

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-F-02

SUBJECT: MEDICAL DIETS

POLICY: A daily diet, which incorporates the USDA's Recommendations and Dietary Guidelines, is available to all inmates. Inmates whose medical or dental condition requires nutritional adjustment will be provided with a therapeutic diet according to orders of a prescribing practitioner.

REFERENCE: OAR 291-124-050(6)
OAR 291-61-005 through 291-61-310
NCCHC Standard P-F-02

PROCEDURE:

- A. Inmates who may require therapeutic diets may be identified either upon the initial health screening and assessment process, by exam or by changes in physical conditions.
- B. An order for a therapeutic diet must be consistent with the therapeutic diets listed in the diet manual and supported in the progress notes with SOAP documentation by the prescribing practitioner including diagnosis and treatment plan.
- C. Upon receipt of a practitioner's order, the health status will be updated to reflect the order and Food Services notified (attachment 1). Special diets are verified as needed through use of the health status program.
- D. Food Services maintain a diet manual that contains the cyclical centralized menu and therapeutic diet menus. Therapeutic diets conform as closely as possible to the centralized menu. A registered dietitian evaluates all menus twice a year for nutritional adequacy.
- E. Inmates may be provided patient education or in some cases specialized classes to assist with self-selection education on:
 - 1. Low Fat/Low Cholesterol Diet
 - 2. American Diabetic Association (ADA) Diet
 - 3. Weight Loss
 - 4. Food Allergies
- F. An inmate with a medical/dental problem requiring a therapeutic diet may be transferred to the facility most capable of providing the prescribed diet.

Effective Date: _____
Review date: August 2014
Supersedes P&P dated: May 2014

OREGON DEPARTMENT OF CORRECTIONS – DIET ORDER FORM

(Last Name, First Name)	(DOB)	(Start Date)
(SID#)	Unit/Bunk – if delivered)	(Expiration Date)

New Diet Order Yes No Changes to Existing Order Yes No
 If yes, previous start date and diet code: _____

Check Desired Diet and Email/Fax form to Food Services. Please enter diet code in DOC400 Health

Are there previous diet orders that need to remain in effect? Yes No
 If yes, diet code and start date: _____

Status. Retain diet order form under special needs tab until diet is expired or discontinued.

- Clear Liquid Gelatin, broth, juice, coffee, water. (cl liq)
- Full Liquid All items in clear liquid + pudding, milk, ice cream, cream soup, hot cereal thinned. (liq)
- Pureed All foods are smooth, moist. Example: blenderized, strained can be swallowed with minimal or no chewing. (puree)
- Mechanical/ Dental Soft Foods that are soft, cut, chopped, and/or ground to minimize chewing. (sft)
- Low Residue Restricts fiber and indigestible content of foods. (resid)
- Gluten Free Eliminates all food prepared with wheat, rye, barley and oats. (gluten)
- Renal Protein, Sodium and Potassium controlled. (renal)
- Diabetic/Calorie Controlled Where special tray is needed (i.e. Special Housing, tray system)
 - Regular tray with diabetic condiments (cond)
 - 1200ADA (cond12)
 - 1500ADA (cond15)
 - 1800ADA (cond18)
 - 2000ADA (cond20)
 - 2200ADA (cond22)
 - 2400ADA (cond24)
 - 2800ADA (cond28)
- Other

 (approved diet by medical director/or dietitian)

Snacks

Sandwich and fruit unless otherwise indicated below

- HS Served at Dinner (SND) _____
- PM Served at Lunch (SNKL) _____
- AM Served at Breakfast (SNKB) _____
- AM/PM/HS Served at all meals (SNKBLD) _____

(Medical Staff Signature)	(Print Name)	(Title)	(Date)
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