REVIEW/REVISION HISTORY:

Effective: 10/16/01
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Revised: 6/21/12
Revised: 8/25/14
Revised: 7/15/19

SUMMARY OF REVISION/REVIEW:

Major changes to include Work/Training Release applicability. Read carefully!

APPROVED:

Signature on file

SARA KARIKO, MD
Chief Medical Officer

Signature on file

MARY JO CURREY,
Assistant Secretary for Health Services

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

Signature on file
POLICY

THERAPEUTIC DIETS

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; DOC 240.100 Food Services Program; DOC 560.200 Religious Program; DOC 610.040 Health Screenings and Assessments; Washington DOC Health Plan; Dietary Reference Intakes

POLICY:

I. The Department has established guidelines to provide nutritional intervention to incarcerated individuals with a medical necessity.

DIRECTIVE:

I. General Requirements

A. In Prisons, therapeutic diet menus will be reviewed annually and approved by the Food Service Administrator/designee and Registered Dietitian to ensure they meet the Dietary Reference Intakes established by the National Institutes of Health.

1. The Therapeutic Diet Guidelines (Attachment 1) will be used to ensure adequacy and consistency of therapeutic diets.

   a. Individuals may self-select food items from the mainline diet for dietary conditions outlined in Attachment 1.

   b. Any other therapeutic diet is considered Level 2 care and requires authorization per the Washington DOC Health Plan.

2. Food Services employees/contract staff will ensure prescribed therapeutic diets are prepared and delivered as ordered.

B. In Work/Training Releases, therapeutic diets will be provided as required by a completed Health Status Report or prescribed by a qualified medical provider.

   1. Documentation will be provided to the Food Service Manager.

II. Authorization and Implementation of Therapeutic Diets in Prisons

A. Individuals who may require a therapeutic diet will be identified through the health examination process per DOC 610.040 Health Screenings and Assessments or a nutritional assessment performed by a Registered Dietitian.

B. Diet recommendations or orders may only be made by a practitioner or Registered Dietitian within the limits of his/her training, experience, licensure, and
privileges. Recommendations and prescribed diets must be supported by appropriate documentation in the individual's health record (e.g., Health Status Report).

C. If a main food allergy (i.e., tomato and peanut) is suspected, the practitioner will make a clinical determination using:
   1. An antigen-specific immunoassay test with a result greater than 0.35 kU/L for tomato or peanut,
   2. A copy of previous skin testing, double blind food challenge, or serum testing reports, or
   3. A firsthand, documented report of anaphylactoid or anaphylactic allergic reaction from a practitioner.

D. Testing for any other food allergy is considered Level 2 care and requires authorization per the Washington DOC Health Plan.

E. Nutritional supplements may be provided in the following situations when medically necessary and require a practitioner or Registered Dietitian order:
   1. For diabetics requiring snacks who are on basal insulin and/or have documented episodes of hypoglycemia,
   2. During pregnancy when practitioner’s prescribed weight goal is not met,
   3. While taking prescribed medications that must be taken with food,
   4. When disease is expected to result in weight loss (e.g., chemotherapy), or
   5. Recent unintentional, objectively verified weight loss with documented serious health consequences of at least:
      a. 10 percent of body weight over the past 6 months,
      b. 7.5 percent of body weight over the past 3 months, or
      c. 5 percent of body weight over the past month.

F. Any other use of supplements is considered Level 2 care and requires authorization per the Washington DOC Health Plan.

G. Nutritional supplements will be provided in the following order:
   1. Snacks, per the DOC Snack Guide.
2. Nutritional liquid supplement drinks, per the Liquid Nutritional Supplements guidelines,
3. Enteral feeding, or
4. Parenteral nutrition.

H. When the preferred supplement is inadequate to meet the individual's nutritional needs in the clinical judgment of the practitioner and Registered Dietitian, another nutritional supplement will be provided.

I. The standard snack will be two packages of soda crackers when medication requiring to be taken with food does not coincide with regularly scheduled meals.

1. An appropriate snack will be provided if the medication has a specified nutrient need.

III. Monitoring and Compliance

A. Individuals receiving prescribed therapeutic diets will be monitored/reassessed for compliance and effectiveness annually by the practitioner or Registered Dietitian, or as medically necessary. Results of prescribed use will be documented as a Primary Encounter Report.

B. In Prisons, DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment will be signed if the individual refuses to follow a prescribed diet.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

Therapeutic Diet Guidelines (Attachment 1)

DOC FORMS:

DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment