



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.35

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Effective Date: September 15, 2008

Distribution: A

Supersedes: 113.35 (8/1/05)

Approved by: George M. Little

Subject: MODIFIED DIETS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide therapeutic diets for patients whose health condition requires a modified diet other than that prepared for the general population.
- III. APPLICATION: Wardens, health care staff, unit managers, correctional officers, food service managers, inmates, medical contractors, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Authorized Health Care Professional: For purposes of this policy, a physician, dentist, mid-level provider, or registered dietitian.
 - B. Modified Diet: Special meals or food prescribed by an authorized health care professional as part of the patient's treatment.
- V. POLICY: Modified diets shall be requested by an authorized health care professional when medically/dentally indicated, and shall be provided by the food service staff.
- VI. PROCEDURES:
 - A. Authorization and Indications:
 1. Modified diets shall be ordered by an authorized health care professional only when a medical or dental condition precludes the inmate from eating the food prepared for the general population.
 2. Modified diets shall not be ordered to accommodate an inmate's food preference or special requests.
 3. The institutional physician/designee shall develop an institutional plan in cooperation with the food service manager, and should attempt to minimize unnecessary modified diet orders in the institution by educating the inmate in proper self-care and nutrition. Education should include written materials with emphasis on foods to avoid, foods which are of benefit, and weight management, when appropriate.
 4. Health services professionals shall not order modified diets to comply with an inmate's religious beliefs. These inmates shall be referred to the chaplain.
 - B. Documentation: In all cases, documentation of the condition requiring a modified diet shall be recorded in the health record. When a modified diet order is required, a Modified Diet Request, CR-1798, shall be initiated by the physician, dentist, or mid-level provider. These diet orders shall be documented on the Physician's Orders, CR-1892.

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C. Requests/Orders:

1. The Modified Diet Request, CR-1798, shall include the inmate's name, number, date of birth, institution, housing unit, allergies, and potential food/drug interactions.
2. Diets which are most commonly utilized within the Department are specified on CR-1798. The type of request, caloric requirement if appropriate, and the type of diet shall be indicated, and shall demonstrate the medical necessity for the order.
3. The duration of the diet must be indicated and a start and stop date shown. Special instructions shall include any special meals, snack times, etc.
4. Orders are valid for a maximum of three months, or until they expire, are discontinued, are changed by the authorized health care professional, or are refused in writing by the inmate.
5. Diets other than those listed may be utilized as needed on a restricted basis and most commonly will be ordered during periods of inpatient care. Diets may be requested as titled in the Manual of Clinical Dietetics from the American Dietary Association (ADA).
6. If a diet is required which is not included on form CR-1798 (e.g., renal), or if other modifications are needed, the prescriber must contact the food service manager or TDOC Director of Food Services to review these needs.
7. The Modified Diet Request, CR-1798, shall be separated with a copy to the health record, a copy to the inmate, and the original as well as a copy to the food service department.
8. The modified diet shall begin with the next scheduled meal, unless otherwise indicated. The Modified Diet Request, CR-1798, must be delivered to the food service manager or designee at least two hours prior to the serving time in order to be effective for that meal.
9. The health service staff shall document service of trays or refusal of trays in their respective infirmary wards.
10. The correctional officer who supervises the tray delivery service on any unit with satellite feeding shall be responsible for documenting diet tray service/refusal.
11. When the health care staff encounters patients who are non-compliant with their modified diets they shall counsel the patient regarding the importance and necessity of compliance with the diet. This counseling shall be documented in the health record on the Problem Oriented Progress Record, CR-1884, and the Teaching Counseling Plan, CR-2742. In accordance with Policy #113.51, inmates may refuse medical diets by signing a Refusal of Medical Services, CR-1984. The inmate shall also be charged for the cost of specially prepared meals, including snacks and lunch bags, not picked up.
12. When a modified diet request is refused or canceled, the food service department shall be notified per institutional procedure.

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- D. Dietary Education: When initiating a new diet, the prescriber shall have the responsibility of explaining to each inmate the nature of his/her diet, the duration, restrictions, special instructions, and recommended commissary restrictions. This educational intervention shall be documented in the inmate health record. The inmate shall then sign the Modified Diet Request, CR-1798, indicating that the modified diet has been fully explained.
- E. Transfers:
1. When an inmate on a modified diet is transferred to another facility, all pertinent information regarding the diet shall be entered in the health record which accompanies the inmate. (See Policy #113.04)
 2. Upon an inmate's transfer, the current and valid diet order shall be included in the record for transfer to the receiving institution. The modified diet shall be continued until the inmate can be reevaluated by a physician, dentist, or mid-level provider at the receiving institution.
- F. Food Service Responsibilities: TDOC institutions shall abide by Policies #116.01, #116.03, #116.05, and #506.16 regarding menu and diet planning as well as meal service environment and sanitation. (In addition to Policy #506.16, privately managed facilities shall abide by CCA policies that have been approved for implementation by TDOC in regard to menu and diet planning and meal service environment and sanitation)
- VII. ACA STANDARDS: 4-4318 and 4-4414.
- VIII. EXPIRATION DATE: September 15, 2011.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____, _____
(Inmate's Name) (TDOC Number)
have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC number) (Date)

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC number)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

