DIRECTOR'S INITIALS: _____ |
| | DATE: _____ |
| <u>William Wrenn, Commissioner</u> | APPENDIX ATTACHED: |
| | YES _____ NO _____ |
| REFERENCE NO: See reference section on last page of PPD. | |

I. PURPOSE:

To establish policy and procedures for providing medical diets as prescribed by appropriate medical personnel.

II. APPLICABILITY:

To all Food Service, Health Service and Security staff

III. POLICY:

It is the policy of the NH Department of Corrections that medical/dental, and psychiatric diets shall be available upon Medical or Dental Practitioner authorization to inmates or residents who demonstrate valid medical dietary requirements. Diet prescriptions shall be specific and complete and shall be furnished in writing to the Dietitian. Medical diet orders shall be reviewed monthly.

IV. PROCEDURE:

A. The inmate's attending physician, physician's assistant, nurse practitioner or dentist shall prescribe all medical/dental and psychiatric diets using the medical/religious diet form (Attachment 1).

B. Approved types of medical diets are as follows:

1. Vegetarian (Medical)
2. Prenatal
3. Texture Variations (Clear Liquid, Full Liquid, blenderized and soft)
4. Supplemented: Nutritional supplements or snacks.
5. Food allergy: validated anaphylactic reaction

If there is a clinical suspicion of a food allergy, the practitioner will make a determination if the clinical suspicion involves one of the main food allergies (i.e. onion, tomato, egg and peanut). Clinical suspicion of a main food allergy must be confirmed in one of the following ways:

- a. RAST (Lab test)
- b. Copy of a previous skin testing report

- c. Copy of a previous double blind food challenge report (nutritionist test conducted by the Dietitian)
 - d. Copy of a previous serum testing report
 - e. Community or Department health practitioner firsthand, documented report of significant allergic reaction to food.
- C. Medical diet prescriptions other than the above approved types shall be limited to specific dietary needs of inmates who:
- 1. Are housed in the infirmary at NHSP/M, NCF or SPU as an inpatient.
 - 2. Are receiving medication that would interact unfavorably with certain nutrients
 - 3. Have made a request for weight reduction. Such requests will be based on the inmate's individual medical needs. All of the inmates will be counseled in calorie needs and exercise requirements and encouraged to self manage. A dietary consult will be ordered on those that have a BMI > 40. With at risk conditions, a vegetarian diet can be utilized.
 - 4. All medical diets, other than those listed in B, must be pre-approved by the Director of Medical/Forensic Services or other appropriately designated staff.
- D. A Dietitian is available for clinical nutrition consults at NHSP/M, utilizing an Allied Health Referral Form (attachment 1)
- E.. Religious diets shall be available upon Clergy authorization to inmates who demonstrate a valid religious dietary requirements (see PPD 71.17)
- F. A Master Diet List will be updated and reviewed monthly. It will be maintained in CORIS and will detail all current medical and religious diet orders. The list will be authorized quarterly by the Director of Medical/Forensic Services or other appropriately designated staff. The Medical Department will monitor the expirations of medical diets on a monthly basis.
- G. Medical diet orders shall be reviewed and reordered as clinically indicated, at a maximum interval of once every twelve months. Orders to discontinue medical diet prescriptions shall be furnished in writing on the Physician Order Sheet in the offender's medical record.
- H. Dental diets are usually of short duration dictated by the treatment provided (example: extraction fractured jaw). The appropriate diet will be written on a Physician's Order Form and entered in CORIS. Dental personnel will follow the procedure in item I.
- I. When a temporary textured diet is ordered, it shall be phoned in to a Food Service staff member at the kitchen by the Medical or Dental staff and entered under the Alerts section of CORIS. This verbal order shall be followed up within 24 hours by a written order on the Physician's Order form. Upon receipt of the verbal order, the kitchen will prepare and serve the texture diet while awaiting verification of the written order.
- J. Color-coded diet stickers placed on their picture ID's shall identify inmates who have medical diet prescriptions. ID's must be presented at meal times.
- K. Medical diets will be provided to Special Housing Unit (SHU) and Secure Psychiatric Unit (SPU) inmates and will be prepared according to medical diet prescription.
- L. All inmates placed on medical/dental diets are expected to adhere to them completely. Instances of non-compliance will be documented by custody and/or Food Service staff and reported to the medical department for dietary re-evaluation. Examples of non-compliance are as follows:
- 1. Failure to attend meals at scheduled medical diet meal times to obtain appropriate diet food items.
 - 2. Giving away medical diet foods.
 - 3. Eating foods that are not allowed on a medical diet.
 - 4. Purchasing foods from the canteen when they are restricted because of a medical diet.
- M. The following measure will be taken for those individuals who do not comply with their medical diet:
- 1. The first deviation from a health-based diet shall result in a meeting between the patient and a health care provider to discuss the implications of non-compliance.

2. Results of the conference will be documented in the inmate's medical record. Continued non-compliance will result in disciplinary action for failure to comply with medical orders and a second non-compliance may result in the discontinuation of your medical diet after consultation with the dietician and/or ordering practitioner.
 3. Inmates who refuse to follow their medical diet prescription will be permitted to sign a Waiver of Treatment form (Attachment 2) releasing DOC staff from responsibility for any harm that might result from their lack of dietary adherence.
- N. Prescribing practitioners can prescribe dietary supplements according to the criteria set by the dietitian. Results will be documented in the inmate's medical record.
- O. Individuals requiring texture variations will consult dental or medical personnel for the issuance of a prescription for a permanent diet that requires a specific texture.
- P. Anyone that has left the prison and subsequently is re-incarcerated must reapply for their medical diet by attending sick call in order to see a Physician, in order to have their medical diet orders renewed.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards
2-CO-4C-01

Standards for Adult Correctional Institutions
Fourth Edition Standards
4-4318

Standards for Adult Community Residential Services
Fourth Edition Standards
4-ACRS-4C-01 thru 4C-02

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other
PPD 7.17

HANKS/pf

Attachments



**New Hampshire Department of Corrections: Division of Medical & Forensic Services
Allied Health Referral Form**

To (circle): Physical Therapy Office or Dietician Office Referred By: _____

Reason for Referral: _____

Offender Name: _____ Offender ID #: _____
Housing: _____

Clinical Encounter History prior to Referral and Outcomes (Most Relevant to Referral Reason)

| Dates of Patient Encounters | Pertinent Findings |
|-----------------------------|--------------------|
| | |
| | |
| | |

Diagnosis:

ICD-9/10 Code: _____ Descriptor: _____

If outside community health encounters reported, Releases of Information have been obtained and documents received prior to referral generated? Yes

If No, Why not? _____

Practitioner Signature _____
Date

Referral Disposition

- Appointment Scheduled with _____ on _____.
- Referral sent back to Referring Source for more details – Sent back by: _____
- Other: _____

For details of Referral Disposition see clinical note generated from appointment as applicable

White – Medical Record Canary - Referral Source Pink – Quality Improvement

N.H. DEPARTMENT OF CORRECTIONS
WAIVER OF TREATMENT

I, _____, wish to discontinue my
medical diet, which is _____.
The advisability of remaining on that medical diet has been discussed with me by
_____ on _____.

I still choose not to accept this treatment at this time. Should I change my decision I shall notify pertinent
medical staff.

Patient

Witness

Date

I, _____ wish to WITHDRAW my
refusal as noted above and follow the recommended dietary treatment of
_____.

Patient

Witness

Date