


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA21-H:8 (III) Internal Practices and Procedures	CHAPTER <u>Medical &amp; Forensics</u> STATEMENT NUMBER <u>570</u>
SUBJECT: <b>MEDICAL/DENTAL DIETS</b>  PROPONENT: <u>Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>08/23/2021</u> REVIEW DATE <u>08/23/2024</u> SUPERSEDES PPD# <u>6.12</u> DATED <u>06/01/11</u>
ISSUING OFFICER:   <i>Helen E. Hanks, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:**  
To provide medical and dental diets to residents of New Hampshire Department of Corrections (NHDOC) as prescribed by appropriate medical and dental personnel.
- (b) **APPLICABILITY:**  
To all residents, food services staff, health services staff, and security staff.
- (c) **POLICY:**  
It is the policy of NHDOC that medical and dental diets shall be available upon authorization by appropriate medical or dental practitioners to any resident who demonstrates a valid medical or dental dietary requirements, on a case-by-case basis.
- (d) **PROCEDURE:**
- (1) The resident's attending physician, nurse practitioner, dietitian, or dentist shall prescribe all medical and dental diets using the electronic health record (EHR).
  - (2) Prescriptions for medical and dental diets shall be specific and complete; entered into the EHR; and, reviewed monthly.
  - (3) Approved types of medical diets are as follows:
    - a. Vegetarian (Medical);
    - b. Low Sodium;
    - c. Prenatal;
    - d. Carbohydrate Controlled/Diabetic;
    - e. Texture Variations (Clear Liquid, Full Liquid, Chopped, Pureed, and Soft);
    - f. Supplemented: snacks. Oral supplements are ordered as a medication in the EHR.
    - g. Food allergy: with a validated anaphylactic reaction
      1. 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.

- fish, shellfish, tree nuts, egg, or peanut).
2. Clinical suspicion of a main food allergy must be confirmed in one of the following ways:
    - (i) RAST (Lab test);
    - (ii) Copy of a previous skin testing report;
    - (iii) Copy of a previous serum testing report;
    - (iv) Community or Department health practitioner firsthand, documented report of significant adverse/allergic reaction to food, such as swelling, hives, etc.
  3. Food intolerances and preferences are not accepted.
- (4) All medical diets, other than the above-approved types, must be pre-approved by the Chief Medical Officer (CMO), Nutrition Consultant, or other appropriately designated staff. All medical diets will conform to the American Academy of Nutrition & Dietetics standards of Medical Nutrition Treatment (MNT) and are detailed in the diet manual.
  - (5) Residents may make a request for weight reduction.
    - a. Such requests will be based on the resident's individual medical needs, managed by the Nutritionist, in consultation with medical staff.
    - b. All of the residents will be counseled in calorie needs and exercise requirements and encouraged to self-manage.
    - c. A dietary consult will be ordered on those that have a BMI > 40.
  - (6) A dietitian is available for clinical nutrition consults at all NHDOC sites, utilizing the referral process, pursuant to PPD 590 *Prescribing Authority and Telephone Orders*.
  - (7) Religious diets shall be available upon authorization by a chaplain, and shall be entered into the EHR by the Nutritionist. *See PPD 672 Religious Programming and Diets*.
  - (8) Medical diet orders shall be reviewed by the CMO, Nutrition Consultant, or other appropriately designated staff, and the order renewed as clinically indicated, at least once every twelve (12) months; except for food allergies, which may be entered indefinitely.
    - a. Medical diet orders shall be maintained in the EHR, and will detail all current medical diet orders.
    - b. The Nutrition Consultant will monitor the expirations of medical diets on a monthly basis.
  - (9) Orders to discontinue medical diet prescriptions shall be documented in the EHR.
  - (10) Dental diets will be entered into the EHR, by the provider, and the dental provider shall assign an end date. Clinical assessment shall determine if continuation of the special diet is needed.
  - (11) When an urgent or emergent issue requires an immediate dietary change, the medical or dental diet order shall be phoned into the kitchen by the medical or dental staff.
    - a. This verbal order shall be followed up within 24 hours with an order in the EHR.
    - b. Upon receipt of the verbal order, the kitchen will prepare and serve the texture diet to the resident while awaiting written verification of the order.
  - (12) **Resident Responsibilities:**  
 All residents placed on medical/dental diets are expected to adhere to them completely and consistently.
    - a. A resident must present his or her ID at meal times to receive special diet meals.
    - b. Instances of non-compliance shall be documented on an *Incident Report* pursuant to PPD 378, and reported to the medical department for re-evaluation of the medical/dental necessity, and focused counseling.
    - c. Examples of non-compliance are as follows:
      1. Eating foods that are not allowed on a medical diet.
      2. Purchasing foods from the canteen when they are restricted because of a medical diet.
  - (13) The following measures will be taken for those residents who do not comply with their medical/dental diet:
    - a. The first deviation from a medical diet shall result in a meeting between the resident and a health care provider to discuss the implications of non-compliance. Results of the meeting

- will be documented in the resident's EHR.
- b. Residents who are not compliant with their medically prescribed diet shall be educated on the implications of not adhering to a recommended medical or dental diet. If the resident requests to be removed from such a diet, he or she shall be asked to sign a *Specific Informed Consent* form, which shall be documented in the EHR.
  - c. If the resident continues to refuse to comply with the ordered diet, continues to request the medical diet, and/or refuses to sign the *Specific Informed Consent* form, the provider shall carefully document the discussions and declinations in the EHR.
  - d. Continued non-compliance may result in the discontinuation of the medical diet after consultation with the Nutritionist and/or ordering practitioner.
- (14) Practitioners can recommend or prescribe dietary supplements, when medically indicated. If available through the canteen, the resident shall be instructed to obtain the supplements through the canteen. If a resident is in an infirmary or unable to access canteen, these can be prescribed with review by the Chief Medical Officer.
  - (15) A resident who has left a NHDOC facility and is subsequently re-incarcerated should indicate their need for a medical diet by attending sick call or otherwise notifying medical staff. An appropriate provider shall review the request and make an appropriate decision to either order the diet or to evaluate the patient. A provider may conduct a confirmatory department medical record review as method to confirm or question a food allergy which may result in an order without a face-to-face evaluation of the resident if the record confirms the food allergy.
  - (16) Direct observation of misuse of a medical diet, such as using items available because of the medical or dental diet to barter or sell, will be documented on an *Incident Report* pursuant to PPD 378 *Notification of Incidents and/or Events*, and may result in disciplinary action, pursuant to PPD 390 *Disciplinary Standards for Resident Behavior*.

#### REFERENCES:

Standards for Health Services in Prisons

National Commission on Correctional Health Care 2018

American Academy of Nutrition & Dietetics standards of Medical Nutrition Treatment (MNT):

<http://www.nutritioncaremanual.org/index.cfm?Page=Home>

#### Other:

PPD 378 *Notification of Incidents and/or Events*

PPD 390 *Disciplinary Standards for Resident Behavior*

PPD 590 *Prescribing Authority and Telephone Orders*

PPD 672 *Religious Programming and Diets*.

MATTIS/tp