



VOLUME 4: MEDICAL SERVICES	Effective Date: 12/2003
CHAPTER 20	Revision Date: 05/2015
4.20.2 OUTPATIENT DIETARY INTERVENTION PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure defines the indications for medically prescribed outpatient therapeutic diets, nourishments, or supplements for patients.

II. DEFINITIONS

Nourishments: Approved food items, in addition to the standard meal, prescribed for patients with certain medical or dental conditions.

Primary Care Provider: A Physician, Nurse Practitioner, or Physician Assistant.

California Correctional Health Care Services Standardized Health Care Menu: A three week therapeutic diet cycle menu that is planned and approved by the Chief of Dietary Services.

III. RESPONSIBILITIES

A. California Correctional Health Care Services (CCHCS) Nutrition Subcommittee is responsible for:

1. Implementation and periodic review of this procedure.
2. Recommending diet education handouts for approval by Statewide Medical and Nursing leadership.
3. Overseeing the distribution of diet education handouts to all institutions.

B. The institution-based Registered Dietitian is responsible for:

1. Providing patient nutrition consultation or education as ordered by a Primary Care Provider (PCP) or Dentist, including recommending medical diets, nourishments, and supplements.
2. Ensuring that standardized California Department of Corrections and Rehabilitation (CDCR) patient diet education handouts are available for use during diet instruction and patient care.
3. Ensuring that outpatient therapeutic diets are prepared according to this procedure.
4. Coordinating the distribution of therapeutic diets to outpatients.

C. Registered Dietitians are responsible for diet instruction at all institutions with licensed beds. An institution without a Registered Dietitian must designate how and by whom the responsibilities of the Registered Dietitian will be performed in a local operating procedure (LOP).

D. The PCP or Dentist is responsible for prescribing medically necessary therapeutic diets, nourishments, and supplements following CCHCS guidelines outlined in this procedure.

IV. PROCEDURE

A. Diet Consultation/Instruction

1. The PCP or Dentist shall refer patients for diet consultation or instruction by completing a Physician’s Order. The order will indicate the medical or dental

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- condition requiring dietary instruction and any special medical and/or dietary considerations.
2. Conditions for which diet instruction or consultation may be considered include, but are not limited to:
 - a. Pregnancy
 - b. Disorders of mastication or dysphagia
 - c. Weight loss of greater than five (5) percent of body weight during the prior six (6) months
 - d. Malnourishment evidenced by one or more of the following conditions:
 - 1) Serum albumin less than three (3) grams per deciliter g/dL
 - 2) Body Mass Index (BMI) less than 18
 - e. Diabetes
 - f. Hepatic disease including cirrhosis without ascites or encephalopathy
 - g. Kidney disease with a creatinine greater than two (2) milligrams per deciliter (mg/dL)
 - h. Celiac disease
 - i. Those receiving Liquid Nutritional Supplements (LNS)
 - j. Food allergies or intolerances
 - k. Patients with other medical or dental conditions that the treating clinician determines, based on evidence, will benefit from the instruction
 3. Consultation will be completed or education provided by the Registered Dietitian or designated staff.
 4. The diet instruction and dietary consultation recommendations provided by the Registered Dietitian or designee will be documented in the patient's health record.
 5. Standardized CDCR patient diet education handouts shall be available to all institutions for use during diet instruction.
 6. Patients receiving diet instruction shall not be housed in a Correctional Treatment Center (CTC), Skilled Nursing Facility (SNF), Hospice, or any other medically licensed bed or Outpatient Housing Unit (OHU) solely to receive this service.

B. Food Allergies and Intolerances

1. The PCP shall evaluate patients who request a special diet due to claimed food intolerance or allergy. If the PCP determines the patient has a severe food allergy based on objective or verifiable information, the PCP will determine whether the allergy can be appropriately managed by educating the patient to avoid the identified food, or if other intervention, such as a nutrition supplement, is required. In extreme cases where the patient does not tolerate the supplement, the patient may require meals to be provided as a medical diet. Examples of extreme cases include patients with multiple hospital admissions related to food allergy, and more than 25 foods with positive radioallergosorbent (RAST) tests.
2. If a patient is allergic or intolerant to a readily identified food(s), including lactose intolerance and peanuts, he/she will be educated to avoid the offending food, but no food substitution will be given.
3. The CDCR menu purposely contains an average of 300-400 calories per day more than required for the average person. This calorie buffer allows patients to choose not to eat certain foods, either due to food sensitivity or general dislike, without compromising nutritional health.

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C. Nourishments and Supplements

1. Indications:

The patient must meet one or more of the following 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.

- a. Pregnancy and lactation
 - b. Patients with juvenile onset type one diabetes mellitus or brittle diabetes.
 - c. Patients with impaired mastication and/or dysphagia, including that caused by:
 - 1) Dental or oropharyngeal conditions
 - 2) Cerebrovascular or other significant neurological condition
 - 3) Obstructed or esophageal dysfunction
 - d. Moderate to severe protein/calorie malnutrition due to metabolic deficiency or metabolic response to injury/illness evidenced by:
 - 1) Significant weight loss of ten (10) percent or more over the prior six (6) months
 - 2) Serum albumin less than 2.5 milligrams per deciliter (mg/dL)
 - 3) BMI less than 18
 - e. Decompensated end stage liver disease with
 - 1) Ascites requiring paracentesis or
 - 2) Encephalopathy requiring hospitalization
- ### 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 a PCP or Dentist. The CCHCS list of approved nourishments and supplements, their indications, and frequency is recorded in Appendix I.
 - b. A PCP or Dentist shall use the CDCR 7538, Dietary Nourishment and Supplement Order to prescribe nourishments and supplements according to criteria outlined in Appendix I.
 - c. The prescription must include the indication for the nourishment or supplement, and the duration of the order. The maximum duration of these prescriptions is based on the indication as noted in Appendix I.
- ### 3. Implementation:
- a. Prescribed nourishments and supplements are limited to those listed in Appendix I, and may not be modified for religious reasons or for other personal requests.
 - b. Prescribed nourishments including LNS shall be purchased, stored, and distributed by institution food services and custody staff in accordance with established LOPs and they will be purchased by CCHCS.
 - c. A system for tracking the distribution of nourishments and LNS to patients, as well as monitoring LNS usage levels and policy compliance shall be developed and incorporated into the LOPs.

D. Outpatient Therapeutic Diets

1. The CCHCS authorized outpatient therapeutic diets, their characteristics, and the indications for prescription are noted in Appendix II- A, B, C, and D.
2. If an institution has only an OHU and no Registered Dietitian, prescribed therapeutic meals, including outpatient therapeutic meals, shall not be prepared, assembled or served in that OHU.

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3. Outpatient therapeutic diets cannot be modified for religious reasons or for other personal requests. If a therapeutic diet is ordered for a patient, it shall take precedence over a religious diet.
4. Refusal of Therapeutic Diets
 - a. Patients may refuse prescribed therapeutic diets; however, refusals must be documented in accordance with the institutional LOP. If, after educating the patient regarding the health care benefits of the prescribed diet, the patient continues to refuse the prescribed diet, a CDCR Form 7225, Refusal of Examination and/or Treatment, shall be completed and scanned into the patient's electronic health record. Patients who refuse a prescribed diet will be offered the CDCR Heart Healthy diet.
 - b. Patients shall not be issued a Rules Violation Report (RVR) for refusing an outpatient therapeutic diet. A patient may be issued an RVR for circumventing meal procedures such as picking up a therapeutic meal and a regular meal or other violations of meal procedures. A patient will not be issued an RVR for eating items other than those on the outpatient therapeutic meal (i.e., canteen purchases). It is the responsibility of each patient to monitor his/her diet in order to maintain optimum health.
5. Housing for Patients Requiring an Outpatient Therapeutic Diet
 - a. Patients requiring an outpatient therapeutic diet shall be housed only at institutions that have the capability to prepare these 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 III.
 - b. When a patient is not housed at one of the listed institutions, and is identified by a PCP as requiring an outpatient therapeutic diet, the PCP shall initiate transfer per the institution LOP. While the transfer is pending, the patient shall be given dietary instruction for making appropriate food choices from the mainline meals but will not receive a therapeutic diet.
 - c. Patients receiving an outpatient therapeutic diet shall not be housed in a CTC, SNF, Hospice, or any other medically licensed bed or OHU due solely to the fact that they are receiving a therapeutic diet.
6. Meals and Meal Service
 - a. Standardized Health Care Menu
 - 1) For outpatient therapeutic meals, the standardized CCHCS health care menu will be followed. The menu is based on using approved frozen dietary meals.
 - 2) Medical is responsible for purchasing the frozen dietary meals, plus all special foods (i.e., low sodium, low fat, gluten free) used in the standardized CCHCS health care outpatient therapeutic diets.
 - 3) The standardized CCHCS 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 Sciences and the Academy of Nutrition and Dietetics.
 - 4) Frozen meals are a component of outpatient therapeutic diets, but they do not meet all the nutritional needs of patients. Outpatient therapeutic diets that include frozen meals as one component must be assembled and supplemented under the direction of a Registered Dietitian.

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- 5) Staff must not open or remove items from the frozen meals. The meals shall be provided to the patient in a sealed state except in settings where packaging may pose a security risk such as the segregated housing units.
 - 6) 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 preparing 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.
 - b. Kitchen Prepared Therapeutic Diet Meals
 - 1) Institutions with a complete therapeutic diet kitchen are exempt from using the frozen meal menus or standardized menus.
 - 2) The Registered Dietitian at these facilities shall develop and prepare therapeutic meals based on the diet parameters in Appendix II-A, B, C, and D.
 - c. Delivery
 - 1) Outpatient therapeutic diet meal trays shall be fully assembled and identified by diet type in medical dietary preparation area, ready for delivery to patients.
 - 2) Outpatient therapeutic diet meals shall be delivered to the patients in accordance with established LOPs. The institution shall also develop LOPs for delivering these meals during lock-down situations.
 - 3) Food service and custody staff assigned to the dining rooms that serve therapeutic diet meals shall maintain a list of patients who are prescribed therapeutic diets. The institution shall develop an LOP that verifies delivery of therapeutic diets to patients.
 - d. The health care Food Administrator I (FAI), Food Administrator II (FAII) or Registered Dietitian shall ensure culinary staff is trained on how to prepare and serve the therapeutic diets.
7. LOP
- 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 designated to perform the responsibilities of the Registered Dietitian
 - b. Methods for distributing patient diet education handouts, expected reorder levels for handouts, or reproduction procedures.
 - c. Procedure for referring patients for diet instruction and dietitian consultation.
 - d. Procedure for obtaining CME or Supervising Dentist approval of nourishments or supplements for patients that do not have one of the listed indications.
 - e. Procedure for how approved nourishments and supplements are billed to medical services, distributed, and tracked.
 - f. Procedure for routine delivery of outpatient therapeutic diet meals to patients, and delivery during lockdown situations.
 - g. Develop a tracking method to ensure patients are receiving outpatient therapeutic meals.
 - h. Development and initiation of a quality improvement plan.
 - i. Development and implementation of a local training plan.
 - j. Process for approval, including any local sign-off, on the LOP.

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- k. Final approval from the Regional Health Care Executives, acting in concert with the Regional Leadership Team.

E. Quality Improvement

The institution must include a plan for quality improvement in the LOP that addresses at least one of the following:

1. Standardized CDCR patient diet education handouts are available at all health care sites.
2. Patients receiving nourishments or supplements, or those eligible for diet instruction are offered diet instruction from a Registered Dietitian or designee.
3. Patients receiving liquid nutritional supplements have a condition that qualifies them to receive the appropriate supplement.
4. Patients receiving nourishments have a condition that qualifies them to receive the appropriate nourishment.
5. Patients receiving a therapeutic diet have a condition that qualifies them to receive the appropriate diet.
6. Frequency of inability to comply with the therapeutic diet standardized menu.

V. REFERENCES

- California Code of Regulations, Title 15, 2013, Article 4, 3054 (d)
- Nutrition Care Manual, 2014, Academy of Nutrition and Dietetics
- California Department of Corrections and Rehabilitation, Department Operations Manual, 2013, Chapter 5, Article 51, 54080.3, 54080.5-6, 54080.14
- California Department of Corrections and Rehabilitation/California Correctional Health Care Services Memorandum, August 19, 2011, Local Operational Procedure Concerning Outpatient Dietary Intervention



APPROVED NOURISHMENTS AND SUPPLEMENTS WITH INDICATIONS

CONDITION	NOURISHMENT	SUPPLEMENT	FREQUENCY
Pregnancy and lactation	<ul style="list-style-type: none"> Two extra 8 oz cartons of milk a day AND Two fresh fruit servings AND Two fresh vegetable servings 	**Prenatal vitamins If lactose intolerant, provide 600 mg calcium supplement daily	Order may be written to be valid up to the estimated date of confinement plus 90 days.
Juvenile onset (type one) diabetes mellitus or brittle diabetes	<ul style="list-style-type: none"> Two, 1 oz pkgs. of either peanut butter & crackers OR cheese & crackers AND One fresh fruit 	None	Order may be written for up to 90 days.
Malnourishment evidenced by: serum albumin ≤ 2.5 g/dL OR Significant weight loss (> 10% in prior 6 months) OR BMI <18	None	***Liquid Nutrition Supplement (LNS) <ul style="list-style-type: none"> Ensure Immune Health Jevity 1 CAL Boost, or Nutren 1.0. An equivalent liquid product may be substituted.	Order may be written for up to 90 days.
End-stage liver disease with ascites requiring paracentesis or encephalopathy requiring hospitalization	None	***LNS High Calorie <ul style="list-style-type: none"> Ensure Plus Isosource 1.5 Nutren 1.5 Boost Plus, or Jevity 1.5. An equivalent liquid product may be substituted.	Order may be written with no stop date.
Oropharyngeal or dental conditions impeding mastication and/or other conditions resulting in dysphagia*	None	***LNS <ul style="list-style-type: none"> Ensure Immune Health Boost, or Nutren 1.0. An equivalent liquid product may be substituted.	Order may be written for up to 90 days.

All other indications: Order may be written for up to 90 days.

* Patients with disorders or conditions impeding mastication or causing dysphagia may be housed in a licensed bed or OHU or they may be candidates 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.

LNS Diabetic- Glytrol, Glucerna 1.0 CAL, Glucerna Shake, Glucerna 1.5 CAL or Boost Glucose Control.

LNS Renal- Novasource Renal or Nepro with Carb Steady.

These products may be used for patients who qualify for a supplement but have diabetes or renal disease.



GLUTEN-FREE DIET

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

INDICATIONS

Patients with documented celiac disease are eligible to receive gluten-free meals.

SPECIFICATION

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



HEPATIC DIET

A hepatic diet is one that controls sodium content while providing adequate protein to maintain positive nitrogen balance for patients with decompensated cirrhosis. These patients 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 patients who will require liver transplantation.

INDICATIONS

All patients 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: 70 -105 grams (1.0-1.5 grams Protein/kg dry body weight)
- Sodium: 2,000-3,000 mg/day
- Water restriction is not recommended, unless serum sodium is less than 125 mEq/L.
- A daily multivitamin is recommended.
- Calcium supplementation (1,200-1,500 mg/day) indicated in patients with osteopenia and osteoporosis.



RENAL DIET

A renal diet controls protein and electrolytes in order to slow the progression of azotemia and electrolyte imbalance between dialysis sessions.

INDICATIONS

All patients 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 -105 grams (1.2-1.5 grams Protein/kg IBW)
- Phosphorus: 800-1,000 mg/day
- Sodium: 1,000-3,000 mg/day
- Potassium: 2,000-3,000 mg/day
- Renal disease specific vitamin (Nephro-vite) is formulary restricted to dialysis patients only (This vitamin product contains vitamin C, folic acid, and B complex vitamins including niacin [B3], pantothenic acid [B5], pyridoxine [B6], riboflavin [B2], thiamine [B1], biotin [aB complex vitamin], cyanocobalamin [B12]).



PRE-RENAL DIET

A pre-renal diet controls protein and electrolytes in order to reduce the demand on the kidneys in patients with renal failure that does not yet require dialysis.

INDICATIONS

Patients 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 but it contains less protein and does not usually restrict potassium.

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: 800-1000 mg/day
- Sodium: 1000-3000 mg/day



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INSTITUTIONS PROVIDING OUTPATIENT THERAPEUTIC DIETS AS OF FEBRUARY 2015

Central California Women's Facility
California Health Care Facility
California State Prison, Centinela
California Institution for Men
California Institution for Women
California Men's Colony (East)
California Medical Facility
California State Prison, Corcoran
California Substance Abuse Treatment Facility and State Prison, Corcoran
High Desert State Prison
Kern Valley State Prison
California State Prison, Los Angeles County
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